

Knowledge Levels and Attribution Beliefs about Domestic Violence in Master Level Social Work Students

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Abstract: Domestic violence is a pervasive issue across societies and significantly affects the lives of victims in India. It cuts across demographic, cultural, ethnic and socio-economic boundaries and has reached alarming proportions. Given its prevalence, it is essential for graduating social workers to possess basic knowledge and skills to identify, intervene and refer individuals experiencing domestic violence. Professionals working in this field require specialised competencies to effectively support victims and their families.

This study explores social work student's knowledge levels, understanding and blame attribution beliefs towards domestic violence against women. The sample consisted of 60 Master of Social Work students from four colleges in Karnataka. A quantitative exploratory design was employed and data were collected using self-constructed questionnaire and a domestic violence blame attribution scale.

The findings indicate that participants possess a medium level of knowledge and a fair understanding of domestic violence. However, a majority of participants tended to attribute blame to victims, while attributing the least responsibility to perpetrators. These findings highlight the need for enhanced training and sensitization of social work students on domestic violence.

Keywords: Domestic Violence; Social Work Education; Knowledge; Attribution Beliefs; Students

INTRODUCTION

Domestic Violence as defined under the Protection of Women from Domestic Violence Act (2005) in India, refers to physical, sexual, verbal, emotional and economic abuse inflicted upon women by intimate partners or family members within a shared household. It remains a significant public health and social concern, affecting women across diverse socio-economic, cultural and demographic groups.

The persistence of domestic violence in India is often linked to deeply rooted patriarchal norms and gender inequalities that position women in subordinate roles (Fernandez, 1997; Gundappa & Rathod, 2012). Research has consistently shown that domestic violence is associated with a range of adverse health outcomes, including increased risk of depression, post-traumatic stress disorder, suicidal behaviour and poor physical health (Shidhaye & Patel, 2010; Ackerson et al., 2007). It is also linked to reduced access to healthcare, reproductive health issues and increased vulnerability to infections such as HIV (Stephenson et al., 2008; Gupta et al., 2008).

Given its widespread prevalence and serious consequences, domestic violence requires systematic prevention and intervention efforts. Social workers, particularly those working at the community level, frequently encounter survivors of domestic violence and play a crucial

role in identifying, supporting and referring them to appropriate services. Therefore, it is essential for social work professionals to possess adequate knowledge, skills and sensitivity to effectively respond to domestic violence cases.

Despite this need, existing literature suggests that social work professionals and students often lack sufficient training and preparedness to address domestic violence. Inadequate knowledge and the presence of myths and misconceptions can lead to inappropriate responses, including victim-blaming attitudes, which may further discourage survivors from seeking help (Hawkins, 2007).

In this context, the present study aims to examine social work students' knowledge levels, understanding and attribution beliefs regarding domestic violence. Understanding these aspects is important for strengthening social work education and improving professional responses to domestic violence.

DOMESTIC VIOLENCE, SOCIAL WORK AND SOCIAL WORK EDUCATION

Domestic violence is closely associated with a range of physical, psychological and social problems. It often coexists with issues such as poverty, child maltreatment, substance abuse, homelessness and mental health concerns (Danis, 2003). Social work professionals, therefore, frequently encounter individuals and families affected by domestic violence across various practice settings.

Social workers employed in child welfare, healthcare, mental health services and community-based organisations are particularly likely to work with survivors of domestic violence (Baker et al., 2010; Danis & Lockhart, 2003). Studies indicate that a significant proportion of child welfare cases involve domestic violence within the household (Edleson, 1999). This highlights the critical role of social workers in identifying and responding to domestic violence.

Effective intervention in domestic violence cases requires not only practical skills but also a strong theoretical understanding of the dynamics of violence. However, research suggests that social work professionals and students often lack adequate knowledge and training in this area. In some cases, there is a tendency to view domestic violence primarily as an individual or psychological issue, which may lead to victim-blaming attitudes and inappropriate interventions (Buchbinder et al., 2004).

Inadequate knowledge and the persistence of myths surrounding domestic violence can result in ineffective responses, potentially increasing the risk to victims and discouraging them from seeking help (Hawkins, 2007). Therefore, it is essential that social work education equips students with accurate knowledge, critical understanding and practical skills to address domestic violence effectively.

Social work students, as future professionals, are expected to engage with complex social issues, including domestic violence. This places responsibility on educational institutions to provide comprehensive training on domestic violence, including its causes, consequences, legal frameworks and intervention strategies. Both theoretical and experiential learning are necessary to prepare students for professional practice (Blythe et al., 2010; Danis, 2004).

Strengthening domestic violence education within social work curricula is essential to ensure that future professionals are competent, sensitive and responsive to the needs of survivors, with a strong emphasis on safety and ethical practice.

PREVALENCE

Domestic violence is a widespread global issue affecting women across different socio-cultural contexts. International estimates suggest that a substantial proportion of women experience physical or sexual violence by an intimate partner during their lifetime (World Health Organization [WHO], 2013).

In the Indian context, the prevalence of domestic violence remains high. National-level data indicate that a significant percentage of women experience physical and sexual violence within intimate relationships (IIPS & Macro International, 2007). Studies have also highlighted that domestic violence cuts across socio-economic groups and is not limited to any specific class or region.

Research has identified several factors associated with domestic violence, including alcohol use, socio-economic stress, educational disparities between partners, and prevailing gender norms that reinforce male dominance. Additionally, children exposed to domestic violence are at increased risk of experiencing psychological and behavioural problems.

Despite increased awareness and policy efforts, domestic violence continues to be underreported and often remains a hidden issue within families. The persistence and widespread nature of domestic violence highlight the need for trained professionals, particularly social workers, to effectively identify and respond to such cases.

METHOD

Aim of the Study

The study aims to examine the knowledge levels, understanding, and attribution beliefs related to domestic violence among Master of Social Work students.

Research Design

A quantitative, exploratory cross-sectional research design was adopted for the study. A small number of open-ended questions were also included to capture participants' understanding of domestic violence.

Sample

The study sample consisted of 60 Master of Social Work students from four social work colleges in Karnataka, India. A purposive sampling technique was used to select participants who were currently enrolled in the programme.

An equal representation of male ($n = 30$) and female ($n = 30$) students was ensured to facilitate gender-based comparison of knowledge and attribution beliefs. The inclusion of students from multiple institutions was intended to enhance the diversity of the sample.

Operational Definitions

Knowledge: Refers to participants' understanding of facts and myths related to domestic violence.

Blame attribution: Refers to how individuals assign responsibility for domestic violence situations, including attribution towards the victim, perpetrator, societal, or situational factors.

Data Collection Tools

Data were collected using the following instruments:

Socio-demographic Data Sheet: Collected information such as age, gender, educational background, and marital status.

Understanding of Domestic Violence Questionnaire: Included both open-ended (7 items) and close-ended (4 items) questions to explore participants' conceptual understanding of domestic violence.

Domestic Violence Knowledge Scale: A self-constructed questionnaire consisting of 22 items assessing participants' knowledge of facts and common myths related to domestic violence. The items were developed based on existing literature and expert consultation. The scale demonstrated acceptable internal consistency (Cronbach's $\alpha = 0.64$).

Domestic Violence Blame Attribution Scale (DVBS): A standardized tool developed by Petretic-Jackson et al. (1994), consisting of 23 items measuring attribution across four domains: victim, perpetrator, societal, and situational factors. The scale showed good reliability (Cronbach's $\alpha = 0.77$).

Pilot Study

A pilot study was conducted with 10 Master of Social Work students to assess the clarity and applicability of the tools. Based on the feedback, no major modifications were required.

Data Collection Procedure

Data were collected from selected social work colleges after obtaining institutional permission. Participants were informed about the purpose of the study, and informed consent was obtained prior to participation.

The questionnaires were administered in person and necessary instructions were provided. Participants completed the questionnaires independently and responses were collected immediately after completion. Ethical principles such as confidentiality, anonymity, and voluntary participation were ensured throughout the study.

Data Analysis

Data were analysed using Microsoft Excel and SPSS (Version 20). Descriptive statistics (mean, standard deviation, frequency, and percentage) and inferential statistics were used to analyse the data. Reliability analysis was conducted for both the knowledge scale (Cronbach's $\alpha = 0.64$) and the blame attribution scale (Cronbach's $\alpha = 0.77$).

RESULTS AND DISCUSSION

This section presents the findings of the study in relation to the stated research objectives and discusses them in the context of existing literature. The results are organised into key thematic areas, including socio-demographic characteristics, understanding of domestic violence, knowledge levels, and attribution beliefs among social work students.

Socio-demographic Characteristics of the Participants

Table 1: Socio-demographic characteristics of participants (N=60)

Variable	Category	Frequency(n)	Percentage (%)
Age (years)	Mean $\pm$ SD	22.62 $\pm$ 3.58	—
Gender	Male	30	50.0
	Female	30	50.0
Marital Status	Married	2	3.3
	Unmarried	58	96.7

The mean age of the participants was 22.62 years. The sample consisted of an equal distribution of male (50%) and female (50%) participants. The majority of the participants (96.7%) were unmarried.

Understanding of Domestic Violence

Participants' understanding of domestic violence revealed several key themes related to the nature, forms, causes, and context of violence.

A majority of participants identified women as the primary victims of domestic violence, reflecting the gendered nature of violence in the Indian context. This finding is consistent with existing literature, which highlights domestic violence as a manifestation of patriarchal norms and gender inequality (Dobash et al., 1992). However, a few participants expressed a gender-neutral perspective, indicating that both men and women can be victims of domestic violence.

Participants also identified various forms of domestic violence, with physical violence being the most commonly recognised. Other forms mentioned included emotional, psychological, verbal, and sexual abuse, although awareness of sexual violence appeared to be relatively limited.

With regard to perpetrators, participants commonly identified husbands and family members as primary sources of violence. Some responses reflected a family-based perspective, where violence was viewed as a result of interpersonal dynamics within the household rather than power imbalances.

Participants further discussed the causes of domestic violence across multiple levels. At the individual level, factors such as psychological stress, personality traits, and lack of awareness were identified. At the interpersonal level, poor communication, relationship conflicts, and lack of mutual understanding were reported. Situational factors such as alcohol use, financial stress, and unemployment were also frequently mentioned. At the societal level, participants highlighted patriarchy, gender inequality, dowry practices, and lack of awareness of laws as key contributors to domestic violence.

Overall, the findings indicate that while participants possess a general understanding of domestic violence and its causes, there are variations in perspectives, including the presence of

gender-neutral views and limited recognition of certain forms of violence. This suggests the need for more comprehensive training to enhance conceptual clarity and sensitivity among social work students.

Knowledge Levels of Social Work Students

The knowledge levels of social work students regarding domestic violence are presented in Table 2.

Table 2: Knowledge levels of social work students on domestic violence (N = 60)

Variable	Expected Range	Obtained Range	Mean	SD
Knowledge	0-22	5-19	11.11	3.46

The findings indicate that participants demonstrated a moderate level of knowledge regarding domestic violence ($M = 11.11$, $SD = 3.46$). This suggests that while students possess some awareness of facts and myths related to domestic violence, their understanding is not comprehensive.

The moderate knowledge level may be attributed to the limited exposure to formal training on domestic violence, as observed earlier in the study. Inadequate knowledge may also contribute to the acceptance of prevalent societal myths and misconceptions related to domestic violence.

This finding is consistent with existing research, which suggests that insufficient training and awareness among helping professionals can lead to gaps in understanding and ineffective responses to domestic violence (Peters, 2003). The persistence of such misconceptions may further contribute to attitudes that minimise the responsibility of perpetrators and, in some cases, lead to victim-blaming.

Overall, the results highlight the need to strengthen domestic violence education within social work curricula to enhance students' knowledge and preparedness to address such issues in professional practice.

Attribution Beliefs of Social Work Students

The attribution beliefs of social work students regarding domestic violence are presented in Table 3.

Table 3: Mean scores of attribution beliefs across different domains (N = 60)

Variable	Expected Range	Obtained Range	Mean	SD
Situational Blame Factor	5-25	13-25	18.17	2.07
Perpetrator Blame Factor	5-25	9-23	17.23	2.91

Societal Blame Factor	6-30	12-30	21.48	3.55
Victim Blame Factor	7-35	13-30	22.20	3.99

The findings indicate that participants attributed the highest level of blame to victims ($M = 22.20$), followed by societal and situational factors. The lowest level of blame was attributed to perpetrators ($M = 17.23$), suggesting that participants tend to hold perpetrators minimally responsible for domestic violence.

These findings are concerning, as they reflect the persistence of victim-blaming attitudes among social work students. Such beliefs may negatively influence professional practice by discouraging survivors from seeking help and undermining supportive interventions.

The relatively lower attribution of blame towards perpetrators may be linked to inadequate knowledge and the presence of societal myths surrounding domestic violence. This aligns with earlier findings of the study, which indicated moderate knowledge levels and limited training among participants.

Previous research has also highlighted that victim-blaming attitudes among helping professionals can lead to ineffective and insensitive responses to survivors of domestic violence (Peters, 2003). Therefore, addressing these attitudes through targeted training and education is essential.

Overall, the findings emphasise the need for strengthening social work education to promote accurate understanding and reduce victim-blaming attitudes, thereby ensuring more effective and empathetic professional responses to domestic violence.

CONCLUSION

The present study examined the knowledge levels, understanding, and attribution beliefs related to domestic violence among Master of Social Work students. The findings indicate that while students possess a general understanding of domestic violence, their knowledge levels remain moderate, and significant gaps persist in their conceptual clarity.

A key concern emerging from the study is the presence of victim-blaming attitudes among participants, along with relatively lower attribution of responsibility to perpetrators. Such perspectives may adversely affect professional practice and hinder effective support for survivors of domestic violence.

The findings highlight the need for strengthening domestic violence education within social work curricula. There is a clear requirement for structured training that focuses on developing a comprehensive understanding of domestic violence, including its gendered nature, forms, causes, and consequences. Training should also address myths and misconceptions, with a specific focus on reducing victim-blaming attitudes and promoting survivor-centred approaches.

In addition, integrating experiential learning methods such as case discussions, field exposure, and skill-based training can enhance students' preparedness to respond effectively to domestic

violence cases. Strengthening awareness of legal frameworks and support services is also essential to ensure informed and ethical professional practice.

Overall, enhancing knowledge, critical understanding, and sensitivity among social work students is crucial for improving professional responses to domestic violence and ensuring the safety and well-being of survivors.

IMPLICATIONS

The findings of the study highlight the need to strengthen domestic violence education within social work training programmes. There is a clear need to incorporate structured modules on domestic violence in the curriculum, focusing on its forms, causes, consequences, and legal frameworks.

Training programmes should emphasise addressing myths and misconceptions related to domestic violence and promote survivor-centred approaches to reduce victim-blaming attitudes among students. Incorporating experiential learning methods such as case-based discussions, role plays, and field exposure can further enhance students' practical skills and preparedness.

Additionally, capacity-building initiatives such as workshops, awareness programmes, and collaboration with organisations working in the field of domestic violence can provide students with better exposure and understanding. Strengthening these aspects of social work education can contribute to more effective and sensitive professional responses to domestic violence.

References:

- Ackerson, L. K., Kawachi, I., Barbeau, E. M., & Subramanian, S. V. (2007). Exposure to domestic violence associated with adult smoking in India: A population-based study. *Tobacco Control*, 16(6), 378–383.
- Ackerson, L. K., & Subramanian, S. V. (2008). Domestic violence and chronic malnutrition among women and children in India. *American Journal of Epidemiology*, 167(10), 1188–1196.
- Baker, C. K., Cook, S. L., & Norris, F. H. (2010). Domestic violence and housing problems: A contextual analysis of women's help-seeking. *Violence Against Women*, 16(7), 754–783.
- Bass, D., & Rice, J. (1979). Agency responses to the abused wife. *Social Casework*, 60, 338–342.
- Bennett, L. W., & Fineran, S. (2003). Social worker beliefs about intimate partner violence. Paper presented at the Annual Program Meeting of the Council on Social Work Education.
- Black, B., Weisz, A., & Bennett, L. (2010). Graduating social work students' perspectives on domestic violence. *Affilia*, 25(2), 173–184.
- Blaxter, L., Hughes, C., & Tight, M. (1996). *How to research*. Open University Press.
- Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), *International encyclopedia of education* (2nd ed., Vol. 3). Elsevier.
- Buchbinder, E., Eisikovits, Z., & Karnieli-Miller, O. (2004). Social workers' perceptions of the balance between psychological and social factors. *Social Service Review*, 78(4), 531–552.
- Chepuka, L. (2013). Perceptions and experiences of intimate partner violence in Malawi. University of Liverpool.
- Danis, F. (2003). Social work response to domestic violence: Encouraging news from a new look. *Affilia*, 18(2), 177–191.
- Danis, F. (2004). Factors influencing domestic violence practice self-efficacy. *Advances in Social Work*, 5(1), 150–161.

- Danis, F., & Lockhart, L.** (2003). Domestic violence and social work education. *Journal of Social Work Education*, 39(2), 215–224.
- Dobash, R. P., Dobash, R. E., Wilson, M., & Daly, M.** (1992). The myth of sexual symmetry in marital violence. *Social Problems*, 39(1), 71–91.
- Edleson, J.** (1999). The overlap between child maltreatment and woman abuse. *Violence Against Women*, 5(2), 134–154.
- Fernandez, M.** (1997). Domestic violence and gender relations.
- Goldblatt, H., & Buchbinder, E.** (2003). Challenging gender roles. *Journal of Social Work Education*, 39(2), 255–268.
- Golden, G., & Frank, P.** (1994). When 50–50 isn't fair. *Social Work*, 39(6), 636–637.
- Gundappa, A., & Rathod, P. B.** (2012). Violence against women in India. *Indian Streams Research Journal*, 2(4), 1–4.
- Gupta, R. N., Wyatt, G. E., Swaminathan, S., Rewari, B. B., Locke, T. F., Ranganath, V., & Liu, H.** (2008). Correlates of HIV risk among Indian women. *Cultural Diversity & Ethnic Minority Psychology*, 14(3), 256–265.
- Hawkins, V. L.** (2007). Social work students' attitudes about domestic violence. Louisiana State University.
- Humphreys, C.** (1999). Social work practice and domestic violence. *Child and Family Social Work*, 4(1), 77–87.
- IIPS & Macro International.** (2007). *National Family Health Survey (NFHS-3)*.
- Koenig, M. A., Lutalo, T., Zhao, F., Nalugoda, F., Wabwire-Mangen, F., Kiwanuka, N., & Gray, R.** (2003). Domestic violence in rural Uganda. *Bulletin of the World Health Organization*, 81, 53–60.
- Leonard, K. E.** (1993). Drinking patterns and marital violence. In S. E. Martin (Ed.), *Alcohol and interpersonal violence*. U.S. Department of Health.
- Patel, V., et al.** (2005). Chronic fatigue in developing countries. *British Medical Journal*, 330, 1190.
- Peters, J.** (2003). The domestic violence myth acceptance scale. University of Maine.
- Petretic-Jackson, P., Sandberg, G., & Jackson, T.** (1994). Domestic violence blame scale. *Innovations in Clinical Practice*, 13, 265–278.
- Shidhaye, R., & Patel, V.** (2010). Common mental disorders in women. *International Journal of Epidemiology*, 39(6), 1510–1521.
- Stephenson, R., Koenig, M. A., Acharya, R., & Roy, T.** (2008). Domestic violence and reproductive health. *Studies in Family Planning*, 39(3), 177–186.
- Subramanian, S. V., Ackerson, L. K., Subramanyam, M. A., & Wright, R. J.** (2007). Domestic violence and asthma. *International Journal of Epidemiology*, 36(3), 569–579.
- Sudha, S., & Morrison, S.** (2011). Marital violence and healthcare. *Women's Health Issues*, 21(3), 214–221.
- Visaria, L.** (1999). Violence against women in India. International Center for Research on Women.
- World Health Organization.** (2013). *Global and regional estimates of violence against women*.

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