ORIGINAL ARTICLE

Development of perceptions and attitudes towards Intimate Partner Violence questionnaire for premarital young adults

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ABSTRACT

Objective: The age of young adults is a critical period as they start to explore intimate relationship and prepare for marriage. Although instruments on intimate partner violence (IPV) are available, few include potential predictors of this violent behaviors such as perceptions and attitudes. Therefore, this study aimed to develop a questionnaire to assess perceptions and attitudes toward IPV among premarital young adults.

Methods: The questionnaire was developed in two stages: item development and scale development. Two forms of validity evidence were applied, which were content validity index (CVI) and face validity index (FVI), to estimate the content validity, response process and internal structure of the tool. This cross-sectional study was conducted among premarital young adults in Kota Bharu, Kelantan. The questionnaire assessed perceptions and attitudes toward IPV on six related components, which were its forms, causes, impacts, supports, acceptance and willingness to disclose.

Results: CVI values for both perceptions and attitudes domains were more than 0.83. Five of the components have few items with low agreement by experts, hence those items were dropped. FVI values for the six domains among premarital young adults were at least 0.83, thus all these items were retained. The final result of development of this questionnaire were 64 items for perceptions and 23 items for attitudes, with five-Likert scale response option.

Conclusion: The newly developed tool, named as MY-PAIPVQ, is valid based on content validity and face validity to assess perceptions and attitudes toward intimate partner violence among premarital young adults. Before it can be used, further validation studies should be conducted to determine its psychometric properties.

KEYWORDS:
Intimate Partner Violence, Questionnaire, Young Adults, Perceptions, Attitudes

INTRODUCTION

Intimate partner violence (IPV) refers to any behavior within an intimate relationship, either actual or threatened, that causes physical, verbal, psychological, or sexual harm to those in the relationship, either in current or former spouses.[1,2] The global prevalence of physical and/or sexual partner violence among all ever-partnered women was 30.0%.[3] The prevalence was highest in the African, Eastern Mediterranean, and South-East Asia Regions, where approximately 37% of ever-partnered women reported having experienced physical and/or sexual partner violence at some point in their lives.[3] In the Western Pacific Region, specifically, the prevalence rate of intimate partner violence in 2011 was 24.6%. A few studies in Washington, Idaho and South Carolina reported that men also involved as victims in IPV with range 23% to 29% over their lifetimes among their study population.[4,5] According to the lifetime prevalence of IPV by age groups, it shows the prevalence of exposure to violence is already high among ever-partnered girls (15-19 years), which is 29.4% and 31.6% among young women (20-24 years).[3,6] This finding is suggesting that violence commonly starts early in the relationships.

Young adult (person aged 18-30 years old)[7] is a critical period when they begin to explore serious relationships. This is subsequently influencing the establishment of values, patterns of behaviours, skills, and knowledge which will impact their future relationships.[8,9,10] Addressing this issue, there is a need to assess the IPV from the young adult's perspective and view to know their understandings and judgements. However, the young adults' own perception and understanding on IPV issue has rarely been sought.[11,12]

A variety of questionnaires has been designed to screen for IPV, but they were more focused to victims or married couples, hence less suitable to be used for younger adult populations.[13-15] The paucity of research concerning perceptions and attitudes toward intimate partner violence in previous studies was aimed to be complemented in this new developed questionnaire.[12-15] McCarry in her qualitative study explored on the types of violence, reasons for violence and attitudes on justifying violence.[12] Burt's Acceptance of Interpersonal Violence Scale assessed the acceptance of violence toward women.[13] A study among community in Victoria, Australia focused on general types of violence with minimal aspect on IPV.[14] Attitudes About Aggression in Dating Situations (AADS) scale focuses on the use of physical aggression in a variety of situations shown in prior work as provoking aggressive responses such as humiliation, sudden anger, and retaliation, while Justification of Verbal/Coercive Tactics Scale (JVCT) measures the respondent's attitude

concerning the justifiability of verbal aggression, controlling behaviors, and jealous behaviors directed at their partners. Smith et al (2005) developed a toll that only measure attitudes toward various forms of IPV. Daley and Noland (2001) developed a tool to determine sexual violence in Hispanic college students' intimate relationship. Rouse (1998) used 25 items to examine dominance-possessiveness and physical force behaviors among college student's recent dating relationship.[16-18]

The existing tools on IPV have some limitations, and are also either too brief, lacking adequate cultural sensitivity or not suitable for the young adult age group. Hence, it was found necessary to develop and validate a new comprehensive questionnaire to assess IPV which is culturally appropriate for Malaysian young adults.[19] The objective of the present study was to develop a new perceptions and attitudes questionnaire on IPV among young adults.

METHODOLOGY

The development of this new tool, named as Perceptions and Attitudes toward Intimate Partner Violence Questionnaire (MY-PAIPVQ) took place in two phases. Phase 1 consisted of the item development stage, and Phase 2 comprised of scale development stage.[20,21] Item development consists of (1) identification of the domains and item generation, and (2) consideration of content validity. Scale development consists of (1) face validation and (2) pre-test. Figure 1 summarizes the methodology for developing MY-PAIPVQ questionnaire, which assess perceptions and attitudes toward IPV on components related (forms of IPV, causes of IPV, impacts of IPV, supports for IPV, acceptance of IPV and willingness to disclose). The details of each phase were elaborated in the subsequent subsections. Perceptions of IPV is defined as representation of understanding on the forms of partner violence, causes of partner violence, impacts of partner violence and supports for partner violence, and the view in their own opinion. Attitudes toward IPV defined as predispositions to respond in a positive or negative acceptance to partner violence, and willingness to disclose.

This development of questionnaire study was conducted from January until March 2020 in Kota Bharu, Kelantan using cross-sectional method. Kelantan; a northeast state of Peninsular Malaysia was chosen as the study setting as Kelantan is reported as third highest number of domestic violence (12%), after Selangor (14%) and Johor (12.4%) in 2017.[22] Kota Bharu district was chosen as it is a district with a high reported incidence of IPV cases in Kelantan.[23]

Domain identification

Thorough literature review including quantitative and qualitative studies were done to clearly define the domain and specify the purpose of the domain or construct that seek to develop.[19] A comprehensive review of the literature was also conducted to ascertain existing questionnaires, as well as to identify relevant domains in existing questionnaires on IPV. Key words used in the database searches were "intimate partner violence", "perceptions", "attitudes", "forms', "causes", "impact", "supports", "disclose", "acceptance" and "young adults".

Databases and search engines used included SAGE journals, ProQuest, PubMed, and Google Scholar. Several questionnaires that differed markedly in term of domains, as well as in their validation approaches and the quality of the validation evidence were reviewed. A meeting among the research team members was conducted to verify all the domains and some modifications from their views were considered and gathered to make sure all domains are representative, easy and understandable.[22-25]

Each contributed domain was appraised several times until all members agreed to focus on number of identified domains. Blue print of each domain was developed based on comprehensive review by research team members and two main domains (perceptions and attitudes) were identified. The perceptions domain consists of four components (forms of IPV, causes of IPV, impacts of IPV, and supports for IPV), while attitudes domains comprise of two components (acceptance of IPV and willingness to disclose).

Item Generation

Item generation was based on literature review and discussions with experts. Several guidelines and references were used to gather important information in generating appropriate items such as Understanding and Addressing Violence Against Women: Intimate Partner Violence (2012), Responding to Intimate Partner Violence and Sexual Violence Against Women: WHO Clinical and Policy Guidelines (2013), Management of Domestic Violence Cases Guideline *(Garis Panduan Pengendalian Kes Keganasan Rumah Tangga)* (2014), Domestic Violence Act (Amendment) *(Akta Keganasan Rumah Tangga (Pindaan))* 2012, Domestic Violence Guideline Book *(Buku Panduan Keganasan Rumah Tangga)* (2003), and Contemporary Family Issue: Domestic Violence *(Isu Keluarga Kontemporari: Keganasan Rumah Tangga)* (2018). [1,26-30] The development of the questionnaire was based on serial discussions, which involved a women health physician, eight public health physicians, seven premarital young adults and a biostatistician. These persons were selected based on their experience with the measured concepts in the newly developed questionnaire and discussions were conducted to explore their perceptions and attitudes towards IPV. The findings and inputs from the discussions were then used to develop relevant constructs for the questionnaire. The final number of items for perceptions and attitudes domains after completed this step was 92 items in total after rewording, rephrasing and adjustment to prevent from bias and ambiguous meaning of each item (66 items for perception domain and 26 items for attitude domain). Table I shows the objectives and items for each component for perceptions and attitudes domain.

Content validation

Content Validation Index (CVI) was assessed by the panel of expert for the relevancy and representativeness of each item to a specific domain. The panel of experts consist of four experts in women health (two experts from state women health division, a women health physician, and an expert in charge of women in crisis management), three public health physicians, and a biostatistician. The panel of experts rated each item based on a Likert scale ranging from 0 (i.e., not relevant or not represent) to 4 (i.e., highly relevant or highly

Table I: Final objectives and items for each component of perceptions and attitudes domain

Domain	Components	Objectives	Items
Perceptions	Forms of IPV	To assess the perceptions on the form of physical violence	F1, F2, F3, F4, F5
		To assess the perceptions on the form of verbal violence	F8, F9
		To assess the perceptions on the form of psychological violence	F6, F10, F11, F12, F13, F14, F15, F16, F17
		To assess the perceptions on the form of sexual violence	F7, F18
	Causes of IPV	To assess the perceptions on individual cause of IPV	C1, C2, C5, C6, C10, C12, C14, C15, C16, C17, C18
		To assess the perceptions on cultural cause of IPV	C3, C4, C7, C11, C13
		To assess the perceptions on environment cause of IPV	C8, C9
	Impacts of IPV	To assess the perceptions on physical health impact of IPV	I10, I11, I12
		To assess the perceptions on psychological health impact of IPV	I2, I3, I4, I7, I8, I9, I14, I15
		To assess the perceptions on social health impact of IPV	I1, I5, I6, I13, I16
	Supports of IPV	To assess the perceptions on informal supports for IPV	S1, S2, S3, S4, S8
		To assess the perceptions on formal supports for IPV	S5, S6, S7, S9, S10, S11, S12, S13, S14
Attitudes	Acceptance of IPV	To assess the positive acceptance of IPV	A5, A6, A9, A11, A12
		To assess the negative acceptance of IPV	A1, A2, A3, A4, A7, A8, A10
	Willingness to disclose	To assess the willingness to disclose IPV to informal persons	W1, W2, W3, W5, W10, W13, W14
		To assess the willingness to disclose IPV to formal persons	W4, W6, W7, W8, W9, W11, W12

Table II: Content Validation Index by eight experts

Components	S-CVI/UA	S-CVI/Ave	Average proportion of items judged	Number of items removed	Number of items added
Forms of IPV	0.95	0.98	0.97	1	0
Causes of IPV	0.94	0.96	0.96	1	0
Impacts of IPV	1.0	0.97	0.96	0	0
Supports for IPV	0.93	0.96	0.97	1	1
Acceptance of IPV	0.83	0.93	0.93	2	0
Willingness to disclose	0.93	0.94	0.94	2	1

*Scale-level content validity index/universal agreement method (S-CVI/UA); scale-level content validity index/averaging method (S-CVI /Ave).

Table III: Face Validation Index by 15 respondents

Components	FVI Average
Forms of IPV	0.95
Causes of IPV	0.95
Impacts of IPV	0.96
Supports for IPV	0.96
Acceptance of IPV	0.96
Willingness to disclose	0.95

Table IV: Sociodemographic characteristic of premarital young adults participated in the pre-test process in Kota Bharu (n=30)

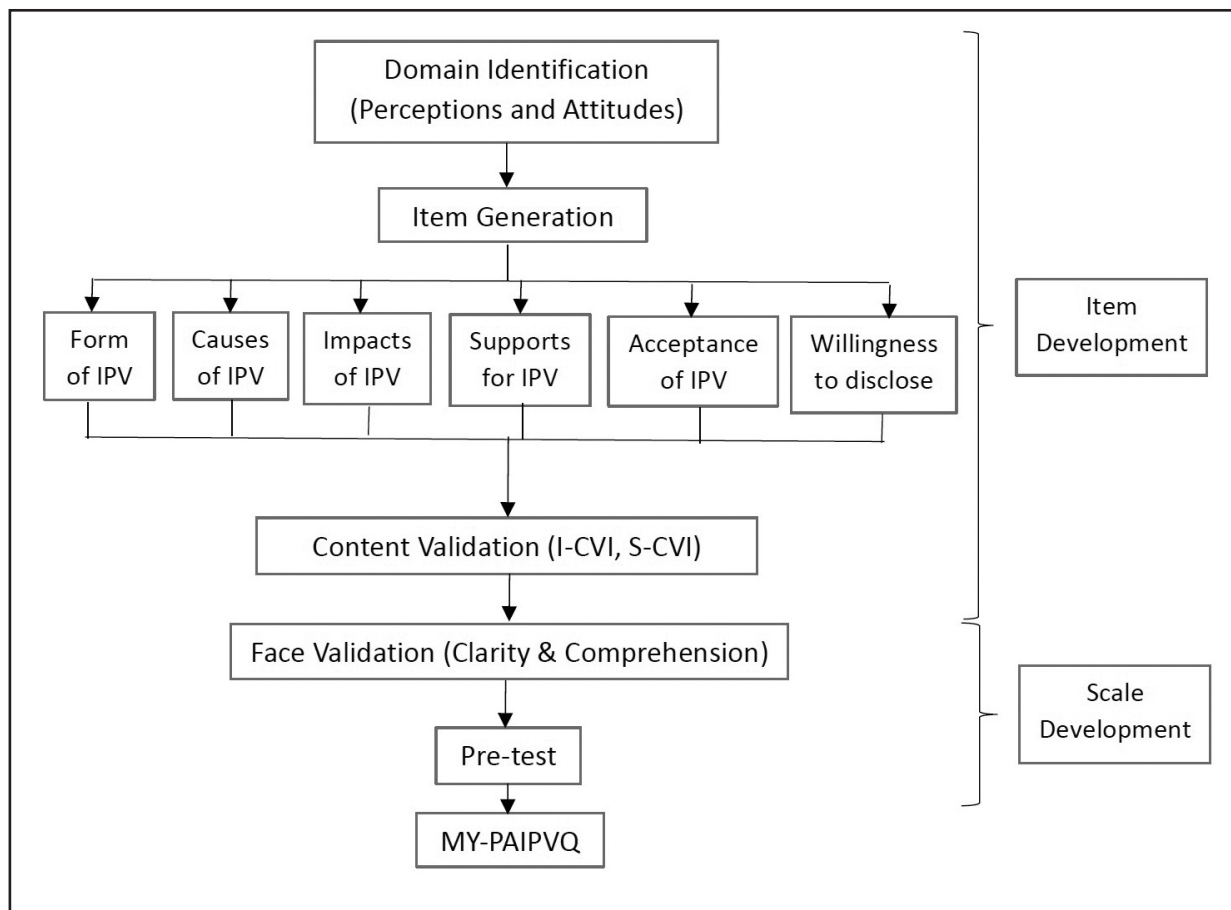| Variables	n (%)	Mean (SD)
Age (year)		23.83 (2.37)
Gender		
Male	13 (43.3)	
Female	17 (56.7)	
Educational level		
Primary School	0 (0.0)	
Secondary School	17 (56.7)	
Diploma	5 (16.7)	
Degree/Master/PHD	8 (26.6)	
Occupational		
Unemployed	9 (30.0)	
Government worker	3 (10.0)	
Non-Government	12 (40.0)	
Self-employed	6 (20.0)	

Fig. 1: The flowchart of MY-PAIPVQ development.

represent). Items were refined after a few meetings based on the panel recommendation, then rewording, rephrasing, and adjustment to prevent from bias and ambiguous meaning of each item. At the final meeting, the panel raw ratings were gathered and entered into Microsoft Excel. The calculation of item-level content validity index (I-CVI); scale-level content validity index (S-CVI); scale-level content validity index, universal agreement calculation method (S-CVI/UA); and scale-level content validity index, averaging calculation method (S-CVI/Ave); were estimated manually. S-CVI/Ave was calculated by two formulas[31] as follow:

$$I\text{-}CVI = (agreed\ item) / (number\ of\ rater)$$
$$S\text{-}CVI/Ave = (summation\ all\ I\text{-}CVI) / (number\ of\ item)$$

The first method was to get all I-CVI value and divide them by the number of items. The second method was to get the average proportion of each rater. Then, S-CVI/UA was calculated by getting the number of items which had 100% agreement and divided by the total number of items in that specific domain.[31] A new tool should achieve at least 80% (0.8) or higher agreement to be considered as acceptable content validity.[32]

Relevant and representative items covering both positively and negatively worded items were identified. At least ten items per component were identified to cover representativeness, relevancy, coverage, and consistency with the intended meaning of the construct.

Scale Development
Face validation was conducted to ensure that respondents interpret the items in the manner as intended. This stage highlighted items that were inappropriate at a conceptual level, besides addressing areas such as ambiguous, leading, confusing, difficult, sensitive, and missing questions.

During face validation, 15 young adults from Kota Bharu district were selected by convenience sampling and they were interviewed to check their understanding and agreement on comprehensiveness and clarity for the questionnaire items. The items were rated based on a Likert scale ranging from 0 (i.e., difficult clarity and difficult comprehensibility) to 4 (i.e., easy clarity and easy comprehensibility). The raw scores were entered in Microsoft Excel and calculated for the item-level face validity index (I-FVI) for each comprehensibility and clarity. The acceptable cut-off score of FVI is at least 0.80.[33] Formula for FVI calculation as follow:

$$FVI = (summation\ of\ FVI\ score) / (max\ score\ X\ number\ of\ rater)$$

The questionnaire was then pre-tested with 30 registered participants of premarital course from Kota Bharu district including urban (city people) and rural (villagers) settings. The pre-test served to survey and getting feedback on items prior to the launch on the data collection, especially on administrative procedures such as timing for distribution questionnaire, stationeries needed and flow of works.[34]

The standard scoring for the perceptions and attitudes domains was achieved by a meeting with the research team members. The need of scoring system and each item was examined item-by-item before the final decision. Ethical approval was obtained from the Ethical Committee, Universiti Sains Malaysia USM/JEPeM/19110807.

RESULTS

Sections of the questionnaire

The questionnaire has three sections. Section A consists of items on socio-demographic characteristics of the participants (sex, ethnicity, religion, household income, age, occupational, educational level, current relationship status and length of current relationship). Current relationship means the status of relationship, either in dating relationship, fiancé or not in any relationship. The length of current relationship was number of months of current relationship. Section B covers the perceptions towards IPV items and section C for attitudes towards IPV items. The options for the items in Section B and C responses are given by the use of 5-point Likert scale scoring system ranging from strongly agree, agree, not sure, disagree and strongly disagree. The questionnaire was written in the Malay language.

Content Validation Index (CVI)

There were four components in the domain of perception towards IPV, which were 1) forms of IPV, 2) causes of IPV, 3) impacts of IPV, and 4) supports of IPV. In addition, two components were identified for the domain of attitude towards IPV, which were 1) acceptance of IPV, and 2) willingness to disclose. Table II shows the content validation index of each component in the two domains. In the forms of IPV component, item F13 was not relevant as evident by I-CVI value of 0.63 (less than 0.8). A total 17 out of 18 items achieved acceptable universal agreement between experts (S-CVI/UA = 0.95). In the causes of IPV component, item C6 was not relevant as evident by I-CVI value of 0.63. A total 17 out of 18 items achieved acceptable universal agreement between experts (S-CVI/UA = 0.94). For the impacts of IPV component, all 16 items achieved acceptable universal agreement between experts (S-CVI/UA = 1.0). In the supports of IPV component, item S9 was not relevant as evident by I-CVI value of 0.5. A total 13 out of 14 items achieved acceptable universal agreement between experts (S-CVI/UA = 0.93).

CVI for acceptance of IPV component in the attitude domain identified two items to be removed. Item A3 and A9 were not relevant as evident by I-CVI value of 0.63 and 0.5, respectively. A total 10 out of 12 items achieved acceptable universal agreement between experts (S-CVI/UA = 0.83). In the willingness to disclose component, item W10 and W11 were not relevant as evident by I-CVI value of 0.5 and 0.63, respectively. A total 12 out of 14 items achieved acceptable universal agreement between experts (S-CVI/UA = 0.93).

The compilations of results from content validation process were discussed with the research team member. The members evaluated all the comments and suggestions given by experts, and necessary amendments were made accordingly.

A total of two items were added and seven items were dropped according to the redundancy and representativeness of the content in this questionnaire.

Face validation Index (FVI)

Fifteen respondents were selected from the young adult populations living in Kelantan using convenience sampling. Most of them were female (60.0%), had secondary education and unemployed. with mean age of 22 years old (SD 1.97). FVI of clarity and comprehensive among premarital young adults was 0.95 (Table III).

Pre-test

In this study, pre-testing was done among 30 premarital young adults who attended a premarital course in Kota Bharu. The respondents were selected through purposive sampling. Sociodemographic characteristics of the respondents were summarized in Table IV. The mean of the premarital young adults participated in pre-test is 23.83 years old. Majority of them are female, had secondary education and worked in non-government sector.

Overall, comments and acceptance of the questionnaire were good. The timing for distribution was appropriate, which after a brief of introduction of research before the premarital course started. The cooperation with the organizer of the premarital courses, facilitators and the course's lecturers were excellent. The overall mean time required for respondents to answer all the items was 20.5 minutes. None of the items are ambiguous and all are understandable and clear.

The final result of development of this tool after underwent item development phase and scale development phase were 64 items for perceptions and 23 items for attitudes, with five-Likert scale response option.

DISCUSSION

IPV is an important issue to be highlighted to those who are involved in a serious relationship, especially those who already tied with marriage bond. The purpose for developing MY-PAIPVQ is to assess the perceptions and attitudes towards IPV before they get into serious relationship. All the items were developed based on established guidelines and thus providing strong evidence for its content validity. It is worthy to highlight that content validity is a prerequisite for any other forms of validity, thus should be given the highest priority during the development process of any new inventory.[35]

Seven items were removed along the development process that primarily due to poor CVI. Item F13 (*A person destroys the properties with intention to induce fear of his/her partner*) was removed from the component of form of psychological violence. The item was initially included because destroying properties may be a form of psychological violence to induce fear in the victim. The act of property destruction constitutes a form of power and control that inflicts deep, long-lasting emotional scars.[36] However, the research team members felt that the property term is unclear regarding the belonging of the properties, either public or housing properties, which lead to ambiguous statement.

Item C6 *(Both partners are working outside the house)* was considered not relevant as the individual causes of IPV by the expert panel. This is because of both partners working outside the house is common nowadays. Higher income was associated with several potential pathways to reduced IPV, including reduced household hardship, fewer arguments over the partner's inability to provide for the family, and increased relationship dissolution.[37] Conversely, some studies mentioned that women's employment or working for money has been associated with higher violence in some settings.[38-39] In addition, for the support of IPV component, Item S9 *(Counsellor is one of IPV emotional supports)*, mentioned on emotional therapy supports from counsellors. This item was detached out from the item list as counsellors support is well understood by public.

For attitudes section, item A3 and item A9 were reversed statements. Item A3 stated a person who hit her/his partner actually love her/him so much, while item A9 stated that violence is an appropriate action if child negligence happens. Experts did not agree with both reversed statements as they sound like promoting and encouraging the violence to occur in future. Item W10 *(I will disclose the IPV to religious person)* was agreed to be removed as the willingness to inform the religious person is common in Malaysian community, which may lead to biased answer. Item W11 *(I will disclose the IPV to women state development officer)* was cancelled from the questionnaire in view of gender bias.

The final number of items for both domains at the end of development stage was 87 items from 92 items. For perceptions domain, it contains four components: 17 items for forms of IPV, 17 items for causes of IPV, 16 items for impacts of IPV and 14 items for supports of IPV. While attitude domain consists of 10 items for acceptance of IPV and 13 items for willingness to disclose of IPV. The CVI of the final items was more than 0.83, indicating an acceptable level of content validity.[39] Pertaining to the response process as represented by FVI, the 87 items scored a high level of face validity in term of its clarity and comprehensibility, indicating a good response process.[39-40] A new thing introduced by MY-PAIPVQ is the broader scope and covered various aspects of intimate partner violence. Previously, existing questionnaires mostly had limited scope and more focus on violence against women.

This study has shown that MY-PAIPVQ has a good content and face validity in assessing perceptions and attitudes towards IPV among Malay population in our setting. However, further assessment is required to verify its construct validity. MY-PAIPVQ is potential to be a good tool for measuring perceptions and attitudes toward violent behaviors in intimate partner relationships. The questionnaire also might prove useful to health promotion professionals who need to identify those at risk of becoming perpetrators or victims of IPV. It can also be used as outcome measures in experimental and program evaluation research to determine effectiveness of violence interventions. In addition, the scales might possibly be used to detect favorable attitudes toward violent behaviors, which might be seen as early warning signs of potential violent behavior. Preventative interventions among young adults are more cost-effective[17], when we consider the costs of social care, health care and the criminal justice system. This questionnaire also can serve as the baseline assessment in a young adult setting or as a tool for assessing the success of IPV prevention programs, including premarital courses and school initiatives.

CONCLUSION
MY-PAIPVQ, the newly developed tool, has shown to have good content and face validity to assess perceptions and attitudes towards intimate partner violence among premarital young adults. The validity has been tested by content validation by expert panels and face validation by premarital young adults.

CONFLICT OF INTEREST
None to declare.

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