The Influence of Moral Values and Victim Typicality on Victim Blame in Intimate Partner Violence Cases

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ABSTRACT. The aim of this study was to investigate how both, victim typicality and binding moral values, impact an observer’s attributions of blame for a victim in cases of intimate partner violence. A total of 112 participants were included in the final sample; with 33 men and 79 women who had been recruited either online through social media, or through the University of Queensland’s first year psychology student participation scheme. Participants read a vignette depicting a hypothetical case of intimate partner violence between a husband (perpetrator) and wife (victim), which involved incidences of psychological and physical abuse. Participants were then asked to respond to a series of questions, which measured their attribution of blame to the victim, levels of binding moral values (Moral Foundations Questionnaire), acceptance of domestic violence myths (Domestic Violence Myth Acceptance Scale), and demographic information. The results of the study showed no significant effect for victim typicality or binding moral values. There was no significant interaction between victim typicality and binding moral values. Domestic violence myth acceptance was positively correlated with binding moral values, and found to be a significant predictor of victim blame. These findings suggest that the concept of victim typicality may be changing with societal attitudes, and the sample was too homogenous to find significant variance in moral values. These findings also reinforce the considerable influence of domestic violence myth acceptance on attributions of victim blame.

Many researchers have proposed the concept that victim blaming occurs due to a just world belief; the idea that everything happens for a reason and people get what they deserve (Bègue, Charmoillaux, Cochet, Cory, & De Suremain, 2008; Dalbert, 1999; Lerner, 1980). However, current scientific literature tells a more complex story. Recent research shows that factors pertaining to both victims and observers influence the level of blame that observers attribute to victims in cases of intimate partner violence. Some researchers argue that the victim must fit into a stereotype (an ideal or typical victim) to warrant sympathy, and if they do not, they will be held responsible for some or all the abuse that occurs (Blackman, 1990; Capezza and Arriaga, 2008; Christie, 1986). Other research, however, has focused on the observers attributing the blame. In fact, studies have shown individual differences such as moral values, may play a key role in determining if, and when, an observer will blame a victim (Alicke, 1992, 2000, Brewer, 2007; Niemi and Young, 2016). There is no research to date that investigates how these two factors combine to affect victim blame. With compelling evidence for both victim typicality and moral values being important contributors to judgements of victim blame, it can be suggested that this decision-making process may be a combination of the two. It is important to consider these influences in conjunction so the scientific community may begin to resolve the current conflict in the literature and develop a better understanding of the multiple factors contributing to instances of victim blame. The current study will investigate how both victim typicality and moral values impact an observer’s attribution of blame for a victim of intimate partner violence.
Intimate Partner Violence and Victim Blaming

A victim is most commonly defined as a person who is physically, mentally or financially harmed by the actions of another person (World Health Organisation, 2012). Victim blaming happens when people hold the victim responsible for their own suffering (Lerner & Goldberg, 1999; Ryan, 2010). Victim blaming is a common, often automatic, process that occurs in court trials, the media and even casual discussions. The outcome of this process ultimately shapes society’s perception of what constitutes satisfactory repercussions for criminal offences. This can result in victims of crime abstaining from reporting incidences due to a fear of backlash against their character, or lack of trust in the criminal justice system to provide assistance. This reluctance to report incidents is particularly common amongst victims of intimate partner violence (NSW Bureau of Crime Statistics and Research, 2013). Defined by the World Health Organisation (2012) as “any behaviour within an intimate relationship that causes psychological, physical or sexual harm to those in the relationship”, intimate partner violence is often not disclosed to family, friends or police by the victim, for fear of being blamed for the abuse (Patterson, Greeson, and Campbell, 2009). This is with good reason, as social attitudes often direct blame toward the victim by implying they incited the abuse, or suggesting they should have left the abuser sooner (Kristiansen & Guilietti, 1990; Pierce & Harris, 1993). The attribution of blame to the victim is commonly reinforced within the relationship too. Perpetrators often attribute their violence to external causes, such as the victim provoking them (Vecina, 2014), and the victim attributes the abuse to dispositional factors within themselves (Overholser & Moll, 1990).

Around the world there have been many instances of intimate partner violence where members of the public have attributed blame to the victim of that violence. This was seen in May 2017, when 22-year-old Lesvy Berlin Osorio was strangled with a telephone cord at a university campus in Mexico City, after a night of drinking with her boyfriend. In response to this incident, the Mexico City Prosecutor’s office released a post on the social media platform, Twitter. They attributed blame to Ms Osorio when releasing the following statement; “She was an alcoholic and a bad student” (Rannard, 2017). Just one month earlier, in April 2017, New Jersey police commissioner, William Regan, had all domestic violence charges against him dropped. Family Court Judge, Roy McCready, determined that Regan’s wife could not have been too distressed by his actions as she continued to live with Regan after the assaults (Attrino, 2017). In Australia, during May 2017, a court heard audio recording of the violent assault against Kelly Landry by her husband, Anthony Bell. Even after this recording, which Magistrate Robert Williams described as ‘chilling’, the family’s nanny, Gordana Karoglan, claimed in her witness testimony that Landry “was complaining every day…, if she really didn’t want to be with him, she shouldn’t be with him.” (Crawford, 2017). The victims in these situations were judged on the choices they made leading up to, and after, the assaults rather than the crime itself.

These case studies lead to the question: Why do so many cases of violence result in blame being primarily attributed to the victim? One popular theory for this phenomenon is the just world hypothesis (Lerner & Simmons, 1966); the belief that everything happens for a reason and people get what they deserve. If everything falls into the same pattern of cause and effect, then people should take the necessary steps to prevent adverse consequences, and enhance good outcomes. This hypothesis has been cited as an explanation for victim blaming in many contexts, as the concept of a just world protects people from feeling out of control due to random life events (Kaplan, 2012; Stromwall, Alfredsson, & Landstrom, 2012, 2013; Van Den Bos & Maas, 2009). Similarly, people also tend to blame victims in an effort to reduce their sense of accountability to provide victim services, and eliminate adverse social conditions (Mancini & Pickett, 2015). Consequently, people tend to avoid accepting acts of violence as random and begin looking for reasons as to what the victim may have done to warrant the violence. While the belief in a just world has been shown to predict victim blame in some instances, it does not explain the phenomenon completely, as other factors relating to both the victim and the observer have also been shown to change this effect.

Factors Relating to the Victim
Recent studies have found that a submissive or vulnerable victim warrants less blame than a victim who defends themselves from their abuser. (Capezza & Arriaga, 2008; Witte, Schroeder, & Lohr, 2006; Yamawaki, Ochoa-Shipp, Pulsipher, Harlos, & Swindler, 2012). Christie (1986) defined this submissive character as an *ideal victim*; someone who “generates the most sympathy from society” (p. 19). In his original work, Christie (1986) described three factors as being necessary for someone to be considered the ideal, or typical victim. They are firstly, someone who is weak, secondly, someone who is in a place where they cannot be blamed for being at the time of the crime, and lastly, someone who is attacked by an unknown and evil individual. While victims of intimate partner violence often fall into the categories of being weaker than their abuser (Devries et al., 2013) and being in the home, which is considered a reasonable environment (Mouzos and Makkai, 2004), unlike random attacks, these victims know the offender. This leaves room for observers to pass judgement since these victims often continue to remain in an environment where revictimization is likely to occur (Meyer, 2015). Although victims of intimate partner violence may not have the benefit of being considered perfectly ideal, the victim’s response to abuse may influence how ideal an observer perceives them to be. The intimate partner violence version of the ideal, or typical victim, is the battered woman. The term, *battered woman syndrome* refers to a psychological paralysis, or learned helplessness, in which victims of long term abuse become so defeated and depressed that they believe they are incapable of leaving the abusive relationship. When victims respond to abuse in a way that is incompatible with the weak and passive construct of the battered woman (i.e. fighting back by pushing, yelling, insulting) they are less likely to be perceived as defenceless, and as such, ascribed more responsibility for the abuse. This can be seen in legal cases of intimate partner violence, where victims of abuse have reacted to the abuse with anger or aggression. Their claims of battered woman syndrome are often challenged, and awarded much less consideration (Blackman, 1988; Schneider, 1992). This effect of victim blame may be interpreted in terms of Kelley’s (1987) principle of discounting. The principle claims that an observer will discount causality attributed to a single cause, if multiple plausible causes are present. It may be suggested that an aggressive response to violence implies something about the victim’s character, and an observer could conclude that the victim provoked the incident by being an aggressive person.

It is also important to note that the characteristics of a “typical victim” could be interpreted by some as a gender stereotype. More specifically, as a stereotypically feminine individual. Women are often considered physically weaker and less assertive than men, and are therefore considered less able to protect themselves (Buzawa & Buzawa, 1993; Peters, 2008). When women respond to abuse in a more aggressive or masculine manner, they are perceived as not behaving in a way that society deems appropriate for their gender, and they are then more likely to be blamed for their actions.

A study by Capezza and Arriaga (2008) investigated the effect of passive or aggressive responses in a case of intimate partner abuse, with 118 university students from the Midwestern United States. Participants were randomly assigned to read a scenario depicting a case of marital conflict, in which the wife was shown as either traditional (homemaker), non-traditional (lawyer) or a control (no occupation). When the wife was depicted as traditional, she managed the household chores alone and her husband was entirely responsible for the finances. When the wife was depicted as non-traditional, she worked in a career that led her to earn more money than her husband, and the household chores were shared equally amongst them. In the control condition, participants read how both the husband and wife keep busy at home doing various household chores and tasks, with no mention of any occupation. In all cases, the husband engaged in repeated acts of psychological abuse. This was demonstrated verbally with yelling and name calling. What the researchers were primarily interested in was how participants perceived the victim after she responded to the abuse, and whether stereotypes of certain females would influence attributions of victim blame. In the traditional condition, the wife responded passively and calmly, while in the non-traditional condition, the wife yelled back and became mildly
aggressive. In line with their hypothesised effect, participants rated the traditional wife’s passive response as less blameworthy and less negative than the control and the non-traditional wife’s aggressive response. Given that the manipulation check for gender role perceptions was significant as well (traditional women were perceived as warmer, more positive, less competent and less blameworthy than non-traditional women), the authors concluded that a victim who responds to violence in a manner which is not aligned with their stereotypical gender roles would be blamed more and liked less. While past research has focused on the victim provoking the abuser, this study has instead investigated the effects of victim response to abuse, with noteworthy results. This is important as it provides evidence that even when the victim does not show any indication of inciting abuse, how they respond also plays a vital role in attributions of victim blame.

**Factors Relating to the Observer**

Individual differences of the observer, such as gender, sexism, endorsement of domestic violence myths and moral values, have also been shown to mitigate the strength of blame attribution. Studies have shown that men are more likely to blame victims than women (Bryant & Spencer, 2003; Flood & Pease, 2009), and stronger benevolent sexist beliefs also predict more victim blame, even when the effects of a just world belief are controlled (Pedersen & Stromwall, 2013).

Several studies have also identified that participants’ attributions of blame are influenced by domestic violence myths. Peters, (2008) who developed the now widely used Domestic Violence Myths Acceptance Scale (DVMAS) defined domestic violence myths as: “stereotypical beliefs about domestic violence that are generally false but are widely and persistently held, and which serve to minimize, deny, or justify physical aggression against intimate partner” (p. 17). The content of the DVMAS incorporates questions pertaining to myths about the perpetrator, the victim, and society, along with concepts from published literature, including the belief that women have an unconscious desire to be abused (Saul, 1972) and have a desire to be beaten (Walker, 1979). In research investigating victim blame, strong beliefs in domestic violence myths predict more victim blame, excusing the perpetrator and minimising the seriousness of the abuse (Peters, 2008; Policastro & Payne, 2013; Yamawaki et al., 2012).

More recently, researchers have explored how other individual differences, such as moral values, affect victim blame. Moral values may be defined in simple terms as the standards of good and bad that direct the behaviours and choices of a person. Research has identified the key role these underlying beliefs play in our evaluations of everyday life, in contexts from work or study to friendships and intimate relationships. Some research has even identified the role our moral values play in seemingly non-moral features of people and circumstances, such as causal responsibility (Alicke, 1992, 2000). For example, individuals who violate moral norms are considered more causally responsible for negative outcomes than those who adhere to norms for identical acts (Alicke, 1992). In cases of intimate partner violence, observers may consider a female victim retaliating to violence with aggression, as a norm violation of their gender stereotype. She is therefore considered more blameworthy than a male acting in a dominant or controlling manner, who may be perceived as more in line with his gender norms.

However, how morally wrong people perceive an act to be depends greatly on how they believe individuals in that context should behave. Moral violations in intimate relationships vary widely between cultures around the world, therefore research on what defines a relationship norm is limited. This variation makes it difficult to come to a consensus on unethical relationship behaviours. Some research has begun to generalise the relational behaviours which are considered taboo; with the act of adultery being generally considered unethical in many western societies. However, even adultery is difficult to define as taboo, because what constitutes betrayal differs greatly amongst individuals (Taspeles, Fisher, & Aron, 2011). Other relational behaviours are even less clearly defined as morally right or wrong.

In the aim to explain and categorise the wide variety of moral beliefs people hold, Haidt and Joseph (2007) developed Moral Foundations Theory, which is now a widely-used framework for evaluating moral values. According to Moral Foundations Theory, there are five primary foundations for which people
are guided. An individual will, to some extent, hold values of: (a) care/harm, (b) fairness/cheating, (c) loyalty/betrayal, (d) authority/disrespect, and (e) purity/degradation. Strongly held care values enhance concerns about minimising pain and suffering in others, and valuing fairness suggests an individual promotes justice and equality. A strong belief in loyalty often results in devotion to social groups, and authority values predict an agreement with respecting authority figures and fulfilling duties. Lastly, valuing purity often suggests a strong endorsement of sanctity, and a sensitivity towards degradation and disgusting acts. When someone opposes a strongly held moral value, it may be seen as an attack on something an individual deems sacred, and this can quickly lead to defensiveness and conflict (Vecina, Marzana & Czachura, 2015).

Research using Moral Foundations Theory (Haidt & Joseph, 2007) as a framework has been able to demonstrate patterns in moral values, with the factors often falling into two groups of values: binding and individualising. Binding values include loyalty, authority and purity, while individualising values are care and fairness. Studies suggest that people who strongly adhere to binding values are often politically conservative, patriotic, and have a strong sense of family and community (Franks & Scherr, 2015; Graham & Haidt, 2010; Graham, Haidt & Nosek, 2009). These beliefs have also been portrayed negatively however, with research linking binding values to prejudice, out group derogation and even genocide (Brewer, 2007; Dovidio & Gaertner, 2010; Smith, Aquino, Koleva, & Graham, 2014).

In relation to intimate partner violence, research using Graham, Haidt and Nosek (2008) Moral Foundations Questionnaire shows that the binding moral values can be strong predictors of blame. A stigmatize victims, but also assign more blame, the researchers conducted study two. Participants in this study completed the Moral Foundations Questionnaire along with the same measures for stigmatisation used in study one, however study two included an item pertaining to responsibility for the incident along with an opportunity to suggest how the outcome of the situation could have been different. The results showed a replication of study one, in that, binding moral values were a

study by Vecina (2014) found that surveyed men who had committed and been charged with acts of violence towards their intimate partners, often viewed values of authority and purity as more sacred than others, and viewed their victims as having violated those values. The author concluded that strong values of authority predict violence in men, while strong values of purity predict pro-violent beliefs and a high probability of future fighting. Another study, conducted by Selterman and Koleva (2015), identified that when participants were presented with a series of hypothetical cases of potential norm violations in relationships (e.g., keeping romantic memorabilia from past relationships, or looking through a partner’s belongings), strong values of purity predicted harsher moral judgements for most types of perceived violations.

Niemi and Young (2016), aimed to investigate how individual moral values affected attributions of victim blame using the moral foundations. Their research was completed through four studies. In all studies, participants were recruited online for payment. The first study investigated whether binding moral values were linked with victim stigmatisation. Participants read a vignette about a victim of sexual (molestation, rape) or nonsexual (strangling, stabbing) violence. To measure the participants’ moral values, they were presented with the Moral Foundations Questionnaire (Graham et al, 2008), and to measure stigmatisation the participants rated the victim as ‘contaminated’ or ‘wounded’. Results of this study supported the authors’ hypothesis that binding values would significantly predict victim stigmatisation, with high scores on measures of binding values predicting more victim stigmatisation rather than sympathy, regardless of the nature of the crime. To investigate whether participants scoring high on binding moral values would not only

significant predictor of victim stigmatisation. Study two also identified that when participants scored high on binding moral values, they were more likely to judge the victims as more responsible for the outcome, rather than perpetrators. Study three built upon these findings to confirm how focus is the causal factor which leads participants who

score high on binding moral values to blame the victim more than the perpetrator. Participants in this study again completed the
Moral Foundations Questionnaire and the measure for stigmatisation, however to manipulate focus, the researchers rewored the vignette so that either the victim or the perpetrator would be the subject of the majority of sentences. Results of this study replicated the findings of both study one and study two, however the manipulation of vignette language only had a small effect. When the language was focused on the perpetrator, less blame was attributed to victims, however, to a lesser extent for participants who scored high on binding values. The fourth and final study replicated the methodology of study one, however also aimed to identify whether a Just World Belief (JWB) and Right-Wing Authoritarianism (RWA) were moderating factors between binding moral values and victim blame. After running a regression analysis, JWB and RWA were no longer significant predictors once moral values were included. Due to their findings, the authors concluded that participants who scored high on binding values were more inclined to focus on the actions of the victim, and therefore assigned them more responsibility and blame for the outcomes of violent incidents. The results of this four-part investigation are robust due to repeated testing and add significant insight to the literature.

**Is victim blaming a result of both victim and observer?**

The existing literature shows that numerous factors, relating to both the victim and observer, affect victim blame in the context of intimate partner violence. Studies have identified that the typicality of the victim plays a significant role in the level of blame attributed to them for incidences of abuse. Victims who are atypical (aggressive, retaliative or non-conforming to stereotypes) are blamed to a greater extent than victims who are typical (submissive or conforming) (Capezza and Arriaga, 2008). In addition, the results of research on binding moral values suggest that people who strongly adhere to this value set perceive betrayal, rebellion and/or self-indulgence as threats to their innate beliefs (Vecina, Marzana & Czachura, 2015). They are likely to blame victims more than perpetrators, as they attend more to the potential morally violating actions of the victim that caused the perpetrator to respond with violence (Niemi and Young, 2016).

However, no research has investigated how factors relating to the victim’s stereotype and factors relating to the observer’s moral values together, influence victim blame. Given the research to date, it is possible that when observers of intimate partner violence cases have stronger, compared to weaker, binding values, they may be more influenced by the typicality of the victim. It is important to scientifically test this theoretical connection between victim typicality and moral values before conclusions can be drawn. The practical implications for such a conclusion may help alleviate current conflict in the scientific literature on causes of victim blame, while simultaneously supporting further development of resources for domestic violence victims.

**The present study**

This study examined the effect of victim typicality and the observers’ moral values on victim blame in a case of intimate partner violence. Participants read a vignette depicting a case of intimate partner violence, between a husband (perpetrator) and wife (victim), in which the wife responded to her husband’s abuse in a way that was either typical (submissive) or atypical (aggressive). The participants then answered a series of questions designed to assess the level of blame they attributed to the victim, whether they personally held strong or weak binding moral values, and their acceptance of domestic violence myths. Based on the research of Capezza and Arriaga (2008), it was predicted that participants would blame the victim more when they read about a victim who responded to the abuse in an atypical, compared to typical way, after controlling for domestic violence myths (*Hypothesis 1*). In addition to this, and consistent with the work of Niemi and Young (2016), it was predicted that participants would blame the victim more when they scored higher, compared to lower, on measures of binding moral values, after controlling for participants’ endorsement of domestic violence myths (*Hypothesis 2*). However, it was predicted that the relationship between victim typicality and victim blame would be moderated by participants’ binding moral values. Specifically, participants would blame victims more when they read about a victim who responded to the abuse in an atypical, compared to typical way; however, this would occur to a greater extent at higher,
couple had been married for three years, and wife (Rebecca) by her husband (Neil). The instances of abuse were directed at the Australian married couple’s relationship. All instances of abuse began three months into their marriage. Neil was described as displaying controlling behaviours (e.g., he monitored Rebecca’s text messages and phone conversations, told her who she could or could not see and did not allow her to commute anywhere unless he drove). Neil’s behaviour then started to become verbally abusive (e.g., he yelled at Rebecca, or told her she was useless or had no respect for him). Eventually, the abuse escalated to physical violence (e.g., Neil hit Rebecca when she moved his car keys). This physical abuse, along with the controlling behaviour and verbal abuse, continued over a period of six months (where Neil hit Rebecca on three more occasions). Then, one day the physical abuse escalated; Neil pushed Rebecca into the wall with such force that it punctured the wall, causing her head to bleed and her to fall on the floor. When she tried to stand up, he strangled her until she temporarily lost consciousness.

Manipulation of victim typicality. Victim typicality was manipulated by altering Rebecca’s responses to Neil’s behaviours in the vignette (Appendix A, B). When Rebecca responded typically, she was portrayed as acting submissively. For instance, she never questioned Neil’s decisions when he displayed controlling behaviours, and she never yelled back at him when he became verbally abusive. When Neil hit Rebecca, she never fought back. When Rebecca responded atypically, she was portrayed as acting dominantly. She always protested against Neil’s decisions when he displayed controlling behaviours (e.g., she stated that she would do whatever she wanted). When Neil became verbally abusive toward Rebecca, she always yelled back and retorted with an identical put-down (e.g. telling him he is a worthless husband). After each instance of physical abuse, Rebecca fought back (e.g., she pushed Neil).

Procedure Participants were recruited by the experimenter for a study on public perceptions about intimate partner violence. Community members were recruited through social media, and first year psychology students were recruited through the University of Queensland’s SONA participation scheme. Participants were provided with a link to the study, in order to access the study online using their own computers. Once participants opened the link online, read the information.

Method

Participants Participants included 66 acquaintances of the experimenter and 105 first-year psychology students (N = 171). The experimenter’s acquaintances were offered the opportunity to enter the draw to win a $20 voucher for participating, while the first-year psychology students took part in the study for course credit. Participants were excluded from the study for either not answering the manipulation checks (N = 30), failing manipulation checks if answered (N = 17), or not answering at least 50% of key measures (N = 1). In addition to this, participants were also excluded if they took 12 seconds or less to read the vignette (N = 11). The final sample consisted of 112 participants, 33 men and 79 women, aged between 18 and 85 years of age (M = 22.98, SD = 11.00). An a priori power analysis was conducted with the program G*Power (Erdfelder, Faul, & Buchner, 1996). The analysis showed that a minimum of 77 people would be needed to detect a medium effect (f^2 = .15) with 80% power, using a f test multiple regression with alpha at .05.

Design This study forms part of a larger research project, with six experimental conditions (N = 494), which was conducted with five other honours students. In this study, participants were randomly assigned to one of two victim typicality conditions in a 2-level between-subjects design: typical (N = 66) and atypical (N = 46). The design included a measured moderator, moral values: high binding values or low binding values. Endorsement of domestic violence myths was included as a control variable, and the dependant variable was victim blame.

Materials

Hypothetical vignette. A short hypothetical vignette as written for this study, depicting a case of ongoing intimate partner violence. The vignette described a number of instances of psychological and physical abuse escalating in severity, which occurred within an Australian married couple’s relationship. All instances of abuse were directed at the wife (Rebecca) by her husband (Neil). The couple had been married for three years, and the abuse began three months into their marriage. Neil was described as displaying controlling behaviours (e.g., he monitored Rebecca’s text messages and phone conversations, told her who she could or could not see and did not allow her to commute anywhere unless he drove). Neil’s behaviour then started to become verbally abusive (e.g., he yelled at Rebecca, or told her she was useless or had no respect for him). Eventually, the abuse escalated to physical violence (e.g., Neil hit Rebecca when she moved his car keys). This physical abuse, along with the controlling behaviour and verbal abuse, continued over a period of six months (where Neil hit Rebecca on three more occasions). Then, one day the physical abuse escalated; Neil pushed Rebecca into the wall with such force that it punctured the wall, causing her head to bleed and her to fall on the floor. When she tried to stand up, he strangled her until she temporarily lost consciousness.

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briefing and agreed to participate, they were asked for demographic information. This included their enrolment status in first year psychology courses at the University of Queensland, their gender, and their age. Following this, they were randomly assigned to one of the two victim typicality conditions (typical or atypical). At the end of the vignette, participants were asked to answer one question to measure their level of victim blame. Responses were rated on a 7-point Likert scale ranging from 1 (not at all) to 7 (completely). The question asked: “To what extent do you think the wife should be blamed for the situation?” After responding to this item, participants were asked to complete single item manipulation checks for victim typicality and gender typicality. Finally, participants complete two pre-existing measures. The first was the full 30 item Moral Foundations Questionnaire, which aimed to assess their level of adherence to binding moral values. The second was the full 18 item Domestic Violence Myth Acceptance Scale, which aimed to measure participant’s acceptance of domestic violence myths. At the very end of the questionnaire, participants were presented with debrief information.

**Moral Foundations Questionnaire.** To measure participants’ binding moral values, the Moral Foundations Questionnaire (MFQ) developed by Graham, Haidt and Nosek (2008) was used. The complete 30-item questionnaire was included, and was divided into two parts (15 items in each) as per the original format. Part one asked participants, “When you decide whether something is right or wrong, to what extent are the following considerations relevant to your thinking?” For instance, some of these considerations related to love for country (loyalty), conformity to societal traditions (authority) and standards of decency (sanctity). Part two stated, “Please read the following sentences and indicate your agreement or disagreement”. For instance, some statements related to being a team player (loyalty), adherence to gender roles (authority) and importance of chastity (sanctity). All participants’ responses to both parts were provided on 6-point Likert scales. In part one, the scales ranged from 1 (not at all relevant) to 6 (extremely relevant). In part two, the scales ranged from 1 (strongly disagree) to 6 (strongly agree). A Cronbach’s Alpha test was conducted, and the result showed high internal consistency (.855). For the purpose of this study, participants’ average scores were taken for each loyalty, authority and sanctity. These averages were then condensed into a single composite variable for binding moral values, with high scores on these factors representing strong binding values, and low scores representing weak binding values.

**Domestic Violence Myths Acceptance Scale.** The Domestic Violence Myths Acceptance Scale (DVMAS) (Peters, 2008) was included in this study to control for participant’s endorsement of domestic violence myths when assessing victim blame given the research showing that domestic violence myths strongly predict victim blame (Peters 2008; Yamawaki et al, 2012; Policastro & Payne, 2013). The scale asked participants to rate their agreeableness with 18 statements about domestic violence, with responses ranging from 1 (strongly disagree) to 7 (strongly agree) in a Likert style. Items on the scale asked questions such as, “if a woman doesn’t like it, she can leave” and “women can avoid physical abuse if they give it occasionally”. The scale was tested for internal consistency using a Cronbach’s Alpha test, and the result was high (.910). Scores were then averaged to create one variable for endorsement of domestic violence myths, with high scores representing strong acceptance of domestic violence myths, and low scores representing weak acceptance of domestic violence myths.

**Manipulation Checks.** Participants answered one attention question to check the manipulation of victim typicality in the vignette. Participants were asked to answer, “Which of the following statements is correct about the wife?” The three possible responses included, “she did not verbally or physically resist the abuse”, “she did verbally and physically resist the abuse” and “do not know”. Participants were also asked to answer two perception questions related to the vignette. The two items included, “How similar is the wife to a typical woman?” and, “How similar is the wife to a typical victim of intimate partner abuse?” These were rated on a 7-point Likert scale ranging from 1 (not at all) to 7 (completely). These items were analysed separately, and gender typicality was only included as it has been found to covary with the independent variable of victim typicality.

**Contributions**
The concept of my study was initially broadly proposed by my supervisor, but was designed jointly by my supervisor and myself, as a part of a larger research project with five other psychology honours students. My supervisor provided direction about theories that may be relevant, the full hypothetical vignettes, guidance in statistical analysis and verbal feedback on the discussion section. The information sheet, SONA study description and social media advertisement were written by fellow researchers in my group. I researched the literature for further theories and empirical studies, wrote the debrief sheet for participants, contributed to recruiting participants, developing and editing the online survey in Qualtrics and conducted the statistical analyses for this study.

Results

Overview of Analyses

The data was first analysed to check for violations of the assumptions of multiple regression. The manipulation checks were then analysed using a cross-tabulation to ensure that participants attended to the manipulation of victim typicality, and perceived the manipulation of victim typicality in the intended manner. After this, preliminary analyses, including independent groups t tests and a Pearson’s product-moment correlation, were conducted on the independent variable (victim typicality), the moderator (binding moral values) and the dependant variable (victim blame). Lastly, the main analysis was a hierarchical multiple regression, in which an alpha level of .05 was used.

Data Checking

The data was analysed using SPSS to ensure that the multiple regression assumptions were met. Firstly, a normal P-Plot was visually inspected for normality. This plot did not appear normally distributed, and to reduce the severity of the skew, bootstrapping with 1000 samples was used during preliminary and main data analysis. Victim blame was then inspected for multivariate outliers using Mahalanobis distance and Cooks distance. Then Mahalanobis distance score (7.49) was checked for significance using a Chi-Squared table with an alpha of .05, which identified that multivariate outliers were present. The Cooks distance score (0.21) was then inspected to reveal that the outliers present were not problematic. The outliers were kept in analyses as they were deemed to not be influencing the data. The residuals scatterplot was then inspected to check for violations of the assumptions of linearity as well as homoscedasticity. A visual inspection of the plot found no violation to linearity or homoscedasticity. To check for violations of the assumption of multicollinearity between victim typicality and binding moral values, the variance inflation factor was inspected. It was identified that victim typicality and binding moral values were not correlated highly, which means that the assumption of multicollinearity was not violated ($VIF = 1.02$ for typicality, 1.05 for binding moral values). Lastly, to check for independence of errors, the Durbin Watson statistic was noted. A score of 2.10 was obtained, which suggested that the errors were suitably independent, and no alterations to the data were necessary.

Manipulation Checks

Attention manipulation. To check that participants attended to the manipulation of victim typicality, and whether this attention differed as a function of typicality condition, a chi-squared analysis was conducted. Overall, a high proportion of participants attended to the manipulation. A total of 83% of participants who answered the attention manipulation question correctly identified that the victim did or did not verbally and physically abuse the perpetrator. There was, however, a significant association between the content of the victim typicality manipulation and typicality condition, $\chi^2 (2, N = 138) = 78.44, p = .001$, $\Phi = .75$. Even though in both the typical and atypical conditions a greater proportion of participants correctly identified, than incorrectly identified, that the victim did or did not verbally and physically abuse the perpetrator, the differences in these proportions was greater in the typical condition. For participants in the typical condition, 88% correctly identified, and 12% of participants incorrectly identified, that the victim did not verbally or physically resist the abuse. For participants in the atypical condition, 76% of participants correctly identified, and 24% of participants incorrectly identified, that the victim did verbally and physically resist the abuse. In the final analyses, only those participants who answered and passed the attention manipulation were included.

Perceptual manipulation. To check that the manipulation of typicality affected
participants’ perceptions in the intended manner, two between subjects t-tests were performed. The first t-test checked the perception of victim typicality (e.g. the extent to which the participant believed the victim was typical). There was no significant main effect of victim typicality, \( t(110) = .72, p = .472, 95\% CI [-.26, .56], \eta^2 = .14 \). Participants in the typical condition \( (M = 6.11, SD = .96) \) did not perceive the victim as more typical than participants in the atypical condition \( (M = 5.96, SD = 1.23) \). The second t-test checked whether participants in the typical condition perceived the victim to be a more typical woman than participants in the atypical condition, because it has been found to covary with the independent variable of victim typicality. There was also no significant main effect of gender typicality, \( t(110) = -1.69, p = .095, 95\% CI [-1.01, 0.82], \eta^2 = .32 \). Participants in the typical condition \( (M = 4.17, SD = 1.47) \) did not perceive the victim as behaving typically for their gender more so than participants in the atypical condition \( (M = 4.63, SD = 1.37) \). Overall, this pattern of means suggests that the manipulations were not successful in affecting participants’ perceptions in the intended manner.

**Preliminary Analyses**

Preliminary analyses were conducted to examine the relationship between victim typicality, binding moral values, domestic violence myth acceptance and victim blame. First, the bivariate relationship between the variables was analysed. As can be seen in table 1, binding moral values and domestic violence myths were weakly positively correlated. The table also shows that domestic violence myths was moderately positively correlated with victim blame. Next, an independent groups t-test with bootstrapping was conducted with victim typicality and victim blame. It was identified that there was no significant difference in the extent to which participants in the typical condition \( (M = 1.30, SD = .84) \) blamed the victim than the participants in the atypical condition \( (M = 1.50, SD = 1.03) \), \( t(110) = 1.07, p = .288, CI [-0.17, 0.56], \eta^2 = .21 \). After this, an independent groups t-test was conducted with victim typicality and binding moral values. The results of this test showed no significant difference in participants’ levels of binding values for participants in the typical condition \( (M = 3.79, SD = 0.69) \) and participants in the atypical condition \( (M = 3.74, SD = 0.78) \), \( t(110) = 0.34, p = .736, CI [-.23, .33], \eta^2 = .06 \). Lastly, a Pearson’s product-moment correlation was used to examine the relationships between binding moral values and victim blame. There was no significant correlation between levels of binding moral values and levels of victim blame.

**Main Analysis**

A hierarchical multiple regression with bootstrapping was conducted, in order to assess whether binding moral values moderated the relationship between victim typicality and victim blame, while controlling for the effects of domestic violence myths. Victim typicality, binding moral values and domestic violence myths were added into step 1 of the model. In step 2, the interaction term between victim typicality and binding values was also added into the model. Binding moral values was mean centred to eliminate multicollinearity issues created with the use of the interaction term.

At step 1, the model showed that victim typicality, binding moral values and domestic violence myths explained 15% of the variance in victim blame \( (R^2 = .15, \text{Adj. } R^2 = .13) \). This represents a significant proportion of variance explained, \( F(3, 108) = 6.39, p = <.001 \). As can be seen in table 2, domestic violence myths significantly contributed 13% unique variance to the model, with higher scores on the Domestic Violence Myths Acceptance Scale associated with higher levels of victim blame. Binding moral values and victim typical did not significantly explain any unique variance.

At step 2, the interaction between typicality and binding moral values did not significantly increase the amount of variance explained in victim blame, \( R^2_{\text{change}} = .00, F_{\text{change}} (1, 107) = 0.03, p = .863 \). This result does not show statistical support for binding moral values moderating the relationship between victim typicality and victim blame. The inclusion of the interaction term in the model resulted in the total model still significantly explaining 15% of the variance in victim blame, \( F(4, 107) = 4.72 \). As can be seen in table 2, domestic violence myths still significantly contributed 13% of unique variance to the model, however typicality and binding moral values did not explain any more significant variance.
Discussion

This study examined the effect of victim typicality and the observers’ moral values on victim blame in a case of intimate partner violence. Participants read a vignette depicting a case of intimate partner violence, between a husband (perpetrator) and wife (victim), in which the wife responded to her husband’s abuse in a way that was either typical (submissive) or atypical (aggressive). The participants then answered a series of questions designed to assess the level of blame they attributed to the victim, whether they held strong or weak binding moral values, and their acceptance of domestic violence myths. Based on the research of Capezza and Arriaga (2008), it was firstly predicted that participants would blame the victim more when they read about a victim who responded to the abuse in an atypical, compared to typical way, after controlling for domestic violence myths (Hypothesis 1). In addition to this, it was predicted that participants would blame the victim more when they scored higher, compared to lower, on measures of binding moral values, after controlling for participants’ endorsement of domestic violence myths (Hypothesis 2), consistent with the work of Niemi and Young (2016). However, it was predicted that the relationship between victim typicality and victim blame would be moderated by participants’ binding moral values. Specifically, participants would blame victims more when they read about a victim who responded to the abuse in an atypical, compared to typical way; however, this would occur to a greater extent at higher, compared to lower, levels of binding moral values after controlling for participants’ endorsement of domestic violence myths (Hypothesis 3). The results of the current study will be interpreted and discussed according to these hypotheses. The implications of the findings, strengths, limitations of the study will then be explored. Lastly, recommendations for future research will be discussed.

Interpretation

Victim Typicality. The published literature on victim behaviour shows that a submissive, or vulnerable victim of intimate partner violence, often garners less blame than a victim that actively defends themselves from their abuser. (Capezza & Arriaga, 2008; Witte, Schroeder, & Lohr, 2006; Yamawaki et al., 2012). This effect has been attributed to behaviours of the victim being inconsistent with Christie’s (1986) definition of an ideal victim, as a defensive victim portrays a sense of competence, suggesting they deserve equal responsibility for the outcome (Meyer, 2016). This has also been interpreted in terms of gender stereotypes, as women who exhibit aggressive behaviours do not tend to align with society’s concept of a typical female (Buzawa & Buzawa, 1993; Peters, 2008). Due to the prior research, the first hypothesis from the current study suggested that participants would blame the victim more when they exhibited atypical, versus typical, behaviours for a victim.

After conducting the analyses, it was found that the results did not support hypothesis 1. The results showed that participants in the atypical and typical conditions did not differ significantly on their attributions of blame to the hypothetical victim, with both attributing overall low levels of blame. Interestingly, the perceptual manipulation check for typicality revealed that participants did not even perceive the victim differently in the typical and atypical conditions. This result could provide explanations for why participants responded in the way they did. Firstly, this could be attributed to the language used in the hypothetical vignette. The vignettes written specifically for this study may have portrayed the victim as too much of a victim in both conditions. As can be seen in previous studies measuring the influence of language emphasis, when the focus of the text is primarily directed towards the perpetrator’s actions, observers are less likely to attribute blame to the victim (Niemi and Young, 2016, Young and Phillips, 2011). The hypothetical vignette used in this study was consistent in describing the perpetrator’s violent behaviours towards the victim, while mention of the victim focused primarily on their response, which was manipulated based on the condition. This focus on the perpetrator could have been enough to alter participants’ attributions of blame, and the victim response may not have been extreme enough to match the perpetrator’s in severity.

Another explanation for this result could be due to a change in societal attitudes towards victimisation since most of the research on victim typicality was conducted. While some depictions of victim (Christie,
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...and even gender (Buzawa and Buzawa, 1993) typicality were originally published more than twenty years ago, others were more recent (Capezza and Arriaga, 2008; Witte et al., 2006). However, in recent years, domestic violence campaigns such as White Ribbon Australia, and the Australian Government’s ‘Violence Against Women’ have grown in awareness. More people may be changing their attitudes towards victim blame. Participants in this study could have been more inclined to believe the victim was less blameworthy in both conditions as education on domestic violence myths becomes more prevalent, and a wider range of victim responses are considered acceptable. It is important to note that this could also be linked to changing attitudes in gender stereotypes. As the perceptual manipulation also found that participants did not consider the victims in both conditions significantly different in gender typicality, this may suggest that the stereotype of a typical woman’s behaviour is still changing, and more participants believe the victim’s response to abuse was considered typical of a woman, regardless of how traditionally feminine her behaviour was.

**Binding Moral Values.** The existing literature on moral values has shown that individuals who identify more with binding values (loyalty, authority, sanctity) tend to blame victims of violence more than those who do not hold these values as strongly (Brewer, 2007; Capezza and Arriaga, 2008; Selterman and Koleva, 2015). It has been suggested that this effect could be due to focus. Individuals who value binding morals highly, are more accepting of retributive acts towards others who have violated these values (Brewer, 2007; Dovidio & Gaertner, 2010; Smith, Aquino, Koleva, & Graham, 2014), and focus on the behaviours of the victim that could have merited retaliation. In line with the prior research, the second hypothesis for the current study suggested that participants would blame the victim more when they scored high on measures of binding moral values, compared to when they scored low.

Analysis of the data revealed that the results did not support hypothesis 2. The standard deviation of responses revealed very little variation in scores beyond the mean, which around the midpoint of the scale, showed no trend of high or low binding moral values. This indicates that the obtained result may be primarily due to a lack of heterogeneity in the sample. The sample of participants recruited for the study heavily consisted of young first year psychology students, along with friends and family of the researchers. It is possible that due to similar fields of study, education level, age and geographical location, the moral values of participants were also alike. In some of the previous studies on moral values, participants were primarily recruited from the community, and paid to engage in the study (Niemi and Young, 2016; Selterman and Koleva, 2015). This may have provided the researchers with a sample consisting of a wider variation in moral values.

While binding moral values were unable to predict victim blame in the current study, it is interesting to note that binding moral values and domestic violence myth scores were significantly positively correlated. It is not difficult to recognize how the two variables may be positively correlated. Prior research has determined that individually, high scores on both of these variables can predict more victim blame, excusing the perpetrator and minimising the seriousness of the abuse (Peters, 2008; Policastro & Payne, 2013; Yamawaki et al., 2012). Although this correlation was weak, the significance may point to a potentially valuable relationship that would warrant further research.

**Strengths and Limitations**

**Strengths.** This study has some important strengths to note. Firstly, the use of domestic violence myths acceptance as a control variable was valuable. Domestic violence myth acceptance was the only significant predictor of victim blame in this study, and this reinforces the strong role these myths play when observers attribute blame in cases of intimate partner violence. Even though the sample of participants in this study was not very heterogeneous, domestic violence myths still proved to be a better predictor of blame than both victim typicality and binding moral values. This suggests that domestic violence myth acceptance is a crucial influence to consider when measuring levels of blame and may be a confounding variable if not controlled for.

Secondly, this study examined the effect of both victim and observer factors, which are important to investigate, particularly as societal attitudes change. Research over the
last thirty years has shown that both, factors relating to the victim and factors relating to the observer, are key influences in the formulation of a blame attribution. However, the results of this study suggest that what we thought, particularly about the ideal victim, may be shifting as our society evolves. Since the perceptual manipulation check from the current study found that participants viewed the victim in both conditions as typical, it could be suggested that society’s view of what constitutes an ideal victim may be broadening. It is important to continue studying characteristics of a victim that are more or less likely to attract attributions of blame, so that we may further unravel the causal factors involved in intimate partner violence blame.

Lastly, this study used pre-existing measures, which have been found to be both highly reliable and valid. Pre-existing scales were used to measure both binding moral values, and domestic violence myth acceptance, which made up a sizeable proportion of items in the questionnaire. This prevented many possible errors in designing the items specifically for the study, which could have negatively impacted on the results.

**Limitations.** While the study design did show some strength, there were also some important limitations. Firstly, the existing literature on victim typicality was heavily based in theory and there were only a limited number of experimental designs aimed to test the effects of victim typicality on attributions of blame. Many of the studies on factors pertaining to the victim were also closely linked with gender stereotypes. Although gender stereotypes can be closely linked to the concept of an ideal victim, it is difficult to pinpoint the exact cause of the results on victim blame when the two concepts are studied in conjunction. To overcome this limitation, more research needs to focus on experimentally manipulating the typicality of the victim, as opposed to their gender stereotypes. This would involve creating manipulations, which have no gender determining language. Instead of terms such as *husband* or *wife*, the hypothetical individuals may be described with other words, such as a *defendant* and *plaintiff* if the study were court focused, or by using gender neutral names such as *Sam* or *Alex*.

Secondly, the wording of the vignette used in this study may have limited the results that could be found due to other reasons, as well as gender determinants. Due to recognised influences of language use in the text (Niemi and Young, 2016, Young and Phillips, 2011), the format of the vignette may have put too much emphasis on the actions of the perpetrator and directed the focus away from the victim. This may have impacted the possible effects of manipulating victim response. The responses may not have been significant enough to draw attention back to the victim’s behaviour, and depict the atypical victim as relatively equal to the perpetrator in terms of competence and assertiveness. If this study were to be replicated the vignette would need to be restructured to increase the severity of the victim’s response in the atypical condition to match that of the perpetrator’s.

Lastly, it is important to note that this study may have needed more power to detect an effect. The recruited sample was only large enough to detect a medium effect of victim blame, and any effect that this study may have found could have been small. It may be useful to reconduct the experiment with a larger sample in an attempt to identify any smaller effects that may have gone unnoticed.

**Implications**

If this research were to be redone with the methodology improved to minimise the limiting effects, and the hypothesised effects were found, there would be multiple important implications for society. Firstly, finding an interaction between victim typicality and moral values would further advance the scientific literature on intimate partner violence so that we may have a better understanding of the influential factors contributing to victim blame in these circumstances. While a lot of the research on victim blame is focused around random sexual assaults, there is less published work on how blame is attributed in physical and psychological assault cases of intimate partner violence. Physical and psychological assaults, particularly in the home environment, may be less clearly defined in terms of victim and perpetrator. When instances of abuse occur in the privacy of a home, judgements of causality may be left up to an observer’s personal bias or belief in domestic violence myths. By experimentally evaluating the factors involved in attributions of blame, we may begin to identify the significant role that personal beliefs play. This may become particularly
influential for court cases of intimate partner violence, as legal professionals may begin to identify traits of a victim in these cases that may lead to juror bias.

Another important implication for significant findings would be more focus on providing access to domestic violence resources. By furthering the literature on attributions of blame in these cases, public knowledge of blame biases may increase, with changes to be seen at both the corporate and individual levels. Domestic violence foundations and the Australian government may use this extended knowledge to promote awareness of blame bias, and begin to make changes towards the discussion of domestic abuse. This would in turn, influence the perceptions of the general population who have the ability to make changes by themselves. People may begin to question other’s judgements on victims, and perhaps even be motivated to extend a helping hand to friends or acquaintances who are involved in abusive relationships.

**Future Research**

While the concept of victim typicality and moral values in combination is a new and interesting way to research attributions of victim blame, there are diverse ways for future research to investigate it, which may provide some clearer answers. One important direction for future research is to disentangle gender from victim typicality. The perceptual manipulation results of the current study reinforced how these variables may be interpreted in similar ways. This makes it important to design research which may investigate victim typicality while controlling for the effect of gender stereotypes if we are to truly understand the key characteristics that our society considers a victim to hold, if they are to be given the label of a victim. Another avenue for future research would be to investigate the flip side of binding values; individualising moral values. While prior research has shown that binding moral values can predict higher levels of blame, there has not been sufficient investigation into the effect of individualising values on blame. If binding values are significant predictors of blame, then it would be expected that individualising values would also be significant predictors, but predicting less, rather than more, blame. If significant evidence were to be found for both value sets as predictors of blame, then it would reinforce the existing literature on the effects of moral values on blame attributions. While focusing on the influence of moral values, it would also be valuable to further investigate the positive correlation found between binding moral values and domestic violence myth acceptance in the current study. If this positive correlation can be replicated in future research, it may provide further insight into the mechanisms behind binding moral value adherence and victim blame. Lastly, when investigating the influences of victim typicality and moral values it may also be interesting to examine the effects among different cultures around the world. While the sample in this current study were primarily young psychology students residing in Australia, it may be interesting to replicate the design with a different sample from a more liberal or alternatively, a more conservative culture. Investigating the effects of victim typicality and moral values in various cultures may produce significantly different results depending on their level of education on, and acceptance of, intimate partner violence in their societies. Regardless of the study design, it is important to continue studying the factors that influence attributions of victim blame in cases of intimate partner violence. By doing so, the scientific community may begin to resolve the current conflict in the literature, and as a society, we may begin to increase the awareness of bias and myths, along with providing more support and resources for victims to escape abusive environments.

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Appendix A.

Vignette for Typical Condition.
Rebecca and Neil are an Australian woman and man who are currently living in Australia. They chose to get married, and they got married on 20th January, 2013. Three months into their marriage, Neil started to display controlling behaviours. He would read Rebecca’s text messages from her friends, and always ask her who she was talking to on the phone. He would often listen to her telephone conversations. He then told her that he didn’t want her to spend time with her friends, because he didn’t like them. Eventually, he told her she wasn’t allowed to talk on the phone with anyone or visit anyone, unless they were family. A year into their marriage, Neil told Rebecca she was no longer allowed to take the bus for transport and that she was only allowed to leave the house if he drove her. Rebecca never questioned Neil’s decisions.

From that point on, Neil would get angry with her most days for something she did or didn’t do. It was always over small things. If she served his dinner a few minutes late, he would yell at her, telling her how useless she was as a wife. If she entered the room when he had friends over, he would yell at her for her lack of manners, telling her she had no respect for him or his friends. Rebecca never yelled back at Neil.

Then one day, Rebecca moved Neil’s car keys, from the table in the lounge room, to hang them on the wall with the house keys. When Neil couldn’t find his keys, he got so angry that he hit Rebecca across the face. Rebecca did not fight back.

Over the next six months, Neil’s controlling behaviour and verbal abuse continued, and he hit Rebecca another three times. Rebecca never protested against Neil’s decisions, yelled at him, or fought back. Even though Neil’s abuse continued during this time, it did not escalate.

But then one day, at the end of this six-month period, Neil’s abuse intensified. Rebecca was tidying Neil’s clothes and belongings in the bedroom. Neil came into the bedroom and saw her touching his belongings. He got so angry that he pushed her into the wall so hard that her head punctured the wall. She fell to the floor and her head was bleeding. When she tried to stand up, he put his hands around her throat and tried to strangle her. She eventually lost consciousness. When she regained consciousness, she walked downstairs to clean the wound on her head.

Appendix B.

Vignette for Atypical Condition
Rebecca and Neil are an Australian woman and man who are currently living in Australia. They chose to get married, and they got married on 20th January, 2013. Three months into their marriage, Neil started to display controlling behaviours. He would read Rebecca’s text messages from her friends, and always ask her who she was talking to on the phone. He would often listen to her telephone conversations. He then told her that he didn’t want her to spend time with her friends, because he didn’t like them. Eventually, he told her she wasn’t allowed to talk on the phone with anyone or visit anyone, unless they were family. A year into their marriage, Neil told Rebecca she was no longer allowed to take the bus for transport and that she was only allowed to leave the house if he drove her. Rebecca always protested against Neil’s decisions, telling him that she would do whatever she wanted.

From that point on, Neil would get angry with her most days for something she did or didn’t do. It was always over small things. If she served his dinner a few minutes late, he would yell at her, telling her how useless she was as a wife. If she entered the room when he had friends over, he would yell at her for her lack of manners, telling her she had no respect for him or his friends. Rebecca always yelled back at Neil, telling him that he’s a worthless husband.

Then one day, Rebecca moved Neil’s car keys, from the table in the lounge room, to hang them on the wall with the house keys. When Neil couldn’t find his keys, he got so angry that he hit Rebecca across the face. Rebecca fought back by pushing Neil against a wall. Over the next six months, Neil’s controlling behaviour and verbal abuse continued, and he hit Rebecca another three times. Rebecca continued to protest against Neil’s decisions, yell at him and fight back. Even though Neil’s abuse continued during this time, it did not escalate.
But then one day, at the end of this six-month period, Neil’s abuse intensified. Rebecca was tidying Neil’s clothes and belongings in the bedroom. Neil came into the bedroom and saw her touching his belongings. He got so angry that he pushed her into the wall so hard that her head punctured the wall. She fell to the floor and her head was bleeding. When she tried to stand up, he put his hands around her throat and tried to strangle her. She eventually lost consciousness. When she regained consciousness, she walked downstairs to clean the wound on her head.

Table 1.
Means, Standard Deviations and Bivariate Correlations between the independent variable, moderator, control and dependant measure.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean (SD)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Typicality</td>
<td>5.41 (.49)</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. BMV</td>
<td>3.77 (.73)</td>
<td>-.02</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. DVM</td>
<td>2.63 (.89)</td>
<td>-.14</td>
<td>.22*</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>4. Blame</td>
<td>1.42 (.96)</td>
<td>-.12</td>
<td>.02</td>
<td>.38**</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: DVM = Domestic Violence Myths. BMV = Binding Moral Values. DMV was measured on the Domestic Violence Myths Acceptance Scale with higher scores representing more domestic violence myth acceptance. BMV was measured on the Moral Values Questionnaire with higher scores on binding measures representing higher binding moral values. Victim typicality was coded as 0 = typical, 1 = atypical. *p < .05, **p < .001.

Table 2
Coefficients for B and β, SE and t, p and sr², values for victim typicality, domestic violence myths and binding moral values when predicting victim blame.

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>SE</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>95% CI</th>
<th>Sr²</th>
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<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DVM</td>
<td>.46*</td>
<td>.10</td>
<td>.39*</td>
<td>4.20</td>
<td>.000</td>
<td>[.22, .61]</td>
<td>.13</td>
</tr>
<tr>
<td>Typicality</td>
<td>.10</td>
<td>.17</td>
<td>.05</td>
<td>.56</td>
<td>.577</td>
<td>[-.25, .44]</td>
<td>.00</td>
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<tr>
<td></td>
<td>0.09</td>
<td>0.12</td>
<td>0.07</td>
<td>0.71</td>
<td>0.477</td>
<td>[-0.15, 0.32]</td>
<td>0.00</td>
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<td>----------</td>
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<td>-------</td>
<td>-------</td>
<td>--------</td>
<td>---------------</td>
<td>------</td>
</tr>
<tr>
<td>BMV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DVM</td>
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<td>0.39*</td>
<td>4.17</td>
<td>0.000</td>
<td>[0.22, 0.61]</td>
<td>0.13</td>
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<tr>
<td>Typicality</td>
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<td>0.17</td>
<td>0.05</td>
<td>0.56</td>
<td>0.577</td>
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<td>0.23</td>
<td>-0.02</td>
<td>-0.17</td>
<td>0.863</td>
<td>[-0.51, 0.42]</td>
<td>-0.00</td>
</tr>
</tbody>
</table>

*Note. DVM = Domestic Violence Myths. BMV = Binding Moral Values. DMV was measured on the Domestic Violence Myths Acceptance Scale with higher scores representing more domestic violence myth acceptance. BMV was measured on the Moral Values Questionnaire with higher scores on binding measures representing higher binding moral values. Victim typicality was coded as 0 = typical, 1 = atypical. *p < .001.