

# Acceptance of Interpersonal Violence: Breaking the Cycle

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## Defining Acceptance of Interpersonal Violence (AIV)

The construct of Acceptance of Interpersonal Violence (AIV) refers to the degree to which an individual or a collective tacitly or explicitly condones, justifies, or minimizes acts of aggression, abuse, or force directed toward another person within relational contexts. This acceptance is not merely a passive state of indifference but often involves the internalization of norms and beliefs that render violence, particularly domestic or intimate partner violence (IPV), as understandable, unavoidable, or even acceptable under certain specific circumstances. AIV operates on a cognitive and emotional level, shaping behavioral responses and profoundly influencing the willingness of victims, bystanders, and institutional actors to intervene or seek help. It is crucial to distinguish AIV from actual perpetration; while acceptance is a strong predictor of perpetration and revictimization, it primarily describes the cognitive framework that normalizes the behavior, rather than the behavior itself. This normalization is often deeply rooted in societal structures that privilege certain groups and marginalize others, thereby establishing a differential threshold for what constitutes unacceptable harm within the social fabric.

AIV encompasses a broad spectrum of violent acts, including physical assault, psychological abuse, sexual coercion, and economic manipulation. Crucially, acceptance does not necessitate wholesale approval of all violence; rather, it often involves **conditional acceptance**, where violence is deemed acceptable only when triggered by specific perceived transgressions--such as infidelity, disobedience, financial mismanagement, or failure to fulfill prescribed gender roles. This conditional justification is a hallmark of AIV, transforming violence from a criminal act into a relational corrective mechanism within the accepting individual's worldview. High levels of AIV contribute significantly to the phenomenon of silence surrounding abuse, as victims may internalize the belief that they provoked the violence, and bystanders may feel that the conflict is a private, non-intervenable matter, thereby reinforcing the cycle of abuse and ensuring the perpetrator faces minimal social consequences. Understanding AIV requires moving beyond individual pathology and examining the systemic and cultural factors that provide the necessary fertile ground for such justifications to flourish, making the study of AIV essential for effective violence prevention efforts and policy development.

Conceptualizing AIV involves recognizing its multidimensional nature. Researchers typically categorize acceptance into dimensions related to justification (believing the perpetrator had a valid reason for the action), minimization (downplaying the severity of the harm or injury inflicted), and fatalism (believing violence is an inevitable, uncontrollable part of human relationships, especially marriage or partnership). Furthermore, AIV can be measured across different targets: acceptance of violence toward women, acceptance of violence toward men, or general acceptance of violence within family structures. The measurement of AIV is critical because it functions as a powerful latent variable that predicts willingness to report violence, willingness to intervene as a bystander, and the likelihood of future perpetration. When AIV is pervasive within a community, it erodes

social trust and institutional efficacy, making police, judicial, and healthcare interventions significantly less effective due to a widespread reluctance to acknowledge the severity of the problem or hold perpetrators fully accountable. Therefore, AIV is fundamentally a measure of the social and cognitive tolerance for harm within intimate relationships.

## Psychological Mechanisms of Acceptance

The psychological foundation of AIV is complex, drawing heavily on theories of social cognition, attribution, and cognitive dissonance. One key mechanism is the use of **attribution theory**, where individuals high in AIV tend to employ external or mitigating attributions for the perpetrator's violent actions while often resorting to internal, dispositional attributions for the victim's plight. For example, the perpetrator's aggression might be attributed to uncontrollable factors like extreme stress, excessive alcohol consumption, or specific provocation by the victim, effectively excusing the behavior. Conversely, the victim is often blamed for their failure to de-escalate the situation, their perceived inability to leave the relationship, or their general dispositional flaws. This attributional bias serves a crucial self-protective function for the individual holding the belief, allowing them to maintain a sense of order and safety by concluding that if the victim had behaved differently, the violence would not have occurred, thereby creating an illusion of control over potential future victimization for themselves.

Another powerful psychological driver is the need for **cognitive dissonance reduction**. When an individual witnesses, experiences, or is forced to confront violence that conflicts sharply with their core beliefs about relationship stability, justice, or personal safety, they may reduce the resulting mental tension by normalizing or justifying the violence. This mechanism is particularly prevalent in victims who are economically, socially, or emotionally dependent on their partners; justifying the abuse--by concluding, for instance, that "he only hits me because he is suffering" or "I deserved it"--is psychologically less painful than accepting the reality that they are trapped in a dangerous and unjust relationship from which escape seems impossible. Furthermore, deeply ingrained schemas related to traditional relationship scripts and rigid gender roles heavily influence AIV. If an individual holds rigid schemas about male dominance and female submission, aggression used to enforce those roles is more readily accepted as a functional, albeit harsh, method of maintaining relational equilibrium. These internalized scripts provide a ready-made framework for excusing behavior that would otherwise be considered morally reprehensible or criminal.

The role of **social learning theory** cannot be overstated in the development and perpetuation of AIV. Individuals who grow up in environments where violence is normalized, either witnessed between parents (interparental violence) or experienced directly (child abuse), are significantly more likely to develop high levels of acceptance. This exposure teaches them that violence is an acceptable, and sometimes necessary, tool for conflict resolution, emotional expression, or assertion of power. Habituation and desensitization further cement this acceptance; repeated

exposure diminishes the emotional and moral shock associated with violence, lowering the cognitive threshold required for its justification and making subsequent acts seem less severe. This intergenerational transmission of acceptance creates a self-perpetuating cycle, where children learn not only the behaviors of violence but also the cognitive scripts used to rationalize those behaviors, ensuring that AIV persists across successive generations and remains deeply embedded within family systems, often without conscious critical evaluation.

## Sociocultural and Normative Influences

AIV is fundamentally a sociocultural phenomenon, reflecting the macro-level norms and values of a given society or community. In cultures where **patriarchy** is deeply entrenched, AIV levels are typically higher because violence against subordinate groups (historically women and children) is tacitly permitted, or even encouraged, as a mechanism for maintaining social hierarchy and control. Cultural narratives that romanticize possessiveness, equate intense jealousy with deep love, or prescribe strict gender roles--such as the expectation that women must endure hardship and sacrifice for the sake of family unity--directly contribute to the normalization of abusive behavior. These norms are often reinforced through religious teachings, pervasive media portrayals that glamorize controlling relationships, and legal systems that historically minimized domestic violence as a private family matter, rather than treating it as a serious public crime. The collective acceptance ensures that social sanctions against perpetrators are weak or nonexistent, thereby signaling to the community that such violence carries minimal social cost and is unlikely to result in ostracization.

The concept of **honor culture** is highly relevant to AIV in many global contexts. In societies structured around the defense of reputation and honor, aggression may be accepted, or even expected, as a necessary response to perceived slights against family standing or masculine status. Violence, in this context, becomes a tool for restoring lost honor, and the community may justify the perpetrator's actions as a legitimate defense of fundamental cultural values. Conversely, the victim of violence, particularly a female victim, may face increased scrutiny, blame, and even punishment if her actions are perceived to have triggered the dishonor in the first place. This cultural framework shifts the focus entirely from the perpetrator's criminal act to the victim's supposed failure to adhere to restrictive social codes, dramatically increasing AIV by providing a robust, culturally sanctioned justification for the violence. The acceptance in honor cultures is collective, institutionalized, and often codified in informal community standards that dictate appropriate responses to perceived transgressions.

Furthermore, socioeconomic factors and institutional context play a crucial role in moderating AIV. In communities experiencing high levels of collective stress, systemic poverty, or political instability, violence may become a more common, readily available coping mechanism for dealing with frustration and powerlessness, inadvertently raising the tolerance threshold for aggression

among residents. Institutional acceptance manifests when organizations charged with protection fail to respond adequately or equitably to reported violence. This can include police minimization of domestic disturbance calls, court systems granting overly lenient sentences or prioritizing reconciliation over accountability, or healthcare providers failing to screen systematically for signs of abuse. When institutions systematically fail to validate the victim's experience and consistently fail to punish the perpetrator, they communicate a powerful normative message: that the violence is not serious enough to warrant public, structural intervention. This institutional negligence acts as a powerful amplifier of AIV across the general population, reinforcing the belief that violence is an unfortunate, but ultimately permissible and private, aspect of life.

## The Role of Gender and Power Dynamics

Gender dynamics are central to the study of AIV, as historical and contemporary violence is overwhelmingly gendered, with women disproportionately affected by severe intimate partner violence (IPV) and sexual violence. AIV often relies on rigid, patriarchal assumptions about power distribution within relationships. Specifically, acceptance tends to be significantly higher when the violence serves the function of reinforcing traditional gender roles, such as a man using force to assert dominance or control over a woman who challenges his authority or autonomy. Research consistently shows that men tend to exhibit higher levels of AIV, particularly acceptance of violence against women, although significant variability exists across cultures, educational levels, and individual adherence to traditional masculinity. This discrepancy highlights that AIV is not a random psychological trait, but one deeply intertwined with adherence to **masculine ideologies** that legitimize aggression as a means of control and conflict resolution, viewing it as a necessary tool for maintaining order.

However, it is critical to acknowledge that AIV is not exclusive to male populations or directed solely at female victims. Women can also exhibit high levels of AIV, often stemming from internalized misogyny, socialization into submissive roles, or the psychological mechanisms of survival and cognitive dissonance mentioned previously. When women accept violence, it frequently reflects a belief that their partner's violence is a reflection of their own failure as a spouse or partner, or a necessary consequence of challenging the established power structure within the relationship. This internalized acceptance is a significant, often overlooked, barrier to help-seeking behavior and successful intervention. Moreover, research increasingly recognizes AIV in non-heterosexual relationships and violence directed toward men. While men are less likely to experience severe physical IPV, they may face high levels of psychological or emotional abuse, and the acceptance of this violence is often complicated by societal expectations that men should be stoic, physically dominant, and impervious to emotional harm, leading to minimization and extreme underreporting by male victims.

The concept of **power asymmetry** is the functional core connecting gender and AIV. Acceptance

is highest when the victim is perceived as having less social, economic, or relational power than the perpetrator. This dynamic extends beyond gender to include factors such as age (violence against the elderly or children), socioeconomic status (violence against the poor), race, ethnicity, and disability. Violence against those with less power is more easily justified because the prevailing social order already defines them as less valuable, less credible, or less capable of self-defense. Addressing AIV therefore requires not only challenging individual beliefs and attitudes but also dismantling the systemic power imbalances that make violence against marginalized groups socially and institutionally permissible. When power structures are rigid and unequal, AIV serves as the cognitive lubricant that allows the system of oppression to function without significant moral or legal challenge from the majority population or powerful institutions.

## Measurement and Assessment of AIV

Accurate and reliable measurement is crucial for studying AIV, identifying high-risk populations, and evaluating intervention efficacy in public health settings. AIV is typically measured using self-report scales designed to assess beliefs, attitudes, and justifications regarding the use of violence in specific relational contexts. The most widely utilized instruments often present vignettes or detailed descriptive statements describing various forms of physical, psychological, or sexual violence and ask respondents to rate their agreement with statements that justify, minimize, or excuse the perpetrator's actions based on context or provocation. Examples of common instruments include scales specifically designed to measure acceptance of wife-beating, acceptance of gender roles that promote violence, or general attitudes toward aggression in conflict resolution. The validity of these instruments depends heavily on rigorous cultural adaptation, as the specific contexts and justifications for violence vary widely and dramatically across different societies and subcultures.

Key methodological challenges exist in AIV assessment, primarily related to the pervasive issue of **social desirability bias**. Because overt acceptance of violence is socially stigmatized in many contexts, respondents may consciously or unconsciously underreport their true level of acceptance, skewing the data toward lower, more socially acceptable scores. Researchers attempt to mitigate this bias by using indirect questioning techniques, framing questions hypothetically rather than personally, or embedding AIV items within broader, less sensitive measures of social attitudes and relationship beliefs. Furthermore, the complexity of AIV necessitates measuring different dimensions: behavioral acceptance (tolerance of the act itself), cognitive acceptance (justification of the motive behind the act), and emotional acceptance (a lack of empathy or emotional concern for the victim's suffering). A robust assessment protocol must capture this complexity, moving beyond simple agreement with violence to understand the nuanced cognitive processes by which justification and normalization occur.

The utility of AIV measurement extends beyond academic research into practical clinical and public

health application. High AIV scores in specific populations (e.g., adolescents, men attending perpetrator intervention programs, or community samples in high-violence areas) serve as critical risk markers for future perpetration or revictimization. For clinical purposes, assessing AIV helps therapists identify core maladaptive schemas and deeply held beliefs that require therapeutic attention and cognitive restructuring. Longitudinally, monitoring AIV levels within a society provides a powerful, upstream metric for evaluating the effectiveness of large-scale public health campaigns aimed at changing deeply ingrained social norms. When AIV levels decline consistently across successive generations, it indicates a successful shift toward a collective rejection of violence as a legitimate means of control or conflict resolution, signifying genuine, structural progress in violence prevention efforts.

### Consequences of High Acceptance Levels

The consequences of widespread AIV are profound and far-reaching, affecting individuals, families, communities, and the structural integrity of society as a whole. At the individual level, high acceptance correlates strongly and robustly with increased perpetration of violence. Individuals who justify violence are significantly more likely to engage in abusive behaviors because the moral, emotional, and cognitive barrier to aggression has been substantially lowered or removed entirely. For victims, high AIV--whether held personally by the victim or collectively by their community--results in delayed help-seeking, increased internalization of blame, higher rates of secondary mental health issues such as depression and Post-Traumatic Stress Disorder (PTSD), and a greater likelihood of returning to or remaining in abusive relationships. The cognitive and emotional burden of justifying one's own victimization is immense, often leading to a profound psychological distress and a severe, diminished sense of self-worth and agency. This internalization of blame is one of the most insidious and damaging psychological consequences of AIV.

At the familial and community level, high AIV perpetuates the **intergenerational cycle of violence**. Children witnessing violence in a context where it is accepted, minimized, or justified learn a powerful, damaging lesson: that abuse is a normative, permissible, or even expected response to stress or relational conflict, thereby significantly increasing the likelihood that they will become either perpetrators or victims later in life. Communities characterized by high AIV suffer from fractured social cohesion, reduced neighborly intervention (the bystander effect), and a generalized climate of fear, distrust, and insecurity. This normalization of violence consumes significant societal resources, diverting attention and funding away from productive social development toward managing the aftermath of repeated trauma, including high costs associated with emergency healthcare, complex legal proceedings, and necessary social welfare services. Furthermore, AIV contributes directly to the crisis of underreporting, as victims are discouraged by the reasonable expectation that authorities, family, or neighbors will dismiss or minimize their claims of abuse.

Societally, high AIV levels fundamentally undermine the principles of justice, equality, and human rights. When a significant portion of the population accepts or minimizes violence, the legal system struggles to enforce protective measures effectively, leading to what is often termed **institutional betrayal**--a failure of institutions to protect those they are mandated to serve. This societal acceptance acts as a cultural mandate, making it extremely difficult to implement effective public policies that prioritize victim safety and perpetrator accountability over preserving traditional norms or relationship structures. Ultimately, AIV functions as a major, structural barrier to achieving gender equality and ensuring fundamental human security, as it implicitly validates the use of force and coercion to maintain power imbalances. The pervasive presence of high AIV indicates a failure of the social contract to protect its most vulnerable members, signaling a profound and pervasive moral erosion within the society.

## Prevention and Intervention Strategies

Effective intervention against AIV requires a rigorous, multi-level approach simultaneously targeting individual cognitions, relational dynamics, and deeply entrenched societal norms. Primary prevention strategies focus on reducing AIV before violence occurs, primarily through comprehensive educational programs aimed at children, adolescents, and young adults. These programs must actively challenge rigid gender stereotypes, promote healthy, equitable conflict resolution skills, and explicitly debunk common myths that justify violence (e.g., linking possessiveness or jealousy to genuine love). Key components include teaching skills related to empathy, perspective-taking, emotional regulation, and critical analysis of media portrayals of relationships and conflict. Successful prevention programs often utilize community-based approaches, engaging local leaders, schools, religious organizations, and media outlets to promote a consistent, unambiguous message of zero tolerance for violence, thereby strategically shifting the collective social norm toward non-violence.

Secondary and tertiary interventions focus on individuals already exhibiting high AIV or those who have perpetrated violence. For perpetrators, specialized cognitive-behavioral therapy (CBT) and structured batterer intervention programs (BIPs) are essential. These programs must move beyond simple anger management to systematically challenge the underlying cognitive distortions and justifications (AIV) that enable the abuse. This involves helping the perpetrator recognize unequivocally that violence is a deliberate choice, not an uncontrollable reaction, and dismantling the entitlement schemas that lead them to believe they have a right to dominate or control their partner through force. Group therapy settings can be highly effective for this, utilizing peer accountability to confront minimization, externalization of blame, and other psychological defense mechanisms that are hallmarks of high AIV and resistance to change.

Crucially, interventions must also address institutional AIV, which requires systemic training and policy reform within police forces, judicial systems, child protection services, and healthcare

organizations to ensure that professionals recognize, validate, and respond appropriately and consistently to violence reports. Policies must be implemented that mandate consistent documentation of abuse, rigorous enforcement of protection orders, and robust perpetrator accountability measures, irrespective of the victim's social status. Furthermore, large-scale public health campaigns are vital for changing macro-level norms. These campaigns should strategically leverage mass media and social influencers to counter narratives that romanticize or normalize violence and instead promote messages emphasizing mutual respect, clear consent, shared power, and emotional maturity within all relationships. Ultimately, reducing AIV necessitates a sustained, collective cultural commitment to making interpersonal violence socially, morally, and legally unacceptable across all contexts and demographics.

## Future Directions in Research

Future research on AIV must prioritize several key areas to deepen understanding and significantly improve intervention efficacy globally. Firstly, there is a critical need for more sophisticated, culturally sensitive measurement tools. Most existing scales were initially developed and validated in Western, industrialized contexts; adapting and validating instruments in diverse non-Western settings, particularly those with strong honor cultures, high economic instability, or complex conflict levels, is essential to accurately capture the unique local justifications for violence. Researchers must also move beyond simple quantitative measures to incorporate qualitative methods that explore the rich narrative structures individuals use to rationalize violence, providing essential context for cognitive mechanism studies and intervention design.

Secondly, comprehensive longitudinal studies are necessary to better understand the developmental trajectory and persistence of AIV. Research should track how acceptance beliefs are initially formed in childhood and adolescence, particularly in relation to early exposure to violence, media consumption, and socialization processes concerning rigid gender roles and authority structures. Understanding the specific, sensitive points in development where AIV beliefs become crystallized will allow for the targeting of prevention efforts with maximum impact and efficiency. This also includes exploring the neurobiological correlates of AIV, investigating whether chronic exposure to trauma or violence leads to measurable, structural changes in brain function related to empathy, moral reasoning, and threat appraisal, thereby influencing the ease of justification and acceptance.

Finally, rigorous evaluation research must focus explicitly on the effectiveness of norm-challenging interventions. While many programs aim to reduce violence, few explicitly measure their impact on AIV as a primary, causal outcome variable. Future studies should employ sophisticated research designs, such as randomized controlled trials, to assess whether specific prevention curricula or public health campaigns successfully lower AIV scores across targeted populations over sustained periods, not just immediately following the intervention. Furthermore, research should investigate

the increasingly influential role of digital media and social networks in propagating or challenging AIV, given the increasing influence of online platforms in shaping contemporary social norms and relationship expectations globally. Addressing these critical gaps will ensure that future efforts to eradicate interpersonal violence are grounded in a deep and nuanced understanding of the cognitive, psychological, and cultural foundations of acceptance.

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