

INTRODUCTION

- Survivors of intimate partner violence (IPV) disclose to informal social supports (e.g., family members, friends) at a higher rate than formal support systems (Sylaska & Edwards, 2014)
- Informal supporters influence the help-seeking process, treatment trajectory, and general well-being of survivors.
- Positive social reactions to disclosure are related to psychological well-being, and negative reactions are related to poorer psychological health (Sylaska & Edwards, 2014; Dworkin, 2019).
- Gaps in community knowledge of survivor needs are likely influenced by factors such as an individual's own experiences with IPV and IPV-related stigma.
- The goal of this study was to identify factors that influence a community member's social reaction to IPV disclosure. Mental health status, IPV-related stigma, trauma exposure, and other demographic variables were hypothesized to influence social reactions to IPV disclosure.

METHODS

184 adults between the ages of 18 and 70 completed an online survey. The survey used standardized measures that assessed:

- Social reactions to IPV disclosure (adapted from Ullman, 2000)
- Acceptance of IPV myths: Domestic Violence Myth Acceptance Scale (DVMAS) (Peters, 2003)
- Trauma exposure: Trauma History Screen (THS) (Carlson et al., 2011).
- Mental health: Depression, Anxiety, and Stress Scale 21 (DASS 21) (Henry & Crawford, 2005)
- Demographics (age, income, gender)

CONCLUSIONS

- The emotion regulation deficit model may explain the association between higher levels of anxiety and negative social reactions (Mennin, 2005), which proposes that generalized anxiety disorder is characterized by deficits in emotional experience and regulation in four components of emotional functioning.
- Community education programs for IPV should address myths around minimization and behavior blame
- Future research should further investigate prior experiences of disclosure to determine other areas for education on the topic of IPV

COMMUNITY PERCEPTIONS OF DOMESTIC VIOLENCE

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CORRELATIONS

- Age and the DVMAS minimization subscale have a significant positive relationship ($r = -.17, p < 0.05$)
- Age and the DVMAS exoneration subscale were negatively associated ($r = -.19, p < 0.05$)
- Younger age was significantly correlated with more stress ($r = -0.26, p < 0.01$), and more anxiety ($r = -0.24, p < 0.01$)
- Negative relationship was observed between the DVMAS behavior blame subscale and depression ($r = -.16, p < 0.05$), in addition to stress ($r = -.19, p < 0.05$)
- Trauma exposure was significantly associated with all the DASS-21 subscales: anxiety ($r = .36, p < 0.01$), depression ($r = .44, p < 0.01$), and stress ($r = .36, p < 0.01$)

MEANS AND STANDARD DEVIATIONS OF VARIABLES AND t-TEST RESULTS BY SOCIAL REACTIONS

	Positive Social Reactions		Negative Social Reactions		t-test
	M	SD	M	SD	
Anxiety	1.70	0.68	1.99	0.72	-2.03*
Behavior Blame	1.28	0.47	1.59	0.75	-2.08**
Minimizing	2.10	0.70	2.45	0.80	-2.21*

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

MAIN FINDINGS

- 85.6% of adults living in MA had positive social reactions to IPV-disclosure
- Higher levels of anxiety are associated with negative social reactions
- More agreement with DV myths surrounding Behavior Blame & Minimization are associated with negative social reactions
- Having experienced someone informally disclose violence/ abuse is associated with more positive social reactions

SAMPLE CHARACTERISTICS

	M	SD
Age	25.08	(11.52)
Sex at birth		
Female		81%
Male		19%
Race/Ethnicity		
White		72%
Racial/Ethnic Minority		28%
Sexual Orientation		
Heterosexual		78%
LGBTQ+		22%
Student status		79%
Family Annual Income		
High Income		39.2%
Middle Income		33.8%
Low Income		27%
Relationship status		
Partnered		52.4%
Not Partnered		47.6%
Trauma Exposure		
Yes		87.3%
No		12.7%

Descriptive Statistics	M	SD	N
Behavior Blame	1.32	0.53	172
Character Blame	1.94	0.81	169
Exoneration	2.94	1.25	171
Minimization	2.15	0.73	196
Depression	1.84	0.78	165
Anxiety	1.73	0.64	166
Stress	2.02	0.70	162