

Mock Juror Perceptions of Abuse and Mental Health on Intimate Partner Violence

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Author Note

The author has no known conflicts of interest to disclose.

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Abstract

Our research involved students and their perceptions of varying abuse severity in the mindset of juror perceptions. One recent example came from the case of Johnny Depp and Amber Heard. They redefined the *traditional* perpetrator sex roles associated with IPV in their relationship, displaying that they can be more complex situations than having a primary aggressor. Our participants were undergraduates ($M = 22$, $F = 40$, $\bar{x} = 19.3$, $SD = 0.93$) who read online vignettes that described intimate partner violence between spouses with sections that varied by abuse type (physical, psychological, and combination of both), perpetrator sex (male and female), and mental health disorder (absence and presence). We expected physical abuse to be rated as more severe than psychological. There was a main effect of the type of abuse and an interaction between the sex of the male perpetrator and the present mental health diagnosis on the severity ratings of abuse. Our results suggested that neither dependent variable was significantly affected by our manipulations. Further analysis indicates that neither variable was likely responsible for more than one percent of the variance in any scenario.

Keywords: intimate partner violence, perpetrator sex, perpetrator mental health

Mock Juror Perceptions of Abuse and Mental Health on Intimate Partner Violence

When victims seek help or perpetrators admit responsibility, they can resolve violence, and people can get their lives back. Yet, this is not a common resolution. The Centers for Disease Control and Prevention list intimate partner violence (IPV) as psychological, sexual, or physical abuse of a partner or spouse. They also suggested that the commonly accepted prevention practice is education and spreading awareness (2021). One recent example came from the case of Johnny Depp and Amber Heard. They flipped the *traditional* perpetrator sex roles associated with IPV in their relationship, showing that there is not always a primary aggressor in IPV. While this brought their personal lives to the world, it also spread awareness of IPV to a broader audience. Nobody is immune.

Abuse Type

Perpetrators can inflict multiple types of abuse on a victim. Physical abuse is the act of harming another person through physical action and contact from person to person, whether it be kicking, hitting, or even grappling or subduing. According to CDC estimates, about 43 million women have experienced physical abuse of some type (Centers for Disease Control and Prevention, 2021). That is, 12% of the entire population of the US in 2021. To put it in perspective, that is the population of Spain this year and about the same number of people who die yearly (United Nations, 2022; Worldometer, 2022).

Similarly, approximately 38 million men have experienced something similar thus far in life (Centers for Disease Control and Prevention, 2021). Those who have come forward and those with scars are based on these. As we will see shortly, not all abuse leaves physical scarring.

Another type is sexual and is usually concerned with either party giving their express or explicit consent to engage in such an act. These include touching, sexting, and the act itself

(Centers for Disease Control and Prevention, 2021). The next type of abuse, stalking (Centers for Disease Control and Prevention, 2021), can be categorized in combination as physical and psychological. When you look at the research on IPV, this area is probably the least concerned, addressed, or even mentioned. It could be considered less of a threat or even thought of as something entirely different; these ideas are up for speculation.

Finally, psychological abuse is generally verbal and engenders manipulations and emotional exertion over another person (Centers for Disease Control and Prevention, 2021). The current study is highly interested in this type as it is often swept under the rug or ignored altogether as less severe than the physical type. Another argument is that physical abuse leaves scars, and psychological abuse leaves no visible scarring. Other studies point out that support for psychological abuse is just as horrible as physical because of the constant demeaning, humiliation, isolation, restrictions, physical threats, and financial threats (Hamby & Jackson, 2010) and not excluding the anxiety and post-traumatic stress that they cause (Follingstad et al., 1990). It is also not uncommon for couples to display psychological abuse from one side or the other during any given discussion with said partner. One study suggested that nearly 80% of men and women are likely to show these acts publicly (Capaldi & Crosby, 1997).

Considering the reasons women have given for staying with abusive husbands sheds light on what can define these different types of abuse. A survey carried out on Twitter found that women often stayed with their abusive spouses for eight overall reasons (Cravens et al., 2015). Because they self-deceived or self-distorted the abuse and relationship via rationalization by falsifying events that allegedly caused the abuse, slanting self-talk to believe they deserved it, or minimizing the abuse altogether. The next most common regarded self-image and having low self-esteem, which psychologically was done by verbal assault and repeatedly being told they are

worthless or alone. For some, the shrinking self-esteem often leads to feeling like they deserve it. Following this, in continuing decreasing order, was fear of physical harm, the victims thinking they could save their spouses and change them because they had children together, because of family expectations, financial, and finally from isolation from friends and family.

Most importantly, because this study is concerned with the perception of abuse, one should consider the severity and responsibility of the role of a juror or an outsider looking in.

Hypothesis 1. We predicted that participants would perceive physical abuse as the most severe of the abuse types compared to participants who rated the combination of abuses, and the participants would rate psychological abuse as the least severe of the three.

Perpetrator Sex

For the sake of this study, we decided to limit our sex levels to two, male and female, to keep the analysis as straightforward as possible. Men perpetrators being perceived as worse than females is a common and accepted truth of IPV that exists and continues to be held as accurate. Hamby names the moderate asymmetry hypothesis as a guide for IPV sex differences. They continue to say that it is a feminist model that says physical abuse perpetrators tend to lean toward men being the more common at about 65% to 80% than 20% to 35% of women (2009). Insightful speculation into why men are perceived as the aggressors might include larger body masses and more muscle in their builds, whereas some stated it was because men are taught to suppress outward shows of fear in the US (Dutton, 2010; Langhinrichsen-Rohling, 2010). I would add that it is far more than fear to be suppressed to be considered manly; all emotional responses have been considered taboo to show, let alone discuss, by men with anyone.

Sex role stereotypes truly engender a lot of what might be socially acceptable in most cultures, but it seems both sexes have their areas of usage from a young age. Sears et al.

surveyed young children and responded that boys are more likely to resort to physically aggressive acts because they usually have trouble controlling emotions and blowing up. Whereas girls, the more emotionally mature of the two, tend to use verbal and psychological acts as they are also more acceptable for their sex (2006). However, these are not solely American traits; they are displayed almost universally in the international scene. A cross-sectional study carried out with the military in the U.K. found a higher prevalence of abuse experience within the military than within the civilian population (MacManus et al., 2022).

Nevertheless, it is still surprising that IPV and the military are inseparable, even in first-world countries with a higher culture or standard. This goes further than just the U.K. in any case. The World Health Organization says that around the world, about 27% of women who have been in relationships, ages 15 to 49, have experienced gendered abuse (2021). Furthermore, in Turkey, a survey found that nearly 40% of participants felt it was acceptable to use physical abuse when their spouse had neglected womanly chores, such as raising children, cooking, or leaving without telling their husbands (Rani et al., 2004; Tekkas Kerman & Ozturk, 2022).

Hypothesis 2. We also predicted that a male perpetrator's abuse severity ratings would be perceived as more severe and responsible compared to how participants rate female perpetrators.

Perpetrator Mental Health Diagnosis

The current study is concerned with how someone with a mental health diagnosis might change the jury's perceptions and sway a decision toward unexpected and undesirable verdicts. Just as importantly, the study also looks at juror's perceptions when no mental health diagnosis (MHD) is mentioned.

Internationally, Canada and the United States are known as countries that seldom and rarely use any form of mental incapacities or personality disorders in the legal system. Countries

where such legal tactics are actionable, include the Netherlands, England, Belgium, and Germany (Baker et al., 2021). These reports have a pretty accurate depiction of the US legal system and how it regards mental health. While most European countries have laws in place to protect those with mental disorders, the U.S., more or less, has a form of diminished capacity and the well-known *not guilty because of insanity* plea. Neither is in place to protect anyone except the general public from those deemed unfit for social interactions. On top of that, such a plea rarely—if ever—gets taken seriously or (more likely) does not fulfill the legal requirements to use the label.

Along these lines, each juror may have a different perception of various mental disorders that are markedly in harmony with the group mindset or the exact opposite and contrasts or goes against the primary jury vote. Everyone could have different experiences that create the conditions for a hung jury. Such outcomes can be difficult to predict during voir dire and even the entirety of the trial afterward for even a seasoned psychologist and would be near impossible for an individual with no training. However, perceptions of abuse with a MHD are usually an adverse reaction for most people. For example, a study of borderline personality disorder (BPD) and mock jurors found that jurors under 31 years of age were much more lenient, while the age group of 50 and over was brutally harsh (Taylor, 2017). However, this is only the beginning of a person's problems in countries where mental health is not addressed; it is swept under the rug or dealt with in a way other than incarceration. Those with BPD can experience insufficiencies in their judgment, perceptions, ability to rationalize, controlling emotions, motivations, and behavior (Taylor, 2017; Reid, 2009).

People with BPD can have much better outcomes than those suffering from anti-social disorders. People with anti-social personality disorder (APD) tend to have a whole host of other

traits that most people would consider to be *criminal traits* and thus much more likely to send them to prison (Howard et al., 2008) or convict them of murder, rape, assault, and manslaughter in comparison to those without a diagnosis (Taylor, 2017). In the UK, the Homicide Act of 1957, the Coroner's and Justice Act of 2009, and the Mental Health Act of 1983 established a legislative reform that abolished ancient laws and protected those with mental disorders. The English's diminished responsibility defense is comparable to the U.S.' plea of insanity inasmuch as it requires a similar and strict set of demands to be used in court (Parliament, 1957, 2009). However, once these stipulations are met, the burden of proof falls on the defendant to prove to the jury the balance of probabilities in said stipulations.

Hypothesis 3. We predicted that participants would rate those perpetrators with MHD as more severe compared to those who rate in favor of an absent diagnosis. However, regarding responsibility, we anticipated that those without a diagnosis would be rated more responsible than those with a diagnosis.

Purpose of the present study

The purpose of the study is to investigate if jurors might perceive the severity of violence and responsibility with bias depending on the abuse type, the perpetrator's sex, or the presence of a MHD.

Interaction. I estimate that there will be an interaction between the type of physical abuse, the presence of a MHD, and the severity of the abuse.

Method

Participants

My study had no criteria baked-in for exclusion or inclusion. However, it faced natural exclusion barriers by the availability of the population ages and the sampling method. By necessity, our participants were students ages 19 to 22 in the U.S. from UNK, with 22 males and 40 females represented for a total of 62. According to Nebraska's legal age of an adult, all participants had to be 19 or older.

At least 100 participants were required to meet the sampling needs. Students self-selected through the SONA system to participate. They could read the study description and decide. Data were collected on the third floor, room 303, in the Wolfe Lab of Copeland Hall. Students who completed the study were given extra credit in the courses where the professors allowed them to do so. As this study was a minimal to an almost no-risk project, safety monitoring was not required. The study was a conceptual replication of a previous study published earlier this year in the *Journal of Interpersonal Violence* (Wilson & Smirles, 2020).

Exclusion, post-data collection. We excluded all who incorrectly answered the survey's *proof of living* questions—including all that finished at inhuman speeds.

Materials

Measures, severity. We use a Likert scale to measure our participants' perceptions of abuse severity in one question: 1 (*not at all severe*) to 7 (*extremely severe*).

Responsibility, perpetrator. Like the previous measure, responsibility was calculated by multiple choice questions and two Likert ratings.

Our excerpts numbered three total, each with a variation that would be conditionally randomized. We organized the three questions into distinct blocks: incident, abuse, and mental

health. Below is an example from the incident block; we switched the variant condition by changing the perpetrator from the husband to the wife.

Around 2:15 a.m. (EST) on May 3, police were called to the Parkers' home on 14th Street in Charlottesville, VA. A 911 call from a neighbor reported a loud altercation. When detectives arrived they noticed several pieces of furniture in disarray as well as a broken glass on the floor. Police arrested the perpetrator, LeAnne Parker (Michael Parker), for abusing her husband Michael (his wife LeAnne).

Near the end of the study, we asked eight demographic questions. These included age, sex, ethnicity, primary language, an affinity for true crime shows, the likelihood of watching legal proceedings, experience as a juror, and relationship status. Manipulation check questions were also used to verify proof that they read the questions (see Appendix D).

Masking.¹ Participants were unaware of the different conditions assigned and manipulated that they were randomly assigned. The deception was not detrimental to the participants. There was no foreseeable way to measure their responses to these conditions without creating multiple third variables and biases, which would invalidate the study data. Where our study used two sets of three questions, the original research used six total vignettes that varied by perpetrator sex and type of abuse. Both studies administered their surveys in a very similar fashion. The main difference was that the original study had participants answer the demographic information first. Both studies used Qualtrics for the administration and random

¹ Module A from the APA JARS supplementary reporting, <https://apastyle.apa.org/jars/quant-table-2a.pdf>

assignments, and the addition of mental health diagnoses could quite possibly make a significant difference in the other variables, revealing new insights into this issue.

Procedure

Undergraduates selected this study from the available options on the UNK online SONA platform, which manages times, participants, and dates. The students were asked to bring a laptop or their cell phones to take the survey. We informed them that the study would take 20 minutes. Once they arrived, they were presented with a QR code containing the Qualtrics survey link. They were not allowed to keep the code to help prevent the study from being shared. The researcher then read a standardized disclaimer script to all present participants (see Appendix A). The consent form (see Appendix B) appeared on the screen, and the participant selected yes to continue to the next screen, where they read a fictional excerpt from an IPV case (see Appendix C). Then Qualtrics randomly assigned participants to the abuse type, perpetrator sex, and perpetrator MHD conditions segments within the IPV vignette. They then answered the demographic questions (see Appendix E). Once completed, they read a debriefing statement that explained the necessity of deception in our study (see Appendix F). The last part of the debriefing statement provided participants with responsible parties in case of questions and concerns and the National Domestic Violence Hotline phone number for any participants who experienced distress during the study.

Design

We used a 3×2×2 factorial between groups design to examine the severity and responsibility of IPV concerning the type of abuse (psychological, physical, combination), perpetrator (male or female), and the MHD of the perpetrator (presence or absence).

Results

We conducted two analyses of variance on the dependent variables on abuse severity and perpetrator responsibility. Our two-way ANOVA showed a main effect of the type of abuse on ratings of severity, $F(2, 50) = 3.99, p = .03, \eta_p^2 = .14$. There were no differences in the severity ratings of abuse for participants assigned to the physical abuse condition compared to the psychological abuse condition or the condition that combined psychological and physical abuse. The means and standard deviations for these dependent variables are below.

Table 1

Means and standard deviations by type

	Abuse Type		
	Physical	Psychological	Both
Abuse Severity	4.96(1.12)	4.88(0.80)	5.68(1.09)
Perpetrator Responsibility	5.46(1.25)	5.25(1.48)	5.27(1.67)

Abuse Severity

Main Effect. Our two-way ANOVA showed a main effect of the type of abuse on ratings of severity, $F(2, 50) = 3.99, p = .03, \eta_p^2 = .14$. We conducted a Tukey's HSD Test for multiple comparisons; however, it failed to indicate that participants who read the scenario which included both psychological and physical abuse rated that abuse any differently than did participants who read the psychological abuse scenario ($p = .06, 95\% \text{ CI} = [-0.02, 1.63]$). There were also no differences in severity ratings of abuse for participants assigned to the physical abuse condition compared to the psychological abuse condition ($p = .97, 95\% \text{ CI} = [-0.73, 0.89]$),

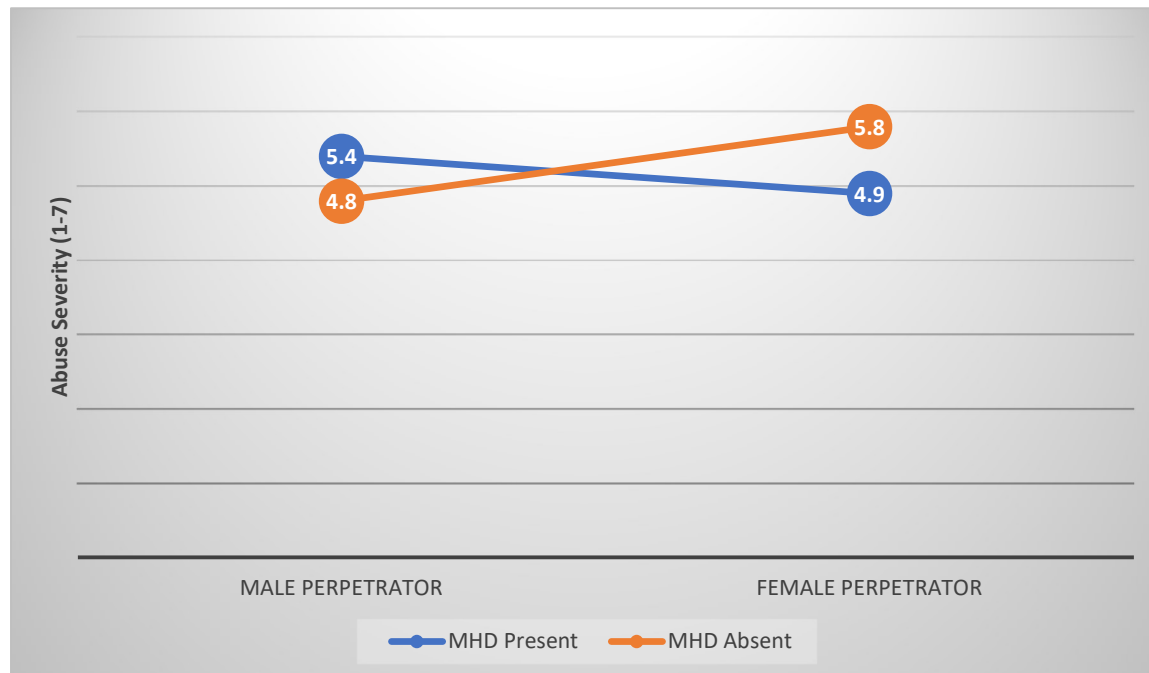
or the condition that combined psychological and physical abuse ($p = .97$, 95% CI = [-0.02, 1.47]). See Table 1 for means and standard deviations.

Perpetrator Sex by MHD

Our 2-way ANOVA indicated an interaction of perpetrator sex and mental health diagnosis on ratings of abuse severity $F(1, 50) = 5.32$, $p = .03$, $\eta_p^2 = .10$. Participants exposed to female perpetrators without mental health diagnoses rated the abuse as more severe than did participants exposed to female perpetrators with mental health diagnoses. The opposite occurred for the participants ratings of male perpetrators. Participants in the male perpetrator-mental health present conditions rated abuse severity higher than those in the male perpetrator-mental health absent condition. See Figure 1 for the means and interaction.

Figure 1

Abuse severity interaction between perpetrator sex



Discussion

Interpretation

The results of our analysis suggest that neither dependent variable was significantly affected by our manipulations. Further, our partial eta squared suggests that neither variable was likely responsible for more than one percent of the variance in any scenario. Also, our confidence intervals include zero, which does little for statistical confidence. However, an absence can mean just as much as a presence. The lack of anticipated results toward sex bias could suggest a change or difference in younger generations' mindsets compared to previous ones.

Similarity of Results

Compared to the original study we replicated, the results seem to be night and day. While novel, one might conclude that their inclusion of psychological abuse via texting was as equally supported as our anticipation of sex bias, even though they seemed to have some perpetrator sex bias (Wilson & Smirles, 2020). For reasons stated earlier, it is no surprise then that their study found perceptions of abuse type to favor physical as more severe, whereas our results were much more inconclusive.

Limitations

Our study had many issues that limited our results and findings. A larger sample size would likely have improved our significance, confidence, and generalizability. The diversity of participants, having been more female prominent than male likely skewed our results enough, leading to our lack of sex bias in participants. There were issues of participants who misreported the types of abuse as psychological and physical instead of their actual types. Most of the obtained results came from a large classroom setting that was unbecoming of participants for

their age group. The study had eight incomplete, and four misreported variables from participants and, thus, were not included in our research, results, and analysis.

Implications

Our interaction of MHD presence or absence with abuse severity suggests how research can be carried out in one of many future directions. The perceptions of mental health diagnosis are very similar in mindset to sex biases generally found to be socially acceptable. This could be due to a lack of awareness of what these diagnoses encompass, their meaning, and how they appear in different individuals. I think the majority of non-researchers have a very negative view of any diagnosis. Focusing on perceptions of mental health diagnoses regardless of being in a courtroom is essential to future research on IPV and mental health in general.

Conclusions

None of our results found statistical significance; however, based on the numbers we received, my first hypothesis—that participants would perceive physical abuse as the most severe compared to the combination of both yielding psychological abuse as the least severe of the three—was supported. The results also supported my second hypothesis that a male perpetrator's severity ratings are perceived as more severe and responsible than female perpetrators are perceived. The final hypothesis—that participants would rate those perpetrators with MHD as more severe and those without a diagnosis would rate as more responsible—was not fully supported due to the difference in sex biases that was more clearly indicated. Although I suppose one could argue that my lack of distinction leaves the final hypothesis to be supported, I find the lack of distinction a lack of foresight and unacceptable to correlate. Lastly, the prediction that there would be an interaction between the type of physical abuse, the presence of

a MHD, and the severity of the abuse was very eerily close to the actuality of the results we had in the study.

The social stigma and bias relating to *getting help* in western culture is highly overdue to be addressed with science instead of fear. But it does seem to be trending in that direction with younger generations. Whether it is televised celebrities in court or through scientific research, the point of view shifting toward compassion and understanding is a much-needed improvement, and the awareness of their existence is paramount to seeing that change.

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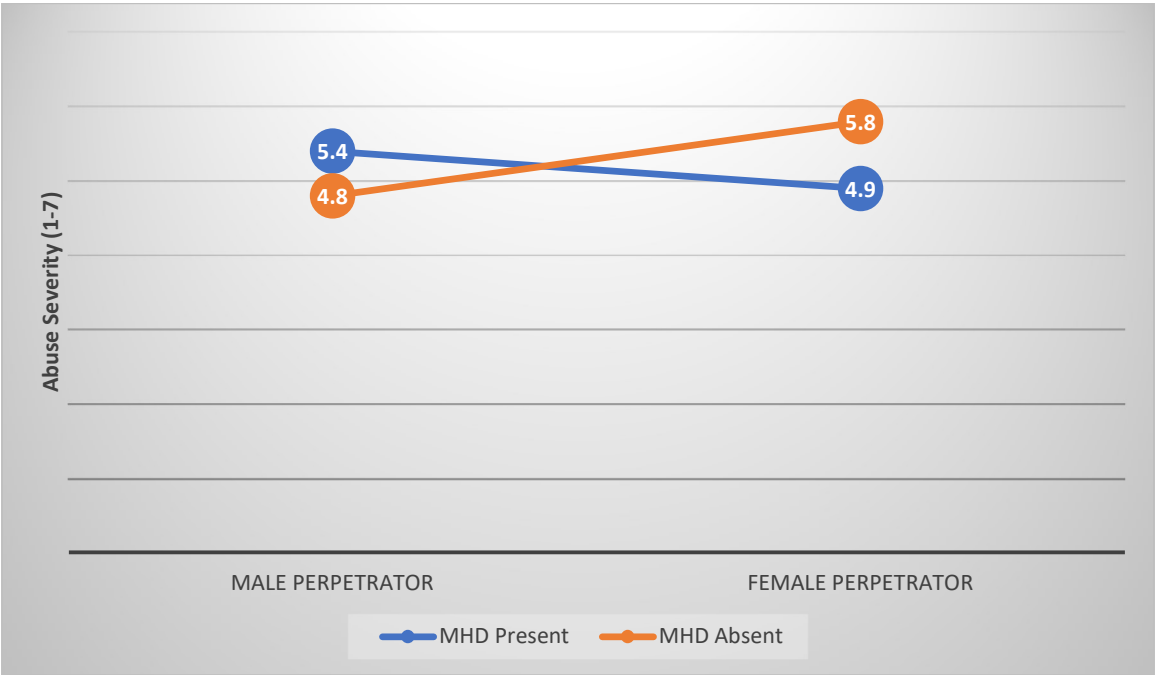
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Figure 1

Abuse severity interaction between perpetrator sex



Appendix A

Advertisement on SONA

Participants acting as mock jurors will answer survey questions after reading a brief excerpt from a case involving intimate partner violence. To participate in this study you must be 19 years of age.

Experimenter script

Welcome to our study, Legal attitudes towards Intimate Partner Violence. Please type in the following link to your browser on you phone or computer. This link will take you to the Qualtrics survey. After reading the consent form select yes if you wish to continue and no if you choose not to participate. If you choose to continue, please read each screen carefully and respond to the available items. If you have any questions, please raise your hand and I will answer them to the best of my ability. As you exit the room, please take a copy of the consent form for your records. We will be collecting data for the next 3 weeks and would appreciate it if you did not discuss the study with anyone. This allows us to maintain the integrity of our study. Thank you.

Appendix B

Start of Block: Block 1

Q1 Adult Informed Consent Form

IRB #062822-2

Title of Research Study: Legal attitudes towards Intimate Partner Violence

Summary

The purpose of this study is to examine mock juror perceptions on Intimate Partner Violence (IPV) cases. Participants acting as mock jurors will answer survey questions after reading a brief excerpt of a case involving intimate partner violence. You might decide to participate in this study because you are interested in legal topics. Trigger Warning: The descriptions you will read contain information about Intimate Partner Violence. You might decide not to participate in this study because you feel uncomfortable with the topic of Intimate Partner Violence.

You are invited to participate in this research study. The following information is provided in order to help you to make an informed decision whether or not to participate in this study.

Basis for Participant Selection: You are eligible to participate because you are currently enrolled in a Introductory psychology class and registered in SONA systems to complete a study and are at least 19 years of age.

Explanation of Procedure: The purpose of this study is to better understand jurors' attitudes towards intimate partner violence cases. Participation in this study will require approximately 20 minutes of your time. You will be presented with a news article detailing a case involving intimate partner violence. After reading the article you will be asked questions related to the

case. Acting as a mock juror in the case, you will be asked to answer questions related to case as well as suggest a legal outcome.

Potential Risks and Discomfort: Possible psychological effects are possible if you, the participant, are triggered by the topic of Intimate Partner Violence. Otherwise, the risks associated with this study are considered to be minimal. Participants who experience stress after completing this study due to the nature of the topic are encouraged to reach out to the National Domestic Violence Hotline using the information provided below.

1(800)-799-7233

SMS: text START to 88788

Potential Benefits to Participants: You may find participating in this study beneficial to you because will be able to contribute to research in the field of Psychology and Law. You will also benefit from this study by receiving extra credit in your undergraduate psychology class. Professors offer additional ways, other than participating in research to earn this credit.

Potential Benefits to Society: Society may benefit from this research by gaining a better understanding on how psychology in the legal system works. Because of the pervasiveness of IPV in the U.S. and throughout the world, studying this topic may help bring awareness to society.

Assurance of Confidentiality: Information obtained during this study that could identify you will be kept strictly confidential. The information obtained through this study may be published in scientific journals or presented at scientific meetings, however, the data will not contain any identifying information.

Rights of Research Participants: Your rights as a research participant have been explained to you. If you have any additional questions concerning your rights, you may contact the University

of Nebraska at Kearney Institutional Review Board (IRB); 308-865-8843.

Voluntary Participation and Withdrawal: You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigators or the University of Nebraska. Your decision will not result in any loss of benefits to which you are otherwise entitled.

Documentation of Informed Consent: You are voluntarily making a decision whether or not to participate in this research study. Continuing to the next screen indicates that you have decided to participate having read and understood the information presented. If you would like a copy of the consent form please e-mail Krista Forrest at forrestk@unk.edu. At the end of the study there will be a brief paragraph describing the goals of the study which will include contact information to a researcher who can provide a consent form if like a copy.

Identification of Investigators:

Principal Investigator

Krista Forrest, Ph.D.

Office Phone: (308) 865-8192

e-mail: forrestk@unk.edu

Secondary Investigator

Erin Miller

e-mail: millere3@lopers.unk.edu

Fall 2022 PSY271 Students

- Yes, I agree to the terms above. (1)

- No, I wish to discontinue at this time. (2)

Skip To: End of Survey If Adult Informed Consent Form IRB #XXXXX-XTitle of Research Study:

Legal attitudes towards Intimate... = No, I wish to discontinue at this time

Appendix C

Q2 Please read excerpts from a case describing an instance of Intimate Partner Violence which resulted in an arrest. Acting as a mock juror in the case, please evaluate the information presented in the trial and answer questions about the details of this case. There will also be questions designed to assess whether you are reading carefully.

End of Block: Block 1

Start of Block: Incident Block

Q3a **The Incident:** Around 2:15 a.m. (EST) on May 3, police were called to the Parkers' home on 14th Street in Charlottesville, VA. A 911 call from a neighbor reported a loud altercation. When detectives arrived they noticed several pieces of furniture in disarray as well as a broken glass on the floor. Police arrested the perpetrator, LeAnne Parker, for abusing her husband Michael.

Q3b **The Incident:** Around 2:15 a.m. (EST) on May 3, police were called to Parkers' home on 14th Street in Charlottesville, VA. A 911 call from a neighbor reported a loud altercation. When detectives arrived they noticed several pieces of furniture in disarray as well as a broken glass on the floor. Police arrested the perpetrator, Michael Parker, for abusing his wife LeAnne.

End of Block: Incident Block

Start of Block: Abuse Block

Q4a **The Abuse:** Police indicated there were several bruises and cuts on the victim's arms and face.

Q4b **The Abuse:** Police indicated there were several threatening e-mail and text messages which included, "You will never amount to anything and I wish you were dead."

Q4c **The Abuse:** Police indicated there were several threatening e-mail and text messages which included, "You will never amount to anything and I wish you were dead." as well as several bruises and cuts on the victim's arms and face.

End of Block: Abuse Block

Start of Block: MH Block

Q5a

Expert Witness

Upon direct examination, **Dr. Ronald Pappendorf**, a clinical psychologist at the Martha Jefferson Hospital in Charlottesville, VA, serving as an expert witness in the trial, made a statement concerning the incident. In a situation such as this, it is possible for an individual without an underlying mental health condition to abuse the spouse.

Q5b

Expert Witness

Upon direct examination, **Dr. Ronald Pappendorf**, a clinical psychologist at the Martha Jefferson Hospital in Charlottesville, VA, serving as an expert witness in the trial, made a statement concerning the incident. In a situation such as this, it is possible for an individual with an underlying mental health condition such as Borderline Personality Disorder to abuse the spouse.

End of Block: MH Block

Appendix D

Start of Block: Block 5

Q6 Please answer the following questions concerning the article to the best of your ability.

Q7 _____ committed this Intimate Partner Violence incident.

- LeAnne Parker (1)
- Michael Parker (2)
- Ronald Pappendorf (3)

Q8 I breathe

- air (1)
- water (2)
- popcorn (3)
- sand (4)

Q9 _____ was the victim of this Intimate Partner Violence incident.

- LeAnne Parker (1)
- Michael Parker (2)
- Ronald Pappendorf (3)

Q13 Which of the following best describes the victim's level of responsibility in the article you read?

	Not at all	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	Extremely
	Responsible 1 (1)						Responsible 7 (7)
Victim's responsibility (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 When considering a perpetrator who has been arrested for intimate partner violence, what factors do you think **jurors** should consider when rendering a verdict?

Q15 When considering a perpetrator who has been convicted for intimate partner violence, what factors do you think **judges** should consider when issuing a sentence?

End of Block: Block 5

Appendix E

Start of Block: Demographics

Q16 Age

Q17 Which of the following best represents your gender?

- Man (1)
- Woman (2)
- Non-Binary (3)
- Other (4) _____

Q18 Which of the following best represents your ethnicity?

- African American (1)
- Asian (2)
- Caucasian (3)
- Hispanic/Latino (4)
- Pacific Islander (5)
- I am multi-ethnic (6)
- Other (7) _____

Q21 Which of the following best describes your experience with the legal system at a juror?

- I do not have any experience as a juror (1)
- I received a notice for jury duty but was not called (2)
- I was called for jury duty but excused at the court house (3)
- I have served as a juror (4)

Q23 Major

Q24 Relationship Status

- Single (1)
- Married (2)
- Divorced (3)
- Long-term relationship, but not married (4)
- Divorced and remarried (5)

Appendix F

Q25 Debriefing

Thank you for your participation in our study, “Legal attitudes towards Intimate Partner Violence”. The goal of this study was to examine whether you evaluated interpersonal violence differently when the abuser was male or female, when the abuse type was physical, psychological or a combination and whether the abuser had a mental health diagnosis. It was necessary to deceive you about the true nature of the study because if we had provided information on our hypotheses this information may have influenced your responses.

The excerpts that you read was written by the researchers and did not represent an actual IPV case.

We predicted that participants would perceive physical abuse as the most severe of the abuse types compared to participants who rated the combination of abuses, and the participants would rate psychological abuse as the least severe of the three. We also predicted that a male perpetrator's abuse severity ratings will be perceived as more severe and responsible compared to how participants rate female perpetrators. We predicted that participants will rate those perpetrators with MHD as more severe compared to those who rate in favor of an absent diagnosis. However, in terms of responsibility, we anticipated that those without a diagnosis will be rated as more responsible compared to the ratings of those with a diagnosis.

If you have any questions about this study, would like a copy of the consent form or would like to learn about the results of this study, you may contact Krista Forrest, Ph.D. at 1-308-865-8192 or by e-mail: forrestk@unk.edu

If you have any concerns as a result of your participation in this study, or if the topic of this study has caused you distress, we encourage you to reach out to the National Domestic Violence Hotline using the information provided below.

1(800)-799-7233

SMS: text START to 88788

End of Block: Demographics