

## CONTENT ANALYSIS OF PUBLIC STIGMA ON INTIMATE PARTNER VIOLENCE AGAINST WOMEN IN A SAMPLE OF SPANISH UNIVERSITY STUDENTS: A PRELIMINARY STUDY

## ANÁLISIS DE CONTENIDO DEL ESTIGMA PÚBLICO SOBRE LA VIOLENCIA DE PAREJA CONTRA LA MUJER EN UNA MUESTRA UNIVERSITARIA ESPAÑOLA: UN ESTUDIO PRELIMINAR

LARA MURVARTIAN<sup>1</sup>, JESÚS GARCÍA-MARTÍNEZ<sup>1</sup> Y  
FRANCISCO-JAVIER SAAVEDRA-MACÍAS<sup>1</sup>

Cómo referenciar este artículo/How to reference this article:

Murvtarian, L., García-Martínez, J. y Saavedra-Macías, F. J. (2023). Content Analysis of Public Stigma on Intimate Partner Violence Against Women in a Sample of Spanish University Students: A Preliminary Study [Análisis de contenido del estigma público sobre la violencia de pareja contra la mujer en una muestra universitaria española: un estudio preliminar]. *Acción Psicológica*, 20(1), 111–124. <https://doi.org/10.5944/ap.20.1.34106>

### Abstract

Public stigma on intimate partner violence against women (IPVAW) is still present among university students and

hinders victim recovery. The aims were to: (a) Analyze public stigma in university students using content scales found in the literature, distinguishing between general negative attitudes towards IPVAW and those when asked about a known situation of violence, and (b) Determine the

---

**Correspondence address [Dirección para correspondencia]:** Lara Murvtarian, Facultad de Psicología, Universidad de Sevilla, España.

**Email:** [lmurvtarian@us.es](mailto:lmurvtarian@us.es)

**ORCID:** Lara Murvtarian (<https://orcid.org/0000-0001-8399-4909>), Jesús García-Martínez (<https://orcid.org/0000-0001-7318-6182>) y Francisco Javier Saavedra-Macías (<https://orcid.org/0000-0002-2328-7708>).

<sup>1</sup> Universidad de Sevilla, España.

Recibido: 26 de abril de 2023.

Aceptado: 6 de mayo de 2023.

reliability of those scales. A sample of 37 students (age,  $M = 25.54$ ;  $SD = 3.44$ ) at the University of Seville completed a survey based on the selected content scales. Response content was analyzed. Attitudes were related to myths exonerating the abuser, the majority belief that victims' actions for recovery were detachment strategies, and a catastrophic perception of the consequences of violence. Attitudes changed after knowing a victim. Most scales were reliable ( $Kappa > .7$ ). Stigma toward IPVAW was present, but to a lesser extent when the situation of violence was known. The implications of this study and future lines of research were discussed.

**Keywords:** Intimate partner violence; public stigma; belief; myth; content scale; university.

## Resumen

El estigma público en violencia de pareja contra la mujer entre estudiantado universitarios sigue presente y dificulta la recuperación de las víctimas. Los objetivos fueron: (a) Analizar el estigma público en alumnado universitario a través de escalas de contenido extraídas de la literatura, distinguiendo entre las actitudes negativas hacia la violencia de pareja contra la mujer de forma general y cuando se les preguntaba por una situación de violencia conocida, y (b) Determinar la fiabilidad de dichas escalas. 37 estudiantes (edad,  $M = 25.54$ ;  $DT = 3.44$ ) de la Universidad de Sevilla rellenaron una encuesta elaborada a partir de las escalas. Se aplicó un análisis de contenido de las respuestas. Las actitudes se relacionaban con mitos sobre el maltratador que le exoneran, la creencia mayoritaria de que las acciones de recuperación de las víctimas se reducen a estrategias de desprendimiento y una percepción catastrofista de las consecuencias de la violencia. Las actitudes disminuían tras conocer a una víctima. La mayoría de las escalas fueron fiables ( $Kappa > .7$ ). El estigma estuvo presente, pero en menor medida hacia situaciones de violencia conocidas. Se debatieron las implicaciones de este estudio y futuras líneas de investigación.

**Palabras clave:** violencia de pareja contra la mujer; estigma público; creencia; mito; escala de contenido; universidad.

## Introduction

Intimate Partner Violence Against Women (IPVAW) is a form of Violence Against Women (VAW) exerted by an intimate male (ex)partner. It causes psychological, physical, or sexual harm through coercive control, physical aggression, sexual coercion and/or psychological abuse (Sardhina et al., 2022). This study in a university student population was conducted during the COVID-19 lockdown in Spain.

According to the WHO Global Database, 27 % of women aged 15-49 worldwide who have had at least one intimate partner have been the object of IPVAW (Sardhina et al., 2022). In Spain, the rate is 19% for women under the age of 25 (Ministry of Equality, 2021). There is evidence that control measures associated with the COVID-19 pandemic have exacerbated the burden and severity of intimate partner violence around the world (Roesch et al., 2020), including Spain (Castellanos-Torres, 2020).

Adolescence and young adulthood are essential stages of life for learning the basis of a healthy relationship (Sardinha et al., 2022). Data show that IPVAW and stigmatizing beliefs and attitudes about it are still a major problem among university students (Próspero & Vohra-Gupta, 2008), and are also present in healthcare-related services (Díaz-Aguado, 2012; Evcili & Daglar, 2021).

Social discourse on IPVAW can contribute to driving the identity of battered women toward empowerment or toward victimization (Cabrera de la Cal & Correa-Chica, 2019), and also community and institutional response to it (Villagrán et al., 2021). Some of these beliefs generate public stigma, defined as devaluation and isolation of individuals, causing their discrimination and loss of status. Erroneous beliefs associated with stigma emerge in social relations; however, just as they are built up, they can be torn down (Pescosolido & Martin, 2015).

The stigma of IPVAW leads to negative responses (blaming, isolating, victimizing) by those close to the victim and internalized by them, leading to embarrassment, self-blame and anticipation of judgment. This impedes disclosure and help-seeking, resulting in negative consequences to health and wellbeing (Crowe et al., 2019; Furr,

2014; McCleary-Sills et al., 2016; Próspero & Vohra-Gupta, 2008).

Public stigma has been widely studied in the scope of mental illness (Saavedra et al., 2020) and HIV (Martin et al., 2021), whereas in IPVAW it is still recent. A review of the literature in the last ten years analyzed studies on public stigma on IPVAW, finding that recent theoretical explanations of stigma on IPVAW come from the USA (Crowe et al., 2019), while there is little empirical knowledge from Canada, Western Europe, Sub-Saharan Africa, South Asia or Australia, and very little from Latin America. Although there is no empirical research on public stigma on IPVAW in Spanish samples, there are several studies on attitudes and beliefs (Bosch-Fiol & Ferrer-Pérez, 2012; Gracia et al., 2019).

Erroneous societal beliefs about IPVAW may be considered the cognitive basis of stigma (Gaebel et al., 2017). According to Bosch-Fiol and Ferrer-Pérez (2012), there are four main types of myth about IPVAW that stigmatize women survivors and impede progress in the fight against it: (a) marginality (associating violence only with certain social groups), (b) myths about batterers (focusing on exonerating perpetrator characteristics), (c) myths about battered women (blaming the victims for personal factors that make them easy targets for violence or because they consent to or ask for it), and (d) importance myths (minimizing or denying the existence of IPVAW).

In addition, agency as the capacity to act, decide and control violent situations (McCleary-Sills et al., 2016) has normally been associated with the ability to break up the relationship (Cala, 2011; Díaz-Aguado, 2012), which is reductionist and an element generating stigma (Campbell & Mannell, 2016), as women can cope with violence in many ways.

Cala (2011) proposed four types of IPVAW resistance strategies: (a) adherence, which is directed at changing the relationship with the batterer or his behavior; (b) survival, directed at ensuring safety or adapting to the situation; (c) detachment, which consists of avoiding anything harmful (ideas, offender, contexts, etc.); and (d) empowerment strategies that consist of improving one's psychological wellbeing or thinking and acting freely.

Two other important areas of study related to public stigma are how people think victims are affected by violence, often contributing to women's victimization and to an image of weakness and loss of status (Dutton, 1992), and how stigmatizing attitudes toward violence could be reduced by direct contact with cases of IPVAW (Cheston et al., 2019).

Two objectives were posed based on these findings. The first aimed to analyze university students' stigmatizing beliefs about IPVAW using content scales taken from the literature, distinguishing between general negative attitudes towards IPVAW (general beliefs) and their attitudes when asked about a known situation of violence close to them (specific beliefs). Content scales were related to IPVAW myths (Bosch-Fiol & Ferrer-Pérez (2012), victim resistance and recovery strategies (Cala, 2011), consequences of IPVAW and changes in how this violence is perceived after knowing a victim. The second objective was to find out if these scales were reliable.

## Methods

### *Participants*

The sample was comprised of 37 students at the University of Seville aged 20 to 37 (age,  $M = 25.54$ ;  $SD = 3.44$ ), 16 women (eight of whom knew another woman who had suffered from IPVAW well) and 21 men (of whom 11 knew one well). Their areas of study were Engineering and Architecture ( $N = 16$ ), Social Sciences and Law ( $N = 11$ ), Health Sciences ( $N = 4$ ), Science ( $N = 3$ ) and Art and Humanities ( $N = 3$ ). Sampling was first by convenience and then by snowball sampling.

The inclusion criterion was to be an undergraduate or master's degree student, and the exclusion criterion was any training in gender-based violence. It has been shown that less prior knowledge is associated with lower comprehension of this violence (Durán et al., 2014) and more blaming attitudes towards women victims of IPVAW (Sánchez-Prada et al., 2019).

**Table 1.**

*Survey of beliefs associated with IPVAW and beliefs explored with each question.*

Contents scales		Survey questions
<b>Part 1 (General Beliefs)</b>		
Myths	Minimization myth	1. Mark from 1 to 10 how important you think IPVAW is compared to other relevant social problems, where 1 is "not important at all" and 10 is "priority".
		2. Why did you mark the number in the previous question?
	Marginality myth	3. Do you think there are any differences in the probability of being subjected to IPVAW due to education, social class or other social criteria, etc.?
		4. If you said "yes" in the previous question, how do you think these factors influence it? Please explain. If you checked "no", answer this question with the word "none".
	Battered woman myth	5. What characteristics do you think define IPVAW victims?
	Batterer myth	6. What characteristics do you think define IPVAW offenders?
	Consequences of IPVAW	7. How do you think being a victim of IPVAW affects a woman's life?
	Victim resistance strategies	8. What do you think victims do to deal with such a situation?
		9. Do you have a close relationship (family member, friend, co-worker, etc.) with a woman who has experienced IPVAW? If yes, please answer the following questions (Part 2). If not, do not continue beyond this point.
<b>Part 2 (Specific Beliefs)</b>		
Myths	Battered women's myth	10. List five adjectives that describe what this woman is like (e.g., "introverted").
	Batterers' myth	11. Do you know the perpetrator? If so, list five adjectives that describe what he is like (e.g., "introverted"). If not, answer "No".
	Consequences of IPVAW	12. What do you think are/were the consequences to her of having experienced IPVAW?
	Victim resistance strategies	13. What do you think she does/did to deal with the situation?
		14. Is the violence still going on? If yes, why do you think it is? If not, why do you think the violence ended? Answer "yes" or "no" with an explanation.
	Changes in perception of IPVAW when the victim is known	15. Has your perception of IPVAW changed at all since you have known this victim compared to the idea you had about IPVAW before? Please indicate "yes" or "no". If yes, please explain.

## ***Instruments***

Sociodemographic variables were examined, as well as previous training in gender-based violence. A survey of beliefs associated with IPVAW based on four content scales extracted from the literature were applied in contin-

uation: IPVAW Myths (Bosch-Fiol & Ferrer-Pérez (2012), Resistance strategies (Cala, 2011), Consequences of IPVAW, and Change in perceived violence when the IPVAW victim is known. The survey was divided into two parts. Part One referred to general beliefs and was completed by the entire sample; Part Two on specific beliefs about a known case of IPVAW was completed by those

who knew a victim well. Specific questions used to explore each content scale and whether it referred to general or specific beliefs are shown in Table 1.

### *Procedure*

The deans of the departments selected were asked to distribute an email which included the materials above and informed consent. Participation was anonymous and voluntary (no email/IP data were collected). Participants were asked to redistribute the links through their social networks. After filtering for inclusion criteria, 37 participants were selected. The study coincided with the state of emergency declared by the Spanish government due to the COVID-19 pandemic, so an online survey was chosen as the qualitative methodology. It was created using Google forms and contained the informed consent, followed by the questionnaire on sociodemographic data and the survey of beliefs associated with IPVAV.

The responses associated with the four preestablished areas (IPVAW myths, resistance strategies, consequences of IPVAV and changes in perceived violence when the IPVAV victim was known) were analyzed using theoretical content categories to find patterns of meaning (categories) in separate pieces of information (Prior, 2020). The myth and strategy themes were also pre-established based on the literature. A myth and/or strategy was understood to be present if the explicit content of the sentence was a hyponym or example of the myth or strategy (e.g., “[She has] a weak and vulnerable personality”, battered women’s myth) or strategy (e.g., “Accept the situation to survive”, survival strategy). The myth was present in survey Question 1 if the score was less than 6, or if higher, when the content of the answer to Question 2 had an example of the myth that lessened the importance of violence, such as “There are more deaths from suicide (78 times more), cancer (2550 more), [...] that I consider more important [...]”. Consequences and changes in perception themes found directly from the data are defined in Table 2. These categories were created using inductive content-analysis based on continuous reading of sentences (Prior, 2020) to construct a category tree. The frequency of category mentions (number of times each category was mentioned by participants) was calculated and can also be seen in Table 2.

Interrater reliability was controlled using Cohen’s Kappa for two raters. Several themes were described and developed for the four areas of qualitative analysis. Several specific examples or codes were also developed for every theme. Interrater agreement was calculated for themes.

### **Results**

Up to 26 specific consequence codes were distinguished for symptoms of or reactions to the violence and included in nine mutually exclusive and exhaustive themes. For changes in perception of IPVAV, 12 specific codes were distinguished and grouped in six themes. Three new strategy themes (in process, unable and adherence/survival), in addition to those in the literature, were also found from the data. The total category code (26) and theme (63) tree for the four areas, examples and frequencies are shown in Table 2. It should be mentioned that all the codes for each of the four resistance strategies were proposed by Cala (2011) and the table only shows those codes based on the answers. However, Cala (2011) also listed a few others that were not found in this study, such as simulate passiveness (a survival strategy). Kappa interrater agreement was generally reliable ( $> .7$  for most themes). Five exceptions with a Kappa below  $.7$  were found when the category frequency was very low (Adherence resistance strategy, general belief,  $.671$ ; Empowerment, general belief,  $-.479$ ; Fight against IPVAV,  $.640$ ; Machismo harms battered,  $.640$ ; and Knowledge,  $.690$ ).

Twenty participants (54.01 %) knew a victim of IPVAV well. The following sections present a summary of the findings on general beliefs about IPVAV and specific beliefs about the violent situation they knew about. Detailed information is shown in Table 2.

**Table 2.**

Areas, themes, codes and examples and frequency

<b>Areas</b>	<b>Themes</b> (number of participants who mentioned it) and description	<b>Codes</b> (number of mentions) and examples
<b>Myths</b>	<b>Importance (1g)</b> Lessen the importance of the problem.	<b>Importance (1g):</b> "There are more deaths from suicide (78 times more), cancer (2550 more), [...] that I consider more important [...]." Participant 17.
	<b>Marginality (26g)</b> Liken violence to unfavorable social conditions.	<b>Marginality (26g):</b> "Lower education may favor continuing gender-based violence." Participant 18.
	<b>Battered women (19g, 3s)</b> Blame the woman for personal factors, personality trait.	<b>Battered women (19g, 3s):</b> "[She has] a weak and vulnerable personality [...]." Participant 1.
	<b>Batterers (28g, 10s)</b> Excuse the aggressor because of certain characteristics.	<b>Batterers (28g, 10s):</b> "[They are] violent and hot-tempered people." Participant 25.
<b>Resistance strategies</b>	<b>Adherence (15g, 3s)</b> Changes in the relationship with the batterer or in his behavior.	<b>Minimize and deny (10g):</b> "Tries to tell herself that everything is fine." Participant 1.
		<b>Justify and/or understand (3g, 1s):</b> "Defend their aggressor because they somehow feel guilty." Participant 33.
		<b>Hide (5g, 1s):</b> "I think in most cases they keep quiet." Participant 32.
	<b>Survival (3g, 1s)</b> Ways of ensuring safety or of adapting as well as possible to the situation.	<b>Try to help or change the batterer (1g, 1s):</b> "[...] try to change his behavior [...]." Participant 28.
		<b>Go along with it (1g):</b> "Accept the situation to survive." Participant 26.
		<b>Invent or hide information (1s):</b> "Do things that do not alter the way they live together." Participant 21.
	<b>Detachment (25g, 12s)</b> Actions eliminating anything that could harm the woman (ideas, contexts, the batterer himself).	<b>Avoid situations (2g):</b> "Do activities to evade them." Participant 21.
		<b>Confront the batterer (1g, 6s):</b> "They confront the batterer." Participant 7.
		<b>Reflect on what is happening (1g, 3s):</b> "They acknowledge their situation, which is not easy [...]." Participant 22.
		<b>Ask for help (17g, 3s):</b> "Ask for help." Participant 10.
	<b>Listen and consider other points of view (1s):</b> "Her family advised her to leave the relationship with the aggressor and he left." Participant 18.	
	<b>Stop believing the batterer (1g):</b> "They convince themselves that it is all logical. Hopefully, they will become aware of the situation." Participant 5.	
	<b>Plan to escape (1g):</b> "[...] To escape [...]." Participant 28.	
	<b>Separation from or leave the batterer (4g, 14s):</b> "[...] and they leave the batterer." Participant 22.	

Areas	Themes (number of participants who mentioned it) and description	Codes (number of mentions) and examples
	<p><b>Empowerment (1g, 1s)</b> Actions for improving psychological wellbeing or acting freely.</p> <p><b>Unable (5g)</b> Answers explicitly stating that the woman did nothing.</p> <p><b>In process (1g, 4s)</b> Evolving toward better agency with time.</p> <p><b>Adherence/Survival (9g, 7s)</b> A mixed category specifically referring to “holding out”</p>	<p><b>Take legal action (5g):</b> “Some of them report [the violence] [...]” Participant 7.</p> <p><b>Staying active (1g):</b> “Seek interesting and evasive activities.” Participant 21.</p> <p><b>Listening to oneself (1s):</b> “She can do with her life as she pleases [...]” Participant 17.</p> <p><b>Loving oneself (1s):</b> “[...] She feels free to be who she wants to be.” Participant 17.</p> <p><b>Unable (5g):</b> “I don’t think all of them face it [the situation].” Participant 37.</p> <p><b>In process (1g, 4s):</b> “At first, nothing. Then, when she realized it, she started wondering about every macho behavior. In the end, she split up with him.” Participant 30.</p> <p><b>Adherence/survival (9g, 7s):</b> “From what I’ve seen, they tend to hold out.” Participant 16.</p>
<b>Consequences</b>	<p><b>Severity of consequences (23g, 4s)</b> Associated with intensity.</p> <p><b>Specific emotional problems (14g, 9s)</b> When they are concrete and defined.</p> <p><b>Adherence (consequence) (2s)</b> The strategy proposed by Cala (2011) mentioned as a consequence.</p> <p><b>Empowerment (consequence) (2g, 3s)</b></p>	<p><b>Catastrophism (12g, 2s):</b> “It destroys them [battered women].” Participant 1.</p> <p><b>Generalization to future men (4g, 2s):</b> “She will never be able to look at a man normally again.” Participant 16.</p> <p><b>All areas (10g):</b> “In all areas.” Participant 32.</p> <p><b>View of the world (1g):</b> “Her conception of the world.” Participant 26.</p> <p><b>Vulnerability to future battering (2g):</b> “They often end up creating dependence on an abuser stereotype and are only able to feel attracted to abusive men.” Participant 12.</p> <p><b>Anxiety (2g, 1s):</b> “[...] anxiety, [...]” Participant 7.</p> <p><b>Depression (2g, 4s):</b> “I think it affects her very negatively, and especially depressing.” Participant 3.</p> <p><b>Trauma (2g):</b> “With possible traumas.” Participant 2.</p> <p><b>Negative emotions (10g, 6s):</b> “[...] fear [...]” Participant 14. Used for any negative emotion.</p> <p><b>Susceptibility (1g):</b> “[...] They go on the defensive [...]” Participant 15.</p> <p><b>Wearing out (1s):</b> “Wearing out [...]” Participant 6.</p> <p><b>Unhappiness (1s):</b> “Unhappiness [...]” Participant 6.</p> <p><b>Normalization (1s):</b> “I thought he was right.” Participant 18.</p> <p><b>Hide the reality (1s):</b> “Pretending that the couple is not going through a crisis [...]” Participant 23.</p> <p><b>Resilience (2g, 3s):</b> “She will be stronger in the long run since she broke up with him.” Participant 12.</p>

<b>Areas</b>	<b>Themes</b> (number of participants who mentioned it) and description	<b>Codes</b> (number of mentions) and examples
	The strategy proposed by Cala (2011) mentioned as a consequence.	
	<b>Self-Concept (effects on) (10g, 3s)</b> References to problems in this area.	<b>Low self-esteem (9g, 2s):</b> "He takes away her self-esteem and makes her believe she's worthless." Participant 34. <b>Insecurity (3g, 1s):</b> "Insecurity." Participant 27. <b>Feeling of failure (1s):</b> "[...] she feels like she has betrayed herself for putting up with the situation." Participant 22.
	<b>Autonomy (effects on) (8g, 1s)</b> Expressions referring to loss of the freedom she used to have.	<b>Stops thinking for herself (2g):</b> "She blocks her inner strength to stop questioning herself." Participant 21. <b>Not being free (1g):</b> "[...] She must feel caged in [...]." Participant 19. <b>Problems with personal, social and/or professional development (2g):</b> "In her personal and professional development." Participant 26. <b>Dependence (1g):</b> "[...] dependence [...]." Participant 14. <b>Isolation (1g, 1s):</b> "It is a type of violence that generates isolation." Participant 28.
	<b>Relativism (4g)</b> Explicit expression of the need to take context into account.	<b>Relativism (4g):</b> "It depends on the person [...]." Participant 12.
	<b>Health (unspecific) (1g, 1s)</b> General health problems without specifying whether they are emotional or physical.	<b>Health (1g, 1s):</b> "Health problems [...]." Participant 7.
	<b>Unspecified psychological problems (3g)</b>	<b>Unspecified psychological effects (3g):</b> "It has psychological effects on the victim." Participant 10.
<b>Change in perception of IPVAW after knowing a battered woman</b>	<b>Presence of change (12s)</b> Indicating explicitly that he/she has changed his/her point of view.	<b>Presence of change (12s):</b> "Yes, I have changed my mind." Participant 5.
	<b>No myths (11s)</b> No longer believes myths and false beliefs about IPVAW.	<b>No myth about battered women (3s):</b> "I thought it only happened to women who were weak or had problems, and now I realize that it can also happen to a woman who is strong and happy." Participant 5. <b>No marginality myth (5s):</b> "It is more common than you think. It could happen in your best friend's home." Participant 18. <b>No importance myth (6s):</b> "I used to believe that nothing happened or simply did not think it was important." Participant 6. <b>Gradual (1s):</b> "I have also realized that the abuse begins long before the beatings, with just a look." Participant 11. <b>Realize the difficulty in breaking up (1s):</b> "Before her, I thought women put up with that just because they were crazy." Participant 32.

Areas	Themes (number of participants who mentioned it) and description	Codes (number of mentions) and examples
		<b>Multicausality (1s):</b> “This is the only case I know close up, and now I understand that there are many reasons why a woman stays in an abusive relationship.” Participant 32.
	<b>Fight against IPVAW (2s)</b> To consider it important to take action to eradicate IPVAW.	<b>Importance of feminism (1s):</b> “Not only did my father think that, but many other people unconsciously did too, and so I see the feminist fight as being necessary to improve the situation and remove prejudice against women and men.” Participant 18.
		<b>Educate (1s):</b> “The sooner we are informed about it, the sooner we are able to become aware of it. Beginning in the classroom.” Participant 30.
	<b>Machismo also harms offenders (2s)</b> Thinking IPVAW also harms men.	<b>Machismo harms offenders (2s):</b> “As a straight man who has lived with my father, who is a batterer and male chauvinist, I felt oppressed by how he has to be a ‘man’, like a list of requirements that a ‘man’ has to meet.” Participant 18.
	<b>Knowledge (1s)</b> Increasing knowledge about IPVAW.	<b>Knowledge (1s):</b> “It is a real example that has led me to find out more about this social problem.” Participant 22.
	<b>Battered women myth (1s)</b> Still partly or completely blaming the woman for IPVAW.	<b>Battered women myth (1s):</b> “I still don’t understand why, if her situation with someone is so bad for x reasons, she still stays with that person. I don’t understand it.” Participant 2.

Note: When frequency is followed by a “g” it refers to a general belief; by an “s”, to a specific one.

### ***General stigmatizing beliefs about IPVAW***

Myths about the batterer, followed by marginality and battered women predominated. Importance was only present once. The batterer was exonerated predominantly by justification based on his psychological characteristics or exposure to violence in childhood. Marginality mainly associated IPVAW with lower education and socioeconomic levels. Most of the time, the victim's personality traits or insecurity were blamed for making them easy targets. All but one participant valued the severity (importance) of violence from 7 to 10; 48.6 % gave it 10.

Five participants thought women did not do anything (unable). The strategy most mentioned by the rest was detachment, which mostly referred to asking for help of different sorts. This was followed by adherence (mostly minimizing and denying the problem) and by adherence/survival. Survival and empowerment were only mentioned once. One person mentioned that recovery would evolve toward better agency with time (in process).

Of the consequences of IPVAW, severity was the theme most mentioned, especially alluding to catastrophic consequences, and considering that violence affected all areas of the victim's life. Specific emotional problems (mainly negative emotions) and the effect of self-concept (mainly low self-esteem) and autonomy were also common. The least frequent consequences were unspecified psychological effects, empowerment, and general health problems. Four participants thought the consequences varied depending on the woman (relativism).

### ***Specific stigmatizing beliefs on a known IPVAW situation***

Myths about batterers were more frequent than those about battered women. The first were qualified as impulsive, egocentric, or laid back; the second, as weak, impressionable, or submissive.

All the participants thought women had some recovery strategy. Detachment strategies were the most common (mainly leaving the batterer), followed by adher-

ence/survival. Adherence, empowerment, and survival strategies were rare. Four participants alluded to evolving toward better agency with time (in process).

Consequences frequently referred to specific emotional problems (negative emotions, mainly). The severity of consequences, effect on her self-concept, empowerment and adherence strategies, loss of autonomy and general health problems were less common.

Finally, twelve out of twenty thought their perception of IPVAW had changed after knowing a victim. Half of them alluded to the eradication of myths about IPVAW, mostly referring to marginality and importance. Less frequently, they mentioned that they could now see the importance of fighting against IPVAW, that machismo also harms offenders and that they had acquired knowledge on the topic. However, one of them, who still presented the battered woman myth, had not really changed.

## **Discussion**

The aims of this study were first, to analyze public stigma in university students using content scales taken from the literature, distinguishing between negative beliefs towards IPVAW in general and those when asked about a known violent situation, and second, to determine the reliability of those scales.

Both general and specific stigmatizing beliefs were found to be present, and the scales used were reliable. These beliefs are discussed in detail in continuation. The myths described by Bosch-Fiol and Ferrer-Pérez (2012) were found in the sample, but the one about importance (minimization of violence) only appeared once, perhaps because the participants were sensitized to the problem. Myths about the offender predominated. Although violence was justified as being a consequence of personality or having himself been the victim of violence, there is evidence that those traits are not present in a significant majority of batterers (Bosch-Fiol & Ferrer-Pérez, 2012). Myths on marginality were also frequent, as many of the participants associated IPVAW with low education and socioeconomic levels. Like the previous myth, it has been demonstrated that IPVAW is universally present at all so-

cioeconomic and education levels (Bosch-Fiol & Ferrer-Pérez, 2012). This should not be caused to forget intersectionality, which must always be considered (Potter, 2015). Furthermore, half of the sample expressed myths about battered women having certain personality characteristics that made them more vulnerable. Again, research indicates that there are no concrete profiles (Bosch-Fiol & Ferrer-Pérez, 2012; Dutton, 2020).

Myths about battered women were less frequent when asked about a victim known to the participant, however, several thought there was a batterer profile. The belief that a man who is apparently friendly and has had no childhood traumatic experiences is probably not a batterer could make violence invisible. These results could be of interest in designing programs to deconstruct batterer stereotypes. Nevertheless, in-depth exploration of the personal experiences of those who know victims or aggressors would still be necessary (Holmes et al., 1999).

With respect to agency, most of the sample thought women attempted to cope with violence in one way or another and confirming the studies by Cala (2011) and Díaz-Aguado (2012), detachment strategies were they most popular (mainly asking for help). The following actions in accordance with their frequency referred to minimizing or denying the violence and holding out, which have been identified as common in the first stages of violence (Cala, 2011; Campbell & Mannell, 2016; Galego-Carrillo et al., 2016). However, strategies may happen anytime, and recovery is a process (Cala, 2011). Still, only one person referred to recovery as a process. None of those who knew a victim thought she was unable to act, and they referred more to recovery as a process. Although the frequency of strategies was similar, detachment referred mostly to separation from the batterer. This might be because most of the victims they knew had already left the abuser. The normalization of help-seeking could be a result of efforts in the last decade to make IPVAW visible. Moreover, knowing a victim might help understand that recovery is a process and reduce stigmatizing beliefs about women not being their own agents. Still, regardless a victim was known or not, participants often reduced women's strategies to detachment, and survival and empowerment strategies were hardly mentioned as part of their agency.

Negative consequences were described as severe, and resilience was barely mentioned. As discussed in the literature, this might result in a benevolent attitude that diminishes the victim's autonomy (Gaebel et al., 2017; Holmes et al., 1999). Moreover, thinking victims are damaged and traumatized forever (Dutton, 2020) harms women who do not fit this stereotype and whose credibility might be questioned (Goffman, 2008). The perception of severity when the victim was known was lower, again, perhaps because most of them had already left the violent relationship. Furthermore, relative consequences were hardly considered. This contributes to a victim stereotype and makes a woman's unique needs invisible. Notwithstanding, two thirds of the participants who knew a battered woman stated that their views towards this topic had changed. For all the above reasons, we recommend that programs fighting stigma include direct contact with women who can show how their strength and resilience (Gaebel et al., 2017) is making it easier for them to overcome trauma (Fernández-Sánchez & López-Zafra, 2019).

This study points out some aspects of public stigma on IPVAW among university students, even those who are sensitized, that should be further examined. For this purpose, we strongly recommend the use of qualitative techniques such as focus groups and grounded theory analysis. Additionally, based on our findings on the differences between general and specific beliefs, we encourage future research examining the direct influence of knowing an IPVAW victim on general beliefs, taking into account the specific characteristics of each experience.

This study also highlights the need to improve and develop instruments that measure "real" beliefs about this population in Spain, as we have shown how even those who consider IPVAW an important matter still have erroneous beliefs. In addition, educational programs, perhaps incorporating real violence experiences, are needed to reduce stigma. According to López et al. (2008), the mere transmission of theoretical contents alone is only effective if in-depth contact with the stigmatized group is included.

The greatest limitation of this study was the impossibility of forming focus groups due to lockdown, which could be solved in future research. The survey did not allow responses of a more in-depth personal nature. Further-

more, we are aware that the sample was small and voluntary, both of which could be resolved with a larger random sample.

## References

- Bosch-Fiol, E., & Ferrer-Pérez, V. A. (2012). New map of the Myths about Gender Violence in XXI century. *Psicothema*, 24(4), 548–554.
- Cabrera de la Cal, M.A., & Correa-Chica, A. (2019). The Social Representation of Gender Violence in Generalist Written Press: El País, El Mundo, and ABC (2000-2015). *Universitas Psychologica*, 18(2), 1–11. <https://doi.org/10.11144/Javeriana.upsy18-2.rpvg>
- Cala, M. (2011). *Recuperando el control de nuestras vidas: reconstrucción de identidades y empoderamiento en mujeres víctimas de violencia de género [Regaining control of our lives: reconstruction of identities and empowerment of women victims of gender violence]*. Ministerio de Sanidad, Servicios Sociales e Igualdad. [http://www.inmujer.gob.es/areasTematicas/estudios/estudioslinea2012/docs/Recuperando\\_control.pdf](http://www.inmujer.gob.es/areasTematicas/estudios/estudioslinea2012/docs/Recuperando_control.pdf)
- Campbell, C., & Manell, J. (2016). Conceptualising the Agency of Highly Marginalised Women: Intimate Partner Violence in Extreme Settings. *Global Public Health*, 11(1-2), 1–16. <https://doi.org/10.1080/17441692.2015.1109694>
- Castellanos-Torres, E., Mateos, T., & Chilet-Rosell, E. (2020). COVID-19 from a Gender Perspective. *Gaceta Sanitaria*, 34(5), 419–421. <https://doi.org/10.1016/j.gaceta.2020.04.007>
- Cheston, R., Handcok, J., & White, P. (2019). Does Personal Experience of Dementia Change Attitudes? The Bristol and South Gloucestershire Survey of Dementia Attitudes. *Dementia*, 18(7-8), 2596–2608. <https://doi.org/10.1177/1471301217752707>
- Crowe, A., Overstreet, N., & Murray, C. (2019). The Intimate Partner Violence Stigma Scale: Initial Development and Validation. *Journal of Interpersonal Violence*, 36(15-16), 7456–7479. <https://doi.org/10.1177/0886260519834095>
- Díaz-Aguado, M. J. (2012). *Juventud Universitaria ante la Violencia de Género [University Youth in the face of Gender Violence]*. Ministerio de Sanidad, Servicios Sociales e Igualdad. [https://www.upm.es/sfs/Rectorado/Gerencia/Igualdad/Documentos/Juventud\\_Universitaria\\_ante\\_igualdad\\_y\\_violencia\\_de\\_genero\\_%202012.pdf](https://www.upm.es/sfs/Rectorado/Gerencia/Igualdad/Documentos/Juventud_Universitaria_ante_igualdad_y_violencia_de_genero_%202012.pdf)
- Durán, M., Campos-Romero, I., & Martínez-Pecino, R. (2014). Obstacles towards Gender Violence Comprehension: Influence of Sexism and Academic Training in Gender Issues. *Acción Psicológica*, 11(2), 97–106. <https://doi.org/10.5944/ap.11.2.14177>
- Dutton, M. A. (1992). *Empowering and Healing the Battered Woman: A Model for Assessment and Intervention*. Springer.
- Dutton, M. A. (2020). *Critique of the "Battered Woman Syndrome" Model*. Aaets.org. <https://www.aaets.org/traumatic-stress-library/critique-of-the-battered-woman-syndrome-model>
- Evcili, F., & Daglar, G. (2021). Attitudes of Students Studying in Various Fields Related to Health Services toward Gender Roles and Intimate Partner Violence. *Perspectives in Psychiatric Care*, 57(3), 1299–1304. <https://doi.org/10.1111/ppc.12690>
- Fernández-Sánchez, M., & López-Zafra, E. (2019). The Voices that Should be Heard: A Qualitative and Content Analysis to Explore Resilience and Psychological Health in Victims of Intimate Partner Violence Against Women (IPVAW). *Women's Studies International Forum*, 72, 80–86. <https://doi.org/10.1016/j.wsif.2018.12.005>
- Gabel, W., Rössler, W., & Sartorius, N. (2017). *The stigma of mental illness- End of the story*. Springer.

- Galego-Carrillo, V., Satibáñez Gruber, R., & Iraurgi Castillo, L. (2016). Cognitive emotion regulation strategies in women abuse. *Pedagogía Social: Revista Interuniversitaria*, 28, 115–125. [https://doi.org/10.7179/PSRI\\_2016.29.09](https://doi.org/10.7179/PSRI_2016.29.09)
- Goffman, E. (2008). *Estigma. La identidad deteriorada [Stigma. The deteriorated Identity]*. Amorrortu.
- Gracia, E., Lila, M., & Santirso, F. A. (2020). Attitudes Towards Intimate Partner Violence Against Women in the European Union: A Systematic Review. *European Psychologist*, 25(2), 104–121. <https://doi.org/10.1027/1016-9040/a000392>
- Holmes, E. P., Corrigan, P. W., Williams, P., Canor, J., & Kubiak, M. A. (1999). Changing Attitudes About Schizophrenia. *Schizophrenia Bulletin*, 25(3), 447–456. <https://doi.org/10.1093/oxfordjournals.schbul.a033392>
- Martin, R., Ashimosi, C., Nyandiko, W., Chory, A., Aluoch, J., Scanlon, M., & Vreeman, R. (2021). A Systematic Review of Interventions to Reduce HIV-Related Stigma among Primary and Secondary School Teachers. *AIDS Care*, 34(1), 1–6. <https://doi.org/10.1080/09540121.2021.1960264>
- McCleary-Sills, J., Namy, S., Nyoni, J., Rweyemamu, D., Salvatory, A., & Steven, E (2016). Stigma, Shame and Women's Limited Agency in Help-Seeking for Intimate Partner Violence. *Global Public Health*, 11(1-2), 224–235. <https://doi.org/10.1080/17441692.2015.1047391>
- Ministerio de Igualdad [Ministry of Equality]. (2021). *Macroencuesta de Violencia contra la Mujer 2019* [2019 Macro-survey of Violence Against Women]. [violenciagenero.igualdad.gob.es. https://violenciagenero.igualdad.gob.es/violenciaEnCifras/macroencuesta2015/pdf/Macroencuesta\\_2019\\_estudio\\_investigacion.pdf](https://violenciagenero.igualdad.gob.es/violenciaEnCifras/macroencuesta2015/pdf/Macroencuesta_2019_estudio_investigacion.pdf)
- Pescosolido, B. A., & Martin, J. K. (2015). The Stigma Complex. *Annual Review of Sociology*, 41(1), 87–116. <https://doi.org/10.1146/annurev-soc-071312-145702>
- Potter, H. (2015). *Intersectionality and criminology: Disrupting and Revolutionizing Studies of Crime*. Routledge.
- Prior, L (2020). Content analysis. In P. Leavy (Ed), *The Oxford Handbook of qualitative research* (2nd ed, pp. 359–379) Oxford Handbooks Online. <https://doi.org/10.1093/oxfordhb/9780190847388.013.25>
- Próspero, M., & Vohra-Gupta, S. (2008). The Use of Mental Health Services Among Victims of Partner Violence on College Campuses. *Journal of Aggression, Maltreatment & Trauma*, 16(4), 376–390. <https://doi.org/10.1080/10926770801926450>
- Saavedra, J., Arias-Sánchez, S., Corrigan, P., & López, M. (2021). Assessing the Factorial Structure of the Mental Illness Public Stigma in Spain. *Disability and Rehabilitation*, 43(18), 2656–2662. <https://doi.org/10.1080/09638288.2019.1710769>
- Sánchez-Prada, A., Delgado-Álvarez, C., Bosch-Fiol, E. y Ferrer-Pérez, V. (2019). Contributions on the Measurement of Beliefs about the Abuse of Women (IBWB) in the Spanish Population. *Revista Iberoamericana de Diagnóstico y evaluación Psicológica*, 4(53), 49–62. <http://doi.org/10.21865/RIDEP53.3.04>
- Sardhina, L., Maheu-Giroux, M., Stöckl, H., Meyer, S., & Garcia-Moreno, C. (2022). Global, Regional, and National Prevalence Estimates of Physical or Sexual, or Both, Intimate Partner Violence Against women in 2018. *The Lancet*, 399(10327), 803–813. [http://doi.org/10.1016/S0140-6736\(21\)02664-7](http://doi.org/10.1016/S0140-6736(21)02664-7)
- Villagrán, A. M., Martin-Fernández, M., Gracia, E., & Lila, M. (2021). Adaptation and validation of the Victim-Blaming Attitudes in Cases of Intimate Partner Violence Against Women (VB-IPVAW) Scale in Ecuadorian population [Adaptation and validation of the Victim-Blaming Attitudes in

Cases of Intimate Partner Violence Against Women (VB-IPVAW) Scale in Ecuadorian population]. *Revista Latinoamericana de Psicología*. 52, 243–252. <https://doi.org/10.14349/rlp.2020.v52.24>