Intimate Partner Violence Stigma: The Intersection of Race and Socioeconomic Status

Antoinette Fleming

University of Northern Iowa

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Intimate Partner Violence Stigma: The Intersection of Race and Socioeconomic Status

A Thesis Submitted in Partial Fulfillment

of the Requirements for the Degree of Master of Arts

Antoinette Fleming

University of Northern Iowa

May 2023

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Approximately 36% of all women in the United States will experience intimate partner violence (IPV) at some point in their lifetime (Smith et al., 2018). Intimate partner violence can cause physical injury, poor mental health, chronic health problems, hospitalization, disability, or death (Breiding et al., 2015). Stigma is another consequence associated with IPV. Many victims of IPV report feeling guilt, denial, shame, and embarrassment as a result of the intimate partner violence victimization (Lichtenstein, 2006). Additionally, African American (Black) victims may be more heavily stigmatized than European American (White) victims. Socioeconomic status (SES) may also affect a person’s perception of the victim. To date, little research has been conducted to explore the interaction of race and SES on the stigma of IPV. The current study investigated stigma toward victims of intimate partner violence, and how stigma might vary across race and SES. Participants from an online crowdsourcing platform (N = 333) read one of four vignettes and responded to measures of perceived devaluation and discrimination (PDDS), desired social distance (SDS), and judgments of responsibility (JOR). More stigma was reported toward the low SES victim on measures of PDDS and SDS; however, the victim’s race did not significantly alter stigma toward her. Men reported more stigma toward the low SES victim than women, but this gender difference disappeared on measures of PDDS and SDS for the high SES victim. Participants who identified as more politically liberal reported less stigma toward the victim than other political orientations. The results of this study suggest that an IPV victim’s SES might have more of an effect on a person’s perception of the victim than the victim’s race.

Keywords: intimate partner violence, stigma, intersectionality, race, socioeconomic status
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Intimate Partner Violence Stigma: The Intersection of Race and Socioeconomic Status

Intimate partner violence (IPV) is characterized as physical, sexual, or psychological harm inflicted by a current or former romantic partner or spouse (Jewkes, 2002; World Health Organization [WHO], 2016). An intimate partner is a person with whom one has a close personal relationship that may be characterized by “emotional connectedness, regular contact, ongoing physical contact and/or sexual behavior, identity as a couple, and familiarity and knowledge about each other’s lives;” (p. 11); however, the relationship may not display all of these properties (Breiding et al., 2015). Although the term intimate partner violence encompasses all types of harm inflicted by a partner, the current paper will focus on physical violence. Physical violence is defined as “the intentional use of physical force with the potential for causing injury, harm, disability, or death” (Breiding et al., 2015, p. 11). The current paper will refer to IPV as physical violence unless otherwise stated.

Nationally, more than one in three women (36.4%) and one in three men (33.6%) experience some type of intimate partner violence in their lifetime, with almost one in four women (21.4%) and one in seven men (14.9%) experiencing severe physical violence specifically (e.g., hit with a fist or something hard, beaten, slammed against something; Smith et al., 2018). Among victims, 71.1% of women first experienced IPV before age 25 (Centers for Disease Control and Prevention, 2015). Although both men and women can be victims of IPV, the current paper will focus on female victims because women tend to experience more severe physical violence than men (Smith et al., 2018).
The current paper will also focus on male perpetrators because the majority of female victims of IPV report that their perpetrators were men (Smith et al., 2018).

Intimate partner violence has numerous debilitating consequences. Twenty-eight percent of victims miss at least one day of work or school as a result of IPV, which can cause either acute financial problems or loss of a job entirely (Black et al., 2011). Other consequences include various mental health concerns, physical injury, and chronic health problems. *The Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) lists spouse or partner violence (physical, sexual, psychological, or neglect) as a condition that may be a focus of clinical attention. More specifically, spouse or partner violence is not considered a mental disorder, but it is a problem that “may otherwise affect the diagnosis, course, prognosis, or treatment of a patient’s mental disorder” (American Psychiatric Association [APA], 2013; p. 715). The presence of IPV makes certain mental health diagnoses more common. Sixty-two percent of women who have experienced IPV report PTSD symptoms (Black et al., 2011). Additionally, victims are six times more likely than the general population to have substance use disorder, three times more likely to have an anxiety disorder (Bonomi et al., 2009), three times more likely to have major depressive disorder (Beydoun et al., 2012), and three times more likely to engage in self-harm behaviors (Boyle et al., 2006). Victims are also three times more likely to have suicidal thoughts and four times more likely to attempt suicide (Ellsberg et al., 2008). IPV may also lead to hospitalization, disability, or death by the perpetrator (Breiding et al., 2015; WHO, 2016).

The prevalence and severity of IPV illustrate the importance of continued research on this topic. One way to ensure victims will be helped in the most effective way
is to learn about the victims, their perpetrators, and the way the world views them. In the current study, I explore stigma toward victims of IPV, which is one barrier that may prevent victims from reporting their perpetrator or seeking help. Further, I examine how a victim’s characteristics (i.e., race and SES) may alter a person’s perception of the victim or their situation. Previous research has explored risk factors associated with IPV victimization and perpetration, which is an important factor in understanding who is most likely to be a victim or a perpetrator. Further, some research has uncovered barriers to help-seeking, including societal stigma.

Risk Factors

To understand the full picture of risk, it is helpful to delineate the risk factors of a person becoming a perpetrator. Some factors associated with a greater risk of perpetration are younger age (i.e., late adolescence and early adulthood), unemployment, low education, and having attitudes accepting of violence and gender inequality (Capaldi et al., 2012). Some mental health risk factors for perpetration include stress, maltreatment or exposure to violence as a child (especially when the adult perpetrator is not well adjusted after abuse), antisocial behavior, harmful use of drugs or alcohol, social isolation, and depressive symptoms (Capaldi et al., 2012).

Victims are in no way responsible for their victimization; however, there are a number of factors generally associated with higher rates of victimization. Common factors associated with increased risk of victimization are low socioeconomic status, social isolation, prior history of abuse, and high levels of alcohol or drug abuse (Capaldi et al., 2012). Additionally, a systematic review and meta-analysis found that having an unplanned pregnancy is another risk factor associated with victimization (Yakubovich et
al., 2018). Relationship factors associated with greater risk of victimization include being separated from their spouse, being in relationships that align with traditional gender norms, or being in relationships that have high levels of conflict, particularly about finances, jealousy, and women’s gender role transgressions (Capaldi et al., 2012; Jewkes, 2002). Statistically protective factors include older age, being married, and living in a disadvantaged neighborhood, although the latter may be due to selection bias when considering who is more likely to report abuse (Yakubovich et al., 2018).

Being aware of risk factors may help mental health professionals, primary care physicians, and law enforcement identify situations where abuse is more likely to happen. There have been some initiatives to help professionals identify high-risk IPV situations by using standardized protocols. One such example is the Maryland Lethality Assessment Program (LAP), which is an initiative wherein law enforcement officers and other professionals use an evidence-based lethality assessment instrument to identify which victims of IPV have the greatest risk of homicide. Although the LAP and similar programs are useful in identifying high-risk victims and connecting them to life-saving resources, an important consideration is that the professionals utilizing these protocols must be made aware that an IPV relationship is taking place. If victims of IPV do not report the violence, they cannot benefit from such programs. Unfortunately, there are many reasons why victims do not always leave the relationship, report the crime, or seek help.

**Barriers to Help-Seeking**

When IPV occurs, there are several factors that decrease the likelihood of the victim reporting the violence or trying to leave the relationship. Leaving an abusive
relationship can be dangerous, which may deter victims from trying to leave. In fact, homicide of the victim most commonly occurs when the victim tries to leave the relationship (Campbell et al., 2003). Although there is risk of additional abuse when staying in the relationship, victims may feel it is a safer alternative than leaving if she is not sure she will be safe when she leaves. In addition to this consideration, some victims may not want to leave the relationship.

There are several reasons victims may make the choice to stay in the relationship. In one study, victims were less likely to leave the relationship if they (a) are more heavily invested in their relationships (e.g., have children with their perpetrator or have invested a lot of time in the relationship), (b) experience more severe abuse, or (c) have a lack of alternative housing options (Rusbult & Martz, 1995). Financial barriers are also present for many victims, especially if the couple are cohabiting (Plichta et al., 1996), which could make it more difficult to find access to transportation and/or alternative living situations. An analysis of tweets written by survivors of IPV using the hashtag #WhyIStayed on Twitter showed seven themes regarding why people stayed in abusive relationships. The seven themes were: (a) impact of IPV on personal well-being (example tweet: “By the time you realize it’s not love but possession, the slow degradation of [your] self esteem has left you too weak to fight back #WhyIStayed” (p. NP6565)), (b) lack of awareness regarding the dynamics of abusive relationships, (c) not identifying as a stereotypical IPV victim, (d) fear of reinforcing racial stereotypes, (e) internalizing social scripts regarding relationships, (f) structural barriers, and (g) leaving takes time (Storer et al., 2021). It should also be noted that many victims return to their abusers after deciding to leave. On average, victims attempt to leave the relationship seven times
before successfully leaving (National Domestic Violence Hotline, 2013). This process of the victim returning to the abuser may frustrate friends and family, reducing the victim’s social support.

Victims may also be less likely to report IPV if there is a lack of social support (Hill et al., 2016; Rose et al., 2000) or if they feel isolated (Rose et al., 2000). Additionally, the perpetrator may bar the victim from reporting, either by isolating the victim from family and friends, by threatening the victim, or by physically keeping the victim from reporting (Lichtenstein, 2006). Victims are also less likely to be helped by a bystander who witnesses abuse if they are a stranger to the bystander rather than a friend, and less likely to be helped if the bystander personally knows the perpetrator but not the victim (Banyard, 2015). These patterns make it less likely for the victim to be helped when they are socially isolated. Victims may also feel guilt (Rodriguez et al., 1996), denial (Lichtenstein, 2006; Plichta et al., 1996; Rodriguez et al., 1996), and shame or embarrassment (Lichtenstein, 2006; O’Campo et al., 2002; Plichta et al., 1996; Rodriguez et al., 1996) in response to their victimization, making victims less likely to report the IPV. Victims frequently report the fear of a negative reaction or stigmatizing attitudes from friends, family, medical professionals, and law enforcement as a reason for not reporting (Liang et al., 2005; Lichtenstein, 2006; Plichta et al., 1996; Rodriguez et al., 1996). Gaining a greater understanding of stigmatizing attitudes may help to combat the stigma, which in turn may help victims feel more comfortable reporting the violence.

Stigma

Despite stigma being a widely studied topic, there are varying definitions used to conceptualize stigma. An early definition by Goffman (1963) defined stigma as an
attribute that is deeply discrediting and that minimizes an individual “from a whole and usual person to a tainted, discounted one” (p. 3). Goffman also posited three types of stigma: abominations of the body, blemishes of individual character, and tribal stigma. The first type, abominations of the body, is stigma of physical deformities. The second type, stigma toward blemishes of individual character, is stigma toward a person who is perceived as being weak-willed, dishonest, criminal, or having a mental disorder. The third type, tribal stigma, has to do with stigma toward differing lineages, such as race or religion (Goffman, 1963). Stigma toward people who have been victims of IPV would likely be characterized by Goffman as stigma toward blemishes of individual character, especially when considered in the context of victim-blaming culture. In a community-based vignette study, 52.1% of participants indicated that both the perpetrator and victim are responsible for finding a solution to IPV, and 31.3% of participants responded that the responsibility to find a solution lies solely on the victim (Taylor & Sorenson, 2005). The victim could be perceived as not trying hard enough to find a solution (i.e., “weak-willed”), therefore attributing the stigma toward blemishes of individual character.

Since Goffman’s work, stigma has been increasingly studied across several disciplines, and has been applied to a wide variety of identities (Link & Phelan, 2001). Many different operational definitions of stigma have been utilized in order to cater to this variety in research. One useful definition conceptualizes stigma as the co-occurrence of four components and adds functional consequences of stigma (i.e., discrimination), rather than only defining a person’s beliefs about the stigmatized individual. The four components in this operational definition are: labeling, stereotyping, separation, and status loss and discrimination (Link & Phelan, 2001). Labeling can be harmful because
labels require gross oversimplification. If people perceive someone as just “a victim of intimate partner violence,” they may be less likely to perceive them as anything else (i.e., a valuable member of society). Stereotyping happens when attributes are attached to the aforementioned label. People tend to let these automatic associations influence their perception. If the attributes associated with being an IPV victim are negative, the person’s perception of the victim will likely also be negative. The separation component stems from people thinking in terms of “us” or “them.” If a person has never experienced IPV, they are likely to sort victims into a category separate from themselves, which makes it cognitively easier to discredit them. The final component is status loss and discrimination, which typically is a consequence of the other components. Hierarchies are created in society, in which individuals may believe certain groups of people are lower on the status hierarchy. Discrimination is when people act on these beliefs and treat others as “less than.” If IPV victims are perceived as being “a lesser person,” their job application may be unfairly rejected, or they may be denied housing (Link & Phelan, 2001).

Unfortunately, there are many aspects of a person’s identity that may be stigmatized. People may have prejudices toward racial minorities, sexual orientation minorities, or those belonging to a different socioeconomic status (SES) group. The current paper will focus on two common manifestations of stigma as related to IPV victimization: racism and classism.

**Stigma toward Black Individuals**

Stigma toward ethnic minorities, namely Black individuals, has been heavily studied in the field of psychology. In one classic study, Black and White children were presented with two dolls: one White doll, and one Black doll (Clark & Clark, 1947). The
children were asked which doll looks more like them, which doll they would like to play with, and why they chose that doll. The majority of children, regardless of their own race, chose to play with the White doll. Even the Black children said the White doll was “prettier” and “better” than the Black doll. This example demonstrates that early in life, racism is ingrained into our beliefs about the world and its hierarchies, and that ethnic minorities may have poor views about their own race because of it.

In addition to perceived stigma, other research has examined prejudice toward Black individuals directly from the sources of stigma. Meta-analyses have uncovered trends that indicate that teachers favor White students over Black students (Tenenbaum & Ruck, 2007) and that Black individuals are less likely to receive job offers than White individuals (Quillian et al., 2017). Additionally, once Black individuals are employed, they are less likely to be promoted to managerial positions (Tomkiewicz et al., 1998). There are also judicial consequences of prejudice, such as jurors being more likely to believe a White woman’s claim of rape against a Black man, as opposed to a Black woman’s claim of rape against a Black man (Landwehr et al., 2002). This body of research illustrates that racism has been ingrained into society, negatively impacts the stigmatized groups, and persists today.

It is well-established that Black individuals face more challenges than White individuals simply because of their race; however, race is not the only characteristic people form prejudices about. Another common form of stigma is classism, and there is evidence showing stigma is greater for individuals who belong to low SES groups.
"Stigma toward Low SES Individuals"

Socioeconomic status (SES) refers to a person’s status in society, which is typically based on income, education, and occupation. Research has suggested that people have stigmatizing beliefs and attitudes toward low SES individuals. Darley and Gross (1983) had participants rate a ten-year-old student on their academic ability after viewing a video of the student in a low SES environment or high SES environment. The participants rated the low SES student as having below grade level academic ability, and the high SES student as having above grade level academic ability. Participants listed various reasons they made their conclusions, such as saying the student had “difficulty accepting new information” when she was low SES, but conversely saying she “had the ability to apply what she knows to unfamiliar problems” when she was high SES (Darley & Gross, 1983, p. 28). This finding suggests that people attribute lower abilities to those from lower SES groups.

Consistent with believing low SES students possess lower academic abilities, other research suggests that people associate incompetency with low SES. For example, people tend to view low SES individuals as being warmer, but less competent than high SES individuals (Durante et al., 2017). Additionally, mental health professionals who read vignettes portraying a low SES therapy client and a high SES therapy client rated the low SES clients as having lower global assessment of functioning (GAF) than high SES clients (Pietrantonio, 2014). Assigning a lower GAF meant that the mental health professionals perceived the low SES clients’ mental health issues to be more impairing and rated the low SES clients as not functioning as well as high SES clients in social,
occupational, or school areas, despite reading the same descriptions of mental health symptoms for both clients.

In addition to beliefs about incompetency/lower functioning, people may possess other negative schemas about low SES individuals. College students at a Midwestern university were asked to list the first five things that come to mind when thinking about a low SES woman, and then rate these traits as being negative or positive (Dye, 2009). The themes that emerged were: poor (e.g., food stamps, welfare), dirty/poor hygiene, poor health, unattractive/unstylish, children/parenting (e.g., single parents, lots of children), and home/lack thereof (e.g., homeless, trailer parks). All of the themes that emerged were rated negatively, and the researchers commented that only a couple participants listed any positive traits when describing a low SES woman.

Stigma of low SES individuals seems to exist even among medical professionals. In one study, pediatricians were more likely to classify an abusive situation as chronic if the family was low SES, indicating they may have accepted the stereotype that abuse is more common in low SES families, and thus are more likely to assume it was a one-time occurrence in the high SES family (McPherson & Garcia, 1983). The pediatricians also indicated they would be less likely to report the case if they were familiar with the family on a personal level, which may partly explain an underreporting of abuse in affluent families (McPherson & Garcia, 1983), further exacerbating the notion that abuse is a low SES problem. More recent research has indicated that nurses tend to agree with stigmatizing statements about low SES individuals, such as, “There is a lot of fraud among welfare recipients” (Wittenauer et al., 2015). Additionally, a meta-analysis reviewed studies that measured healthcare professionals’ implicit biases and found
evidence that healthcare professionals hold biases against individuals based on many factors such as SES, race, gender, age, mental illness, and social circumstances (FitzGerald & Hurst, 2017).

Research also shows that when low SES individuals are aware of prejudice against them, it affects them negatively. One study explored stigma related to housing as a proxy for SES (Vassenden & Lie, 2013). Participants who were either renting or receiving government housing support instead of owning their own home were interviewed. The interviews indicated that people are aware of stigma associated with their living situation, and they sometimes avoid telling people where they live or that they do not own their own home. Other research has found that perceived discrimination results in poorer health outcomes (Fuller-Rowell et al., 2018) and negative impacts on psychological well-being (e.g., self-esteem, depression, anxiety, psychological distress, life satisfaction; Schmitt et al., 2014) among low SES individuals. In addition to stigma people may face due to their race, SES, or other factors, many people have multiple traits that may lead to stigmatization. The compounding effects of having multiple stigmatized identities can be understood through the lens of intersectionality.

Intersectionality

In reality, people have many different identities that may draw stigma. Intersectionality is a leading theory in fields such as gender studies and sociology (Launius & Hassel, 2015; Segal & Martinez, 2007). Coined by Crenshaw (1989), the theory of intersectionality is the notion that aspects of social identities interact with one another to form experiences of oppression, domination, or discrimination. For example, a Black woman might experience oppression and discrimination based on both her race and
her gender, leading to an intersection of these two identities. Rosenthal (2016) called for psychologists to incorporate intersectionality theory into their research, community work, and curricula in order to promote social justice and equality. The current paper will focus on Black and White racial identities, as well as high and low socioeconomic status (SES).

**Intersection of Race and SES Stigma**

It is well-established that stigma exists toward ethnic and racial minority groups and toward low SES individuals, and the intersection of race and socioeconomic status is one that has been regularly studied in recent years. People who are low SES and Black do not have as many opportunities for upward mobility in relation to educational attainment, employment, and homeownership (Hardaway & McLoyd, 2009). Additionally, an analysis of the National Longitudinal Survey of Youth investigated the intersectional effects of being both Black and low SES compared to being White and high SES, or only having one of those identities. Results indicated that the intersectional effect of being Black and low SES significantly impacted outcomes regarding unemployment, more so than for individuals possessing one of those identities (Jackson et al., 2016). Specifically, the intersection of having two stigmatized identities caused more hardship compared to if these people were high SES and Black, or low SES and White.

Importantly, even professionals who are trained to help people are not unbiased. In one study, physicians perceived Black patients as being less intelligent, more likely to engage in risky behavior (e.g., substance abuse), less likely to adhere to medical advice, and physicians said they felt less affiliated with Black patients compared to White patients (van Ryn & Burke, 2000). Similarly, the physicians perceived low SES patients as being less intelligent, less likely to adhere to medical advice, and having undesirable
personality characteristics such as lack of control or irrationality (van Ryn & Burke, 2000). Additionally, as a clear indication of the intersection of those two identities, physicians perceived patients who were low SES and Black as being the most unpleasant and irrational (van Ryn & Burke, 2000). These results indicate that undesirable traits may be perceived in low SES or Black individuals, and the combination of these two identities may cause individuals to be perceived even less favorably. Furthermore, there are several personal characteristics aside from race and SES that may create stigma toward an individual, including being a victim of IPV.

**Stigma of IPV**

Victims of IPV frequently report feelings of stigma from various sources, including medical providers. In order to avoid shame or embarrassment, some women lie or withhold information about the source of injuries when speaking with a medical professional (Rodriguez et al., 1996). One victim in a focus group said, “I was afraid people were going to treat me bad for staying there as long as I did. I took it personal; I thought I deserved it for letting this go on” (Rodriguez et al., 1996, p. 155). Similar feelings are not uncommon among victims of IPV, which creates a strong psychological barrier holding victims back from reporting. Victims are aware of the stigma associated with IPV, and understandably hesitate to disclose information about their victimization.

Aside from medical providers, other common sources of stigma, according to victims, are law enforcement and the court system, friends, and “other” (e.g., Alcoholics Anonymous, teacher, housing authority, church, financial assistance; Crowe & Murray, 2015). Victims commonly report feeling dismissed/denied, blamed, and discriminated against (Crowe & Murray, 2015). Additionally, victims believe they need to prove
themselves as worthy of empathy (Meyer, 2016) by fitting the criteria of an “ideal”
innocent victim. The ideal victim, defined by Christie (1986), should be weak or
vulnerable, involved in a respectable activity at the time of victimization, blameless in the
circumstances of her victimization, and have been victimized by a “big bad offender”
whom she does not know. Victims of IPV may feel blamed and unworthy of empathy
because they do not fit these criteria.

No victims are actually unworthy of empathy, however, victims may feel this way
due to rape and victim-blaming culture. When interviewed, college-student athletes did
not overtly say they blamed victims of rape; however, respondents indicated that they
believed women put themselves in bad situations by dressing a certain way, drinking
alcohol, or demonstrating other behaviors such as flirting (McMahon, 2007). Victims of
IPV may be blamed in a similar fashion. Onlookers may not explicitly say “she deserved
it,” but they may make comments about her choice to stay in the relationship, implying
that she put herself in this situation.

Further illustrating victim-blaming culture, there is evidence that stigma toward
victims of IPV varies depending on how the victim responds to the abuse. Victims who
are thought to “provoke” the man by yelling, fighting back, or resisting are more heavily
stigmatized than victims who do not (Capezza & Arriaga, 2008; Kern et al., 2007; Willis-
Esqueda & Harrison, 2005). This type of victim blaming is consistent with the ideal
victim prototype, because the victim is expected to be weak and vulnerable in order to
receive empathy. Direct provocation and fighting back does not suggest that the victim is
weak.
A systematic review of stigma toward victims of IPV (which included studies in English- or Italian-speaking western countries) indeed found evidence of victims being blamed more heavily if they did not fit the ideal victim criteria defined by Christie (1986), and more blame was directed toward victims when they were still in a relationship with the abuser compared to when they had left the relationship (Taccini & Mannarini, 2023). This review also conceptualized how public stigma (i.e., stigma from the general public directed to the stigmatized group) influences self-stigma (i.e., when members of the stigmatized group direct stigma onto themselves). For example, one study referenced in the systematic review found that 63% of participants, all of whom were IPV survivors, reported feeling blamed or dismissed in the courtroom, and 67% of those women did not want to return to court because they did not feel safe, believed, and respected (Rivera et al., 2012). These feelings can fuel their self-stigma because they might feel ashamed, worthless, or powerless (Taccini & Mannarini, 2023), which may make them feel less empowered to leave the relationship, which again contributes to their public stigma because they are still in a relationship with the abuser.

In addition to the way the victim reacts to the abuse, the victim’s personal characteristics may also influence a person’s perception of the victim. There is evidence that Black victims are viewed more negatively than White victims. When presented with a mock police transcript portraying an IPV altercation, college students assigned more culpability to a Black victim than a White victim (Willis-Esqueda & Harrison, 2005). Additionally, police officers are less likely to make an arrest in cases where the victim is Black, even in jurisdictions with mandatory arrest laws (Ferraro, 1989; Hirschel et al., 2007). Taken together, these results indicate that Black victims are blamed more for their
abuse and that Black victims are less likely to be served and protected by police officers if they do decide to report an incident.

In addition to victims facing more problems because of their race, perceptions of victims may vary based on their SES. This assumption is supported by research concerning victims of rape who are low SES. In one study, a victim of rape who was low SES was assigned more blame than a high SES victim and her situation was minimized compared to the high SES victim (Spencer, 2009). Although this study depicted rape by an acquaintance, the assignment of blame may be the same if the woman was a victim of a different crime (i.e., IPV). There are, however, complex factors that affect this relationship. Victims who defy traditional gender roles as opposed to victims who conform to traditional gender roles may elicit more stigma, regardless of SES. In one study, a victim who was a lawyer (i.e., defying traditional gender roles) was rated more blameworthy than a victim who was a housewife (i.e., conforming to traditional gender roles; Capezza & Arriaga, 2008). In this case, the high SES woman (lawyer) elicited more stigma. However, when gender roles are not a factor, more stigma might be directed toward a low SES victim (Capezza & Arriaga, 2008).

Some research has already considered the challenges that may be present for victims of IPV who are Black and low SES. One challenge may be that when victims present with symptoms, these symptoms may not necessarily be identified by a professional. In one study, therapists read vignettes depicting a woman coming to therapy for the first time presenting with symptoms of depression, anxiety, and substance use, as well as indicating that her husband is “mad all the time” and has “hit [her] across the face” (Blanco, 2011). Therapists were asked to list up to five clinical problems they
perceived from the vignette. Twenty-six percent of the therapists failed to identify IPV as a problem at all, and recognition was significantly more likely when the woman was White as opposed to Black. The SES of the woman did not affect the likelihood of the therapists identifying IPV as a clinical problem. These findings suggest that therapists may be less likely to address IPV when working with Black clients. One possible explanation is that the therapists viewed it as more “normal” for a Black woman to be hit by her husband, based on stereotypical biases.

Individual and sociocultural characteristics of the victim and the offender have also been found to affect the process of a victim leaving an abusive relationship. An analysis of qualitative data grounded in intersectionality found that individual factors such as informal social support or readiness to leave interact with sociocultural factors such as race, class, and gender to affect access to formal resources such as police, healthcare, or shelter (Barrios et al., 2021). Some of this variation seems to come from victims’ knowledge of stigma surrounding IPV. For example, a Black woman might not want to report their partner (a Black man) to authorities because they do not want to exacerbate the image of Black men being dangerous or harmful to women (Barrios et al., 2021). These race-based barriers to leaving can compound with factors associated with SES, such as the victim not having their own source of income, demonstrating how differing characteristics can intersect to create more stigma and barriers to leaving.

**Current Study**

Black victims being blamed more than White victims is not surprising given the long history of racism, prejudice, and discrimination which contribute to systematic oppression of ethnic and racial minorities. There has been a plethora of research, theory,
and curricula (e.g., Augoustinos & Reynolds, 2001; Nelson, 2005) dedicated to this topic, and it is clear that Black individuals face more stigma than White individuals. More recently, attention has been given to the identities that interact with a person’s race, such as a person’s gender, SES, or sexual orientation. One identity commonly studied in conjunction with race is SES, and there is evidence indicating that those two identities together draw more stigma toward the individual (Hardaway & McLoyd, 2009; Jackson et al., 2016; van Ryn & Burke, 2000). Currently, there is little research exploring the intersection of these two identities as they pertain to IPV stigma.

Although there is some evidence for greater stigma toward Black victims of IPV compared to White victims (Willis-Esqueda & Harrison, 2005) and greater stigma toward low SES female victims of gendered crime (Spencer, 2009), little research has been conducted with respect to the general public’s stigma toward IPV victims of different races and SES. The current study took this intersectionality into consideration by examining the stigma toward female victims of different races (i.e., Black and White) and SES (i.e., high and low; with occupation and housing as a proxy for socioeconomic status). This study focused on physical intimate partner violence against women in a heterosexual relationship as demonstrated in separate vignettes and measured ratings of stigma by participants.

Race and SES were experimentally manipulated using vignettes of a transcript wherein a police officer describes an incident of IPV to other officers on duty. The police transcript explicitly states whether the victim is Black or White, and SES was manipulated through a description of the woman’s job and neighborhood in which she lives. There were four vignettes (i.e., high SES White victim, low SES White victim, high
SES Black victim, and low SES Black victim). Participants read one of the four vignettes and then completed measures of stigma.

**Hypotheses**

**Hypothesis 1**

I hypothesized that the four groups would differ significantly on stigma toward the character in the vignette, measured using judgment of responsibility questions.

Hypothesis 1a: There will be a main effect of race, with greater stigma directed toward Black victims than White victims.

Hypothesis 1b: There will be a main effect of socioeconomic status, with greater stigma directed toward low socioeconomic status individuals than high socioeconomic status individuals regardless of race.

Hypothesis 1c: There will be an interaction effect of race and SES, with the greatest stigma being held toward the low socioeconomic status Black victim.

**Hypothesis 2**

I hypothesized that the four groups would differ significantly on stigma toward the character in the vignette, measured using the *Social Distance Scale*.

Hypothesis 2a: There will be a main effect of race, with greater stigma directed toward Black victims than White victims.

Hypothesis 2b: There will be a main effect of socioeconomic status, with greater stigma directed toward low socioeconomic status individuals than high socioeconomic status individuals regardless of race.

Hypothesis 2c: There will be an interaction effect of race and SES, with the greatest stigma being held toward the low socioeconomic status Black victim.
Hypothesis 3

I hypothesized that the four groups would differ significantly on stigma toward the character in the vignette, measured using the Perceived Devaluation Discrimination Scale.

Hypothesis 3a: There will be a main effect of race, with greater stigma directed toward Black victims than White victims.

Hypothesis 3b: There will be a main effect of socioeconomic status, with greater stigma directed toward low socioeconomic status individuals than high socioeconomic status individuals regardless of race.

Hypothesis 3c: There will be an interaction effect of race and SES, with the greatest stigma being held toward the low socioeconomic status Black victim.

Method

Design

The design of this study is a 2 × 2 between-subjects experiment. More specifically, participants were randomly assigned to a condition in which they read a vignette that manipulated a fictional victim’s race (Black or White) and SES (high or low) to examine group differences in attitudes toward the victim using analysis of variance (ANOVA) tests. Further detail regarding participants and procedure are to follow.

Participants

In all, 536 participants were recruited from Amazon’s Mechanical Turk (MTurk). After data cleaning (described in the data cleaning procedures section), the primary sample consisted of 333 participants. The age of participants ranged from 18 to 78 years
($M = 36.69, SD = 10.71$). Other demographic information can be found in Table 1. There were also 83 participants who only missed one manipulation check. Analyses were run both with and without those 83 participants because it allowed the sample to approach the number of participants needed to obtain power (i.e., with the 83 additional participants $N = 416$). The age of those 83 participants ranged from 18 to 68 ($M = 33.34, SD = 10.27$). Additional demographic information about those 83 participants can be found in Table 1.

Participants were recruited using MTurk, an online crowdsourcing platform. MTurk is a good source for collecting data quickly and inexpensively (Buhrmester et al., 2011). Some studies have found that MTurk workers are just as attentive as other samples (Paolacci et al., 2010) and appear to be truthful when providing self-report information (Shapiro et al., 2013). MTurk workers are also significantly more diverse than undergraduate college students (Shapiro et al., 2013).

Participants received $1.00 for approximately 10 minutes of participation. This rate of pay is equivalent to $6.00 per hour and may be above average for MTurk surveys, as the median hourly wage on MTurk was $1.38 per hour in 2010 (Horton & Chilton, 2010). Once a participant has completed a study on MTurk, the researcher can approve or reject the work the participant completed. Over time, these ratings create an approval rating for the participant. For example, if a participant completes 500 tasks and has 5 of them rejected, their approval rating would be 99%. MTurk users who had an approval rating over 90%, who had completed 100 or more HITs (human intelligence tasks), and who were from the U.S. were eligible to participate.
Table 1

Participants Demographics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage of participants who responded to both manipulation checks correctly (n = 333)</th>
<th>Percentage of participants who responded to one manipulation check incorrectly (n = 83)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>53.3%</td>
<td>48.2%</td>
</tr>
<tr>
<td>Male</td>
<td>46.6%</td>
<td>51.8%</td>
</tr>
<tr>
<td>Transgender male</td>
<td>0.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual (straight)</td>
<td>86.6%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>8.9%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Gay or lesbian</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Asexual</td>
<td>1.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Pansexual</td>
<td>0.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Queer</td>
<td>0.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>78.9%</td>
<td>71.1%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>10.4%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Asian American</td>
<td>5.4%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Mixed race</td>
<td>3.9%</td>
<td>1.2%</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.6%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Declined to respond</td>
<td>0.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic or non-Latino</td>
<td>94.3%</td>
<td>84.3%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>4.2%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Declined to respond</td>
<td>1.5%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Political party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Democrat</td>
<td>46.1%</td>
<td>45.8%</td>
</tr>
<tr>
<td>Republican</td>
<td>19.6%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Independent</td>
<td>25.3%</td>
<td>26.5%</td>
</tr>
<tr>
<td>No affiliation</td>
<td>6.5%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Not listed</td>
<td>2.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Political orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very liberal</td>
<td>16.1%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Liberal</td>
<td>31.0%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Moderate</td>
<td>26.8%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Conservative</td>
<td>17.0%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Very conservative</td>
<td>5.4%</td>
<td>7.2%</td>
</tr>
<tr>
<td>No political orientation</td>
<td>3.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agnostic</td>
<td>28.9%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Protestant</td>
<td>25.0%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Atheist</td>
<td>19.6%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Catholic</td>
<td>9.8%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Jewish</td>
<td>3.0%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Muslim</td>
<td>1.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Characteristic</td>
<td>Percentage of participants who responded to both manipulation checks correctly (n = 333)</td>
<td>Percentage of participants who responded to one manipulation check incorrectly (n = 83)</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Buddhist</td>
<td>1.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Not listed</td>
<td>10.4%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Highest level of education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some high school</td>
<td>0.0%</td>
<td>2.4%</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>12.5%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Some college</td>
<td>22.6%</td>
<td>27.7%</td>
</tr>
<tr>
<td>Vocational school</td>
<td>3.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>9.8%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>37.8%</td>
<td>34.9%</td>
</tr>
<tr>
<td>Some graduate school</td>
<td>2.1%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>11.3%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Declined to respond</td>
<td>0.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>SES ladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2</td>
<td>7.7%</td>
<td>4.8%</td>
</tr>
<tr>
<td>3</td>
<td>19.9%</td>
<td>18.1%</td>
</tr>
<tr>
<td>4</td>
<td>18.5%</td>
<td>19.3%</td>
</tr>
<tr>
<td>5</td>
<td>22.6%</td>
<td>22.9%</td>
</tr>
<tr>
<td>6</td>
<td>14.9%</td>
<td>19.3%</td>
</tr>
<tr>
<td>7</td>
<td>10.4%</td>
<td>10.8%</td>
</tr>
<tr>
<td>8</td>
<td>3.6%</td>
<td>2.4%</td>
</tr>
<tr>
<td>9</td>
<td>0.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>10</td>
<td>0.3%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Participants were also asked if they have had any previous exposure to different forms of IPV. These questions measured whether participants had experienced IPV themselves or if they knew anyone who had experienced IPV. Thirty-six percent of participants reported no previous exposure to physical IPV, 62.5% reported no exposure to sexual IPV, and 31.3% reported no exposure to psychological IPV. Twenty-eight participants admitted to being a perpetrator of IPV. Additional results from these questions are displayed in Table 2.
Table 2

*Exposure to IPV as a Percentage of Each Sample*

<table>
<thead>
<tr>
<th>Type of exposure</th>
<th>Percentage of participants who responded to both manipulation checks correctly (n = 333)</th>
<th>Percentage of participants who responded to one manipulation check incorrectly (n = 83)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No exposure</td>
<td>36.0%</td>
<td>37.3%</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>13.7%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Friend</td>
<td>13.7%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Family member</td>
<td>8.6%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Myself</td>
<td>8.3%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Multiple forms of exposure</td>
<td>19.6%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No exposure</td>
<td>62.5%</td>
<td>61.4%</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>10.1%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Friend</td>
<td>9.5%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Family member</td>
<td>1.5%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Myself</td>
<td>6.8%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Multiple forms of exposure</td>
<td>9.2%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Psychological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No exposure</td>
<td>31.3%</td>
<td>33.7%</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>12.5%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Friend</td>
<td>13.1%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Family member</td>
<td>6.0%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Myself</td>
<td>12.8%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Multiple forms of exposure</td>
<td>24.4%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Perpetrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>91.4%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Physical</td>
<td>3.3%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Sexual</td>
<td>0.0%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Psychological</td>
<td>3.9%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Multiple forms of perpetration</td>
<td>1.5%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

*Note.* Participants were able to select all that applied.

An a priori power analysis indicated a sample size of 434 participants was needed in order to detect an effect size of \(\eta_p^2 = .20\) at power of .95 (Faul et al., 2007). An effect size of \(\eta_p^2 = .20\) was expected based on similar previous research by Willis-Esqueda and Harrison (2005) which found a small effect size of \(\eta_p^2 = 0.02\). As mentioned previously, analyses were run both with \(N = 416\) and without \(N = 333\) the 83 participants who
only missed one manipulation check question in order to restore some level of power to the analyses.

**Procedure**

All procedures were approved by the university IRB. Data were collected in December of 2017. Participants first provided informed consent to participate in the study. Participants were directed to the page with the vignette on it and were instructed to read the vignette carefully so they could answer questions regarding their opinions about the persons involved. The survey was set up to keep participants on the vignette page for 20 seconds in an attempt to ensure participants read the vignette. Participants read one of four randomly assigned vignettes depicting a fictionalized police transcript (see Appendix A). The transcript was written to depict a police officer radioing in to the station, and they described the woman and the situation. The vignettes all portrayed the same IPV altercation; the only differences were the victim’s race, as well as her job and neighborhood (which together were intended to serve as a proxy for SES).

Participants then completed the judgment of responsibility questions (Appendix B). After that, participants completed the Perceived Devaluation Discrimination Scale (PDDS; Appendix C) and Social Distance Scale (SDS; Appendix D); however, these two scales appeared in a random order, such that some participants completed the SDS before the PDDS. After completing those scales, participants answered three questions that were taken from a scale measuring perceptions of culpability, seriousness, and patterns (Appendix E). Participants then completed a manipulation check to ensure they encoded the independent variables (Appendix F). There were three attention checks (Appendix F) placed within the stigma measures. Participants were then asked basic demographic
information about themselves (Appendix G) and their previous exposure to IPV (Appendix H). Finally, there were two open-ended questions asking if there was any reason we should not use their data, and if they had any additional comments (Appendix I). Participants were then provided with a debriefing form (Appendix J) explaining the purpose of the study and thanking them for their participation.

**Vignettes**

Participants read one of four vignettes portraying a police officer on the scene of an IPV incident reporting information to other officers who are on duty (see Appendix A). The vignettes described a woman named Sandra who has been the victim of IPV. The name Sandra was chosen because it appears in the top 100 most common names of the 1980s (Social Security Administration, 2017) and a small, informal survey indicated that the name was race-neutral. The 1980s decade was chosen because in our vignette Sandra is 35 years old, therefore she would have been born in 1982. The vignettes were identical except for the victim’s race (Black or White), where the victim lives (near the country club or near the trailer park), and the victim’s job (pediatrician or cook). These differences in Sandra’s race, neighborhood, and job served as the manipulations of race and SES. Thus, the four conditions portrayed a low SES White woman, a high SES White woman, a low SES Black woman, and a high SES Black woman as the IPV victim. The low SES conditions both had 132 words and the high SES conditions both had 131 words. The inspiration for use of a police transcript vignette came from Willis-Esqueda and Harrison (2005), in which the researchers manipulated the victim’s race, the level of provocation, and the level of resistance in the vignettes.
Measures

Judgment of Responsibility

Judgment of responsibility (JOR; Appendix B) was measured using 12 questions developed by Schuller et al. (1994). Items measure the extent to which participants believed the victim and the perpetrator were responsible for the incident, as well as how valid the woman’s suffering was. I chose this scale because it is specific to IPV and measures the concept of victim-blaming. Sample items include “To what extent do you think [the woman] suffered in her marriage?” and “To what extent is [the man] to blame for the events that occurred in his marriage?” and were measured on a nine-point Likert-scale (1 = not at all, 9 = very much). In this study, “the woman” was changed to “Sandra” and “the man” was changed to “the husband.” The adapted items read “To what extent do you think Sandra suffered in her marriage?” and “To what extent is the husband to blame for the events that occurred in the marriage?” Of note, there are no available data regarding the validity of this scale that could be located by the researchers. However, in the current study, Cronbach’s alpha was .84, indicating good internal consistency.

Perceived Devaluation Discrimination Scale

The Perceived Devaluation Discrimination Scale (PDDS; Link et al., 1989; Appendix C) consists of 11 Likert-style questions measuring stigma on a six-point scale (1 = strongly agree; 6 = strongly disagree). I chose this scale because it measures two of the four components of stigma: separation and status loss and discrimination. Additionally, the authors of the PDDS wrote this scale as a way to measure the consequences of labeling, which means it would indirectly address three of the four stigma components. Previous research has modified this scale to be specific to many
different diagnoses, including depression (Brown et al., 2010). I used this same technique
to modify items to measure attitudes toward the victim. A sample question from the
original scale reads: “Once they know a person has experienced [a mental illness], most
people will take his or her opinions less seriously.” In this study, the questions were
modified to ask about the victim in the vignette, Sandra. The questions were also
modified to ask what “I,” the participant, feels, rather than “most people.” For example,
one question reads: “Once I knew Sandra has experienced intimate partner violence, I
would take her opinions less seriously.” I removed one question from the scale because it
asks about a potential romantic relationship, which does not fit this study’s vignette
because Sandra is married. Previous research has found that the PDDS has excellent test-
retest reliability and satisfactory content and face validity when this scale was modified
to measure stigma toward alcohol and substance use disorders (Glass et al., 2013). In the
current study, Cronbach’s alpha was .91, indicating excellent internal consistency.

Social Distance Scale

The Social Distance Scale (SDS; Appendix D), informed by Link et al. (1987),
consists of 10 questions measuring the degree of social engagement people are
comfortable with when interacting with people from a specified population. I chose this
scale because it measures the separation component of stigma. Although the Perceived
Devaluation Discrimination Scale also measures separation, the Social Distance Scale
was a useful addition because it does not ask questions that read as inherently cruel,
meaning participants may feel more comfortable answering honestly. Questions are
Likert-style and measured on a seven-point scale (1 = very likely, 7 = very unlikely). One
item from the original scale reads: “How likely would you be to want [this person] being
the caretaker of your children?” In this study, “this person” was replaced with “Sandra,” the fictitious victim’s name; thus, the adapted item reads “How likely would you be to want Sandra being the caretaker of your children?” I removed three questions from the scale because they ask about potential romantic relationships, which does not fit the vignette because the woman is married. One adaptation of the Social Distance Scale was found to have good construct validity (Peters et al., 2014). Cronbach’s alpha for the current sample was .95, indicating excellent internal consistency.

Perceptions of Culpability, Seriousness, and Patterns

Willis-Esqueda and Harrison (2005) wrote 22 experimental questions to measure victim-blaming attitudes, the perceived seriousness of the incident, and expected patterns in the relationship. For this study, I selected three individual questions as exploratory items (Appendix E). Only three questions were selected because the rest of the 22 questions asked about things that were either already addressed within the judgment of responsibility questions or were not relevant to the current study. The three questions were included because they measured interesting concepts that were not already included in other scales. The three questions were “If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way (such as calling the police, knocking on the door, going to console Sandra afterwards, etc.)?,” “How likely is it that Sandra has been involved in this type of situation before?,” and “Would Sandra have the right to use physical force to defend herself in this situation?” Questions were measured on a seven-point Likert scale (1 = not at all, 7 = very much so).
Manipulation Checks and Attention Checks

I used two manipulation check questions to test whether the participants received the manipulation (Appendix F). Specifically, participants were asked to report on Sandra’s race and perceived SES. The questions were presented as multiple choice. I also used three questions to test whether the participants were reading the questions or responding randomly (i.e., attention checks). The three attention checks read as follows: “Please select response option ‘6’ for this question,” “I can demonstrate that I am reading the questions by selecting ‘strongly disagree’ for this question,” and “Please select ‘strongly agree’ for this question.”

Demographics

Participants answered questions regarding their gender, age, sexual orientation, race, ethnicity, political party, political orientation, religion, highest level of education, and SES (Appendix G). Socioeconomic status was measured using the MacArthur Scale of Subjective Social Status (SSS; Adler et al., 2000) because I was interested in capturing participants’ own subjective view of their status rather than traditional objective measures such as income or education. Ratings on the SSS were also found to be reliably associated with objective measures of income and education (Operario et al., 2004).

Previous exposure to IPV

I asked participants about their exposure to IPV using four questions (Appendix H). The first three questions asked if they or anyone they know had experienced violence by a spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner. The first question asked about physical violence, the second question asked about sexual violence, and the third question asked about psychological aggression. The response options were
“I don’t know anyone who has,” “an acquaintance of mine,” “a friend of mine,” “myself,” or “a member of my family.” Participants were able to select as many as applied. The fourth question asked if the participant had ever been physically, sexually, or psychologically aggressive toward a romantic partner. Participants were reminded that this information would only be used for research purposes and their responses were anonymous. The response options were as follows: “I have engaged in physical violence toward a romantic partner,” “I have engaged in sexual violence toward a romantic partner,” “I have engaged in psychological aggression toward a romantic partner,” and “I have not engaged in any of these behaviors.”

Open-ended questions

There were two open-ended questions at the end of the survey asking if there were any reasons we should not use their data in our analyses, and if they had any additional comments (Appendix I). These questions were intended to give participants a chance to admit if they were dishonest or careless when responding to questions, to explain any answers, or to express any thoughts they had about the study.

Results

Preliminary Analyses

Data cleaning procedures

The initial analyses included preliminary data cleaning procedures. Table 3 shows how many participants were removed from each condition for each deletion criterion. In total, 203 cases were excluded for the following reasons. First, I removed 21 cases because they dropped out of the study before being sorted into a condition, meaning they presumably exited the study after reading the consent form. Second, I removed 15
participants because over 20% of their responses were missing. After deleting participants who did not complete the survey, 500 remained. Third, I checked the data for double IP addresses in order to identify participants who completed the study twice. Fourteen cases had multiple responses that were linked to the same IP address, so all of those responses were deleted. Fourth, I performed geocoding procedures in order to detect participants that were not from the U.S. Twenty-two cases had latitude and longitude coordinates outside of the U.S., and subsequently these cases were deleted. Fifth, I deleted 21 cases because they completed the study in under three minutes, which was deemed to be an unrealistically short amount of time to read and respond to questions carefully. Sixth, I deleted seven participants because they missed two or more of the three attention checks. Seventh, I examined cases on the basis of the manipulation checks (i.e., whether or not they were aware of Sandra’s race and SES). Seventeen participants responded incorrectly to both of the manipulation checks, indicating they were not cognizant of Sandra’s race or SES and were subsequently removed from analyses. Additionally, 83 participants missed one of the two manipulation checks, meaning they incorrectly identified either Sandra’s race or SES. Of note, there were no participants who admitted to being careless or dishonest in the open-ended questions (Appendix I), therefore no participants were deleted based on that criterion. Finally, I visually inspected boxplots to determine whether there were any significant outliers in the data. There was one outlier within the judgment of responsibility questions, and two additional outliers within the experimental question “Would Sandra have the right to use physical force to defend herself in this situation?” I excluded these cases because they were more than 3 standard deviations above or below the mean. There were no additional
outliers in the data set containing the 83 participants who missed one manipulation check, so no further changes were made to the second data set.

Table 3

Number of Participants Deleted from Each Condition

<table>
<thead>
<tr>
<th>Reason for deletion</th>
<th>Low SES Black</th>
<th>Low SES White</th>
<th>High SES Black</th>
<th>High SES White</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing responses</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>500</td>
</tr>
<tr>
<td>Double IP addresses</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>486</td>
</tr>
<tr>
<td>Outside U.S.</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>464</td>
</tr>
<tr>
<td>Completed in &lt; 3 minutes</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>8</td>
<td>443</td>
</tr>
<tr>
<td>Missed 2+ attention checks</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>436</td>
</tr>
<tr>
<td>Missed both manipulation checks</td>
<td>2</td>
<td>0</td>
<td>7</td>
<td>8</td>
<td>419</td>
</tr>
<tr>
<td>Missed one manipulation check</td>
<td>21</td>
<td>22</td>
<td>27</td>
<td>13</td>
<td>336</td>
</tr>
<tr>
<td>Outliers</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>416/333a</td>
</tr>
<tr>
<td>Total deleted</td>
<td>45</td>
<td>43</td>
<td>53</td>
<td>41</td>
<td>-</td>
</tr>
</tbody>
</table>

Note. Total recruitment was 536 participants; however, 21 participants dropped out of the study before being sorted into a condition.

aThe data were split into two data sets after screening manipulation checks; therefore, there are two different samples: one that includes the 83 people who missed one manipulation check, and one that does not.

Although I deleted a large number of participants, the largest portion came from the 83 participants who seemed to pay attention well enough to respond correctly to one manipulation check, but not well enough to respond to both correctly. Lack of attention is not an unusual problem when collecting responses from MTurk or other online sources. One study created specifically to test the prevalence of inattentive responding found that 42% of their respondents were inattentive (Fleischer et al., 2015). Although the current study was clearly not immune to inadequate responses, the final sample of participants have passed many quality checks and is likely to be a high-quality sample.
Unfortunately, after these data cleaning procedures, the final sample was underpowered (the a priori power analysis indicated we needed 434 participants). To help restore some level of power, I ran analyses with \((N = 416)\) and without \((N = 333)\) the 83 participants who missed only one manipulation check. Results will be presented for both data sets.

**Assumptions**

Certain assumptions must be met in order to ensure the validity of results. Accordingly, the following assumptions for two-way ANOVAs were screened: 1) independence of observations, 2) no significant outliers in any cell, 3) normal distribution of each dependent variable, and 4) homogeneity of variances within each dependent variable. I tested each assumption and the results are presented below.

The first assumption that observations must be independent was met because participants were randomly selected and assigned to one of four groups. The between-subjects design of the study controlled for this assumption. The second assumption was met after screening for outliers during the data cleaning procedures.

The assumption of normality was violated on all three dependent measures and on all three experimental questions, as assessed by the Shapiro-Wilk test of normality \((p > .05)\). These violations of normality also occurred in the second data set with the 83 additional participants. I did not make any changes to the data because ANOVA tests are considered robust to violations of normality (Maxwell & Delaney, 2004), especially when the sample has at least 25 participants per condition (Schmider et al., 2010).

The fourth assumption, homogeneity of variances, was met for all three dependent measures in both data sets, as assessed by Levene’s test for equality of variances. In the
first data set \( (N = 333) \), Levene’s test was significant for the experimental question “If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way (such as calling the police, knocking on the door, going to console Sandra afterwards, etc.),” \( F(3, 329) = 2.67, p < .05 \), and it was also significant for the experimental question “Would Sandra have the right to use physical force to defend herself in this situation,” \( F(3, 329) = 9.51, p < .001 \). In the second data set, Levene’s test was only significant on the latter of those two experimental questions, \( F(3, 412) = 4.37, p < .01 \). I did not make any changes to the data because ANOVA tests are robust to heterogeneity of variance, especially when the group sample sizes are approximately equal and large (Jaccard, 1998).

Correlations

In order to determine how closely the dependent measures were related, I examined Pearson’s correlations (Table 4 and Table 5). Because there was a main effect of SES on the Perceived Devaluation Discrimination and Social Distance scales within the hypothesis testing procedures, I ran Pearson’s correlations separately for participants in the low SES conditions and the high SES conditions. The direction and significance of correlations were largely the same between conditions. There were two correlations that did trend in opposite directions when comparing conditions; however, they were not statistically significant. Another difference between conditions was that for the high SES conditions (Table 5), there was a significant correlation between the Social Distance Scale and the question “Would Sandra have the right to use physical force to defend herself in this situation?,” whereas the correlation was not significant for the low SES conditions (Table 4). In the high SES condition the correlation indicated that when more
stigma was reported toward the victim, participants were less likely to believe she had the right to defend herself. In the low SES conditions the correlation was trending in the same direction, however the relationship was not strong enough to reach significance.

Table 4

**Pearson’s Correlations between Dependent Measures (Low SES Conditions)**

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Judgment of responsibility</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Perceived Devaluation Discrimination</td>
<td>.54***</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Social Distance</td>
<td>.30***</td>
<td>.73***</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Neighbor</td>
<td>-.32***</td>
<td>-.28***</td>
<td>-.26***</td>
<td>—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Situation</td>
<td>-.24***</td>
<td>.07</td>
<td>.11</td>
<td>.16*</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>6. Defend</td>
<td>-.47***</td>
<td>-.25***</td>
<td>-.02</td>
<td>.41***</td>
<td>.37***</td>
<td>—</td>
</tr>
</tbody>
</table>

*Note.* Higher scores on JOR, PDDS, and SDS indicate more stigma. Scores on experimental questions ranged from 1-7 (“not at all” to “very much so”). Neighbor = “If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way;” Situation = “How likely is it that Sandra has been in this type of situation before;” Defend = “Would Sandra have the right to use physical force to defend herself in this situation?”

*p < .05, **p < .01

Table 5

**Pearson’s Correlations between Dependent Measures (High SES Conditions)**

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Judgment of responsibility</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Perceived Devaluation Discrimination</td>
<td>.49***</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Social Distance</td>
<td>.38***</td>
<td>.69***</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Neighbor</td>
<td>-.27***</td>
<td>-.28***</td>
<td>-.27***</td>
<td>—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Situation</td>
<td>-.27***</td>
<td>-.12</td>
<td>-.01</td>
<td>.26**</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>6. Defend</td>
<td>-.33***</td>
<td>-.29**</td>
<td>-.17*</td>
<td>.18*</td>
<td>.33**</td>
<td>—</td>
</tr>
</tbody>
</table>

*Note.* Higher scores on JOR, PDDS, and SDS indicate more stigma. Scores on experimental questions ranged from 1-7 (“not at all” to “very much so”). Neighbor = “If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way;” Situation = “How likely is it that Sandra has been in this type of situation before;” Defend = “Would Sandra have the right to use physical force to defend herself in this situation?”

*p < .05, **p < .01
Within both conditions, all the dependent measures were significantly correlated with each other in the expected direction, except for the perceived devaluation discrimination scale and social distance scale with the question “How likely is it that Sandra has been in this type of situation before?” This lack of correlation suggests that even when people have more stigmatizing attitudes toward victims, they may not necessarily assume that a victim has been in this situation before. The correlations between the dependent measures were all positive, indicating that different types of stigma and victim blaming are related. Within the exploratory questions, there were negative correlations that indicated participants who reported more stigma on the dependent measures were less likely to say they would intervene to help their neighbor in this situation, and were less likely to indicate that Sandra had a right to defend herself physically. This indicates that if a witness to intimate partner violence has stigmatizing attitudes toward the victim, they might be less likely to help her but also might judge her for fighting back.

I also explored Pearson’s correlations between demographic variables and the dependent measures (Table 6 and Table 7). Within these correlations, one notable difference was that within the low SES conditions, women reported less stigma than men on all dependent measures, but this difference was not significant for the PDDS and SDS scales within the high SES conditions. This contrast between conditions indicates that men and women report more similar levels of stigma when the victim is high SES, but men report more stigma when the victim is low SES. Another interesting gender difference is that women reported they would be more likely to intervene if Sandra was their neighbor, but only when she was depicted as high SES. Within both conditions,
participants who indicated they were politically liberal reported less stigma on all dependent measures. There were only slight differences based on participants’ SES, such that those who reported having higher SES reported more stigma on the JOR scale when she was low SES, and those with higher SES reported more stigma on the SDS scale when she was high SES. These results indicate that people with higher SES may blame victims of low SES more harshly, but they also want to maintain greater social distance from victims who are high SES.

Table 6

Pearson’s Correlations between Demographic Variables and Dependent Measures (Low SES Conditions)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>JOR</th>
<th>PDDS</th>
<th>SDS</th>
<th>Neighbor</th>
<th>Situation</th>
<th>Defend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>.29**</td>
<td>.21**</td>
<td>.20**</td>
<td>-.11</td>
<td>.03</td>
<td>-.01</td>
</tr>
<tr>
<td>Age</td>
<td>-.03</td>
<td>.04</td>
<td>.08</td>
<td>.21**</td>
<td>-.02</td>
<td>.17*</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>-.17*</td>
<td>-.16*</td>
<td>-.14</td>
<td>.11</td>
<td>.00</td>
<td>.16*</td>
</tr>
<tr>
<td>Race</td>
<td>.00</td>
<td>.00</td>
<td>.06</td>
<td>-.09</td>
<td>.03</td>
<td>-.08</td>
</tr>
<tr>
<td>Political orientation</td>
<td>.18*</td>
<td>.27**</td>
<td>.26**</td>
<td>-.11</td>
<td>.13</td>
<td>.04</td>
</tr>
<tr>
<td>Religion</td>
<td>.07</td>
<td>.03</td>
<td>.08</td>
<td>-.12</td>
<td>-.04</td>
<td>-.10</td>
</tr>
<tr>
<td>Education</td>
<td>.01</td>
<td>.00</td>
<td>.05</td>
<td>-.01</td>
<td>-.00</td>
<td>-.05</td>
</tr>
<tr>
<td>SES</td>
<td>.17*</td>
<td>.10</td>
<td>.08</td>
<td>.05</td>
<td>.13</td>
<td>-.12</td>
</tr>
</tbody>
</table>

Note. JOR = Judgment of responsibility; PDDS = Perceived Devaluation Discrimination Scale; SDS = Social Distance Scale; Neighbor = “If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way;” Situation = “How likely is it that Sandra has been in this type of situation before;” Defend = “Would Sandra have the right to use physical force to defend herself in this situation?” Higher scores on JOR, PDDS, and SDS indicate more stigma. Scores on experimental questions ranged from 1-7 (“not at all” to “very much so”). Gender = 1 is female, 2 is male. Sexual orientation = 1 is heterosexual, 2 is not heterosexual. Race = 1 is white, 2 is not white. Political orientation = higher scores indicate more political conservatism. Religion = 1 is not religious (atheist, agnostic, or “none”), 2 is religious. Education = higher scores indicate higher levels of education completed. SES = higher scores indicate higher reported socioeconomic status.

*p < .05, **p < .01
Table 7

*Pearson’s Correlations between Demographic Variables and Dependent Measures (High SES Conditions)*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>JOR</th>
<th>PDDS</th>
<th>SDS</th>
<th>Neighbor</th>
<th>Situation</th>
<th>Defend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>.18*</td>
<td>.06</td>
<td>.06</td>
<td>-.17*</td>
<td>-.21*</td>
<td>-.04</td>
</tr>
<tr>
<td>Age</td>
<td>.15</td>
<td>.02</td>
<td>.08</td>
<td>.06</td>
<td>.21*</td>
<td>.17*</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>-.11</td>
<td>-.11</td>
<td>-.15</td>
<td>.07</td>
<td>.02</td>
<td>.12</td>
</tr>
<tr>
<td>Race</td>
<td>-.11</td>
<td>.04</td>
<td>.12</td>
<td>.05</td>
<td>-.10</td>
<td>-.07</td>
</tr>
<tr>
<td>Political orientation</td>
<td>.21*</td>
<td>.18*</td>
<td>.24**</td>
<td>-.19*</td>
<td>-.08</td>
<td>-.06</td>
</tr>
<tr>
<td>Religion</td>
<td>-.06</td>
<td>-.05</td>
<td>.06</td>
<td>.07</td>
<td>.07</td>
<td>.11</td>
</tr>
<tr>
<td>Education</td>
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<td>-.06</td>
<td>.09</td>
<td>-.10</td>
<td>-.03</td>
<td>.02</td>
</tr>
<tr>
<td>SES</td>
<td>.12</td>
<td>.03</td>
<td>.19*</td>
<td>.04</td>
<td>.02</td>
<td>-.15</td>
</tr>
</tbody>
</table>

*Note. JOR = Judgment of responsibility; PDDS = Perceived Devaluation Discrimination Scale; SDS = Social Distance Scale; Neighbor = “If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way;” Situation = “How likely is it that Sandra has been in this type of situation before;” Defend = “Would Sandra have the right to use physical force to defend herself in this situation?” Higher scores on JOR, PDDS, and SDS indicate more stigma. Scores on experimental questions ranged from 1-7 (“not at all” to “very much so”). Gender = 1 is female, 2 is male. Sexual orientation = 1 is heterosexual, 2 is not heterosexual. Race = 1 is white, 2 is not white. Political orientation = higher scores indicate more political conservativism. Religion = 1 is not religious (atheist, agnostic, or “none”), 2 is religious. Education = higher scores indicate higher levels of education completed. SES = higher scores indicate higher reported socioeconomic status. *p < .05, **p < .01

Additionally, I examined Pearson’s correlations between dependent measures and exposure to different types of intimate partner violence (Table 8 and Table 9). Interestingly, exposure to IPV was correlated with lower levels of reported stigma when the victim was low SES, but this difference was mostly nonexistent when the victim was high SES. Additionally, those who had been exposed to IPV indicated more willingness to intervene to help when she was low SES, but not when she was high SES. One could speculate that because having low SES is a risk factor for being a victim of IPV (Capaldi et al., 2012), it is possible that the participants in the sample who had been exposed to
IPV were low SES themselves, and therefore identified with the low SES victim and felt more empathy/less stigma towards her. Unfortunately, the size of the current sample does not allow for that level of analysis. Being a perpetrator did not make a difference on reported levels of stigma in either condition, although only a small number of participants admitted to some form of perpetration ($n = 28$).

Table 8

Pearson’s Correlations between Dependent Measures and Exposure to IPV (Low SES Conditions)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Physical</th>
<th>Sexual</th>
<th>Psychological</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOR</td>
<td>-.10</td>
<td>-.03</td>
<td>-.18*</td>
<td>.10</td>
</tr>
<tr>
<td>PDDS</td>
<td>-.24**</td>
<td>-.10</td>
<td>-.23**</td>
<td>-.00</td>
</tr>
<tr>
<td>SDS</td>
<td>-.28**</td>
<td>-.17*</td>
<td>-.27**</td>
<td>-.06</td>
</tr>
<tr>
<td>Neighbor</td>
<td>.16*</td>
<td>.20**</td>
<td>.19*</td>
<td>-.08</td>
</tr>
<tr>
<td>Situation</td>
<td>-.02</td>
<td>-.10</td>
<td>.06</td>
<td>-.07</td>
</tr>
<tr>
<td>Defend</td>
<td>-.02</td>
<td>-.06</td>
<td>.10</td>
<td>-.14</td>
</tr>
</tbody>
</table>

Note. JOR = Judgment of responsibility; PDDS = Perceived Devaluation Discrimination Scale; SDS = Social Distance Scale; Neighbor = “If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way;” Situation = “How likely is it that Sandra has been in this type of situation before;” Defend = “Would Sandra have the right to use physical force to defend herself in this situation?” Higher scores on JOR, PDDS, and SDS indicate more stigma. Scores on experimental questions ranged from 1-7 (“not at all” to “very much so”). Exposure to IPV: 1 = no exposure to that type of IPV, 2 = knew someone or was someone who was a victim of that type of IPV. Perpetrator: 1 = did not report any perpetration, 2 = reported some form of perpetration.

*p < .05 ** p < .01
Table 9

Pearson’s Correlations between Dependent Measures and Exposure to IPV (High SES Conditions)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Physical</th>
<th>Sexual</th>
<th>Psychological</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOR</td>
<td>-.01</td>
<td>-.04</td>
<td>-.01</td>
<td>-.04</td>
</tr>
<tr>
<td>PDDS</td>
<td>.15</td>
<td>-.02</td>
<td>-.12</td>
<td>.12</td>
</tr>
<tr>
<td>SDS</td>
<td>.12</td>
<td>-.04</td>
<td>.17*</td>
<td>.08</td>
</tr>
<tr>
<td>Neighbor</td>
<td>-.05</td>
<td>.10</td>
<td>.06</td>
<td>.02</td>
</tr>
<tr>
<td>Situation</td>
<td>.11</td>
<td>.04</td>
<td>.08</td>
<td>.11</td>
</tr>
<tr>
<td>Defend</td>
<td>.14</td>
<td>.02</td>
<td>.12</td>
<td>.03</td>
</tr>
</tbody>
</table>

Note. JOR = Judgment of responsibility; PDDS = Perceived Devaluation Discrimination Scale; SDS = Social Distance Scale; Neighbor = “If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way;” Situation = “How likely is it that Sandra has been in this type of situation before;” Defend = “Would Sandra have the right to use physical force to defend herself in this situation?” Higher scores on JOR, PDDS, and SDS indicate more stigma. Scores on experimental questions ranged from 1-7 (“not at all” to “very much so”). Exposure to IPV: 1 = no exposure to that type of IPV, 2 = knew someone or was someone who was a victim of that type of IPV. Perpetrator: 1 = did not report any perpetration, 2 = reported some form of perpetration.

*p < .05 ** p < .01

Overall Stigma Ratings

Encouragingly, the mean levels of stigma on all dependent measures were relatively low when considering the upper limits of the scales. Specifically, the Judgement of Responsibility scale responses ranged from 1-9, Perceived Devaluation Discrimination Scale ranged from 1-6, and the Social Distance Scale ranged from 1-7, with higher scores indicating higher levels of stigma for all the scales. Even the conditions with the highest levels of stigma for each scale were relatively low ($M = 2.84$ for JOR, $M = 2.41$ for PDDS, and $M = 3.66$ for SDS). These low mean scores indicate that levels of stigma toward victims of IPV may actually be fairly low overall, with some group differences noted.
Primary Analyses

Hypothesis 1

I hypothesized that groups would differ significantly on stigma towards the victim in the vignette, as measured using judgment of responsibility questions. I conducted a 2 × 2 Between Groups ANOVA to test the effects of the victim’s race and SES on judgment of responsibility. In the first data set (N = 333), there was no main effect of race, F(1, 329) < 0.01, p = .989, $\eta^2_p < .001$, 90% CI [$.001, <.001$] or SES, $F(1, 329) = 0.17, p = .677, \eta^2_p < .001$, 90% CI [$.001, .01$] nor an interaction between the two, $F(1, 329) = 0.04, p = .835, \eta^2_p < .001$, 90% CI [$.001, .006$]. See Figure 1 for a visual representation of means. Overall, results indicated no differences in how participants judged the victim’s responsibility for the situation based on her race or SES.
**Figure 1**

*Judgement of Responsibility Means and Standard Deviations*

![Graph showing means and standard deviations for White and Black conditions with Low SES and High SES conditions.]

*Note.* Higher scores indicate more stigma/victim blaming attitudes. Error bars represent standard deviations.

This pattern of results was the same regardless of whether or not the 83 participants who missed one manipulation check were included. In the second data set ($N = 416$), there was no main effect of race, $F(1, 412) = 0.20, p = .655, \eta^2_p < .001$, 90% CI [<.001, .01], or SES, $F(1, 412) = 1.33, p = .249, \eta^2_p = .003$, 90% CI [<.001, .02] nor an interaction between the two, $F(1, 412) = 2.66, p = .104, \eta^2_p = .006$, 90% CI [<.001, .03]. See Table 10 for means and standard deviations for both data sets.
Table 10

**Means and Standard Deviations of Stigma Ratings by Condition**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Low SES</th>
<th>High SES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Black</td>
<td>White</td>
</tr>
<tr>
<td>Judgment of responsibility</td>
<td>2.63 (1.22)</td>
<td>2.66 (1.10)</td>
</tr>
<tr>
<td></td>
<td>2.53 (1.19)</td>
<td>2.76 (1.16)</td>
</tr>
<tr>
<td>Perceived Devaluation</td>
<td>2.36 (0.91)</td>
<td>2.41 (0.85)</td>
</tr>
<tr>
<td>Discrimination Scale</td>
<td>2.31 (0.89)</td>
<td>2.34 (0.88)</td>
</tr>
<tr>
<td>Social Distance Scale</td>
<td>3.66 (1.57)</td>
<td>3.40 (1.30)</td>
</tr>
<tr>
<td></td>
<td>3.57 (1.55)</td>
<td>3.29 (1.30)</td>
</tr>
</tbody>
</table>

**Note.** Standard deviations are presented in parentheses. The first line is for the first data set \((N = 333)\), and the second line is for the second data set \((N = 416)\). Response options ranged from 1-9 for judgment of responsibility, from 1-6 for the Perceived Devaluation Discrimination Scale, and from 1-7 for the Social Distance Scale. Higher scores indicate more stigma.

**Hypothesis 2**

I hypothesized that groups would differ significantly on stigma towards the victim in the vignette, as measured using the *Perceived Devaluation Discrimination Scale* – adapted (PDDS). I conducted a 2 × 2 Between Groups ANOVA to test the effects of the victim’s race and SES on devaluation and discrimination. In the first data set \((N = 333)\), there was no main effect of race, \(F(1, 329) = 0.92, p = .338, \eta_p^2 = .003, 90\% CI [<.001, .02]\), but there was a main effect of SES, \(F(1, 329) = 26.24, p < .001, \eta_p^2 = .074, 90\% CI [.03, .12]\). Comparison of means indicated that participants reported greater devaluation and discriminatory attitudes toward Sandra when she was portrayed as low SES \((M = 2.38, 95\% CI [2.26, 2.50])\), versus when she was portrayed as high SES \((M = 1.92, 95\% CI [1.78, 2.05])\). There was not an interaction between race and SES, \(F(1, 329) = 0.11, p = .741, \eta_p^2 < .001, 90\% CI [<.001, .01]\). See Figure 2 for a visual representation of means.
This pattern of results was the same regardless of whether or not the 83 participants who missed one manipulation check were included. In the second data set (N = 416), there was no main effect of race, $F(1, 412) = 0.09, p = .762, \eta_p^2 < .001, 90\% \text{ CI } [.001, .007]$, but there was a main effect of SES, $F(1, 412) = 13.37, p < .001, \eta_p^2 = .031, 90\% \text{ CI } [.01, .06]$. Comparison of means indicated that participants reported greater devaluation and discrimination toward Sandra when she was portrayed as low SES ($M = 2.32, 95\% \text{ CI } [2.21, 2.43]$), compared to when she was portrayed as high SES ($M = 2.01, 95\% \text{ CI } [1.89, 2.14]$). There was not an interaction between race and SES, $F(1, 412) = 0.04, p = .836, \eta_p^2 < .001, 90\% \text{ CI } [.001, .004]$. See Table 10 for means and standard deviations for both data sets.
Hypothesis 3

I hypothesized that groups would differ significantly on stigma towards the victim in the vignette, as measured using the Social Distance Scale – adapted (SDS). I conducted a $2 \times 2$ Between Groups ANOVA to test the effects of the victim’s race and SES on desired social distance. There was no main effect of race, $F(1, 329) = 0.86, p = .355, \eta^2_p = .003, 90\% \text{ CI} [.001, .02]$; however, there was a main effect of SES, $F(1, 329) = 28.41, p < .001, \eta^2_p = .079, 90\% \text{ CI} [.04, .13]$. Comparison of means indicated that participants desired greater social distance from Sandra when she was portrayed as low SES ($M = 3.52, 95\% \text{ CI} [3.34, 3.75]$) than when she was portrayed as high SES ($M = 2.70, 95\% \text{ CI} [2.48, 2.93]$). There was no interaction of race and SES, $F(1, 329) = 0.59, p = .444, \eta^2_p = .002, 90\% \text{ CI} [.001, .019]$. See Figure 3 for a visual representation of means.
This pattern of results was the same regardless of whether or not the 83 participants who missed one manipulation check were included. In the second data set ($N = 416$), there was no main effect of race, $F(1, 412) = 1.73, p = .189, \eta^2_p = .004$, 90% CI [<.001, .021]; however, there was a main effect of SES, $F(1, 412) = 19.16, p < .001, \eta^2_p = .044$, 90% CI [.02, .08]. Comparison of means indicated that participants desired greater social distance from Sandra when she was portrayed as low SES ($M = 3.43$, 95% CI [3.25, 3.62]) than when she was portrayed as high SES ($M = 2.82$, 95% CI [2.62, 3.03]). There was no interaction of race and SES, $F(1, 412) = 0.49, p = .486, \eta^2_p = .001$, 90% CI [<.001, .013]. See Table 10 for means and standard deviations for both data sets.
**Exploratory Analyses**

I conducted exploratory analyses with the three individual questions adapted from Willis-Esqueda and Harrison (2005). I conducted a $2 \times 2$ Between Groups ANOVA for each question listed in Appendix E. Because the two data sets produced the same pattern of results during hypothesis testing, exploratory analyses were only conducted on the first data set ($N = 333$). For the first question (“If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way?”), there was no main effect of race, $F(1, 329) = 1.78, p = .183, \eta^2_p = .005, 90\% CI [<.001, .026]$, or SES, $F(1, 329) = 0.93, p = .335, \eta^2_p = .002, 90\% CI [<.001, .02]$, nor an interaction of the two, $F(1, 329) = 0.37, p = .542, \eta^2_p = .001, 90\% CI [<.001, .015]$. See Table 11 for means and standard deviations.

**Table 11**

*Means and Standard Deviations of Responses to Exploratory Questions by Condition*

<table>
<thead>
<tr>
<th>Question</th>
<th>Low SES</th>
<th>High SES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Black</td>
<td>White</td>
</tr>
<tr>
<td>Neighbor</td>
<td>5.52 (1.78)</td>
<td>5.85 (1.44)</td>
</tr>
<tr>
<td>Situation</td>
<td>6.02 (1.31)</td>
<td>5.90 (1.34)</td>
</tr>
<tr>
<td>Defend</td>
<td>6.44 (0.94)</td>
<td>6.40 (0.99)</td>
</tr>
</tbody>
</table>

*Note.* Standard deviations are presented in parentheses. Response options ranged from 1-7 (“not at all” to “very much so”) for all questions. Neighbor = “If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way?” Situation = “How likely is it that Sandra has been involved in this type of situation before?” Defend = “Would Sandra have the right to use physical force to defend herself in this situation?”
For the second question (“How likely is it that Sandra has been involved in this type of situation before?”), there was no main effect of race, $F(1, 329) = 0.01, p = .924, \eta^2_p < .001$, 90% CI [$.001, .001]$, nor an interaction of the two, $F(1, 329) = 0.57, p = .452, \eta^2_p = .002$, 90% CI [$.001, .017]$. See Table 11 for means and standard deviations.

For the third question (“Would Sandra have the right to use physical force to defend herself in this situation?”), there was no main effect of race, $F(1, 329) = 0.96, p = .328, \eta^2_p = .002$, 90% CI [$.001, .015]$, nor an interaction of the two, $F(1, 329) = 1.74, p = .189, \eta^2_p = .002$, 90% CI [$.001, .015]$. See Table 11 for means and standard deviations.

**Discussion**

The current study examined how race (i.e., White or Black victim) and SES (i.e., low SES or high SES victim), and the interaction of the two, may impact the stigma surrounding IPV. I predicted that there would be more stigma directed toward the Black victim than the White victim, more stigma toward the low SES victim than the high SES victim, and that those two identities would intersect to create the greatest stigma toward the low SES Black victim. It should be noted again that this study was underpowered; therefore all findings (both significant and null results) and implications should be interpreted with caution. Additionally, it should be noted that rates of stigma in the current study were low. Any significant differences in stigma represent variations on the low end of the stigma continuum. This truncated range of stigma scores may have also contributed to null results; because participants generally rated their levels of stigma to be low, it may have more difficult to identify group differences.
Race Effects

I predicted that ratings of stigma would be greater for the Black victim than the White victim on measures of perceived devaluation and discrimination, social distance, and judgments of responsibility. Contrary to hypotheses, no significant differences in stigma toward the Black and White victim were observed. These findings are inconsistent with previous research indicating Black victims of IPV are more stigmatized than White victims. Specifically, Willis-Esqueda and Harrison (2005) found that participants blamed a Black victim more than a White victim, especially when the victim “provoked” the man by hitting him first. However, in the vignette by Willis-Esqueda and Harrison (2005), regardless of whether or not the woman hit the man first, she had been flirting with another man in front of her husband, which is what caused the couple’s altercation. Participants in Willis-Esqueda and Harrison’s (2005) study may have been more open about their stigma toward the Black victim because they could justify blaming her because she had been flirting with another man. This idea aligns with aversive racism theory, which explains how individuals may unconsciously hold negative feelings and cognitive biases toward members of a different race, even if they outwardly support racial equality (Gaertner & Dovidio, 1986). In the current study, the woman in the vignette reported to the police officer that she had just returned home from work when her husband attacked her, which would imply the woman did nothing wrong, so participants in the current study would not have a way to justify any bias toward the Black victim.

Another reason no race effects were observed may be due to using a sample of participants from Amazon’s Mechanical Turk (MTurk), who frequently participate in psychological research. These “experienced” participants may be aware of researchers
using primes for race, and as a result may have responded in a socially desirable way. Alternatively, it is possible that this group truly holds Black and White victims of IPV to the same standards. It is possible that attitudes regarding race are changing with an evolving social landscape which addresses issues of race more openly (e.g., the Black Lives Matter movement). Regardless, this relatively novel finding suggested that there were no differences in stigma directed toward victims of IPV by race.

**SES Effects**

Similarly, for all three of the primary dependent measures, I predicted that ratings of stigma would be greater for the low SES victim than the high SES victim. This hypothesis was supported for the Perceived Devaluation Discrimination Scale (PDDS; Link et al., 1989) and the Social Distance Scale (SDS; Link et al., 1987), but not for the measure of judgment of responsibility (JOR; Schuller et al., 1994). Greater stigma was reported toward the low SES victim than the high SES victim on measures of devaluation and discrimination as well as desired social distance. These findings are consistent with previous research indicating low SES individuals are more heavily stigmatized than high SES individuals (Darley & Gross, 1983; Dye, 2009; Vassenden & Lie, 2013), and that the stigma applies to low SES victims of abuse (Spencer, 2009). Again it should be noted that levels of stigma were relatively low overall; however, group differences do indicate more stigma toward the low SES victim.

The lack of significant differences regarding judgments of responsibility may be because the questions on the JOR largely focus on who is responsible for the altercation, and this study’s vignette may have not provided enough details leading up to the altercation for the participants to make clear judgments. It is also important to note that
the JOR scale is the only scale that is specific to stigma toward victims of violence, whereas the PDDS and SDS are often used to assess stigma toward many broad identities. It is possible that more stigma was directed toward the low SES individual simply because of her SES, rather than because of her victimization. Indeed, perhaps people are biased against low SES individuals in general, and the woman’s victimization was not the factor that influenced participants’ reported levels of stigma. Despite null results on the JOR, findings from the current study added to the literature indicating that stigma may be worse for low SES victims, and low SES individuals in general.

In an interesting comparison to the current findings, Capezza and Arriaga (2008) found that victims of IPV who defied traditional gender roles (i.e., lawyer) were more heavily stigmatized than victims who upheld traditional gender roles (i.e., housewife). In the current study the high SES victim was portrayed as being employed as a pediatrician. I picked pediatrician as the occupation because while they likely belong to a high SES group, they do not necessarily defy traditional gender role stereotypes (i.e., they care for children). The intersectionality of a woman being high SES and breaking traditional gender role stereotypes combined to create stigma toward her in the Capezza and Arriaga study; whereas the high SES victim in the current study was not stigmatized in the same way, perhaps because she was not as clearly breaking traditional gender roles.

It is interesting that in the current study participants did not report different levels of stigma based on race, but did report different levels of stigma based on SES. Although I predicted that race and SES would intersect to create more stigma toward the victim, it is possible that SES may play a more influential role in stigma than race.
Intersection of Race and SES

I predicted that there would be an interaction of race and SES such that the greatest stigma would be directed toward the low SES Black victim on measures of perceived devaluation and discrimination, social distance, and judgment of responsibility. This hypothesis was not supported for any of the dependent measures. These findings were unexpected based on the theory of intersectionality, which would predict the low SES Black victim would be the most stigmatized. Participants may have been aware of the prime being used to predict attitudes toward the Black individual and therefore responded in a socially desirable way. Conversely, participants may have been unaware of the prime being used for SES because it was stated less explicitly, meaning social desirability would not affect their responses about the low SES victim; therefore, an interaction of race and SES would not be detected.

Alternatively, these findings may simply indicate that for victims of IPV, their SES may have more of an impact on the stigma directed toward them than their race. It is also possible that this study implies that being low SES is a more heavily stigmatized identity than being Black, regardless of whether or not a person is a victim of IPV.

Another reason for a lack of group differences may be because of a growing societal awareness surrounding violence toward women. Movements such as #WhyIStayed (2014 social media campaign) and #metoo (social media campaign popularized in 2017) have allowed women to share their experiences about why they stayed in relationships where intimate partner violence was present, or share instances of themselves being victimized (Storer et al., 2021). Movements such as these likely not only increase awareness of a problem, but also help to increase empathy for survivors,
which in turn may decrease stigma. If participants had been exposed to these movements, it may help explain why the levels of reported stigma were low overall, and why it was difficult to identify group differences.

**Exploratory Findings and Additional Analyses**

In addition to the primary dependent measures, there were three experimental questions for which hypotheses were not made. The three questions were drawn from an experimental measure of culpability, seriousness, and patterns by Willis-Esqueda and Harrison (2005) and adapted for use in this study. The three questions were: “If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way (such as calling the police, knocking on the door, going to console Sandra afterwards, etc.),” “How likely is it that Sandra has been involved in this type of situation before,” and “Would Sandra have the right to use physical force to defend herself in this situation?” None of the questions produced any significant differences based on race or SES of the victim in our study.

In Willis-Esqueda and Harrison’s (2005) study, there were an additional 18 questions and all the questions loaded into factors. The first question we used was loaded into a general seriousness factor, although in the original study it was worded as, “If you had been a neighbor in this situation, how likely would it be that you would have called the police?” The second question, asking if Sandra has been involved in this situation before, was loaded into a woman’s pattern of abuse factor. The third question, asking if Sandra had the right to defend herself physically, was loaded into a woman’s culpability factor. Of those three factors, a race effect was found on woman’s culpability, such that the Black woman was seen as more culpable than the White woman, but race effects were
not found on the other two factors (general seriousness and woman’s pattern of abuse). Willis-Esqueda and Harrison (2005) did not measure the effect of SES. Based on these findings, we might have expected more participants to indicate that the Black woman had less of a right to defend herself than the White woman because she might be viewed as being more culpable, but that was not the case.

However, correlations revealed a significant difference based on participants’ gender, such that women said they would be more likely to intervene than men, but only when the victim in the IPV situation was high SES. The same was true for politically liberal participants, as they said they would be more likely to intervene than politically conservative participants, but only in the high SES conditions. Whereas these questions were not part of the main hypotheses, these results provide interesting information. Specifically, women being more willing to intervene may suggest that women are more empathetic toward victims of IPV. Consistent with self-categorization theory (Hogg & Terry, 2000), bystanders who witness a violent crime are more likely to intervene if they share characteristics with the victim, such as gender. Conversely, men may be less likely to intervene because they share characteristics with the perpetrator. This finding is consistent with previous research indicating that women are more likely to intervene when they are a witness to a woman being victimized during interpersonal violence (Banyard, 2008). More recent research has suggested that the gender gap for helping in bystander situations may be closing; however, the same study also found that men were more likely to engage in unhelpful behaviors such as laughing, taking a video, or showing that they did not think it was a big deal (Banyard et al., 2021). Further, it was interesting that both women and politically liberal participants were not any more likely to indicate
they would help their neighbor in this situation if she was low SES. This could be because bystanders are less likely to help if there is a perceived threat of harm (Banyard, 2015), and participants may have encoded the IPV situation in the low SES conditions as being more dangerous.

Regarding the third exploratory question, results indicated that participants believed the high SES victim had more of a right to physically defend herself than the low SES victim. If these results generalize to the beliefs of judges or other professionals in the legal system, it adds the important implication that there may be less desirable outcomes for low SES victims if biases lead these professionals to believe she is more culpable or had less of a right to defend herself.

Additionally, when testing for correlations between demographic variables and dependent measures, I discovered that men reported more stigma than women on all measures, but only when the victim was low SES for measures of perceived devaluation discrimination and desired social distance. Participants who identified as more politically liberal reported less stigma than more conservative political orientations on all stigma measures, both for the low SES and high SES victim. Hypotheses about participant demographics influencing their reported levels of stigma were not made. These results serve as exploratory analyses, and it is interesting to consider why these demographic variables were associated with differing levels of stigma. The trend for male participants to indicate more stigma than female participants is consistent with previous research, which has found that men blame female victims more than women (Schuller et al., 1994), women deliver harsher sentences to male perpetrators in mock juries (Kern et al., 2007), and women perceive female victims to be more competent than men do (Capezza &
Arriaga, 2008). These trends remained consistent for women to report less judgement of responsibility than men for both low SES and high SES conditions; however, it is unclear why the gender differences in perceived devaluation discrimination and desired social distance were not significant when the woman was high SES. The lack of gender differences in the high SES condition could be due to the low levels of stigma overall, with relatively higher levels of stigma within the low SES conditions, meaning the group differences would be more easily identified in the low SES condition.

Politically liberal participants reporting less stigma was not surprising; according to Nayak et al. (2003), societies with more egalitarian beliefs have lower rates of violence against women and a greater intolerance of violence. On the other end of the spectrum, conservatism is “robustly correlated with authoritarianism, prejudice, and discrimination against members of disadvantaged groups” (Kugler et al., 2014, p. 416), which does not align with the ideals of egalitarianism. However, it should be noted again that in the current study, rates of reported stigma were quite low for all participants, so any group differences in stigma represent variations on the low end of stigma.

**Implications**

These findings imply that victims of IPV who are low SES may be more heavily stigmatized than their high SES counterparts. Previous research has indicated SES stigma may cause people to view low SES individuals as being less intelligent (Darley & Gross, 1983), having poorer hygiene (Dye, 2009), and being more blameworthy when they are abused (Spencer, 2009) compared to high SES individuals. These negative connotations associated with being low SES may compound with stigma from being involved in IPV to create more barriers for these victims. The current study demonstrated that victims
who are low SES may be more heavily discriminated against (based on PDDS scores) and that people may desire greater social distance from them (based on SDS scores). Stigma research indicates that these individuals may experience more difficulty gaining employment or housing (Link & Phelan, 2001). It has also been established that therapists (Blanco, 2011; Pietrantonio, 2014), medical professionals (FitzGerald & Hurst, 2017; McPherson & Garcia, 1983; van Ryn & Burke, 2000; Wittenauer et al., 2015), and police officers (Ferraro, 1989; Hirschel et al., 2007) are not immune to stigma, and may be less likely to help victims who embody an identity that they have an implicit bias against. As a result, victims of IPV may face additional difficulties due to their stigmatization on top of the natural consequences of their victimization.

This study also has implications when considered within the context of intersectionality. This study found that the SES of IPV victims may have more of an impact on stigma than their race. This finding is an important addition to intersectionality research because it demonstrates how some identities may “carry more weight” than other identities. When certain identities interact, one may outweigh the other because it carries more stereotypes and assumptions as related to a particular construct (Simien, 2007). Therefore, Simien (2007) asserts that it is important to study interactions in tandem, because it will help to determine which identities have the most impact when in conjunction with other identities. The current study satisfied this task by examining how race and SES interact with the stigma of IPV victimization, and there are some possible implications that can be drawn from it.

Looking at this study in the context of previous research may help determine some possible reasons for SES having an effect while race did not. For instance, several
studies have found that victims are more stigmatized when they do not fit the ideal victim criteria (Capezza & Arriaga, 2008; Crowe & Murray, 2015; Kern et al., 2007; Willis-Esqueda & Harrison, 2005). The ideal victim, defined by Christie (1986), should be weak or vulnerable, involved in a respectable activity at the time of victimization, blameless in the circumstances of her victimization, and have been victimized by a “big bad offender” whom she does not know. It is possible that low SES victims may not fit the ideal victim prototype as cleanly as high SES victims might.

First, living in a low SES neighborhood may come with an assumption that a woman is “tough,” which breaks the first criterion that the ideal victim should be weak. Additionally, they may not have the option of being housewives, ergo defying traditional gender role stereotypes and creating more stigma (Capezza & Arriaga, 2008). Regarding the second criterion of the ideal victim, people may be more likely to believe the high SES woman was involved in a respectable activity at the time of victimization because she had just returned from her job as a pediatrician, whereas the low SES woman had returned from her job as a cook. Finally, low SES female victims of abuse are blamed more heavily than high SES victims (Spencer, 2009), which could make it more difficult for people to see the low SES woman as being blameless in the circumstances of her victimization. All of these points taken together may help explain why SES seemed to carry more weight than race in this context.

Regardless of the reason low SES victims may be more stigmatized, those who frequently interact with victims of IPV (e.g., law enforcement, healthcare professionals, mental health professionals, and advocates) should be aware of the ways their view of victims may be altered based on the victim’s characteristics. There is evidence that
implicit biases can be altered with training, and if people are cognizant of their potential biases, they may be able to alter their behavior and make a conscious effort to not treat certain victims differently than other victims (Forscher et al., 2019). If social desirability played a role in the participants’ responses, it may be argued they have already demonstrated how discriminating attitudes can be reduced when making a conscious effort to not treat stigmatized individuals differently. Movements such as Black Lives Matter, #WhyILStayed, and #metoo have drawn attention to racial and gender issues recently, but there has not been as much attention given to advocacy for low SES individuals. For this reason, participants may have made a conscious effort to suppress racial biases, but may not have been aware of their biases toward the low SES victim and therefore were not able to combat those biases.

In order to help challenge these biases, there have been several attempts to reduce stigma toward various groups of people. Rüsch et al. (2005) identify and describe some common themes that anti-stigma programs consist of, including protest, education, and contact campaigns. Protest campaigns are aimed at the public image of an issue, so they often target media and advertisements to help them reduce stigmatizing language and messages. Education campaigns provide information that helps to contradict stigmatizing beliefs, and have been shown to reduce stigmatizing attitudes among police officers, government employees, and high school students; however, the effect sizes are often small. The most efficacious of these programs seems to be those that incorporate contact, which means meeting individuals from the stigmatized group (Rüsch et al., 2005). The programs described were designed to combat mental illness stigma, but these types of
programs can be modified to target stigma toward virtually any group, including low SES individuals and victims of IPV.

One Delphi study interviewed national advocacy leaders for IPV and sexual assault in order to determine how stigma reduction campaigns should be modified for the benefit of the victims of these crimes (Murray et al., 2016). These advocacy leaders indicated that professionals who work with victims should examine their organizations to determine whether they are meeting the needs of victims, referencing trauma-informed care as a framework for building useful organizations. In addition to focusing on victims’ needs as a whole, professional organizations should aim to understand how needs differ based on the unique characteristics of each victim (Murray et al., 2016). For example, the current study found that low SES victims may face more stigma from the community, therefore professional organizations should make an effort to address this stigma and make sure victims feel safe and validated. Organizations can execute educational trainings on low SES stigma among their employees, or provide additional counseling or support services for low SES victims. Finally, professionals should celebrate the victories of victims (Murray et al., 2016). Victims may be facing a multitude of barriers which make it difficult to improve their situation. When victims make small steps, such as calling a hotline, these actions should be recognized as significant acts of progress.

Limitations and Future Directions

There are limitations to consider when interpreting the results of the current study. First and foremost, because the study was underpowered it cannot be said with certainty that the significant findings were accurate, nor that the null findings were truly non-significant. That is, with more power some of the non-significant findings could have
moved toward significance. The a priori power analysis indicated the need for 434 participants to detect a small effect size, and after deleting 203 cases this study had just 333 participants. However, analyses were run both with and without 83 participants who had missed one manipulation check (making the sample increase to 416 participants) and the primary results did not differ with or without these participants. For this reason and because so many of the null results were not approaching significance, it is unlikely that the results would be different if this study were properly powered. Regardless, future research should continue to explore this topic with properly powered samples.

Next, as stated previously, it is impossible to know whether the participants were aware of being primed for either race or SES. If the participants were aware of either prime, they may have responded in a socially desirable way. This specific sample may have been especially likely to detect the primes because they regularly participate in research. Participants may have been especially likely to detect the race prime and not the SES prime because the Sandra’s race was stated explicitly whereas the SES prime was more subtle, which could be the reason that the SES manipulation produced significant differences but not the race manipulation. Thus, future researchers should consider designing studies performed in a naturalistic setting or with more subtle primes in order to provide a more accurate representation of participants’ attitudes and behavior toward victims. Additionally, sampling participants who do not have as much exposure to psychological research would be ideal.

In addition to being experienced participants, 48.5% of participants reported being Agnostic or Atheist, which is significantly more than the general population of the U.S. According to Pew Research Center (2015), 3.1% of Americans identify as Atheist and
4.0% identify as Agnostic. This discrepancy indicates that the current sample differs from
the general population at least in religious ideals, and may imply other differences in
ideals. Additionally, 47.1% of participants identified as liberal whereas 22.4% identified
as conservative (the remaining identified as moderate or claimed no political orientation).
Thus, this sample of fairly liberal and religiously unaffiliated participants may indicate
that they are relatively more free-thinking than the general population and may explain
the null findings with regard to race. However, in other ways (i.e., racial breakdown) the
current sample is relatively similar to the general population of the U.S. Additionally,
because participation in the study was limited to people in the U.S., further conclusions
cannot be drawn about generalizability to other cultures. Future research should strive to
study a more representative sample with regard to religious and political affiliations, and
there should be increased investigation into attitudes toward intimate partner violence in
other parts of the world.

Although I collected demographic data that measured participants’ race and SES,
this study did not have an appropriate level of power to run additional analyses exploring
the effect that these characteristics could have on attitudes toward the women portrayed
in the vignettes. It is possible that participants’ reported stigma of the victim could be
influenced by sharing the same or differing race or SES as the victim. Future research
should consider exploring these associations with an appropriate level of power.

Another limitation of the current study is that the data were collected online. Due
to the online nature of this study, there was no control over participants’ environment, nor
how closely they were paying attention to the stimuli or questionnaires. A large number
of participants were deleted due to erroneous manipulation checks or attention checks,
multiple responses from the same IP addresses, and completing the study too quickly, a
number of which could have been avoided had the data been collected in person rather
than online. However, the next most readily available sample for the researchers would
have been undergraduate students taking introductory psychology courses, and college
samples are not without their limitations. Thus, future research would benefit from
studies conducted in-person with a representative sample from the general public, rather
than online sampling or college samples. Future research should continue measuring
stigma of IPV victimization with different samples, both to address the limitations listed
above and to create a more comprehensive picture. It may be unreasonable or impossible
to get a fully representative sample within one study, so studies with different samples
can be conducted in order to see how results differ from sample to sample.

Additionally, future researchers may want to use primes outside a vignette design
to convey information about the victim, such as pictures or videos. These primes may be
less obvious than stating the victim’s race or where they work, and therefore may
produce more accurate results if participants are not aware of the primes. Pictures or
videos of victims may also elicit more tangible feelings toward the victim, rather than
having participants essentially imagine the victim.

Researchers may also want to examine stigma toward races other than White and
Black, or explore other identity categories such as gender or sexual orientation. It would
be interesting to see if there would be significant effects of race for groups that make up
smaller proportions of the U.S., but who experience higher rates of IPV, such as Native
Americans (National Institute of Justice, 2016). According to Rüsche et al. (2005), people
are more likely to hold stereotyped ideas about groups when they have not made direct
contact with them; therefore, stigma may be greater for groups that people have had fewer interactions with. Relatively little research has been conducted on stigma toward male victims or victims of various sexual orientations, and would likely produce interesting results as well. Male victimization may carry heavy stigma of its own, and it is possible this identity would overrule the man’s race or SES in the same way SES outweighed the race of the woman in the current study. Regardless, future studies should continue examining stigma toward IPV victims with various characteristics to create greater understanding of the identities that may struggle most.

**Overall Conclusion**

Results from this study indicate that victims of IPV are more heavily stigmatized when they are low SES, but that race may not have a great impact on stigma toward victims. However, given that the overall level of stigma on all measures was relatively low, perhaps the actual level of stigma toward victims is low. Regardless, these findings have important implications for victims, those who frequently interact with victims, and the general public. Victims who are low SES may face more challenges as a result of their victimization; therefore, professionals and the general public alike should be aware of cognitive biases that may cause them to act differently toward certain victims, and make a concerted effort to be an advocate for those who are victimized.
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Appendix A: Vignette

Please read the following excerpt carefully. The button to continue to the next page will appear after 20 seconds. After you finish reading the excerpt, you will be asked to answer various questions regarding your opinions about the persons involved.

The following is a transcript of a police officer reporting information to the police station. The officer is at the scene of an incident of intimate partner violence (domestic violence).

This is Sheriff Johnson responding to the anonymous report of a disturbance at 1839 Grand Avenue/F Street. It’s a home near the country club/trailer park. When I arrived the woman was slumped against the wall and the husband had fled the scene. The woman’s name is Sandra Wilkins. She’s Black/White, 35 years old, with dark hair and brown eyes. She said she’d just gotten home from her job at the hospital as a Pediatrician/cook and her husband started yelling at her right away. She said she tried to calm him down but he just got angrier and grabbed her by the shoulders, threw her against the wall, and punched her in the face. Her eye is swollen, she’s bleeding from her nose and she has bruising on her arms. The husband still hasn’t returned to the scene.
Appendix B: Judgment of Responsibility

Response options are as follows: 1 (not at all), 2, 3, 4, 5, 6, 7, 8, and 9 (very much).

Items with (R) were reverse-coded.

Please rate the following questions:

1. To what extent do you think Sandra feared for her life in her marriage? (R)
2. To what extent do you think Sandra was capable of leaving her husband?
3. To what extent do you think Sandra suffered in her marriage? (R)
4. To what extent do you think Sandra thought her life was in danger? (R)
5. To what extent do you think Sandra provoked her husband’s actions?
6. To what extent do you think Sandra is responsible for her husband’s actions?
7. To what extent do you think Sandra is responsible for the abuse?
8. To what extent do you think Sandra’s actions, in her marriage, were under her control?
9. How justified were the husband’s actions toward Sandra?
10. To what extent do you think Sandra was trapped in the relationship, that is, unable to leave? (R)
11. To what extent is the husband to blame for the events that occurred in his marriage? (R)
12. To what extent is Sandra to blame for the events that occurred in her marriage?
Appendix C: Perceived Devaluation Discrimination Scale (PDDS)

Response options are as follows: 1 (strongly agree), 2 (agree), 3 (slightly agree), 4 (slightly disagree), 5 (disagree), and 6 (strongly disagree).

Items with (R) were reverse-coded.

Please indicate the extent to which you agree with the following statements:

1. I would willingly accept Sandra as a close friend.
2. I believe that Sandra is just as intelligent as the average person.
3. I believe Sandra is just as trustworthy as the average citizen.
4. I would accept Sandra as a teacher of young children in a public school.
5. I feel that this situation is a sign of personal failure for Sandra. (R)
6. I would not hire Sandra to take care of my children. (R)
7. I think less of Sandra than I would if she were in a healthy relationship. (R)
8. As an employer, I would hire Sandra if she was qualified for the job.
9. As an employer, I would pass over Sandra’s application in favor of another applicant. (R)
10. In my community, I would treat Sandra just as I would treat anyone.
11. Once I knew Sandra has experienced intimate partner violence, I would take her opinions less seriously. (R)
Appendix D: Social Distance Scale (SDS)

Response options are as follows: 1 (very likely), 2 (likely), 3 (slightly likely), 4 (neutral), 5 (somewhat unlikely), 6 (unlikely), and 7 (very unlikely).

Please rate the following questions:

1. How likely would you be to rent a room in your home to Sandra?
2. How likely would you be to exchange phone numbers with Sandra?
3. How likely would you be to want Sandra being the caretaker of your children?
4. How likely would you be to hang out with Sandra?
5. How likely would you be to want to get to know Sandra?
6. How likely would you be to become friends with Sandra?
7. How likely would you be to want to live next door to Sandra?
8. How likely would you want to be a co-worker with Sandra?
9. How likely would you be to introduce Sandra to your friends?
10. How likely would you be to recommend Sandra for a job working with someone you know?
Appendix E: Perceptions of Culpability, Seriousness, and Patterns

Response options are as follows: 1 (not at all), 2, 3, 4, 5, 6, and 7 (very much so).

Please rate the following questions:

1. If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way (such as calling the police, knocking on the door, going to console Sandra afterwards, etc.)?

2. How likely is it that Sandra has been involved in this type of situation before?

3. Would Sandra have the right to use physical force to defend herself in this situation?
Appendix F: Manipulation Checks and Attention Checks

Manipulation checks

1. What was Sandra’s race?
   a. Black
   b. White
   c. Hispanic
   d. Native American
   e. Asian American
   f. I don’t remember

2. Judging by the details provided in the transcript, what would you say is Sandra’s social class (i.e., income and education)?
   a. Low social class (low income and education)
   b. High social class (high income and education)
   c. I don’t know/don’t remember

Attention checks

- Within Judgment of responsibility items:
  o Please select response option “6” for this question.
- Within Perceived Devaluation Discrimination Scale:
  o I can demonstrate that I am reading the questions by selecting “strongly disagree” for this question.
  o Please select “strongly agree” for this question.
Appendix G: Demographics

What is your gender?
- Female
- Male
- Not listed: __________

What is your age?
_______

What is your sexual orientation?
- Asexual
- Bisexual
- Heterosexual (straight)
- Gay or Lesbian
- Pansexual
- Not listed: __________

Please specify your race (Check all that apply):
- Alaska Native
- American Indian or Native American
- Asian or Asian American
- Black or African American
- Native Hawaiian
- Pacific Islander
- White or Caucasian
- Not listed: __________

Please specify your ethnicity:
- Hispanic or Latino
- Non-Hispanic or Non-Latino

What political party do you affiliate yourself with?
- Democrat
- Republican
- Independent
- No affiliation
- Not listed: __________

How would you describe your political orientation?
- Very Liberal
- Liberal
- Moderate
- Conservative
- Very Conservative
- No orientation
Which of the following do you identify as?
- Agnostic
- Atheist
- Buddhist
- Catholic
- Protestant (e.g., Lutheran, Methodist)
- Hindu
- Muslim
- Jewish
- Not listed: __________

What is the highest level of education you have completed?
- Some high school
- High School Diploma or GED
- Some college
- Vocational School
- Associate’s Degree
- Bachelor’s Degree
- Some graduate school
- Graduate Degree

Imagine that this ladder shows how your society is set up.

At the top of the ladder are the people who are the best off -- they have the most money, the highest amount of schooling, and the jobs that bring the most respect.

At the bottom of the ladder are the people who are the worst off -- they have the least money, little or no education, and have no jobs or jobs that no one wants or respects.

Now think about your family. Please indicate where you think your family would be on this ladder.
Appendix H: Previous Exposure to IPV

Have you or anyone you know experienced physical violence by a spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner? Some examples of physical violence include, but are not limited to: punching, slapping, pushing, kicking, choking, or burning. Check all that apply.

- I don’t know anyone who has
- An acquaintance of mine
- A friend of mine
- Myself
- A member of my family (Please indicate relation to you: ________)

Have you or anyone you know experienced sexual violence by a spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner? Some examples of sexual violence include, but are not limited to: completed or attempted forced penetration, forced to penetrate the partner or someone else, or unwanted sexual contact. Check all that apply.

- I don’t know anyone who has
- An acquaintance of mine
- A friend of mine
- Myself
- A member of my family (Please indicate relation to you: ________)

Have you or anyone you know experienced psychological aggression by a spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner? Some examples of psychological aggression include, but are not limited to: name-calling, humiliating, degrading, threats of physical or sexual violence, threats to harm themselves, or excessive monitoring of a person’s whereabouts or communications. Check all that apply.

- I don’t know anyone who has
- An acquaintance of mine
- A friend of mine
- Myself
- A member of my family (Please indicate relation to you: ________)

Please indicate if you have ever been physically, sexually, or psychologically aggressive toward a romantic partner (current or former spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner). Note that this information will only be used for research purposes and your responses are anonymous. Check all that apply.

- I have engaged in physical violence toward a romantic partner
- I have engaged in sexual violence toward a romantic partner
- I have engaged in psychological aggression toward a romantic partner
- I have not engaged in any of these behaviors
Appendix I: Open-ended Questions

Is there any reason we should not use your data in our analyses? For example, if you were dishonest or responded carelessly to questions.

Do you have any additional comments for the researcher?
Appendix J: Debrief Form

Thank you for participating in the study entitled “Attitudes toward Intimate Partner Violence.” We were interested in how you view victims of intimate partner violence (domestic violence). All participants read about the same scenario, but the race, job, and neighborhood were different in some of the passages. We are interested to see if victims are viewed differently based on their race and perceived socioeconomic status.

We could not tell you the exact details of what we were investigating before the study because it might have affected how you responded to the questions. Please do not share the true purpose of our study with anyone. If you are asked what this study is about, you can say that you read a scenario depicting intimate partner violence and answered questions about it.

If you have any questions about the research protocol, theory, or results, you may contact the Primary Researcher Antoinette Fleming at flemiaaf@uni.edu.

If you feel that you have experienced psychological distress due to this study, please seek counseling services or call the National Suicide Prevention Lifeline at 1-800-273-8255. If you are experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of your relationship, please call the National Domestic Violence Hotline at 1-800-799-7233 or chat online at www.thehotline.org.

To receive payment, your secret code is: DV24693

Thank you for your participation. Your responses have been recorded.