Pennsylvanians’ Views on Domestic Violence: A Snapshot

In 2011, PCADV partnered with the Center for Survey Research at Penn State Harrisburg to conduct a statewide landline and cell phone survey to ascertain Pennsylvanians’ knowledge, attitudes, and beliefs about domestic violence.

This survey was conducted to inform PCADV’s statewide Public Awareness Campaign and to serve as a component of a larger needs assessment that will guide PCADV’s Statewide Plan for the Prevention of Domestic Violence.

METHODOLOGY

Conducted between November 9 and December 17, 2011, the random survey was administered to 615 adult Pennsylvanians. Respondents were asked 40 questions, five of which collected demographic data.

Survey respondents were asked 40 questions designed to ascertain their knowledge of domestic violence and community resources for victims.

DEMOGRAPHICS OF RESPONDENTS

Income:
• 48.9% of respondents reported annual household income, before taxes, of less than $60,000

Age:
• About half of the sample was 54 years of age or younger
• 24.4 % were ages 25 – 44

Education:
• 34.9 % had at least a four-year college degree
• 29.1 % had more than a high school education but less than a four- year college degree
• 35.5 % had a high school degree or less

Race and Ethnicity:
• 90% were White
• 5.7% were Black- African American
• 2 % were Hispanic/Latino
• 1.5% were Asian
• 0.3 % were American Indian or Native Alaskan
A SUMMARY OF THE RESULTS

Defining Domestic Violence

Respondents were asked, “Which of the following behaviors may be considered forms of domestic violence on a scale of 1 to 5,” with 5 definitely being domestic violence. Percentages shown here combine ratings of 4 and 5.

- Physical violence such as pushing, hitting, kicking or choking (98.4%)
- Forcing someone to have sex or perform sexual acts (97.9%)
- Threatening to harm someone or their family members (95.8%)
- Forcing someone to watch pornography (90.7%)
- Sabotaging birth control or getting someone pregnant against their will (90.6%)
- Keeping someone from friends, family, or work (84%)
- Harassment by persistent email, calls, or texts (78.2%)
- Controlling resources such as money, vehicles and time (74.3%)
- Insulting criticizing, embarrassing or ignoring someone (74%)
- Taking or destroying property (73.5%)
- Disclosing the sexual orientation of an individual without their consent (68.6%)
- Abusing or threatening to abuse pets (67.7%)

Analysis: Most respondents recognized that “physical violence such as pushing, hitting, kicking or choking” is domestic violence. Fewer people associated “abusing or threatening to abuse pets” and “taking or destroying property” with domestic violence, which may indicate more education is warranted about less obvious tactics of coercion and control used by abusers.

There may be a difference in viewpoints about abuser tactics by gender. For instance, when asked if “controlling resources such as money, vehicles, and time” was domestic violence 60.7% of men agreed or strongly agreed while 80.9% of females agreed or strongly agreed (Total=74.3%). A similar breakdown is evident when it comes to “insulting, criticizing, embarrassing, or ignoring someone.” 61.6% of men agreed or strongly agreed this was domestic violence while 79.9% of women agreed or strongly agreed (Total=74%). These behaviors may not be viewed as forms of power and control and, therefore, are not as readily identified as domestic violence.

Worthy of mention is that 90.6% identified “sabotaging birth control or getting someone pregnant against their will” as domestic violence, with no significant difference in response by gender.
A Public Concern and a Community Problem

90.3 % said that domestic violence is NOT a private family issue.

When asked to respond to the statement, “Domestic violence is not a problem in my community,” 47.5% disagreed and 30.7 % strongly disagreed (Total = 78.2 %).

Analysis: While 78.2% consider domestic violence a problem in their community, 34.9% agree that it is more likely to occur in low-income neighborhoods. This result indicates a need to strengthen media messaging that domestic violence can happen in any community.
Abusive Relationships

In what types of relationships can violence occur? Select all that apply.

- Couples who are married or who live together: 98.2%
- Couples who are dating: 95.8%
- Child>parent: 94.0%
- Parent>child: 94.6%
- Ex or former partners: 94.3%
- Other family: 91.5%
- Roommates: 87.3%
- Other: 20.2%
- Don't know: 1.0%
- No answer: 0.2%

Analysis: Pennsylvanians know violence can happen between married, dating and cohabitating couples and between former partners. A high number of respondents associated abuse perpetrated by a parent against a child with domestic violence. This result suggests Pennsylvanians would embrace a primary prevention approach of youth engagement, social messaging and strategies to promote adult attitude, behavior and knowledge change to stop generational violence.
Reasons People Abuse their Partners

When asked if “victims of domestic violence provoked the abuser,” 19.5% agreed and 77% disagreed or strongly disagreed. However, later in the survey, 55.1% chose “victim provoked the abuser” from a list of reasons for “why people abuse their partners.”

<table>
<thead>
<tr>
<th>Reason</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs and Alcohol</td>
<td>97.9%</td>
</tr>
<tr>
<td>Anger</td>
<td>97.1%</td>
</tr>
<tr>
<td>Jealousy</td>
<td>95.8%</td>
</tr>
<tr>
<td>Lack of Self Control</td>
<td>95.4%</td>
</tr>
<tr>
<td>Stress</td>
<td>94.1%</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>91.2%</td>
</tr>
<tr>
<td>Lack of Positive Role Models</td>
<td>84.6%</td>
</tr>
<tr>
<td>Poor Communication Skills</td>
<td>80.8%</td>
</tr>
<tr>
<td>Lack of Education</td>
<td>62.1%</td>
</tr>
<tr>
<td>Victim Provocation</td>
<td>55.1%</td>
</tr>
<tr>
<td>Other</td>
<td>13.2%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>0.2%</td>
</tr>
<tr>
<td>No Answer</td>
<td>0.2%</td>
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</tbody>
</table>

Analysis: These responses demonstrate that Pennsylvanians still believe abusers are “out of control,” had “one too many,” have a mental illness, were provoked or simply can’t control their anger, an indication there is still much “myth-busting” to be done. These beliefs excuse abusers’ choices and acts.

From a prevention standpoint, PCADV noted that “lack of positive role models” received a high response rate, reinforcing the importance of using a “Popular Opinion Leader” strategy to address public health issues. Domestic violence programs should cultivate community leaders and role models -- such as athletes, coaches, musicians, actors, teachers and politicians -- who set expectations and influence relationship norms.
Staying Versus Leaving

One of the most frequently asked questions of domestic violence advocates is “why don’t victims just leave?” Although this question is often asked by well-intentioned people seeking to understand the dynamics involved, the question has an implied judgment that if a victim stays then “they must like it.” It also implies it is easy to leave. A survey question stated, “If a person doesn’t like the way they are treated, they can always leave.” Half of the sample disagreed and 12% strongly disagreed, an indication the community needs more information and context about the complex circumstances at play when abuse exists.

Influential Factors on Men

![Pie chart showing the percentage of influence of different groups on men's treatment of women]

**Analysis:** An important piece of information that emerged from the results of this survey is the idea that family members are the group that MOST influences how men treat women. Prevention activities often are geared to school-based strategies that focus on individual behaviors. However, the role family members play in setting norms for healthy relationships can’t be overlooked. Survey responses reinforce the value of engaging multiple messengers using a variety of messages.
**Bystander Intervention**

A strong bystander response is a critical part of any strategy to create a climate of intolerance to violence and abuse. When asked how likely they would be to intervene if they knew someone was being abusive, 55.4% said they’d be “very likely” to intervene, and 39% said they’d be “somewhat likely.”

**Analysis:** While this response is encouraging, the survey did not ask if respondents believed they had skills they could use to intervene or if they had concrete ideas for actions. Strong primary prevention programming that includes building bystander or “upstander” skills equips community members with information and strategies to transform and replace violent attitudes, actions and behaviors with healthy, supportive and positive ones.
Learning About Healthy Relationships

Where do young people learn about healthy relationships and healthy communication?

Analysis: Research shows that young people are inundated with messages from the broader culture that influence their understanding of relationship norms. When those messages come from mass media, few healthy models are shown. Survey respondents did not believe media -- books, television and movies -- were as influential as family, friends, religious institutions and schools in teaching young people about relationships and communication. This idea is worth exploring as most approaches to addressing dating violence are designed for school environments, and do not engage family, friends and religious institutions.
Sources of Help

Survey participants answered, “If you were to experience domestic violence who would you tell?” in the following percentages to the given choices:

- Police officer (84%)
- Family member (82%)
- Friend (76%)
- Counselor (71%)
- Victim Service Agency (70%)
- Nurse or doctor (70%)
- Religious or faith-based community leader (54%)
- Co-worker (33%)
- Neighbor (29%)

Analysis: While we know there are multiple reasons victims do not call police (fear of retaliation, fear the police can’t or won’t help, etc.) it is compelling to see so many people (84%) indicate they would tell the police if they experienced domestic violence. This may indicate the community at large does not understand that a crime must be committed for police to take action, and often domestic violence occurs at a level just below an actionable offense.

Also noteworthy is the high response rate indicating people would tell their nurse or doctor (70%). This information is encouraging, considering the many interventions available to health care providers. Programs may want to further encourage and train community health care providers to offer more comprehensive responses to patients, such as up-to-date screening and referrals and to develop policies to guide the best possible service provision for survivors.

Project activity was directed by Stephanie L. Wehnau, Assistant Director of the Center for Survey Research at Penn State Harrisburg.

If you are interested in seeing the survey instrument and full report of methods and findings, contact Lorien Castelle at lcastelle@pcadv.org

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Any views expressed in this report are the sole responsibility of the authors.
POTENTIAL STRATEGIES TO ADDRESS FINDINGS

Develop media messaging that:

- Engages bystanders and builds knowledge and skills about ways to appropriately and safely intervene.

- Focuses on family and friends as sources from whom “young people learn about healthy relationships and healthy communication.”

- Reinforces that domestic violence happens in every community and is not a private family matter.

- Reinforces that leaving an abuser does not always increase safety or stop the violence.

- Engages men as part of the solution, rather than just as the root of the problem.

- Underscores that abusing or threatening to abuse pets and taking or destroying property tops the list of tactics abusers use to control their partners.

Statewide Prevention Plan:

- Promote responsible bystander programming in PCADV’s library of prevention resources and support implementation and evaluation of such programs.

- Identify and assess programs that can be revised to engage family and friends to model healthy communication and set expectations for healthy relationship norms.

- Tap into the expertise of member programs to ascertain what approaches are being used to access religious institutions and what prevention/healthy relationship activities are being delivered.

- Strengthen and expand PCADV’s Medical Advocacy Program support to include strategies and materials for health care providers and incorporation of prevention messaging into health care encounters.

- Engage faith-based organizations by showing how many respondents identified religious institutions as places where young people learn about healthy relationships and communication (78%). More than half of respondents said they would turn to their religious institution or faith-based leader if they experienced domestic violence.

*PCADV is developing a Tip Sheet for domestic violence programs with additional ideas for how this data can be used locally to inform programming and community education activities.*