Violence is violence: comparing perceptions of intimate partner violence in homosexual and heterosexual relationships

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Abstract

This research examines the perceptions of the general public of the different relationship types where intimate partner violence (IPV) exists. Historically, IPV has been characterised as a gendered problem, consequently same-sex and male victims have not been included in the core conceptualisation of research (Baker et al., 2013), resulting in marginalisation and disempowerment. The study examined perceptions to establish if they view the different types of violence to be on an equal standing, through subscales of seriousness, reporting and blame. The results suggested that the participants perceived the seriousness of IPV to be on the same standing for all relationship types. Within the second subscale, however, it was found that participants were more likely to report IPV when the victim is female in a heterosexual relationship. In the last subscale of blame, the results showed that participants were more likely to blame the male perpetrator in both heterosexual and homosexual relationships. The interaction of gender of the participants was found to be not significant. Overall IPV should be seen as a human problem and not a gendered problem (Hines, Brown, & Dunning, 2007), to be understood that violence is violence regardless of gender or sexuality.

Keywords: Intimate Partner Violence; Perceptions; Same-Sex; Male Victims

"Regardless of gender and sexuality" (Gov.uk, 2013)

The phenomenon of intimate partner violence (IPV) has obtained increased public, social, and scholarly attention over the years, however it has largely focused on the abuse of women by men (Archer, 2000; Dobash & Dobash, 1978). Historically, IPV has been characterised as a gendered problem; same-sex and male victims of IPV have not been included in the core conceptualisation of research or theory (Baker et al., 2013; Martin, 1997; Schultz, 1960). This gendered problem is where men are labelled as 'dangerous' offenders and women are viewed as 'vulnerable' victims. As a result of this construction the 'male victim' and the 'violent woman' have come to be marginalised (Rohrbaugh, 2006), although there has been recent growing recognition of IPV in male victims and in the Lesbian, Gay, Bisexual, and Transgender (LGBT) community[1] (Baker et al., 2013).

In regards of this report the definition of violence between romantic partners will be defined as IPV[2]. The government definition of IPV is any "incident of controlling, forced, intimidating behaviours, violence or abuse. It is concerning those aged 16 or over, it is between intimate partners, ex partners or family members regardless of gender or sexuality" (Gov.uk, 2013). It is important to emphasise a section of the government's definition regardless of gender or sexuality, this therefore includes violence towards heterosexual women, heterosexual men, gay men and lesbian women. When defining and understanding IPV it is important to recognise and establish the diverse forms that it can take. Pitt (2000) stated that IPV is a form of action used for the purpose of gaining power and control over an individual which results in the victim experiencing fear. Research has found that IPV can manifest in numerous forms involving, but not restricted to; psychological, physical, sexual, social and financial abuse (Dobash & Dobash, 1978; Russell, 2012; Walker, 1989). Letellier (1996) suggests perpetrators of all genders and sexualities purposely adapt their abuse to the vulnerabilities of their victim.

The prevalence of IPV suggests that all types of violence between partners; gay men, lesbian women, heterosexual men and heterosexual women occur comparatively, however it is stated that abuse toward women from men remains the most frequent type of abuse (Elliott,

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[1] For this report, the terms LGBT, homosexual and same-sex will be used throughout. This is in regards to individuals who identify as gay men and lesbian women.

[2] For this report the definition of violence will be IPV. Historically it has been described as 'wife abuse' and 'domestic violence' implying a gendered approach (Stiles-Shields & Carroll, 2014; Carlson & Worden, 2005). This perception excludes individuals same-sex and male victims (Dutton, 1994; George, 2007). Therefore, the use of gender neutral terms such as IPV are inclusive which provides a clear definition free from existing preconceptions.

1996; Renzetti, 1996; Straus, 1979). In March 2015 the Crime Survey for England and Wales (CSEW) estimated that '8.2% of women and 4% of men reported experiencing IPV in the last year'. Consequently, these findings do not distinguish between the sexual orientation of the female and male victims. Furthermore, in the same year the 'police recorded 943,628 domestic abuse incidents' (CSEW, 2015, p.7). Preliminary research proposes that violence happens at a similar rate (12 – 50%) in heterosexual relationships as it does in same-sex relationships, and the methods of conflict resolution are comparable in all relationship types (Elliott, 1996; Gardner, 1989; Rohrbaugh, 2006; Straus, 1979).

Research suggests IPV between gay and lesbian couples shows a similar pattern of abuse compared to heterosexual couples, it is likely to be repeated, escalate over time and develop to be increasingly violent (Island & Letellier, 1991), however, due to the underreporting of male victims and same-sex IPV, clinical samples and national surveys findings cannot be taken at face value. These findings have led to further debate over methodological limitations in IPV research and the responsibility and power that theorists and researchers have when considering the policy repercussions of their work (Henning, Jones, & Holdford, 2003).

There are numerous explanations of the risk factors and aetiology of IPV for example; drug and alcohol, intergenerational transmission, poverty, mental health disorders, (Corvo & deLara, 2010; Heise & Garica-Moreno, 2002; Murray et al., 2007; Valois et al., 2002). Being a woman is the most prominent risk factor, according to the British Crime Survey (Women's Aid, 2009). This suggests gender is the cause of IPV and it should only be studied in the context of gender (Dutton, 2007). This is supported by the feminist movement who suggest that vast majority of victims are women as a result of patriarchal prominence within society. These principles socially sanctioned supremacy and dominance over women. Maintaining power differences within the home and upholding control over women. This perpetuates and allows the right of the man to dominate and discipline his female partner (Dobash & Dobash, 1978).

Male to Female

Historically, female victims of male perpetrated violence have had to overcome barriers to be acknowledged and supported as they are now. One of these barriers was the 'age of denial' wherein the sanctity and privacy of the home were valued more highly than

the severity of violence and abuse that was happening (Dutton, 2007). The women's rights movement however, provided acknowledgment and support for abused women. Consequently, this movement has led IPV to be perceived as a gendered problem (Felson, 2002) only occurring in heterosexual relationships where a man abuses a woman. Research has prominently focused on this type of violence and therefore all legislations are based on protecting women and their children from the abuse of men. Table 1 (below) displays a timeline of policies and legislations for IPV.

Table 1:

Timeline of the changing legislations for Intimate Partner Violence

Date	Legislation
1857	*Rule of thumb-* It is reportedly stated that a man may hurt his partner as long as he uses 'a rod not thicker than his thumb'.
1860	*Law of coverture-* Husbands became legally responsible themselves, their partner and their children. Therefore, he was entitled to use abuse to control them.
1895	*Curfew on wife beating-* A curfew made it illegal for husbands to abuse their wife between the hours of 10pm and 7am, due to the noise level effecting other people.
1971	*First safe house-* First safe house opened in London, for women and children.
1976	*Domestic violence and matrimonial proceedings act-* This act provided protection orders for individuals who were at risk of becoming victims of abuse.
1987	*Permanent injuries-* Perpetrators were only penalised if permanent injuries were inflicted.
1991	*Marital rape criminalised-*This law provided women protection from marital rape.
2004	*Domestic violence, crime and victims act-* This allowed the police to arrest instantly, instead of waiting to apply for a warrant.
2010	*Call to end violence against women and girls-* £28 million funding for domestic violence services.
2011	*Male victims of domestic and sexual violence fund-* A fund was started to provide support for male victims of domestic and sexual violence.
2013	*Domestic violence: new definition-* Expanded the definition to include those aged 16 or over who are, or have been, partners or family members regardless of gender or sexuality.
2014	*Clare's law-* This law was placed across England and Wales giving individuals the right to investigate about a partner's history of domestic violence.
2015	*Controlling or coercive behaviour in an intimate or family relationship-* A law that aims to protect victims and bring their perpetrators to justice to now recognised type of IPV, this can be a maximum of 5-year imprisonment and a fine.

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Source: Dobash and Dobash, (1978); Dugan, (2003); Felson, (2002); George, (2007); Home Office, (2014); Home Office, (2015); Letellier, (1996); Renzettie, (1996); Seelau and Seelau, (2005); Zorza, (1992).

The table highlights a clear understanding of what historically has been the understanding of victims and perpetrators of IPV, it can be seen that there is a clear inclination in terms of attention, towards the abuse of women by men. There is little acceptance and little acknowledgment for male victims and LGBT victims and perpetrators. Subsequently, society has created a conceptualisation of IPV, with other types of relational violence disregarded and judged as being less significant (Richards, Noret, & Rivers, 2003). By defining the aetiology of the problem based on patriarchy and the oppression, subjugation and control of women, it was therefore possible to accentuate a universal view wherein men can only be perpetrators and women can only be victims (Dobash & Dobash, 1978, 2004; Dutton, 1994; George, 2007). On reflection, modern theorists should be open to understanding the potential for men and women to be violent, so that objective, unbiased evaluations can be undertaken (Dixon & Graham-Kevan, 2011) furthermore IPV needs to be conceptualised as a human problem and not a gendered problem (Hines, Brown, & Dunning, 2007).

Historical research around IPV has formed the basis of the feminist activist movement; feminism has empowered women to be more understanding of their own rights (Dutton, 2007). This argument has brought attention to the public eye of the significance and seriousness of IPV. Consequently, this understanding has now become entrenched in society that IPV only impacts seriously on women who have been abused by men. This impacts other victims and has significant repercussions as they do not fit into the aetiology of the feminist theory; they are discounted in the severity of their victimisation (Dutton, 1994; McNeely & Robinson-Simpson, 1987; Sorenson & Taylor, 2005). IPV towards women is suggested to be a result of the socially sanctioned supremacy and control of women; the use of violence is a way of upholding power and control over an individual and is stated to solely be a male problem (Corvo & Johnson, 2003). Alternatively, Tjaden and Thoennes (2000) stated that men were no more violent and abusive in an opposite gendered relationship than they were in same-sex relationship. This provides evidence that their abuse is not part of maintaining the patriarchy; however, the purpose is more likely to be about upholding power over another person regardless of their gender (Corvo & deLara, 2010). Subsequently this theory does not provide any relevance to current understanding of male victims and LGBT victims or

perpetrators. Their discrimination, however, should not be discredited as just an original theory but a reflection of the social context, the zeitgeist of its time (Coleman, 1994; Letellier, 1996; Steinmetz, 1978; Straus, 1979).

The concept of chivalry is likely to be more appropriate within society, (this is in a contrast to the feminist patriarchal understanding), wherein the perception is that women are in need of protection and viewed to be weak and vulnerable (Glick & Fiske, 1996). As a result, this has created and normalised a societal gendered understanding to protect women and that violence against women by men is to be judged more harshly and thus demanding more serious punishment for offenders (Felson, 2002; Romain & Freiburger, 2015). This societal understanding and conceptualisation is supported through numerous studies that have found the attitudes of the public were reinforced by the perceptions of gender role stereotypes of IPV for example, women being vulnerable, affectionate and non-violent and men being controlling and violent (Harris & Cook, 1994; Poorman, Seelau, & Seelau, 2003; Seelau & Seelau, 2005; Summers & Feldman, 1984).

Male Victims

Prevalence accounts of women abusing men have been documented since the study of family violence commenced in the early 1970's (Hines & Douglas, 2011; Hines & Malley-Morrison, 2001) however violence towards men by women is highly stigmatised; there is a historic shame that is attached to male victimisation (Steinmetz, 1978). Male victimisation is viewed to be less severe, irrespective of the seriousness of the injuries sustained, with attitudes towards IPV perpetrated by women being seen as less dangerous and less damaging (Tjaden & Thoemes, 2000; White & Dutton, 2013). This stigmatisation and lack of acceptance firmly has its origins based in feminist theories as the occurrence of male victims contradicts their apparent patriarchal aetiology (Tjaden & Thoennes, 2000). Furthermore, a chivalrous society has been conditioned to normalise the protection of women as they are seen as at risk (Felson, 2002). The ideology of a woman's gender role (e.g. caregiver), interplays with femininity and vulnerability as they are seen to be affectionate, non-violent and in need of protection (Kewsiga, Bell, Pattie, & Moe, 2007). These roles are reinforced by gender schemas, as individuals we have associated and conditioned femininity and masculinity with certain roles and therefore society has created a gendered lens of a victim and perpetrator (Bem, 1981). The Great Taboo is the combination of two ideologies in

society; that a man can be abused by a woman, and the uncomfortable actuality that women can be as abusive and controlling at the same standing as a man (George, 2007). Furthermore, this stigmatisation is more prominent for men than women, as society has created gender roles that men should be governing and aggressive (Moe, 2007). Therefore, male victims violate the stereotypical understanding of gender roles, femininity, masculinity and historic theories of IPV; this acknowledgment is one that society does not wish to admit and accept (George, 2007).

Men are more likely to be at a lower risk for physical harm by their partner, as on average men are physically stronger and larger than women. Males have an increased physical capacity to cause harm; their violent quality is of a masculine gender perception therefore taking the impact of male's violence more seriously than female's violence (Berliner, 1990). However, both male and female perpetrators were stated to use weapons against their partner, equalising the seriousness of impact (Archer, 2000). Literature has shown that psychological abuse (e.g. depression, post-traumatic stress disorder, shame and fear) has significant impact on male's mental well-being (Hines & Malley-Morrison, 2001; Simonelli & Ingram, 1998). The impact of the male victim's mental health has found to be similar to female victims; however, the impact of the stigmatisation has massive repercussions and emphasises the psychological abuse (Hines & Douglas, 2011). Consequently, assumptions about the size and strength of a man can undermine the seriousness of abuse, as due to the strength of a man they can easily fight back or restrain their female partners (e.g. Saunders, 1986); violence towards men is 'trivial'. This lack of acceptance that a woman can be as violent and as dangerous as a man, devalues the abuse and the pain inflicted. Sorenson and Taylor (2005) performed a phone survey of 3,679 individuals in America and found the majority stated that abusive and violent actions are more likely to be performed by men and not women. Subsequently, this lack of acceptance is seen through clinical observations which consistently underestimated female's dangerousness and overestimated male's dangerousness (Coontz, Lidz, & Mulvey, 1994; Elbogen et al., 2001). Dobash and Dobash (2004) state that violence towards men from women is due to women's self-defence to the 'ongoing' violence towards her, this is perceived from the ideology that violence towards men is only a result of the trauma and abuse that she is already experiencing. This dual violence argument undermines the actuality that women can be

violent by supplementing it with this patriarchal argument creating misconceptions and weakening the impact of male victimisation (Letellier, 1996).

Consequently, this view has major repercussions for the acceptance of the public and support services available for male victims of IPV. This type of violence has often gone unrecognised and is highly stigmatised. This has led to underreporting due to fear of humiliation and the lack of available support services (Drijber, Reijnders, & Ceelen, 2013). The resistance of help seeking behaviours for males has been conditioned from an early age to be non-existent. Male victims are less likely to report as help seeking has been internalised to be a weakness throughout gender socialisation (Beautrais, 2002; Dutton & White, 2013; Murphy, 1998). Externally the lack of understanding of male victims has had consequences as Cook (2009) found that males experienced many barriers, such as when phoning domestic violence services, they reported that the services only help women or imply that these vulnerable men must be the actual perpetrators of the violence or mock them. Therefore, for these vulnerable men to pursue help they must overcome the internal and external barriers to report their abuse (Hines & Douglas, 2011).

Same-Sex IPV

Throughout history LGBT individuals have faced oppression and discrimination; this disadvantaged group began with their sexuality categorised as an act against god and a criminal offence (Katz, 1995). Homosexuality has been classified and declassified as a mental illness; this has significant repercussions on how it was understood and perceived by society, creating an internalised homonegativity (King & Bartlett, 1999; Knauer, 1999). As a result, the societal residues of homosexuality being classed as a 'sin, crime and disorder' still lie deeply woven into the current societal fabric (American Psychological Association, 2009). In regards to same-sex IPV this type of violence has been highly stigmatised and discriminated against and have not been included in the core historic analysis of IPV (Baker et al., 2013; Schultz, 1960; Martin, 1997). Due to the traditional gendered understanding of IPV "same-sex victims must negotiate in a world in which their masculinity and femininity are called into question due to their sexual identity" (Anderson, 2005, p.856).

Overall there is certain resistance and a lack of responsibility within the LGBT community to be a campaigner in confronting the violence in LGBT relationships. Lehman

(2003) suggests that this silent denial by the community is damaging as it continues the violence, stops any possible funding and removes any potential support and empowerment given to the victims from the LGBT community. This resistance comes from this already disempowered group trying to avoid additional stigma and discrimination (Letellier, 1996). Furthermore, fear has been found to be a factor in this lack of acceptance, as there is extensive amount of social pressure to avert exposure of difficulties in same-sex relationships and to avoid reinforced homophobia (Baker et al., 2013; Brown, 2008). Both Cruz and Firestone (1998) and Letellier (1996) state that prevalence figures of IPV may be underestimated, as LGBT victims may hide their abuse as a result of fear of aggravating the societal disempowerment they already experience due to homophobic perceptions. As a result many lesbian and gay victims do not disclose abuse as it is reported that their relationship must hold appearances in society to their friends and family to be 'perfect' to over compensate for the stigma for their sexual orientation (Renzetti, 1996).

When same-sex victims have tried to seek assistance for their abuse, due to limited services available, they are forced into going to the traditional services for abused women (Hines & Douglas, 2011). It is highly reported that these services are not supportive or accommodating for victims of same-sex IPV (Renzetti, 1996; Tutty, 1999). Heterosexism is supported with the socialised understanding of the gender paradigm of the traditional male to female directed violence. As this traditional understanding has influenced services and treatment programmes by determining who can and cannot be a victim or perpetrator (Walsh, 1996).

Subsequently gay and heterosexual men were turned away from shelters and helplines and referred to batterer treatment programs (Cook, 2009). This has a significant impact on men, by portraying these vulnerable victims, as the violent perpetrator. This system is insufficient as it ignores and re-victimises many of the victims of IPV (Hines, Brown, & Dunning, 2007). It highlights serious absence of acknowledgement and understanding for same-sex and male victims within the current IPV services (Letellier, 1996). Furthermore, Harris and Cook (1994) found that this overall pattern suggests that gay men in IPV situations, either perpetrators or victims, are less likely to gain any sympathy or support from the public. In addition, ignorance and discrimination is seen through police officers who tend to label IPV as 'bidirectional violence', bidirectional violence is one of the most commonly

reported type of violence, that both people in the relationship are the perpetrators and the victims (Henning et al., 2003). In cases of same-sex IPV, it is indistinguishable who the perpetrator is, this could be due to a number of factors, such as, a failure to accept that the victim did not reciprocate to protect themselves and the inability to believe that women can be violent (Letellier, 1996; Johnson, 1995). Furthermore, this directionality of violence is reflective of the violation of the gender paradigm, for example if a man cannot protect himself against his male partner, he is perceived to be weak and if he fights back to defend himself, he is now not a victim however he is perceived to be the offender (Murray et al., 2007).

Same-sex IPV has been described as the 'double closet' due to the stigma of being in an abusive relationship and secondly being a sexual minority in a heteronormative society. This dual shame and stigmatisation perpetuates the victimisation and reduces any help-seeking behaviour (Kaschak, 2001). Further problems are identified due to the formulation of the historic understanding created by men's violence to women. This has resulted in the failure of IPV treatments to believe that women could abuse other women and the failure to understand that they have experienced IPV due to them not being in a relationship with a man (Baker et al., 2013; Duke & Davidson, 2009).

The phenomenon of LGBT victims and perpetrators has primarily been difficult for feminist theorists to understand and accept (Knauer, 1999). As the mere existence of same-sex IPV challenges their principal beliefs (Murray et al., 2007). Therefore, feminist theorists should be open to understand the barriers related with same-sex IPV, to widen the gender paradigm to embrace and explore other aetiological factors (Baker et al., 2013). Subsequently as a society we should aim to stop the silence and combine the LGBT and IPV community together to facilitate the reduction of the cycle of violence and shame and marginalisation for all victims of IPV (Murray et al., 2007).

Aims of the Study

The literature highlights a need for equal recognition for all types of IPV, that violence is violence "*regardless of gender or sexuality*" (Gov.uk, 2013). The feminist theory has provided the historic awareness and empowerment for female victims of IPV (Dobash & Dobash, 1978). The lack of acceptance for other victims that do not fit into the stereotypical

gendered understanding of a victim and perpetrator, however, has resulted in marginalisation, discrimination and disempowerment. The existence of male victims, LGBT victims and perpetrators challenges this conceptualisation of gender roles that women can be violent and that men can be victims (George, 2007). The present study will explore and examine perceptions of the general public to establish if they view the different types of violence (male to female, female to male, female to female and male to male) to be on an equal standing. This will be established through subscales of seriousness, reporting and blame.

Seriousness

Regarding the subscale of seriousness, clear attitudes are supported throughout research that when a woman is abused by a man it is judged more harshly in terms of severity and experience abuse significantly worse when compared with other types of IPV (Sorenson & Taylor, 2005; Tjaden & Thoemes, 2000). It has been suggested that the gender bias is also apparent with clinicians; through the use of two different scenarios of the same behaviours, they rated males as more pathological and dangerous in comparison to their female counterparts (Follingstad, DeHart & Green, 2004). It was found that lesbian IPV was assessed to be as not as serious or severe when compared with male to female IPV (Wise & Bowman, 1997). Furthermore, it is found that through their study of perceptions of seriousness found that both men and women rated men's violence to be viewed as 'serious' or 'very serious' when compared with women's violence was rated as 'not serious' or 'slightly serious' (Dobash & Dobash, 2004). Subsequently this displays the understanding that women's violence is not taken as seriously as male's violence, thus enforcing the gender roles ideology. Archer (2000) found when comparing rates of violence perpetration by men and women, found that women were more likely to be hurt and to need medical attention than men. Hence supporting the idea that women are vulnerable and their own perpetration does not compare to the impact of male violence.

Overall it can be established that women's violence towards men or women is perceived to be less serious and to have less impact on physical and psychological health, when compared to male violence and abuse.

Reporting

The subscale of reporting is important to examine and to establish if individuals will report one type of violence over another, or if they view all types of violence equally deserving of help and support. It has been suggested through the findings of a sample of American adults, they were more likely to negatively judge male to female violence and more likely to report this type of violence to authorities over the other types of IPV (Felson & Feld, 2009). Furthermore, this can be supported by the Conflict Tactics Scale which found that women were significantly more likely than men to report being victimised by a current or former partner (Tjaden & Thoennes, 2000) It is suggested that authority figures would class same-sex IPV allegations as less severe and less believable when compared with the traditional understanding of IPV (Poorman et al., 2003). Therefore, the lack of reporting is due to the perceived stigma from authority and law enforcement (Duke & Davidson, 2009).

This proclivity to protect and report female victims is prominent in research, ignoring same-sex and male victims as it is apparent they are not seen as being worthy to be treated the same and to get the help that they deserve.

Blame

Establishing the public's perceptions of who is to blame in violent relationships is paramount in understanding equality of severity. Feminist theories state that the male is to blame due to the gender inequalities in society and through violence he is upholding power and control (Dobash & Dobash, 1978). In regards to same-sex and male victims, theories of mutual abuse and self-defence attempt to explain this behaviour (Henning et al., 2003). Furthermore, benevolent sexism is defined by characterising women as pure who need to be protected and adored. The idealisation of women simultaneously suggests that they are weak and best accommodated for traditional gender roles (Glick & Fiske, 1996, 2001). This sexism has been ingrained in society to provide the ideology that we as a society should protect and condemn any violence against women.

Overall it is stated that violent towards heterosexual women will be judged more severely and the blame is put on to males regardless if they are the perpetrator or victim. In regards to same-sex, the abuse is regarded to be mutual without the acknowledgment of a victim or a perpetrator.

This present study will attempt to examine the public perceptions on the different types of IPV, via the subscales of seriousness, reporting and blame. Founded on research and theory the results will predict that female victims of heterosexual relationships will be stated as the most serious (Dobash & Dobash, 2004; Harris & Cook, 1994; Wise & Bowman, 1997). Additionally, it will predict that female victims of heterosexual relationships will be the more likely type of violence to be reported (Felson & Feld, 2009; Tjaden & Thoennes, 2000; Poorman et al., 2003). Furthermore, it will predict that male perpetrators would be blamed more than female perpetrators (Dobash & Dobash, 1978; Henning et al., 2003; Glick & Fiske, 1996).

Method

Design

In this study the variables are exploring the participant's attitudes of victims and perpetrators of IPV through different relationship types; heterosexual, gay and lesbian. This variable is manipulated to see the differences or similarities between the four different types of violence in relationships (male to female, female to male, female to female and male to male). These are then measured and compared through a series of three subscales of seriousness, reporting and blame. The data was additionally measured against the interaction of the participant's gender and their responses.

Participants and Procedure

The participants were obtained through an opportunity sampling. These were selected from the University of Cumbria and on social media via the use of an online survey. The number of participants used was 372 with the gender spilt of 114 (30.6%) males and 258 (69.4%) females. The overall mean age of the participants 32 years old with the youngest aged 16 and the oldest aged 79. The sexual orientation of participants ranged from a majority as (85.5%) heterosexual, bisexual (6.7%), gay (3.2%), lesbian (2.2%) and "other" (2.4%) with participants stating themselves as asexual, fluid, pansexual, queer, panromantic and demisexual[3]. Furthermore, the ethnic origins of participants were made up of White (83.9%), mixed background (5.9%), Asian (8.1%), Black (1.9%) and *other* (0.3%) which was

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[3] Asexual- without sexual feelings Fluid- Sexually non defined Pansexual- Not limited in sexual choice Queer- umbrella term who individuals who are not heterosexual Panromanic- romantically attracted to others but is not limited by the other's sex or gender Demisexual- feels sexual attraction only to people with whom they have an emotional bond

Hispanic. The other demographic that were asked of the participants were to state their relationship status, 34.9% stated they were in a relationship and 39% of these were currently living with their partner. Participants were first contacted, once agreed to take part information sheets and consent forms were handed out and the vignettes and questions were given out. Alongside a paper version, the vignettes were also put online to recruit a wider population sample.

Materials

The materials used to obtain data were the four vignettes and questionnaires; they were identical except for male and female pronouns and names. This indicated the heterosexual, gay and lesbian relationships without drawing too much attention upon it; therefore, reducing demand characteristics. The scenario described a violent altercation between the married couple. Furthermore, to reduce any presumptions about possible physical differences between men and women, in the scenario's the perpetrator and the victim were both described as being similar in age, size and build. This was then followed up by a series of questions. The questionnaire used a five point Likert scale of which the participants are asked to circle to the extent to which they agreed on a scale of five (strongly agree) to one (strongly disagree). The questions were arranged into subscales Cronbach test for reliability for seriousness was α= .53, in accordance to Field (2005) the rates of reliability should range from .70 to .80 however Field did comment to that .50 score would be acceptable for analysis. The Cronbachs alpha test for reliability for the reporting was .77 and for .75 for blame.

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Results

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The descriptive data showed that the majority of the participants rated similarly that male to female directed violence to be the most serious (Table 2).

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Table 2:

Means and (standard deviations) of subscales and gender interacting with the different types of IPV

		Seriousness	**Reporting**	**Blame**
F to F	Male	27.94	27.78	30.56
		(4.92)	(5.17)	(3.96)
	Female	29.09	27.07	30.72
		(3.78)	(3.64)	(3.84)
	Overall	28.87	27.20	30.69
		(4.02)	(3.96)	(3.84)
F to M	Male	29.37	25.90	29.20
		(11.11)	(5.58)	(4.09)
	Female	28.77	26.35	29.80
		(3.75)	(4.45)	(3.46)
	Overall	28.97	26.20	29.60
		(7.04)	(4.83)	(3.67)
M to F	Male	28.81	27.94	30.44
		(3.61)	(3.90)	(3.35)
	Female	30.95	28.44	31.88
		(3.25)	(3.79)	(2.61)
	Overall	30.14	28.25	31.34
		(3.53)	(3.82)	(2.98)
M to M	Male	28.60	26.43	30.30
		(4.37)	(5.56)	(3.56)
	Female	29.30	27.16	31.45
		(3.71)	(4.34)	(3.12)
	Overall	29.07	26.93	31.09
		(3.92)	(4.74)	(3.29)

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Overall the means and standard deviations display little differences in terms of the overall seriousness across all types of IPV. In regards to reporting it can be established in the vignettes female to female and male to female were more likely to be reported when compared to female to male and male to male. Regarding the subscale of blame, it can be viewed that participants ranked female to male directed IPV lower across the board. The next stage of analysis was three factorial ANOVAs for each subscale of seriousness, reporting and blame.

Seriousness

A 2 (gender) x 4 (vignettes) between samples Factorial ANOVA was conducted to explore participants' responses and their perceptions of seriousness compared with the different types of IPV. The results did not find a significant main effect of gender (F (1, 364) = 2.35, p = .13, η^2 = .01), this indicates that the gender of the participants did not affect how they perceive the seriousness of IPV. It was additionally found that there was not a significant main effect of the different vignettes (F (3, 364) = 1.08, p = .36, η^2 = .01), meaning that participants perceived the seriousness of the different types of IPV to be of a similar standing. Furthermore, there was not a significant interaction between gender and the different vignettes (F (3, 364) = 1.18, p = .32, η^2 = .01), this indicated that the gender of the participants did not affect how they perceive the seriousness, regardless of the victim or perpetrators gender or sexuality.

Reporting

A 2 (gender) x 4 (vignettes) between samples Factorial ANOVA was conducted to explore reporting perceptions to the different types of IPV. Results showed that there was not a significant main effect of gender (F (1, 364) = .23, p = .64, η^2 = .001), which suggests that gender of the participants did not affect the likelihood of reporting across all types of IPV. There was a significant main effect of the different vignettes which found (F (3, 364) = 3.42, p <.05, η^2 = .03), indicating that participants would report in a different ways depending of the different types of IPV. Post hoc tests revealed that male to female was significantly more likely to be reported when compared with female to male (MD = 2.05, p <.01), this shows that participants were more likely to report when a female is a victim of IPV. There was no significant interaction between gender and the different vignettes which found (F (3, 364) =

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.35, $p = .79$, $\eta^2 = .003$), indicating that the gender of the participants did not affect how they would report the different types of IPV.

Blame

A 2 (gender) x 4 (vignettes) between samples Factorial ANOVA was conducted to explore participants' responses and their perceptions of blame on the different types of IPV. There was a significant main effect of gender found ($F (1, 364) = 4.46$, $p < .05$, $\eta^2 = .01$), the descriptive statistics suggest women are more likely to apportion blame to perpetrators. There was a significant main effect of the different vignettes found ($F (3, 364) = 3.68$, $p < .05$, $\eta^2 = .03$), showing that participants viewed blame differently in the different types of IPV. Post hoc tests revealed that in the vignettes, the perpetrator was significantly more to blame in the male to female, compared to female to male ($MD = 1.74$, $p < .01$). Further tests also revealed that the perpetrator was significantly more to blame in the male to male, compared to female to male ($MD = 1.49$, $p < .05$). Therefore, these tests indicate that participants were more likely to direction blame to male perpetrators regardless of their sexuality. Furthermore, there was not a significant interaction between gender and the different vignettes which found ($F (3, 364) = .49$, $p = .69$, $\eta^2 = .004$). This result revealed that there was no difference in the participant's gender and how they perceived blame in the types of IPV.

Discussion

The aim of this research was to explore perceptions of IPV, and to establish whether opposite-sex and same-sex relationship types were viewed to be on an equal standing with regards to the subscales of seriousness, reporting and blame. Overall the results showed that the subscale of seriousness was not significant, indicating that the participants perceived the different types of IPV to be of the same seriousness. In the second subscale of reporting, differences were found wherein participants were more likely to report IPV when the victim is female in a heterosexual relationship. In the last subscale of blame, the results showed that participants were more likely to blame the male perpetrator in both heterosexual and homosexual relationships. The lack of interactions of gender and the vignettes means men

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and women have similar perceptions of IPV. The results provided partial support for the hypotheses.

On the subscale of seriousness, the lack of significance provides a positive progressive understanding of the current perceptions, to view all types of IPV to be perceived as serious. This result however does not align with research; as previous research suggests that society has created a conceptualisation of IPV. Men who abused women are judged more harshly in terms of seriousness of IPV when compared with gay men and female perpetrators of IPV (Archer, 2000; Richards et al., 2003; Sorenson & Taylor, 2005; White & Dutton, 2013). This result contradicts previous research and could be a result of number of factors, for example a heightened awareness in media, TV programmes and research. Overall this subscale of seriousness result displays a positive stage for equality of the seriousness for all types of IPV, especially male victims, and same-sex victims and perpetrators.

There was a significant main effect of the different vignettes for the subscale of reporting, which infers that the perceptions of the public provide inequality in reporting the different types of violence. Participants were more likely to report heterosexual female victimisation compared to other types of IPV. This result is supported by research, as society as a whole has created a gendered understanding of IPV which portrays women to be more deserving of support and reporting (Felson, 2002; Felson & Feld, 2009). Furthermore, this is supported by societies constructed gender schemas, wherein women are perceived to be weak and helpless, therefore society has normalised chivalrous behaviour to protect women, which is supportive of the results in this research (Bem, 1981; Felson, 2002; Glick & Fiske, 2001; Kewsiga, et al., 2007; Seelau & Seelau, 2005).

For last subscale of blame, the main effect of the different vignettes and was found to be significant wherein the perceptions of the participants stated that men were more likely to be blamed than women as perpetrators. The tests inferred that male to female and male to male were reported to be blamed more than female to male and female to female. Therefore, the intersectionality of gender and sexuality suggests that males were to blame. This significant result supports current research which suggests that violence by men should be condemned, judged more harshly and demanding of more serious punishment (Felson, 2002; Summers & Feldman, 1984). The blame of male perpetrators is supported through the ideology of the traditional understanding of a victim and who is perpetrator (Dobash &

Dobash, 1978), and the other types of IPV abuse is viewed to be less severe in regards to blaming (Letellier, 1996; Sorenson & Taylor, 2005; White & Dutton, 2013). This perception within society provides the ideology that we should protect heterosexual women from violence whilst judging and blaming heterosexual men to be the most violent offender of IPV.

Overall these results provide an insight into the perceptions of the different relationship types of IPV. The subscale of seriousness provides a step forward for equal recognition of the seriousness of abuse for all victims. However, this is not apparent for the subscale of reporting which suggested that participants were more likely to report female victims. In the subscale of blame, the participants were more likely to blame male perpetrators. These perceptions subsequently are in support of the traditional understanding of IPV as a female victim and male perpetrator. In extension, the results discounted the severity of abuse for male victims, same-sex victims and perpetrators. The gender of the participant was found to have no effect; this suggests that there is little difference how men or women perceive the different type of IPV. The interaction of the gender and sexuality in the vignettes suggest that participants were more likely to blame men regardless of sexuality; however, the interaction of sexuality with reporting, heterosexual women were more likely to be reported, this therefore excludes lesbian women. The results of the subscales blame and reporting suggest that participant's perceptions still align with the traditional gendered understanding of who is a victim and who is a perpetrator.

Regarding the limitations; the generalisability and representation of the sample is limited by the lack of males and individuals from the LGBT community. This is attributable to the use of opportunity sampling as it does not offer a vast and randomised sample. Furthermore, this study depended on volunteer participants, it is understood that volunteers hold different characteristics than non-volunteers, for example a higher need for approval and social desirability. Using between subjects' design as a method did reduce order effects and fatigue effects due to participants only viewing one of the vignettes. Furthermore, due to the participants not viewing the rest of the vignettes they were not susceptible to demand characteristics, which would skew the results, as the aim of the study could be easily predicted. Although the use of a between-subjects design is limiting in itself, as the perceptions from each participant has not been cross examined with the perceptions of the

other vignettes. Thus affecting the interaction of gender, as this is explained through in the low level of effect size in the explained variance of each subscale. The use of a vignette offers an appropriate method of exploring the socially sensitive issue of IPV, that participants might find difficult to converse with the researcher if different research methods were used. The use of a vignette, however, could enhance the need to be socially desirable. This research method is low in ecological validity as a participant reading a vignette is different from facing or observing violence in real life.

Research is needed to explore victims and perpetrators who are bisexual and transgender. In terms of transgender it is important to research perceptions as for example if a biological man who identifies and has transitioned to a woman, is in a relationship with a cisgender[4] man, is this then perceived as the same severity as a cisgender women abused by a cisgender man. Further research is needed to examine the additional vulnerabilities for transgender individuals (Roch & Morton, 2010; Stotzer, 2009; Walker, 2015). Furthermore, to fully understand perceptions, research is needed from individuals who actually work and support individuals of IPV, for example police, doctors, support workers and charities.

Due to the results showing a large difference between the types of IPV and reporting, further research needs to compare if this is due to bystander intervention effect or lack of acceptance in the severity of violence between the different relationship types (Banyard, 2008). Future research needs to examine the participant's demographic data and through the use of repeated measures, examine the effect of age, sexuality and ethnic origin on the responses. Furthermore, research is needed to consider that IPV appears within relationships younger than 16, as it was found that individuals can first experience a type of IPV between the ages of 11 and 17 (Vagi, et al., 2015). Research is needed to examine current treatment programmes for all types of IPV, to examine the theoretical rationale behind treatment. For example, examining the implications and impact of gendered perpetrator intervention programmes, as this based on the understanding that patriarchy is a direct cause of men's violence (Dixon, Archer, & Graham-Kevan, 2011).

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[4] Cisgender- Individuals self-identity conforms with the gender that corresponds to their biological sex

Conclusion

Overall this research aimed to examine the perceptions of the different types of IPV. The results suggested that the participants viewed the seriousness of IPV to be on the same standing for all relationship types. This result provides a positive progression in societies understanding of the different types of IPV. This is different from the historic and traditional perception to IPV; therefore, this outcome is a step forward for equality of seriousness for males and same-sex victims, to be viewed in equal recognition for the severity of their abuse in the same light as male to female directional violence. Consequently, this positive result should be taken with caution as there were differences in the perceptions of reporting and blame. Further education and awareness is needed to reduce the stigmatisation that is apparent with relationships that are not heteronormative.

IPV needs to be perceived to be the same severity for all types of IPV to be viewed on the same standing, 'regardless of gender or sexuality' (Gov, 2013). To achieve this, the traditional gendered understanding of who is a victim and who a perpetrator is needs to be changed (Dutton, 1994). As a society and within the LGBT community we need to move forward to accept and take responsibility that women can be violent, men can be victims and same-sex individuals can be abused by the hands of their partner and these all should be perceived as being of the same severity and deserving of support (Baker et al., 2013; George, 2007). Subsequently, psychology must empower and provide awareness to the general public to re-educate that all victims of IPV are deserving of support and to be free from stigma, discrimination and marginalisation. IPV should be seen as a human problem and not a gendered or socialised problem (Hines et al., 2007), to be understood that violence is violence regardless of gender or sexuality.

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