

A PROGRAM EVALUATION OF THE ONE LOVE FOUNDATION'S  
ESCALATION WORKSHOP

A DISSERTATION

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## DEDICATION

To the survivors of intimate partner violence, and to those that perished at its hands, may  
your voice continue to be heard.

## ACKNOWLEDGMENTS

I would like to thank my dissertation chair Dr. Ronald Palomares-Fernandez for originally introducing me to The One Love Foundation. As a result of planting this seed, Team One Love at TWU has flourished on campus and paved the way for this dissertation to take place. I am extremely appreciative of Erica Becker who championed my idea for this program evaluation and helped connect me with the right people who have been alongside this research over the last year. From the creation of the survey, to the logistics of running the workshop, Nicole Daley, I thank you for helping me develop my game plan and taking the time out to do many revisions. A very special thank you goes out to The One Love Foundation and its board for allowing me to conduct this research. To my remaining committee members, Dr. Kathy DeOrnellas, Dr. Samuel Kim, and Dr. Lisa Rosen, I thank you for your time, guidance, and support throughout this project. I thank you all so much for extending positive energy in this process. Brittany McGeehan and Jamie Pogue, you both made for amazing writing buddies, as we all know, social support is key in anything we do. Sadie and Samson (my two French bulldogs), while everyone else was sleeping, you were sleeping and snoring too, but it

was still by my side serving as supportive companions in this arduous process. I spent much of the time writing my proposal in my country of origin, Poland. This was a very special time for me that brought about peace and clarity, and I will never forget it.

## ABSTRACT

ANDREA WIERZCHOWSKI

### A PROGRAM EVALUATION OF THE ONE LOVE FOUNDATION'S ESCALATION WORKSHOP

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Intimate partner violence (IPV) affects 10 million individuals and accounts for 15% of all violent crime in the United States (U.S.) every year. IPV extends beyond physical injury and can result in death; accounting for 16% (about 1 in 6) of murder victims. In that 16%, nearly 50% are female victims (926 out of 1809 IPV homicide victims) in the U.S. are killed by an intimate partner. The One Love Foundation created a 90-minute, peer facilitator-lead educational program, The Escalation Workshop (Escalation), that aims to provide education through a short film and group discussion about the warning signs and characteristics of unhealthy relationships in 2010 in an effort to save lives; however, this workshop has not been scientifically validated. As such, the aim this study was to evaluate the efficacy of Escalation utilizing the Rapid Feedback Evaluation (RFE) model. A total of 152 adults (137 women; 42.90% White/European-American; median age 19) were recruited from a Tier 2 university in southwestern United

States from December 2018 to February 2019 and completed Escalation as well as pre-, post-, and 2-month follow up intervention surveys. Overall, results of statistical analyses revealed that Escalation provides education to participants in identifying characteristics of unhealthy relationship behaviors and safely intervening in situations of IPV, which are believed to ultimately contribute to lowering statistics related to IPV.

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## CHAPTER I

### INTRODUCTION

*“Nine years ago, on May 3rd, my daughter Yeardley lost her life to relationship abuse. Not a day goes by that I don't think of her and all that One Love has accomplished in her honor.... After my daughter's death, it became my goal to prevent others from experiencing such a devastating loss. I hope to educate as many young people as possible about the warning signs of relationship abuse and encourage everyone to speak up and act when they witness these signs. It has become clear to me that many people witness signs of relationship abuse, but due to lack of education on this subject, they don't understand the gravity of what they are seeing.”*

*– Sharon Love (2010)*

#### **Yeardley Love**

At age 22, Yeardley Love was a senior lacrosse player at the University of Virginia who was three weeks shy of graduation and set to embark upon her career aspirations and adult life (The One Love Foundation, 2018). Her childhood and adolescent years were filled with joy, optimism, and hard work. In addition, perseverance and intention were also core characteristics of her personality, especially when her father passed away after a long battle with cancer when she was in high school. These qualities transcended across multiple contexts of her life, as she was a caring daughter, sister, friend, and steward, an astute student, and a lettered athlete. Those close to her have indicated that everything she engaged in was coated with love. In fact, her Notre Dame Preparatory School lacrosse coach expressed “Yeardley was the core personality of our team. She was our laughter, a good soul. She always knew how to lighten things up” (The

One Love Foundation, 2018, p. 4). The University of Virginia's lacrosse coach also noted, "Yeardley was the player who always made everyone feel better. What I will always remember about her is her smile and her readiness to play anything we asked of her" (The One Love Foundation, 2018, p. 4).

Tragically, on May 3, 2010, Yeardley's life was taken from this world when her ex-boyfriend, who broke into her home and brutally beat her to death, murdered her. This is something that many individuals find inconceivable, but intimate partner violence (IPV) happens more than it ever should. Many of these tragic experiences share commonalities (The One Love Foundation, 2010a). Family, friends, and acquaintances alike report having seen signs of concerning behaviors such as, controlling and manipulative actions and sometimes physically/emotionally destructive behaviors. Yeardley's death, and many of the other individuals who have lost their lives to IPV, may have been preventable if someone just knew what to look for, what to say, how to say it, and when to say it.

Those who were close to Yeardley have expressed their gratitude to her for touching their lives while she was still physically present. Her legacy and spirit live on as all the work done at The One Love Foundation celebrates and honors the positive spirit and kindness that Yeardley exuded. In her loving memory, The One Love Foundation devotes its efforts to saving others from suffering the same fate. Yeardley's spirit is

further personified through this research with the theory that the concluding evidence will display that The One Love Foundation is making a significant impact to raise awareness of healthy relationship attributes and ultimately decreasing the statistics contributing to IPV.

## **Terminology**

### **Intimate Partner Violence**

IPV is defined by the World Health Organization (WHO) as any behavior within a present or former intimate relationship that causes physical, psychological, or sexual harm (World Health Organization, 2012). The Centers for Disease Control and Prevention (CDC) has a similar definition of IPV as WHO, but specifically addresses “stalking” as its own category in addition to physical violence, sexual violence, and psychological aggression (including coercive acts; CDC, 2017a). The One Love Foundation uses the terms *Relationship Violence* and *Relationship Abuse* in their programming to describe the unhealthy characteristics that may be taking place in a relationship between two people (The One Love Foundation, 2010d). The CDC addresses synonymous terms for IPV that include, relationship abuse, teen dating violence, relationship violence, dating abuse, and domestic violence (CDC, 2018).

## **Intimate Partner**

An intimate partner is considered to be a person with whom one has a close personal relationship with, that can be characterized by any or all of the following: emotional connectedness, regular contact, ongoing physical contact and/or sexual behavior, identity as a couple, familiarity and knowledge about each other's lives (CDC, 2017a). Perpetrators of IPV may often seem wonderful and charismatic initially but can gradually begin to display unhealthy behaviors that can become more aggressive and controlling as the relationship continues (National Coalition Against Domestic Violence, n.d.; Owens, 2017).

Historically, IPV has been closely aligned with sociological theories such as, feminist and family systems theories; however, now there is greater understanding that IPV is an epidemic that ranges across settings and among differing ages, races, genders, orientations, socioeconomic, religious, and cultural groups (The One Love Foundation, 2010b; WHO, 2012). IPV also ranges in severity and operates on a continuum, meaning that it can range from one experience/episode to chronic episodes over a period of years (CDC, 2017b). This preventable epidemic affects over 10 million women and men each year (National Intimate Partner and Sexual Violence Survey, 2017). This equates to an average of 20 people experiencing IPV every minute. More specifically, the statistics broken down by gender and age among young adults are daunting with nearly 50% of

women and 40% of men experiencing IPV for the first time between ages 18-24 (The One Love Foundation, 2010b). Said another way, 1 in 3 women and 1 in 4 men in the United States will experience IPV in their lifetime; young women between the ages of 16-24 are three times at greater risk (National Coalition Against Domestic Violence, 2017).

**Arriving at a consistent definition.** A foundational aspect of conducting research is developing a standard case definition for the subject area that is being analyzed, which in this study is IPV. A concise definition ensures that information is collected in a systematic fashion. A consistent definition also lends to future research as well when different sources are being used to collect data (e.g., comparisons among geographic areas, monitoring trends over time, etc.; CDC, 2017a). The definition of IPV for this study uses the WHO's definition along with the CDC's, which is based on the foundational premise that IPV is any behavior within a present or former intimate relationship that causes physical, psychological, sexual harm, including stalking (CDC, 2017a; WHO, 2012). Also, the working definition for this study acknowledges that IPV ranges in severity and operates on a continuum across settings and among differing ages, races, genders, orientations, socioeconomic, religious, and cultural groups (The One Love Foundation, 2010b; WHO, 2012).



Several national organizations (e.g., WHO, CDC, The One Love Foundation, etc.) also use terminology interchangeably to describe IPV. For this study, the term IPV was used to address and encompass the terms such as relationship abuse, teen dating violence, relationship violence, dating abuse, and domestic violence (CDC, 2018). These terms were used interchangeably throughout the following chapters, but all encompass the aforementioned definition for IPV.

### **Types of Intimate Partner Violence**

Per the CDC, there are four main types of IPV: sexual violence, physical abuse, psychological aggression, and stalking. The acts and definitions that make up these categories are listed to provide more specific examples. Sexual violence is any unwanted sexual contact, and non-contact unwanted sexual experiences, whether the act/s are attempted or completed and without the victim's freely given consent (i.e., incapacitation, lack of awareness, lack of consciousness, etc.; CDC, 2017a). Sexual violence can encompass rape, penetration of victim, and victim coerced to perform sexual act. Some of the acts that constitute physical abuse are, but are not limited to, slapping, hitting, kicking, punching, scratching, pushing, shaking, choking, aggressive hair pulling, biting, burning, use of a weapon, and/or restraints on one's body with the potential for causing death, disability, injury, or harm (CDC, 2017a). Physical violence also includes coercing other individuals to commit any of the acts previously listed (CDC, 2017a). Stalking is

considered repeated, unwanted attention or contact that causes fear or concern for one's own safety or the safety of someone else (e.g., family member or friend; CDC, 2017a). Some examples of this pervasive pattern of inappropriate behavior can consist of repeated unwanted phone calls, emails, or texts (e.g., leaving cards, letters, flowers, or other items when the other individual does not want them), watching or following from a distance (e.g., spying, approaching or showing up in places when the other individual does not want to see them), sneaking into the other individual's home or car, damaging the other individual's personal property, harming or threatening the other individual's pet, and making threats to physically harm the victim (CDC, 2017a). Psychological abuse is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally, and/or to exert control over another person (CDC, 2017a). Psychological abuse can consist of acts of expressive aggression (i.e., insults, belittling, constant humiliation, intimidation (e.g., destroying property), coercive control (i.e., limiting access to employment, education, transportation, money, friends and family, excessive monitoring of whereabouts), threats of harm (i.e., threats of physical/sexual violence, threats to take children away), control of reproductive or sexual health (i.e., preventing medical care, refusal of contraceptive, coerced pregnancy termination), exploitation of the other individual's vulnerability (i.e., immigration status, disability),

and presenting false information to the victim with the intent of making them doubt their own memory or perception (e.g., mind games; CDC, 2017a).

### **The One Love Foundation**

Yeadley Love's death sparked a desire in Yeadley's mother, Sharon Love and her sister, Lexie Love, to create The One Love Foundation (i.e., One Love) in honor of Yeadley Love in 2010. Historically throughout her athletic career, Yeadley wore a jersey with the number 'one,' from which the foundation drew its name (The One Love Foundation, 2018). The 'One' represents the number that Yeadley wore on her jersey throughout high school and college, and 'Love' was taken from her last name. This organization works to ensure that everyone understands the difference between a healthy and an unhealthy relationship (The One Love Foundation, 2010a). The One Love Foundation's belief is that relationship violence is an epidemic that can be stopped when young adults are educated and empowered to affect change in their communities. Sharon Love famously said, "I want to do for relationship violence what MADD did for drinking and driving – stigmatize the behavior and get bystanders to take away the keys" (The One Love Foundation, 2010a, para.1).

Since 2010, One Love has pioneered the movement for powerful content (i.e., social media postings, videos, movies, etc.) to start conversations about healthy and unhealthy relationships with the hope of contributing to the end of relationship violence.

The One Love Foundation strives to achieve this goal by educating, empowering, and activating young individuals in this movement for social change (The One Love Foundation, 2010b). Peer-based programming is an approach where trained individuals provide information on a specific topic that they have been made knowledgeable about. This strategy has become popular in the health and wellness field in order to reach and sensitize individuals to health and social related issues using a relational framework (Burmaster, 2002). Specific to The One Love Foundation, young leaders are empowered to take on this preventative, multi-layer educational approach by pairing educational videos with discussion guides to foster deep conversations among their peers in the classroom, the community, and online (The One Love Foundation, 2010b).

Building a community-led movement requires a combination of education and action in order to evoke change. High schools, college campuses, and communities are steadily becoming involved in The One Love Foundation's nationwide movement. To date, 725 college campuses now have Team One Love organizations and 529 high schools across the nation are incorporating The One Love Foundation's programs in their curricula.

The statistics of those who witness IPV (bystanders) are alarming. There is also confusion among these bystanders as to how best to approach a situation like this with a friend. To illustrate, The One Love Foundation collected data to see whether individuals

who witnessed unhealthy behaviors knew what to do. The results indicated that 57% of individuals reported that it was difficult to identify relationship violence and 58% of college students indicated that they did not know what to do to help someone who is a victim of relationship violence (National Domestic Violence Hotline, 2017; The One Love Foundation, 2010a; Wierzbowski & Tucker, 2018). Peer-based programming is important because it has the potential to make a positive impact on these statistics. Peers are able to be educated on important content and engage in meaningful discussion with a collective of diverse individual that they may be able to share with and learn from. Of equal importance, programs of this nature should be providing evidenced based curricula in order to present the information as valid for evoking change.

**The Escalation Workshop.** The Escalation Workshop (i.e. Escalation) is the core product of The One Love Foundation's programs on healthy and unhealthy relationship characteristics. Escalation is a film-based experience followed by a group discussion that is led by a trained facilitator. Escalation targets ages 16-30 and strives to educate others on the warning signs of unhealthy and potentially abusive relationships (The One Love Foundation, 2010b). Escalation was founded on two prominent behavioral theories, the theory of planned behavior and diffusion of innovation (The One Love Foundation, 2010a). Deriving from these theories, the video and discussion guide for Escalation were created with assistance from Dr. Emily Rothman, a professor of Community Health

Sciences at the Boston University School of Public Health, who has an extensive research background in the areas of IPV, sexual assault, human trafficking, firearm violence, and pornography (Boston University School of Public Health, n.d.).

Peer-facilitators carry out Escalation and are trained by One Love staff on how to facilitate the workshop. Facilitators are provided with the framework (i.e., Escalation discussion guide) to host a group discussion after the video portion of the workshop. The aim of the video and guided discussion are to process and converse about the participants' understanding and ability to identify the warning signs of unhealthy and potentially abusive relationships, communicate tools available to help a friend who may be in a potentially, or already abusive situation, understand the differences between healthy and unhealthy relationships, and be able to recognize the behaviors associated with emotional abuse (see Table 1; The One Love Foundation, 2010a). This workshop is currently being carried out across the nation with over 650,000 individuals exposed to the content of Escalation. With so many participants engaging in this guided workshop, there is a need to determine whether the goals of Escalation are being achieved.

Table 1

*The Goals of the Escalation Workshop (Escalation)*

---

Goals
1. To process and converse about the participants' understanding and ability to identify the warning signs of unhealthy and potentially abusive relationships.
2. To provide the tools to help an individual who may be in a potentially or already abusive situation.
3. For individuals to understand the differences between healthy and unhealthy relationships.
4. For individuals to be able to recognize the behaviors associated with emotional abuse.

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*Note:* Adapted from The One Love Foundation's Discussion Guide by Rothman et al., (2015)

### **Program Evaluation**

A program evaluation ensures that the goals of the program are being met. It is a systematic way to compare the current performance of a program to the outcomes that are anticipated when the program is implemented (Dunsworth & Billings, 2012; Wholey, Hatry, & Newcomer, 2010). When attempting to create and maintain an effective program, it is important to be able to learn from mistakes, to make modifications as needed, to monitor progress toward program goals, and to judge the success of the

program in achieving its short-term, intermediate, and long-term goals (CDC, 2011).

Program evaluations are important because they parse out and determine what is valid and what is not (Dunsworth & Billings, 2012).

In a program evaluation, the existing practice is examined to provide concrete evidence that the program is working as intended. Program evaluations also provide opportunities for improvement and strive to answer the question of how the program can be improved. The program then has the ability to grow and engage in a creative reconstruction process to potentially gain a broader audience (i.e., engage diverse communities and other various cultures). Additionally, the program then becomes supported by evidence (Dunsworth & Billings, 2012; Wholey, et al., 2010). Striving toward evidence-based practice (EBP) is important because it illustrates that the information being provided to the audience has been researched and empirically supported. The information collected when conducting a program evaluation derives from professional expertise (i.e., systematic research design and study) and input from the communities being exposed to the content (Family and Youth Service Bureau, 2012). When a program is evidence-based, it has been concluded that positive outcomes have been shown as a result of engaging with the curricula being presented (Family and Youth Service Bureau, 2012). Exploratory evaluations are time and cost effective, but still produce findings and help prioritize modifications (Wholey, 2010).



An exploratory pilot program evaluation was conducted on Escalation as the first step toward developing a system that works to evaluate its goals and provide clearer understanding of how and what the workshop is producing. It also provided The One Love Foundation with recommendations on how to perfect and modify performance goals, in order to improve and reform the product, ultimately to form an evidence-based program (Family and Youth Service Bureau, 2012; Wholey, et al., 2010).

### **Rapid Feedback Evaluation**

There are various ways to carry out a program evaluation that allows for the use of pre-existing and new data to guide the process and determine how well a program is working to achieve its goals, and in a way that is both time and cost effective. A Rapid Feedback Evaluation (RFE), utilizing a small-sample population, was selected to examine the efficacy of Escalation. An RFE is selected when program goals have already been put in place (Wholey, 2010). RFE utilizes a small-sample size, pre-existing data (if any exists), and discussions with knowledgeable observers (i.e., Escalation participants) to estimate program effectiveness and indicate the range of uncertainty in the estimates, produce tested designs for more definitive evaluation, and further clarify intended uses of evaluation (Wholey, 2010).

Escalation was initially founded on four goals, as previously mentioned, and this helped assess, control for, and enhance Escalation's effectiveness (Wholey, 2010). Since

Escalation had not be evaluated previously, it was important to start with an RFE before venturing into extensive evaluation procedures such as a sequential purchase of information where large investments and resources would need to be allocated to research program effectiveness. At the time of this evaluation, the RFE produced initial findings that outweighed the benefit of running a larger evaluation. In addition, the instruments had been newly created for the purposes of specifically evaluating Escalation and had not been tested prior to this evaluation. It was necessary to start here and establish a foundation so that reliability and validity could be secured and strengthened for future research to be able to incorporate these instruments into more extensive evaluations.

This evaluation used a larger sample-size ( $N = 161$ ) than what would traditionally be used to test an instrument; allowing for verification of the proposed measures before using them in a larger scale project. As mentioned previously, time can be a constraint for larger institutions; by utilizing a RFE, the duration of time to conduct the study was projected at three to six months (Wholey, 2010). Data collection took place at Texas Woman's University (TWU) by offering voluntary participation in Escalation hosted by the campuses' local organization, Team One Love at TWU. Trained peer facilitators provided consent to engage in this study, where a pre- and post-Escalation survey was then administered to assess the goals that were previously set forth by The One Love

Foundation in their origination of Escalation. A 2-month follow up survey was provided to assess whether information is being retained after a brief duration in time.

### **Statement of Purpose**

This dissertation was designed to evaluate the perceptions and attitudes of participants who engaged in Escalation and examined whether those results aligned with the goals of Escalation. By conducting a pilot program evaluation of Escalation, The One Love Foundation was afforded with information to distribute to communities sharing the One Love message, and that Escalation is in fact, effective in educating individuals about the warning signs of abuse, outlining what healthy and unhealthy relationships look like, and in providing resources and/or assistance for those wanting to help themselves or help others in unhealthy or abusive relationships.

### **Brief Description of Research Design**

This RFE was a quasi-experimental, mixed methods approach to testing the following hypotheses that Escalation is in fact effective in addressing:

1. Participants having a greater understanding of the warning signs of relationship violence.
2. Participants being better prepared to speak about relationship violence with other individuals.
3. Participants' understanding of the differences between healthy and unhealthy relationships will increase.

4. Participants' ability to recognize the behaviors associated with emotional abuse will increase.
5. Participants' desire to join The One Love Foundation's local organization known as Team One Love on their campus or get involved in a similar organization will increase.

The RFE was carried out by administering a validated pre-, post-Escalation survey, and 2-month follow up survey that assesses the individuals' understanding of healthy versus unhealthy relationships. A 2-month follow up survey was disseminated to assess whether participants had done anything with the information provided to them since participating in Escalation. After analyses were ran and results examined, interpretations and recommendations for improvements in programming for Escalation were made.

## CHAPTER II

### REVIEW OF LITERATURE REVIEW

The recognition of IPV as a real and serious issue gained traction by a grassroots feminist effort in the 1970s (U.S. National Library of Medicine, 2015). Since then, greater efforts have been made to hypothesize and research theoretical explanations and provide solutions toward eliminating this epidemic. As such, this chapter examines previously published literature as it relates to the theory of planned behavior and diffusion of innovation that Escalation was founded on. Second, the bystander intervention model and the bystander effect as it relates to IPV will be expanded upon. Then, the connection between experiences with IPV and why victims stay in an unhealthy relationship is discussed. The last section of this chapter reviews existing psychoeducational programs and their interventions used to specifically address healthy and unhealthy relationships.

#### **Why Theory is Important**

The goal of scientific research helps to solidify scientific knowledge. Theories regarding IPV provide systematic explanations geared toward assisting others to make sense of such a phenomenon (Bhattacharjee, 2012). Theories provide information that may be imperfect or even quite far from the truth, but sometime, there are “multiple truths” that aid in arriving at a greater understanding and relay multiple perspectives toward finding a solution to the problem. Overall, theories are more contextual in nature

and require the support of empirical literature. Currently, there is a myriad of theories that account for reasons why individuals engage in violence in their relationships (i.e., socio-cultural theories, social learning theory, family systems theory, attachment theory, personality disorder and IPV, anger and hostility models, alcohol and drug models of IPV, nested ecological theory, behavioral theory, biological theory, economic theory, etc.; Bowen, 2011; Singh, 2015). Since so many theories exist, the results are mixed for the true causes and nature that surround why people engage in IPV. In other words, researchers have some ideas and a general outline, but a succinct, sole explanation does not exist. Despite the multitude of potential explanations, it is still important to have a foundational theory when creating a program because it elicits intention and provides direction. As a program develops further, the outlook may change and, if the outlook changes based on the results of empirical data, then adjustments can be made to help align the program with its goals and what it is actually communicating to viewers (Family and Youth Service Bureau, 2012).

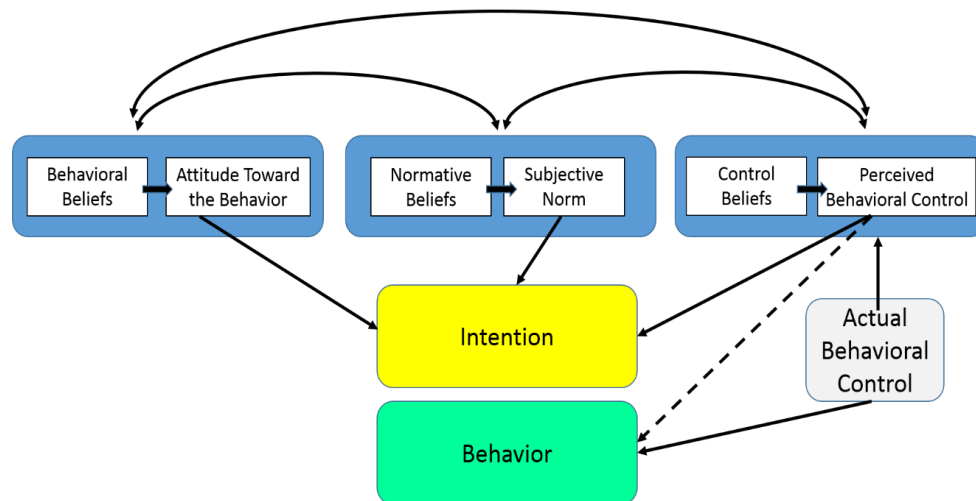
### **Theory of Planned Behavior**

Behavior theories examine observable behavior with an emphasis on the role that conditioning plays in influencing an individual's thoughts, feelings, and actions (Nugent, 2013). One of the theories that make up the basis for Escalation is the theory of planned behavior, hereafter addressed as TPB (Ajzen, 1985). TPB is well supported in literature

and has been used to explain/predict a wide range of behaviors and intentions that lead to partners engaging in violent behaviors (Armitage & Conner, 2001; Betts, Hinsz, & Edwards, 2011; Finkel, DeWall, Slotter, Oakten, & Foshee, 2009; Kernsmith & Tolman, 2011; Tolman, Edleson, & Fendrich, 1996).

TPB emerged initially as the theory of reason action in 1980 (Fishbein & Ajzen, 1980) and strived to provide reasoning for an individual's intention to engage in a behavior at a specific time and place (Ajzen, 1991; Greece & LaMorte, 2016a). More specifically, the theory's main component was behavioral intent; the theory provided explanation for any behavior enacted where an individual has the ability to exert self-control. Behavioral intentions can be influenced by the attitude and likelihood toward an expected outcome elicited by the behavior. The individual also subjectively evaluates the risks and benefits of that outcome (e.g., time, money, skills, cooperation of others, etc.; Ajzen, 1985; Ajzen, 1991; Greece & LaMorte, 2016a). TPB states that behavioral achievement depends on both motivation (intention) and ability (behavioral control) (Ajzen, 1985; Ajzen, 1991; Greece & LaMorte, 2016a). It distinguishes between three types of beliefs: behavioral, normative, and control. TPB is comprised of six constructs that collectively represent an individual's actual control over the behavior. When the sixth construct of perceived behavioral control was added to the original theory of reasoned action, the theory transitioned to TPB (Greece & LaMorte, 2016a).

The six constructs of TPB include attitudes, behavioral intention, subjective norms, social norms, perceived power, and perceived behavioral control (see Figure 1). Attitude refers to the degree that an individual has a favorable or unfavorable evaluation of the behavior of interest. It involves a consideration of the outcomes of performing the behavior (Greece & LaMorte, 2016a). An example of this as it relates to IPV would be the perpetrator's outlook on engaging in controlling or violent behavior and their evaluation of the consequences of engaging in this type of behavior.



*Figure 1.* Stages of the Theory of Planned Behavior. Reprinted with permission from Behavioral Change Models, in Boston University School of Public Health by J. Greece, 2016. Copyright [2018] by Boston University School of Public Health. Originally created by I. Ajzen, 1985. From intentions to actions: A theory of planned behavior.



Behavioral intention has to do with the motivational factors that influence a given behavior; the stronger the intention to perform the behavior, the more likely the behavior will be enacted (Ajzen, 1991; Greece & LaMorte, 2016a). When thinking about IPV, if the perpetrator's goal is to evoke control and power over their partner and those feelings are strong, when feeling threatened the level of intensity of engaging in violent behaviors is strengthened for the perpetrator and thus more likely to be carried out in order to meet their need to be in control (i.e., behavior intention).

Subjective norms refer to whether most individuals approve or disapprove of a behavior. This relates to an individual's perception of whether peers and others of importance think the individual should engage in the behavior or find it socially acceptable (Greece & La Morte, 2016a). This construct has a sociological component to it as it pertains to IPV because if this behavior has been modeled and shown to the perpetrator, their perception is altered to see these behaviors as normal responses because, these unhealthy and potentially violent behaviors were modeled for them. Their subjective interpretation is then that engaging in unhealthy and potentially violent behaviors in a relationship is acceptable because they have witnessed that and may not understand otherwise (Cochran, Sellers, Wiesbrock, & Palacios, 2011).

The construct of social norms is similar to subjective norms in that it refers to the customary codes of behavior in a group of people or larger cultural context (Greece &

LaMorte, 2016a). Social norms are considered normative and standard in a collective group of people. For example, if an individual derives from a culture that normalizes behaviors that have underlining tones of control and power, then this may increase the chance for exhibiting unhealthy behaviors within their relationship (Cochran, et al., 2011).

Perceived power is the perceived presence of factors that may facilitate or impede performance of a behavior (Greece & LaMorte, 2016a). This construct contributes to an individual's perceived behavioral control over each of those factors. Factors that may influence an individual's perception of power are inclusive of education level, socio-economic status, religious affiliation, gender, and content/context of the conflict/interaction (Jin, Doukas, Beiting, & Viksman, 2014; Schwarzwald, Koslowsky, & Brody-Shamir, 2006).

The last construct in TPB is perceived behavioral control and has to do with an individual's perception of the ease or difficulty of performing the behavior of interest (Greece & LaMorte, 2016a). Perceived behavioral control varies across situations and actions. The greater the perception of behavioral control, coupled with the other factors mentioned previously, the more the intention may be strengthened and reinforced, ultimately leading to the actual behaviors being enacted. In the case of IPV, the actual

behavior carried out would be unhealthy behaviors that could potentially be violent in the relationship (Abildso et. al., 2017; Forsdike, Tarzia, Flood, & Hegarty, 2018).

### **Diffusion of Innovation Theory and How it Pertains to The One Love Foundation**

Sociological or socio-cultural theories provide a macro level analysis of why and what drives an individual's motivation and intentions toward responding and adapting to cultural and societal influences (Weber, 2015). Social science focuses on examining individual's thoughts, feelings, and behaviors that are influenced by the actual, imagined, and perceived interactions between society and the individual (Lawson, 2012). When the focus is narrowed to the concept and study of diffusion, there is the desire to understand why and how individuals adopt and carry out new ideas that then become cultural norms (Dearing, 2010).

In 1962, E. M. Rogers developed the diffusion of innovation theory, hereafter referenced as DOI, and this is the second theory upon which Escalation was founded. This theory has been used successfully in public health, where it is used to accelerate the adoption of important public health programs that typically aim to change the behavior of a social system (Greece & LaMorte, 2016b). Specifically, DOI was the theoretical orientation for The One Love Foundation in their efforts to conceptualize and facilitate spreading the message for individuals to not only grasp the concept that Escalation

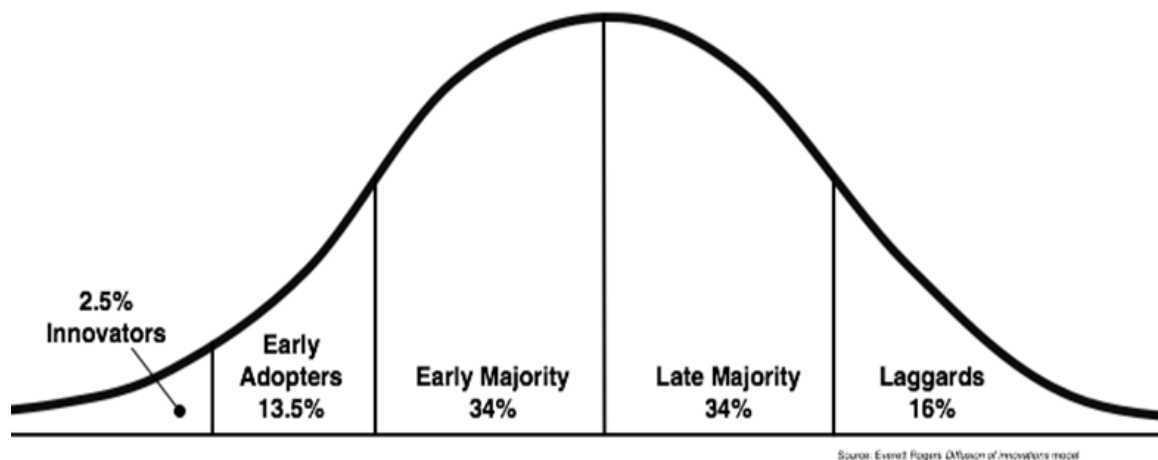
delivers, but also adopt the practices and disseminate them (Greece & LaMorte, 2016b; The One Love Foundation, 2010b).

DOI originated when it was used to attempt to explain how, over time, an idea or product gains momentum and diffuses (i.e., spreads) through a specific population or social system (Greece & LaMorte, 2016b; Greenhalgh, Robert, Bate, Macfarlane, & Kyriakidou, 2007). When an idea or product diffuses then individuals, as part of a social system, adopt the new idea, behavior, or product. Adoption signifies that an individual does something differently than they previously had been doing and the key to adoption is for the individual to perceive the idea or product as new or innovative. Naturally, adoption happens over time and varies among individuals to the degree to which they adopt or not at all. Researchers have found that those who adopt an innovation early have different characteristics than those who adopt it later on (Barker, 2004; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Rogers, 1973; Rogers, 2003). When attempting to diffuse an innovation to a target group it is important to understand the characteristics of the group because this will create awareness about what might help or hinder the diffusion.

The five key-components of DOI consist of innovators, early adapters, early majority, late majority, and laggards (see Figure 2; Dearing, 2010; Greece & LaMorte, 2016b; Greenhalgh et al., 2007). Innovators (2.5%) are the individuals who want to be the

first to try the innovation. These individuals are venturesome, willing to take risks, interested in new ideas, and often develop new ideas. For this category, very little needs to be done in order to appeal and acquire the innovators to adopt the innovation. The early adopters (13.5%) are the individuals who identify as opinion leaders. They enjoy leadership roles and embrace change opportunities. These individuals understand the importance of change and are very comfortable adopting new ideas.

The next category encompasses the early majority (34%) where the individuals in this group are not typically leaders, but they still embrace new ideas. This category of individuals generally needs evidence that the innovation works before they adopt it.



*Figure 2. Diffusion of Innovation Theory. Reprinted with permission from Behavioral Change Models, in Boston University School of Public Health by J. Greece, 2016.*

Copyright [2018] by Boston University School of Public Health. Originally created by E.M. Rogers, 1962. Diffusion of Innovations.

Success stories and research to support the innovation generally appeal to this category and strengthen their chances of adopting the idea or product. The late majority (34%) is the category where individuals are skeptical of change and will only adopt an innovation after the majority of the population being targeted has tried it. Strategies to appeal to this population include information on how many other people have tried the innovation and have adopted it successfully (Greece & LaMorte, 2016b). The laggards (16%) are defined as being bound by tradition and very conservative. They are skeptical of change and are the hardest group to bring on board. Strategies to appeal to this population include statistics, fear appeals, and pressure from people in the other adopter groups (Greece & LaMorte, 2016b).

With regard to Escalation, there is a desire for the information to be disseminated, adopted, and then normalized within cultures and society as a whole. The innovators and early adopters can be seen as the individuals who hear the message that The One Love Foundation is promoting and take that and carry it forward into their communities (e.g., starting a Team One Love on their campus, etc.). These individuals are then expected to approach the vast majority and market Escalation to appeal to the individuals that need to hear the success stories or the ways that Escalation has been able to provide help to others in abusive relationships. The continuation of relaying the foundational principles that the organization is founded upon relies greatly on the individuals who are continuously

pushing the content forward and engraining the concepts of healthy relationships until it becomes a societal norm. In addition, by pushing the content forward and continuously talking about it, inadvertently promotes societal change of discussing relationship violence openly and eventually it is no longer seen as taboo or awkward to talk about (Greece & LaMorte, 2016b; The One Love Foundation, 2010b).

### **The Bystander Intervention Model**

The Kitty Genovese murder (1964) where 38 neighbors watched and listened but did not react to help or call the police when she was being stabbed to death outside of her New York apartment building sparked the interest of two psychologists, John Darley and Bibb Latané (The New York Times Archives, 1964). Latané and Darley (1969) began researching the responses of individuals in emergency and non-emergency situations. These experiments found that the presence of others, during an emergency, inhibits providing assistance (Hudson & Bruckman, 2004). As a result of this research, a prominent bystander intervention model was developed by Latané and Darley (1970), which identifies five steps to the intervention process: noticing the situation, identifying it as an emergency, taking responsibility to act, deciding what specifically to do, and choosing to do it (Latané & Darley, 1970). Latané and Darley (1970) also noted that there are five characteristics that impede bystander intervention and they include, incidents that involve threat of harm or actual harm, incidents that are unusual and rare, the type of

action required in the incident differs from situation to situation, incidents cannot be predicted or expected, and incidents that require immediate action (Latané & Darley, 1970).

### **The Bystander Effect in Relation to Intimate Partner Violence**

It can be difficult to recognize and acknowledge characteristics of an unhealthy or potentially abusive relationship (The One Love Foundation, 2010d). Also, once an individual in the relationship or the bystander acknowledges that there is a need for intervention, the postulated question of how to intervene is raised. Sometimes, family, friends, and acquaintances may reflect on the signs they witnessed previously, and common reflections might be, “it was not my place to interfere,” “I didn’t want to get involved,” “I didn’t want to be the bad guy,” “even if I would have said something, they would not have listened,” or “I wanted to say something I just didn’t know how” (The One Love Foundation, 2010d; Weitzman, Cowan, & Walsh, 2017).

Current bystander education promotes training members of a community to view themselves as important in the prevention of violence within their community (Weitzman et al., 2017). Unfortunately, when the information derived from Latané and Darley’s research is compared to nationally representative data on IPV within the last two decades, the results indicate that the bystander effect is still of great concern and warrants continued efforts toward promoting intervention (Bennett, Banyard, & Garnhart, 2014;



Burn, 2009; Coker et al., 2011; Foubert, Langhinrichsen-Rohling, Brasfield, & Hill, 2010; Gidycz, Orchowski, & Berkowitz, 2011; Weitzman et al., 2017).

### **The Bystander Effect with College Populations**

Research examining the subpopulation of college-students indicates that approximately half of individuals who have known a victim have intervened (Beeble, Post, Bybee, & Sullivan, 2008). In addition, knowing the person (i.e., degree of relationship closeness) plays a role in whether the bystander intervenes and the proximity of being aware of these behaviors when they are occurring also plays a role in intervening (Bennett et al., 2014; Burn, 2009; Coker et al., 2011; Foubert et al., 2010; Gidycz et al., 2011; Weitzman, et al., 2017;).

In a study that examined college students and military personnel, men were more reluctant than women to intervene in instances of sexual assault (Banyard, Moynihan, & Crossman, 2009; Beeble et al., 2008; Burn, 2009). Among the college students, men's willingness to intervene depended on their perceptions of the victim's situation (e.g., whether they believed a victim increased his/her own risk of victimization; Weitzman et al., 2017; Burn, 2009). Further research within the college population suggests differing levels of intervention depending on ethnicity. For example, their results demonstrated that African Americans are more likely to intervene in incidents of sexual assault than Caucasians (Weitzman et al., 2017). These findings may also correlate with the initial

stage of the bystander intervention model (1970) where dangerous situations are easier to notice. Step two of the bystander model is also illustrated in the findings, where dangerous situations may be more clearly identifiable as emergencies; meaning that due to perceived ambiguity of the severity of situations, some individuals may not readily recognize the situation as dangerous (e.g., consent, if victims are reluctant to disclose their private experiences to others, etc.; Ahrens, Stansell, & Jennings, 2010; Beeble et al., 2008; Burn, 2009; Dobash & Dobash, 1979; Starzynski, Ullman, Filipas, & Townsend, 2005).

### **The ‘NO MORE’ Study**

In 2018, the Avon Foundation for Women commissioned and funded the NO MORE Study, and the GfK Public Affairs and Corporate Communications carried out the research on domestic violence and sexual abuse among teens, ages 15-17, and adults ages 18 and older, in an effort to further support the Foundation’s mission of educating people to reduce sexual assault and domestic violence (The NO MORE Project, 2018). The findings from the NO MORE study are worth mentioning as they derive from a nationally representative sample ( $N = 1,307$ ) of adults ages 15 and older, over a strictly college-based sample (Weitzman et al., 2017). Of importance to note, this is one of the only studies found that has a nationally representative sample. Therefore, these results are shared in greater detail. Overall, the statistics varied widely on the people who are

knowledgeable about violence taking place, their likelihood to intervene, and their intervention approach. This information was based on demographics and violence type (Weitzman et al., 2017).

The first step to intervention is having awareness that IPV is occurring (Latané & Darley, 1970). The NO MORE study initially identified how many individuals actually had awareness that violence was taking place. The study found that one-half of the individuals who participated in the study knew someone who experienced IPV (Weitzman et al., 2017). The focus of the study was then to parse out actually intervening versus being knowledgeable of the violence and how that differed across demographics. This is an important distinction because both the prevalence of violence and the resources people have to intervene, which may vary with psychosocial constructs such as socioeconomic status, race, ethnicity, and gender. The findings further extended existing scholarship by demonstrating that knowledge of and responses to violence differ for sexual assault and IPV even though the two types of violence are clinically quite similar and often co-occur (Weitzman et al., 2017).

**Results for knowing about the sexual assault or IPV.** The results of the NO MORE study indicated that when comparing male participants to female participants, females have 65% higher relative odds of knowing both types of victims (i.e., sexual assault and IPV) and 53% higher relative odds of knowing IPV victims only than of not

knowing any victims (Weitzman et al., 2017). When looking at educational level, participants who have not completed high school and participants who have acquired some college education have 56% lower relative odds of knowing IPV victims only than of not knowing any victims. Students and retired participants have lower relative odds of knowing both and of knowing IPV victims only than unemployed participants. When looking at geographic areas, participants residing in nonurban areas, when compared to participants residing in urban areas, have 44% lower relative odds of knowing IPV victims only than of not knowing any victims (Weitzman et al., 2017).

**Results for individuals who intervene.** Regarding the individuals who intervene in situations involving IPV, 8% ( $n = 106$ ) and 26% ( $n = 334$ ) of all participants ( $n = 1,307$ ) have intervened on behalf of a victim of sexual assault and IPV, respectively. In terms of participants who have known victims, 29% have intervened for sexual assault victims, 55% for IPV victims (Weitzman et al., 2017). Based on ethnicity, Hispanic or other non-Caucasian, and non-African-American participants have 159% higher odds of intervening than Caucasian participants (Weitzman et al., 2017). Self-employed participants have 192% higher odds of intervening than unemployed participants. Results also relayed that participants have 70% lower odds of intervening on behalf of an acquaintance than on behalf of a family member. The two most common forms of intervention involve offering the victim refuge (i.e., safe place to go) and offering

sympathy. When in the moment, 50% of interveners have told the perpetrator to stop in instances of IPV, while 22-25% involve authorities or other adults (Weitzman et al., 2017). The difference in percentage when it comes to type of intervention may correlate with steps four and five of the bystander intervention model, which illustrates that deciding what to do and choosing to do it depend in part on the type of violence in question (Latané & Darley, 1970). Few demographic differences occur for intervention, but the NO MORE study found that with regard to IPV, women are less likely to physically intervene than men (odds ratio = 0.28;  $p < .001$ ), less likely to tell the perpetrator to stop (odds ratio = 0.46;  $p < .05$ ), and more likely to tell an adult (Weitzman et al., 2017).

The results from the NO MORE study are broken down once more for actually intervening in a situation of IPV. The most commonly cited barriers for intervening with IPV are fear of injury, fear of misinterpretation, and belief that IPV is a private matter (Weitzman et al., 2017). It was found that women have 106% higher odds of reporting a reluctance to intervene for fear of physical injury than men, which adheres with women being less likely to physically intervene or to tell the perpetrator to stop in cases of IPV. Women were also found to have 49% lower odds than men of articulating that their perception of IPV as a private matter would be a barrier to intervening. Another interesting finding was that for each year older a respondent was in the study, his or her

odds of reporting a fear of being bullied or of losing a friendship as a barrier decreased by 9% and 3%, respectively. This reflects either a cohort effect or that these reasons become less important as participants progress through the life stages, where they would rather intervene over not saying anything at all (Weitzman et al., 2017). When considering ethnicity, African American participants have 169% higher odds of reporting fear of injury as a barrier to intervening on behalf of an IPV victim than Caucasian participants. With regard to socioeconomic differences, retired participants have higher odds than unemployed participants of reporting two related types of barriers: being called a liar and being wrong.

Based on the findings of the NO MORE Project (2018), the type of relationship between bystander and victim was found to be clinically significant for intervening if the bystander knew the victim. The One Love Foundation strives to educate all individuals and promotes that regardless of relationship to another individual; if unhealthy behaviors are witnessed, an individual should safely intervene (The One Love Foundation, 2010d). The One Love Foundation propels a movement that effects communities beyond just the college population, even though a large target age group for Escalation may be enrolled in college. This study also highlighted that as individual's age, they are more likely to intervene. This signifies the importance behind The One Love Foundation's initiative to

address and reduce the stigma of discussing unhealthy relationships across all demographics, especially with emphasis on early intervention.

### **Empowering the Bystander Through Escalation**

As mentioned previously, The One Love Foundation strives to empower the individual and the bystander participating in Escalation by giving them the tools to be supportive, seek help, and start a conversation with another individual (The One Love Foundation, 2010b). One of the key components to this is the guided discussion portion of the workshop, which is specific to the bystander, and it encourages individuals to start calm conversations with others using a positive tone when discussing this sensitive matter. The One Love Foundation emphasizes the importance of providing positive affirmations and complimentary statements to promote comfort in order to reduce judgment, aversive, or disapproving statements (The One Love Foundation, 2010c). The discussion guide also addresses the importance of being supportive and listening to the individual once they start sharing intimate details about their relationship. This leads the bystander to be able to remind the individual that they are not alone and that the bystander is there to support them (Rothman et al., 2015).

In addition, the workshop's goals of educating individuals on unhealthy relationships allows the potential bystander to gain knowledge of appropriate language to use and in order to make it easier to discuss this topic with another individual. For

example, when bystanders label behaviors as abusive rather than unhealthy it can be jarring for the individual hearing the information and may provoke them to internalize and close themselves off (The One Love Foundation, 2010b). The concept of inquisitive statements (e.g., It seems like you are missing a lot of work because your partner wants you to be with them all the time, is that something you want?) are also addressed and it is relayed that the bystander should attempt to make it a fluid discussion by mentioning personal experiences without making it about themselves, but at the same time trying to relate to the individual they are having the conversation with. When the situation is normalized, this does not mean that the bystander says that the behaviors are acceptable, instead, the bystander may discuss a time when they experienced a hardship in a relationship while still emphasizing empathy and not taking away from the other individual's personal experience (The One Love Foundation, 2010b). This exemplifies equity in the discussion and takes away from the individual feeling judged and blaming themselves. Escalation emphasizes that this is a peer to peer interaction and should not be made out to have the bystander acting as a therapist or crisis counselor (The One Love Foundation, 2010a).

The discussion portion of Escalation acknowledges that this can be a very difficult decision for the bystander and aims to offer additional support after the conversation is initiated. The message being presented is that the individual who is approached by the



bystander is encouraged to make their own decision, while the bystander should be prepared and open to future conversations and supporting the individual to find a solution when they are ready. The One Love Foundation emphasizes that the facilitation of each Escalation workshop offers a multitude of local resources, which are made available at each workshop (e.g., campus counseling center, domestic violence shelters, etc.). In addition, The One Love Foundation also provides a list of national resources (i.e., U.S. Department of Health's Office on Women's Health, National Domestic Violence hotline, etc.) to give to individuals when they are seeking greater assistance and support (The One Love Foundation, 2010b). Lastly, it is made clear by facilitators of Escalation and The One Love Foundation ([www.joinonelove.org](http://www.joinonelove.org)) that if anyone ever feels that they are in immediate danger, or someone they know might be in immediate danger, they are encouraged to notify authorities immediately by calling campus safety or the local police department (911; The One Love Foundation, 2010a).

### **Defining Healthy and Unhealthy Relationships**

The One Love Foundation has characterized several behaviors that are considered either healthy or unhealthy (The One Love Foundation, 2010c). The unhealthy relationship behaviors were developed as opposing correlates to the healthy relationship behaviors. These behaviors are addressed and processed during the video and guided discussion portions of Escalation (The One Love Foundation, 2010d). By addressing

healthy and unhealthy behaviors, it allows the individual to examine their own and/or their partner's behaviors in an overall attempt to move toward adopting, engaging, and most importantly maintaining healthy characteristics in a relationship.

The unhealthy behaviors addressed in the video portion of Escalation consist of intensity, jealousy, manipulation, isolation, sabotage, belittling, guilt, volatility, deflecting responsibility, and betrayal. The guided discussion portion of Escalation provides psycho-education on healthy relationship behaviors such as a comfortable pace, trust, honesty, independence, respect, equality, compassion, acknowledging responsibility, loyalty, and communication (The One Love Foundation, 2010c). The unhealthy examples set forth in the video portion allow for a deep conversation during the guided discussion, and enable participants to compare and contrast the healthy and unhealthy characteristics of a relationship. It also allows individuals to openly share their lived-experiences, whether personal or of someone they know.

### **Healthy Characteristics**

As a new relationship begins, a comfortable pace is a characteristic of a healthy relationship because the relationship is developing and deepening at a rate that both individuals are comfortable with (Northwestern University, n.d.; The One Love Foundation, 2010c; University of Washington, 2016; youth.gov, n.d.). Trust and loyalty are also key components of a healthy relationship in that they afford the ability to have

confidence and feel that both partners are reliable in respecting their relationship and are not going to violate the boundaries set forth in the relationship. Also, it is important to have a partnership where each partner supports the other through difficult times, and they also help one another see the middle ground when faced with difficult situations.

Honesty is also important because without being truthful and open with a significant other, it makes it difficult to talk and share important thoughts and feelings that harvest intimacy and allow the relationship to strengthen. Having independence is a characteristic of a healthy relationship because each partner can have space and freedom within the relationship that allows for a balanced social and professional life. Being respectful to one another is a characteristic of a healthy relationship because it allows each partner to value the other's opinion even if they do not agree completely. Respect is allowing the partner to have their own voice and being able to support one another even when there may be disagreement. Equality in a relationship promotes having the same voice and putting mutual effort into a relationship that leads toward healthy balance and the ability to be heard by the significant other when making decisions. Compassion and taking responsibility are characteristics that are involved in a healthy relationship because no individual is perfect, and it is important to admit to one's transgressions and/or ill words when they happen because everyone deserves a sense of care and concern from others; especially from significant others. The last characteristic that Escalation aims to

address regarding healthy relationships is communication. Communication in a healthy relationship promotes discussion of the good and the bad without the fear of retaliation, judgement, or scrutiny (Northwestern University, n.d.; The One Love Foundation, 2010c; University of Washington, 2016; youth.gov, n.d.).

### **Unhealthy Characteristics**

When certain behaviors are exemplified in a relationship and intensify the reactions of a partner, it can quickly become unhealthy and make the other individual in the relationship feel uncomfortable (Northwestern University, n.d.; The One Love Foundation, 2010d; University of Washington, 2016; youth.gov, n.d.). The One Love Foundation delineates various behaviors that can play a role in unhealthy and potentially dangerous situations in a relationship (The One Love Foundation, 2010d). Jealousy is an emotion that everyone experiences, and it can easily sway into unhealthy territory when the partner begins to control, lash out, aggrandize, and/or accuse the other. Manipulation is also a characteristic of an unhealthy relationship and this is where a partner tries to weigh in and influence the other's decisions, actions, and/or emotions. This facet is not always easy to spot as it can come off as caring and loving, but should be paid attention to if the partner reacts adversely if their desired input or decision is not chosen (e.g., one partner ignoring their significant other until that individual gets their way, buying gifts to get back in good graces, etc.).

Isolation is when a partner becomes the center of the other's universe and suddenly or over time, that individual is being kept away from friends, family, or other people. It is important to note that this can be subliminal or explicit (e.g., a partner becoming angry if the other individual leaves to spend time with their friends or the partner convincing the other not to go somewhere because they say they want to spend more time with them, when already a majority of the time is spent with one another). Another characteristic of an unhealthy relationship is sabotaging a partner's reputation, achievements, or successes. This can be discrete at times, such as asking the individual to take the day off, missing school or practice, or escalating to the point where the partner is gossiping or speaking untruths (rumors) about the other in order to diminish their partner (Northwestern University, n.d.; The One Love Foundation, 2010d; University of Washington, 2016; youth.gov, n.d.). This also ties in with another unhealthy construct, belittling, where a partner may make the other feel bad about themselves by using derogatory terms, making rude comments, or making passive aggressive comments about things that are important to their partner, or that may pertain to their friends, and/or family. This also can be deceptive at times because it can be transposed as a joke.

Guilting a partner is another sign of an unhealthy relationship and it is when one partner makes the other individual feel responsible for their actions (e.g., if the partner would behave then their significant other would not have to be controlling or act

violently). Another characteristic that ties closely is deflecting responsibility. This is when a partner blames their significant other or other loved ones for their actions (e.g., using substances, mental health issues, or past experiences to reason with why particular behaviors are elicited). Volatility is also a sign of an unhealthy relationship as it involves the unpredictable over-reactions of a partner that can make the other partner feel like they have to ‘walk on eggshells’ or behave in a certain way to prevent their partner from lashing out. Volatility in a relationship can feel like one partner is on a rollercoaster of emotions at times, when dealing with their partner who experiences mood swings, is quick to yell or get violent, threatens to hurt themselves or their significant other, and/or destroys things. Betrayal is the last construct addressed and this involves an inconsistency in behavior from a partner; meaning they behave differently around their partner than they do other people (Northwestern University, n.d.; The One Love Foundation, 2010d; University of Washington, 2016; youth.gov, n.d.).

These behaviors can span in severity, so it is important to note that consistency, duration, and frequency should be paid attention to when assessing whether a relationship may be unhealthy (CDC, 2017a). These are broad constructs and may be subjective based on previous lived experiences, but they are worth addressing and paying attention to because these constructs can lead to unsafe and abusive situations (CDC, 2017a). The goal of educating individuals on these facets comes with the intention that every

individual will take this message and strive to improve their relationships, or help another individual improve theirs (The One Love Foundation, 2010b). Being equipped with the knowledge sometimes may not be enough, so another important piece is to spread the word and delicately support loved ones or friends who may be involved in an unhealthy or abusive relationship.

### **Why Victims of Intimate Partner Violence Stay**

IPV is a spectrum as there are different levels of severity, different levels of frequency, and duration that abuse may span across. Throughout the video portion of Escalation, there is a display of events that depict unhealthy emotional and physical behaviors by the perpetrator that are designed to alert the viewer to attune to and wonder, over the course of the video, why the victim does not leave after certain events transpire. Many different psychosocial factors contribute to an individual staying in an abusive situation. These may not be readily intuitive to anyone else that has not experienced such a circumstance (Cravens, Whiting, & Amar, 2015; Malkin, 2013; Owens, 2017; The One Love Foundation, 2010a; Whiting, 2018). Some may have the impression that those in abusive relationships have the ability to leave whenever they want or that they are weak if they do not leave (Malkin, 2013). Bystanders may easily question the sanity, innocence, and motives of victims and how they can possibly stand by their partner after being treated in such a way. Victims are not always fragile or powerless, but that does not

necessarily mean that it is easy to leave either. Individuals who have suffered from IPV come from all walks of life (i.e., rich, poor, strong, weak). At times, they even come from well supported families and have friends that love and care about them (Malkin, 2013). It should not be anyone's place to judge an individual who is in an IPV because the situation is subjective to each individual and involves a multitude of confounding variables. While in some situations, it might be the case that an individual might have used bad judgment by staying in an unhealthy or dangerous situation, it does not mean that they are responsible, or asking for the abuse perpetrated against them (The One Love Foundation, 2010d). One reason many victims hesitate to speak up is that they are afraid of being judged and pressured by friends and professionals (Owens, 2017; Whiting, 2018). In fact, the judgment from others is something that can perpetuate the stigma and make individuals who are victims of IPV reluctant to speak out (The One Love Foundation, 2010d).

In a study that examined social media posts based on the hashtag of '#WhyIStayed,' Cravens et al. (2015) found eight main reasons why women stayed in abusive relationships (Cravens et al., 2015). These eight characteristics consist of both the psychological and sociological factors discussed previously: distorted thoughts, damaged self-worth, fear, wanting to be a savior, children, family expectations and experiences, financial constraints, and isolation (Cravens et al., 2015). This provides



compelling insight toward the victim's views of the difficulties of making decisions when attempting to leave a violent relationship. More importantly, it also aims to provide the outsider with information to cultivate compassion and empathy to the individual who is consumed by an abusive relationship.

The One Love Foundation also identified 11 reasons why people in abusive relationships report that they cannot just leave them (Domestic Violence Intervention Program, 2018; The One Love Foundation, 2010a).

1. Society normalizes unhealthy behavior, and individuals may not understand that their relationship is abusive.
2. Emotional abuse destroys an individual's self-esteem, making it feel impossible to start fresh.
3. The Cycle of Abuse: after every abusive incident comes a make-up honeymoon phase.
4. It's dangerous to leave.
5. It's not just hard to breakup safely, it's also hard to escape the cycle of control.
6. Society perpetuates a 'ride-or-die' (i.e., sticking together no matter the circumstance) mindset.
7. The individual being abused may feel personally responsible for their partner or their behavior.
8. The individual may believe that if they stick it out, things might change.
9. There is social pressure to be in a perfect relationship.

10. Fear of how others will react.

11. They share a life together.

As noted, there are many elements that influence an individual's decision to stay in an abusive relationship (Cravens et al., 2015; Malkin, 2013; Owens, 2017; The One Love Foundation, 2010a; Whiting, 2018). To elaborate on the concepts listed above, when an individual may not know any different they may perceive their circumstance to be normal and may not think that their relationship is unhealthy or abusive. It can be difficult to identify a relationship as abusive and therefore there is no perceived reason to seek help. Sometimes, individuals in emotionally abusive relationships may not understand that they are being abused because there is no physical violence involved. Often, emotional abuse is dismissed or downplayed because there are no physical scars and there can be a belief that words are not as hurtful as physical actions. It is also difficult for those in abusive relationships to leave their partners after they have continuously been made to feel worthless and made to believe that there is no better option (Domestic Violence Intervention Program, 2018; The One Love Foundation, 2010a). When an abusive incident takes place and it is followed by the perpetrator doing something nice, apologizing, and/or promising that it will never happen again, it can make the victim of this abuse temporarily believe that their abusive partner may actually change (The One Love Foundation, 2010a). This can also make their partner minimize

the original abusive incident (Domestic Violence Intervention Program, 2018). Many times, leaving an abusive relationship is not only emotionally difficult, but can also be life-threatening. In fact, the most dangerous time in an abusive relationship is post break-up (Domestic Violence Intervention Program, 2018). Women are 70 times more likely to be killed in the weeks after leaving their abusive partner than at any other time during the relationship (Domestic Violence Intervention Program, 2018; The One Love Foundation, 2010a).

Those in unhealthy or abusive relationships might stay with their partner or get back together after a break up because they feel pressure to not give up, forgive and forget, and work through the difficulties. Pop culture glamorizes being a 'ride-or-die' for the significant other; making some individuals feel guilty for leaving their abusive partner (Domestic Violence Intervention Program, 2018; The One Love Foundation, 2010d). Loyalty is another key construct that may hinder an individual from exiting an abusive situation because there may be the underlying notion to remain committed and faithful to your partner and the commitment that way made when becoming monogamous. It is an important reminder that a good partner would never endanger or hurt someone they say they care about.

After a conflict, the abusive partner can manipulate the situation to make their partner feel guilty or as though they are somehow at fault. Many individuals in abusive

relationships stay in them because they love their partner and think that things will change (Domestic Violence Intervention Program, 2018; The One Love Foundation, 2010d). They might also believe their partner's behavior is due to strenuous events or feel as though they can change their partner if they are a better partner themselves. There is also incredible pressure to be in a perfect relationship, and some cultures and social media only heighten this pressure (Domestic Violence Intervention Program, 2018; The One Love Foundation, 2010d). People in abusive relationships often feel embarrassed to admit that their partner is abusive for fear of being judged, blamed, marginalized, pitied, or looked down on (Domestic Violence Intervention Program, 2018; The One Love Foundation, 2010d). For example, in some LGBTQIA relationships, someone may stay with their partner for fear of being outed. Marriage, children, and shared finances are often huge reasons that people in abusive relationships stay in them (Domestic Violence Intervention Program, 2018; The One Love Foundation, 2010d).

Fearing that children will be physically or psychologically harmed due to the loss of a parent, which can also lead to having a fear of losing custody over the children, even if the other parent is the perpetrator, is relevant (Domestic Violence Intervention Program, 2018; The One Love Foundation, 2010d). This has a psychological factor incorporated into it because manipulation may be occurring at the expense of the children. There are also factors that affect teens and adolescent's decisions to stay in

unhealthy relationships that include shared friend groups and living situations (Domestic Violence Roundtable, 2008). Other factors that can play a role in an individual not being able to leave include dependency being heightened in relationships where the partner may have a disability. In addition, there may be a lack of skills needed to attain employment, lack of social support, lack of information regarding domestic/IPV resources, the misbelief that law enforcement will not take the situation seriously, and lack of an alternative living environment (e.g., moving in with a friend or to a shelter; Domestic Violence Roundtable, 2008).

### **Programs that Target Prevention of IPV**

The last section of this chapter provides a summary of national and local programs that also approach the topic of healthy and unhealthy relationships. This information is included to highlight, and compare and contrast, some of the similarities and differences that these programs offer in relation to Escalation. The coverage of programs in this section is not a complete guide to every program that may exist on prevention of relationship violence; however, it does include the top evidenced-based approaches being used in federally funded research (i.e., CDC) and some regional programs as well. The other programs that exist to raise awareness on healthy behaviors in relationships on a regional and local basis may experience a limited reach due to funding and, therefore, are not readily identifiable.

## **National Prevention Programs**

Several programs that align with the goals of Escalation on educating safe and healthy relationship skills are; Safe Dates, The Fourth R: Strategies for Healthy Teen Relationships, and Expect Respect Support Groups (EPSG; Foshee, et. al., 2014; National Center for Injury Prevention and Control, 2018). For the sake of brevity, these previously mentioned programs are referred to as evidence-based curriculum/programs when comparing them to Escalation. These evidence-based programs have been evaluated in several randomized control trials and as a result relay evidence-based, social-emotional curriculum geared toward implementation as school-based prevention programs to middle school and high school students (National Center for Injury Prevention and Control, 2018). These evidence-based programs have been found to be effective in reducing both perpetration and victimization of physical and sexual dating violence across gender, race, for teen dating violence (TDV). Escalation targets this age group as well.

The content of the aforementioned programs align with Escalation in that they teach skills such as empathy, respect, healthy communication, and healthy conflict resolution in the discussion portion of the workshop (National Center for Injury Prevention and Control, 2018). One difference between these national evidence-based programs and Escalation is that these other national programs implement manualized

curriculum over twenty-one to twenty-four sessions. Escalation is a 1-time, 90-minute workshop. In addition, the national evidence-based programs offer opportunities to practice and reinforce these skills since they are relationally based. Escalation does not have this component and is a concept that may be included in future considerations of The One Love Foundation's products. Another significant difference among these programs and Escalation is that these evidence-based programs equip educators and other "front-line" professionals with the tools to facilitate this program (National Center for Injury Prevention and Control, 2018). Escalation does not necessarily need to be carried out by educators or staff personnel; its emphasis is on peer-led programming.

### **Local Social-Emotional Learning Programs**

Examples of other current prevention programs that exist on a local, state, or regional level include Start Strong Boston: Building Healthy Teen Relationships out of the Boston Public Health Commission, and REACH Beyond Domestic Violence (PAVE-peer based program). These local programs (i.e., Start Strong, PAVE, etc.) works with teens (ages 11 to 18), parents, caregivers, educators, healthcare professionals, domestic violence advocates, and community leaders to build environments that support healthy relationships in an effort to end violence and abuse in relationships (Boston Public Health Commission, n.d.). These programs are similar to Escalation in that they are peer-led; whereas the evidence-based programs previously mentioned, do not necessarily

emphasize this component as a main staple to their programming. Much like Escalation, these local initiatives also strive to relay the importance of exhibiting healthy behaviors in relationships. The difference is that the local programs' reach is geared toward their local communities. This may potentially be due to funding. A similarity of PAVE and Escalation is that peer-leaders are encouraged to create dating violence awareness events and campaigns at their schools to engage their peers in conversations about healthy and unhealthy relationships (REACH, 2016). One notable difference is the duration of training that peer leaders undergo for the local programs versus Escalation. For example, Start Strong peer facilitators complete a 6-week intensive training whereas training for Escalation is completed in a 3-hour virtual training by a staff member at The One Love Foundation in Bronxville, New York (Boston Public Health Commission, n.d; The One Love Foundation, 2010a). Naturally, the content of information within these programs may vary, requiring stringent educational training.

**Healthy relationship programs for couples.** Healthy relationship programs for couples focus on improving relationship dynamics and individual well-being through working on communication, conflict management, and emotion-regulation skills (National Center for Injury Prevention and Control, 2018). Pre-marital Relationship Enhancement Program (PREP) and Behavioral Couples Therapy (BCT) are examples of evidence-based programs for couples who are struggling with unhealthy behaviors. The



couples programs involve multi-session intervention (5 to 21 sessions) focusing on teaching couples skills, techniques and principles designed to enhance positive relationship functioning, and promote effective management of negative affect with the goal of maintaining high relationship functioning and preventing problems from occurring in the relationship (PREP Inc., n.d.; National Center for Injury Prevention and Control, 2018). These programs have been scientifically-based and been empirically tested with many populations (e.g., community-based, active duty military, incarcerated populations) and in various delivery formats (e.g., group delivery, computer-delivered) (Braithwaite & Fincham, 2014; O'Farrell, Fals-Stewart, Murphy, & Murphy, 2003; O'Farrell, Murphy, Stephan, Fals-Stewart, & Murphy, 2004; Schumm, O'Farrell, Murphy, & Fals-Stewart, 2009). They are also founded on evidence-based therapeutic approaches such as cognitive-behavioral marital therapy and communication oriented marital enhancement programs. While Escalation does not have specific curriculum geared toward couples, it welcomes couples to attend the workshop together and learn about healthy relationships. There may be potential for the adoption of a couples discussion guide to Escalation in the future, as they have created a parent discussion guide for Escalation since its introduction to the community in 2010.

**Engaging the bystander.** There is a growing body of literature that communicates that engaging in bystander approaches can prevent IPV (McCauley et al.,

2013). Previous research on bystander effects when it came to alcohol, drug, and other related health behaviors has proven effective and more recently these findings have been applied to bullying, dating violence, and sexual assault (Banyard, 2015; National Center for Injury Prevention and Control, 2018). Some of the programs that currently exist to propel this initiative forward are Bringing in the Bystander and Green Dot. These types of interactions can discourage potential perpetrators from thinking that violence is acceptable. These programs target the college audience on the topic of how relationship violence and sexual violence occur along a continuum from less aggressive to more severe behaviors and provides a component on how to safely intervene (Banyard, Moynihan, & Crossman, 2009; Banyard, Moynihan, & Plante, 2007). Much like the local initiatives mentioned above, these bystander intervention programs offer opportunities to practice these skills and create plans for how individuals should intervene to prevent violence as a bystander. Research has shown that participants in these programs have demonstrated increased self-reports of likelihood to intervene and confidence in ability to intervene (Banyard et al., 2007; Banyard et al., 2009; Moynihan et al., 2015). This is an aspect of programming that Escalation can take into consideration in the future. Within Green Dot specifically, bystander training is conducted in groups by trained facilitators in four to six-hour training sessions and uses interactive activities to reinforce core concepts and encourages students to envision their future and the world in which they want to live,

then aligns their bystander behavior with that vision (National Center for Injury Prevention and Control, 2018). Escalation has a brief training component as well that may consider implementing interactive activities in to their facilitator training model.

### **Tying It All Together**

Escalation and the previously mentioned programs are cultivating a movement where discussing healthy and unhealthy relationships among individuals reduces the stigma surrounding IPV. They all have a slightly different way of approaching the topic (see Table 2). Escalation has an initiative to get adolescents and young adult volunteers nationwide to disseminate the content and conduct their programming (The One Love Foundation, 2010b). This is a unique facet when comparing other nationally recognized programs because the other national programs indicate that professionals and counterparts can be trained to facilitate the multi-session curriculum. The environment that Escalation cultivates, invites a connection from one peer to another, allowing for a more personal experience. When an individual attends a traditional workshop, there can be an underlying presence of a power differential between educator and participant. On the other hand, many of the local and bystander programs elicited an emphasis on a training component to target the relational piece of this material. This is something that is not incorporated into Escalation. Escalation does however, provide an engaging component by using media (i.e., video, social media) to relay their message.

Table 2

*Programs that Aim to Prevent Intimate Partner Violence*

Programs	Approach
1. National Social-Emotional Learning Programs for Individuals: <i>Safe Dates, The Fourth R: Strategies for Healthy Teen Relationships, Expect Respect Support Groups (EPSG)</i>	1. Evidence-based programs implemented by professionals through multi-session manualized curriculum on healthy and unhealthy relationships
2. Local Social-Emotional Learning Programs for Individuals: <i>Start Strong Boston: Building Healthy Teen Relationships out of the Boston Public Health Commission, REACH Beyond Domestic Violence (PAVE-peer based program)</i>	2. Safe and Regional programs committed to educating their communities on healthy and unhealthy relationships; implemented by peer-led facilitators
3. Healthy Relationship Programs for Couples: <i>Pre-marital Relationship Enhancement Program (PREP), Behavioral Couples Therapy (BCT)</i>	3. Evidence-based programs implemented by trained professionals improving relationship dynamics and individual well-being through couple-work on communication, conflict management, and emotion-regulation skills
4. Engaging the Bystander: <i>Bringing in the Bystander, Green Dot</i>	4. Trained peer and professional facilitators target college audiences to address relationship violence and sexual violence and provides a component on how to safely intervene
5. Escalation	5. Trained volunteer facilitators (adolescents and young adults) hosting 2-part, 90-minute workshops (video, guided discussion) to discuss healthy and unhealthy relationships with the ultimate goal of ending relationship abuse

### **Concluding Remarks**

Throughout this chapter, the theories that Escalation was founded on were conceptualized and the bystander intervention model was introduced to deliver a comprehensive outlook on relevant research that illustrates the bystander effect as it relates to IPV. There was also an overview of healthy and unhealthy relationship characteristics and an exploration of variables that may result in individuals who experience IPV staying in these abusive relationships. Lastly, national and local psychoeducational programs geared toward adolescent to young-adult populations on healthy relationship characteristics, were discussed to provide an outlook of the importance of evidence-based curriculum, and to compare and contrast their similarities and differences to Escalation. There was not another national program that mentioned a specific emphasis on peer-led programming to relay the message of healthy and unhealthy relationships in an effort to end IPV. This makes The One Love Foundation and its programming unique on a national level.

Just as the other national programs have been validated, it is imperative to conduct standardized research on Escalation. The following chapter will provide information as to how a Rapid Feedback Evaluation (RFE) will be conducted in order to evaluate Escalation's effectiveness. The research questions set forth are sought to be answered by the RFE.

### **Proposed Research Questions**

1. After participating in Escalation, do participants have a greater understanding of the warning signs of relationship violence?

**Hypothesis 1:** When participants engage in Escalation, they will have a 10% greater understanding of the warning signs of relationship abuse.

2. After participating in Escalation, will participants be prepared to speak about relationship violence with individuals?

**Hypothesis 2:** When participants engage in Escalation, they will be/feel 25% more equipped to discuss relationship violence with individuals.

3. After participating in Escalation, will participants understand the differences between healthy and unhealthy relationships?

**Hypothesis 3:** When participants engage in Escalation, they will have a 10% greater understanding of the differences between healthy and unhealthy relationships.

4. After participating in Escalation, will participants be able to recognize the behaviors associated with emotional abuse?

**Hypothesis 4:** When participants engage in Escalation, they will have a 25% greater ability to recognize behaviors associated with emotional abuse.

5. After participating in Escalation, are participants more likely to join The One Love Foundation's local organization known as Team One Love on their campus or get involved in a similar organization?

**Hypothesis 5:** When participants engage in Escalation, they will have a 10% greater desire to join The One Love Foundation's local organization known as Team One Love or a similar organization.

By answering these questions, greater information will be ascertained in order to illustrate that the target messages in Escalation are in fact being communicated and comprehended when individuals are engaging in the workshop, and if not, relevant changes to content can be made.

## CHAPTER III

### METHODOLOGY

An overview of the methodology used to evaluate Escalation is provided. Ample description is provided for the reader to be able to visualize the study as it would be conducted in real time. The intricacies of the RFE are expanded upon and inclusive of recruitment, data collection, and analyses used to answer the research questions. More specifically, the sample, research team, measures, materials, logistics of Escalation, research design, and statistical analyses are discussed in depth.

#### **Research Design**

This study used a RFE to examine Escalation with a convenience sample without control groups. Carrying out the RFE required the identification of key evaluation questions that needed to be answered (i.e., research questions), the information or sources where the information would be derived from, the scope and methodology of data reliability, limitations, and what this analysis would ultimately leave The One Love Foundation with (Wholey, 2010). Trained facilitators employed a pretest-posttest method. All variables were categorical, and Escalation was the moderating variable that aimed to change the relationship between participants' initial awareness or lack thereof, and their understanding post workshop. This process is mapped out in a sample design matrix (see Appendix H).



## **Rapid Feedback Evaluation**

RFE's and small-sample studies are carried out with 'large enough' samples used to test data collection instruments (i.e., survey), but still kept small enough to answer the guiding research questions so that stakeholders (i.e., The One Love Foundation) can understand the program's effectiveness and potentially lead to a larger and more diverse evaluation in the future (Wholey, 2010). This RFE was a preliminary exploratory evaluation (i.e., pilot study) with a small-study sample that produced findings that lend toward helping future evaluators identify priorities for future evaluation work. According to Wholey (2010), five steps need to be followed when conducting the RFE, and for the future this ensures that measures were tested, can be modified, and can be put forth into continuing evaluations of Escalation. In the following sections, Wholey's (2010) five steps outline and address how this RFE was carried out in relation to The One Love Foundation's Escalation Workshop.

**Step one.** The first of the five steps to carrying out the RFE was collecting and examining existing data on The One Love Foundation's Escalation Workshop (Wholey, 2010). This was a preliminary study and there was no data that had been previously collected from any other sources that could have assisted with narrowing the scope of the proposed research questions. The development of a new survey was necessary to effectively cater to the specific content of the Escalation Workshop.

**Step two.** The second step in conducting the RFE was collecting new data on program performance. Based on the research questions set forth, new data were collected by evaluating participant's understanding of healthy and unhealthy relationships before and after the workshop, as well as gaining their understanding of emotional abuse, whether they felt equipped to go speak to a friend who may need help, and if they had a better understanding of what a healthy relationship looked like post-Escalation. The survey determined if Escalation was effective in meeting those goals. Since there were new data collection instruments being implemented, this step was particularly important in examining whether those instruments could be used or modified in the future for other studies that The One Love Foundation may choose to carry out.

**Step three.** Step three looked at estimating program effectiveness and stating the range of uncertainty in the estimates. This stage consisted of examining previous data and new data to estimate program effectiveness and state the uncertainty or limitations (e.g., small sample sizes, etc.). This stage was important for introducing future considerations on why a larger scale study would help solidify current findings. By being able to pinpoint uncertainty in this phase, it would help to plan for remediation of the survey if needed and to strengthen reliability for future research. This helped lead to the fourth step, which looked at developing and analyzing designs for a more definitive and expansive evaluation moving forward.

**Step four.** At this stage, evaluators examined the strengths and weaknesses of measures and put forth the potential risks and rewards of conducting the evaluation using alternative variables (i.e., sample-size, non-experimental, experimental, etc.). Data collection ceased at this stage and was cleaned with the intention of analyzing the data next.

**Step five.** The last step notes that it is important to present findings, relay any concerns toward the program's effectiveness, and provide options for policy and management using the findings gathered from the RFE. This ultimately helped the intended users (i.e., The One Love Foundation) to prepare for considerations and modifications of Escalation and future evaluations.

### **Sample**

**Participants.** A convenience sample was obtained from students enrolled at Texas Woman's University (TWU), a tier-two university in Southwestern United States. The campus' population is 87% female and 13% male (Texas Woman's University Office of Institutional Research & Data Management, 2018; United States News and World Report, 2018). Male participants were included in the sample, however, the assumption held true that there were a greater number of female participants over males due to the general nature of the admissions demographics of the university. Inclusion criteria for the study called for only individuals currently enrolled at TWU between the

ages of 18 and 26. The reason for narrowing the age demographic was to eliminate potential outliers who would be in different developmental stages of their lives, which could have potentially played a confounding role due to their varying opinions/relatability to the content of Escalation. According to national statistics, the age range chosen is also at greatest risk for victimization (National Coalition Against Domestic Violence, 2017). The sample size for this evaluation was projected to be between 100 and 150 participants. The sample size was determined utilizing a sample size calculator that used a formula to compute the 90% confidence level (z-score 1.65), margin of error (7-10%), and estimated prevalence of the variable of interest (Field, 2015; SurveyMonkey, 2018). Data that was excluded is accounted for in Chapter Four, Results. Attrition from post-Escalation surveys to the 2-month follow up survey is discussed in Chapter Four and Five, Results and Discussion.

**Recruitment of participants.** The recruitment of participants occurred through multiple avenues across TWU. Escalation was posted on Sona-Systems; a university research management software, where any student who had to fulfill a research requirement for an undergraduate class could sign-up to participate in this or other ongoing research projects across the university. On Sona-Systems, a thorough description of Escalation was provided, including that the content could be emotionally triggering; prior to signing up to participate in the study. In addition, Team One Love at Texas

Woman's University (Team One Love at TWU) is the local campus organization that regularly collaborates with a multitude of recognized organizations on campus (e.g., Residence Hall Association, TWU Athletics Department, Greek Life, etc.) to host Escalation with their members. Recruitment for participation in this research also took place during these collaborative events. Throughout the academic year, individual instructors have requested that Team One Love at TWU come to host a workshop during a class period (i.e., discussion on healthy relationships in Developmental Psychology PSY 1603, etc.). The overview of Escalation and its contents is reviewed in advance with professors via electronic correspondence (i.e., email) to provide professors with an idea of what to expect the day of the workshop. Aside from Sona-Systems, Escalation was run with one undergraduate psychology course during recruitment for this study. Students in the classroom setting were offered the opportunity to voluntarily participate in this research project. Other methods of marketing the study such as flyers and/or advertisements were not used to recruit participants.

To promote recruitment participants earned research credits if they signed up through Sona-System. During other workshops that were in collaboration with other organizations, free food and drinks or snacks were provided. No other incentives were provided for initial participation in the evaluation. To promote retention for the 2-month follow up survey, participants were given a \$5.00 Starbucks gift card after completion of

this portion of the study. Greater detail of the time span spent on recruitment in this evaluation is discussed in the Procedure section of this chapter.

### **Research Team**

Trained peer-facilitators of differing backgrounds, skills, interests, and experiences (e.g., graduate and undergraduates of differing majors, etc.) generally facilitate Escalation. In order to have an accurate scope of the way Escalation is run, it was important to have peer facilitators involved in hosting the workshops and administering the survey, rather than a single individual, (i.e., the principal investigator of this study) running all of the workshops. Therefore, a research team was created from a group of volunteers, both graduate and undergraduate students, who completed the formal One Love Facilitator Training provided by One Love (Rothman et al., 2015; The One Love Foundation, 2010b). The research team consisted of members of Team One Love at TWU who were under the direction of the principle investigator, who at the time of this evaluation, was also the president of Team One Love at TWU. Five Team One Love at TWU members were previously and specifically trained to facilitate Escalation. Of note, in order to become a facilitator and a member of Team One Love at TWU, each individual is required to complete two steps. First, the interested newcomer has to attend Escalation as a participant to see the full effect of how a workshop is carried out. If there is still a desire to become a member after the initial participation, the new member then

undergoes facilitator training to become fully equipped with the information and tools needed to individually host Escalation. The facilitator training is a three-hour virtual seminar hosted by a staff member from The One Love Foundation's national team in Bronxville, New York. During this seminar, The One Love Foundation's staff member educates future facilitators on Escalation's structured discussion guide, which is used during the second portion of the workshop: the guided discussion. More specifically, during the training the staff member reviews, processes, and answers any questions regarding the structured discussion guide that is used to facilitate each discussion portion of Escalation.

### **Measures and Materials**

**Survey.** Existing validated surveys and questionnaires on IPV, the bystander effect, and attitudes toward healthy and unhealthy relationships were examined to see if content aligned with the goals that Escalation was founded on. After a thorough review (i.e., examining surveys on CDC, WHO, NIH) of pre-existing validated material, it was determined that specific wording could be derived from these measures, but a specific measure in itself did not relay the information needed to assess the goals of Escalation. Therefore, a customized survey was developed to evaluate Escalation by the principal investigator and Nicole Daley, the Director of Evaluation and Management at The One Love Foundation in Bronxville, New York.

The founding teaching principles of Escalation (i.e., understanding of healthy and unhealthy relationships, bystander intervention, recognition of emotional abuse, and desire to get involved, connectedness, and understanding of national and community resources for IPV intervention) were used to develop research and survey questions. More specifically, questions one through five were hypothetical scenario questions targeting five healthy characteristics (e.g., independence, responsibility, communication, trust, honesty), questions six through ten targeted five unhealthy characteristics (e.g., betrayal, intensity, jealousy, guilting, volatility) and 10 bystander intervention questions (i.e., #11-17; e.g., belittling, sabotage, isolation, etc.) were asked and paired with closed, choice questions (i.e., Likert scales, etc.) aimed at deriving quantifiable information on participants' perceptions and attitudes (The One Love Foundation, 2010c; The One Love Foundation, 2010d).

In this evaluation, 'scenarios' were understood to be a custom-made set of structured narrative descriptions of plausible events, manufactured to examine the perceptions and attitudes of individuals across three time points (i.e., pre-, post-, & 2-months after) who participated in Escalation. Across disciplines (i.e., ecology, environmental sciences, sociology, psychology, international business/relations, etc.), research has shown that when scenario questions are used as a scholarly methodology, they help to elicit diversity of responses, challenge existing assumptions, contribute new



and interesting insights, infer connections amongst variables, perpetuate novel inquiries and arguments, broaden the range of causal relationships, link present and future, and enable new research opportunities to emerge (Han, 2011; Ramirez, Mukherjee, Vezzoli, Kramer, 2015; Schnaars, 1987; van der Heijden, 2005). This research ‘tool’ produces interesting findings that are capable of tracking social change in ways that hold promise for better understanding and provoking action of addressing complex issues (Ramirez, et al., 2015). Alongside scenario questions, the survey included several qualitative/exploratory options mainly to provide an option for the participant to give greater qualitative information in support of several Likert scale questions (e.g., Was there anything that would have helped you feel more connected to your group?).

Using Likert scale questions offered a psychometric scale with opposite answer options (e.g., ‘not at all’, ‘somewhat’, ‘very much’, etc.) that allowed for a range in opinion. A numerical range of one to seven was used for the Likert scale answer choices. Research has shown that when examining perception and attitudes, the accuracy of results and information obtained from these types of questions is robust (Han, 2011; Ramirez, et al., 2015). Among the scenario questions in the survey, basic demographic questions were asked in an open-ended manner rather than providing check boxes to gather this information (e.g., age, sexual orientation, ethnicity, etc.). Email addresses

were collected and used to link participants together across time points. No other identifying information was requested.

The format of this evaluation was longitudinal. Surveys were distributed pre-Escalation, post-Escalation, as well as a 2-month follow up survey post-Escalation. The pre-, post-, and 2-month follow up surveys included synonymous scenario questions to assess for change and retention of information. The post-Escalation survey had additional questions to assess for understanding, the desire to get involved in the organization, and the desire/willingness to intervene. The 2-month follow up survey also asked participants if they had used the information provided to them since completing the workshop to assess for engagement and use of resources (see Table 3). The pre- and post-Escalation surveys were disseminated in person (i.e., paper and pencil) while the 2-month follow up was administered strictly online via PsychData. The pre-Escalation survey consisted of 22 questions, the post-Escalation survey consisted of 29 questions, and the 2-month follow up consisted of 24 questions, all designed to assess the stated research questions (see Appendices A, B, & C).

Table 3

*Matching Research Questions to Survey Questions and Statistical Analysis*

<b>Research Question</b>	<b>Survey Questions</b>	<b>Statistical Analysis</b>
1. After participating in Escalation, do participants have a greater understanding of the warning signs of relationship violence?	Pretest #1-#10/Posttest #1-10/2-month Follow Up #1-10	Repeated Measures ANOVA
2. After participating in Escalation, will participants be prepared to speak about relationship violence with individuals?	Pretest #11-17/Posttest #11-17/2-month Follow Up #11-17	Repeated Measures ANOVA
3. After participating in Escalation, will participants understand the differences between healthy and unhealthy relationship behaviors?	Pretest #18/Posttest #18	Pair Sample T-Test
4. After participating in Escalation, will participants be able to recognize the behaviors associated with emotional abuse?	Posttest #19 /Posttest#19	Pair Sample T-Test
5. After participating in Escalation, are participants more likely to join The One Love Foundation's local organization known as Team One Love on their campus or get involved in a similar organization?	Pretest #20/Posttest #20	Pair Sample T-Test

***Method of survey sampling.*** The survey used for this study was specifically developed to evaluate The One Love Foundation's Escalation Workshop. In order to validate the newly created survey, an expert panel was implemented to evaluate the content prior to administering the survey to the target population. The expert panel consisted of the dissertation committee and clinical research assistants at the Trauma Research Center at Baylor Scott & White Health-Dallas Campus who have previous

experience generating research studies and their materials. After the review by the experts, the final surveys were completed based on the incorporation of their feedback and suggestions.

**Escalation workshop discussion guide.** Dr. Emily Rothman et al. created the discussion guide for Escalation to help facilitate the discussion portion of the workshop (Rothman et al., 2015). This discussion guide served as a manual for the facilitator to be able to process information, lead the discussion with specific thought provoking questions related to the video participants previously watched, provide individuals with the tools to recognize the warning signs of relationship abuse, help participants understand the difference between healthy and unhealthy relationship behaviors, illustrate ways to safely intervene with a friend who may be experiencing abuse or the warning signs of abuse, and to inspire individuals to create and expand this movement in their communities to end relationship violence. The discussion guide is systematic in the sense that the facilitator is able to relay questions in sequence with the video that participants previously watched and touches on the significant topics that Escalation was intended to address. The discussion guide also includes teaching points that highlight the major themes of unhealthy and healthy behaviors so that the facilitator has specific remarks and comments that correlate with questions/information being discussed (Rothman et al., 2015; see Appendix D). While the discussion guide is systematic, the workshops are fluid

and not sequential causing a semi-structured workshop format. The semi-structured format was followed for this initial pilot evaluation; all the points in the discussion manual were addressed, however, not in the specific sequence in which the manual is written.

### **Logistics of Escalation**

Traditionally, individuals participate in Escalation as members of recognized organizations on campus (i.e., Greek Life, Residence Hall Association, etc.) or as a class period for a course they are enrolled in. Their organization leader or professor provides them with a room number, date, and time where Escalation will take place. For this evaluation, participants who signed up through Sona-Systems were in cohorts of 10 and workshops took place in the library conference room. When these participants entered the room they were greeted by Team One Love at TWU facilitators and only asked to provide their Sona-System ID number if not all 10 participants showed for that workshop, in order to ensure participants received their Sona-System credit. This information was entirely separate from the program evaluation survey data being collected and was discarded (i.e., shredded in secure disposal) immediately following the workshop. When the participants first entered the room, each individual was given a resource sheet (see Appendix E) with local and national organizations that are available to assist with issues related to IPV. Team One Love at TWU facilitators then provided an introductory

statement (see Appendix F) which was inclusive of introducing themselves and giving a brief overview of how The One Love Foundation began, two disclaimers (i.e., trigger warning and diversity statement) prior to starting the first portion (i.e., video) of the workshop, and a brief explanation of the research study. For participants engaging in the workshop as part of a course, they initially watched the video as a collective group and were then broken up into smaller groups of 10 for the guided discussion.

After the introduction of the facilitators and Escalation, the 38-minute video was launched and all participants viewed it in its entirety. Once the video was complete, a moment of silence was provided to allow students to breathe and collect their emotions if needed. The remaining portion of the workshop was conversational, using the video as a catalyst to start a conversation about the dynamics of healthy and unhealthy relationship behaviors in various types of relationships. During this portion, the facilitator used the Escalation discussion guide, addressing all of the questions in the guide. The discussion portion lasted approximately one hour until all of the points in the discussion guide were covered. At times, the discussion lasted more than one hour, which depended on how engaged (i.e., verbally expressive) the group was. Overall, it is estimated that 90 minutes is sufficient to conduct Escalation and all sessions were completed within that time frame for this study. For the conclusion of the workshop, facilitators relayed activities and

events that Team One Love at TWU hosts and participants were encouraged to join the organization if desired.

**Data collection.** Approval for this study was applied for and received through the Texas Woman's University's Institutional Review Board (IRB) and The One Love Foundation's executive board. Upon approval from both entities, the survey was disseminated via paper format during the physical workshop and in electronic format (PsychData) for the 2-month follow up survey. The pre-Escalation survey was initiated once participants had taken their seats and the facilitator gave their introductory statement. This was prior to beginning of the video portion of Escalation. After this was completed, the 38-minute video began. Once the video was over, participants were either already in groups of 10 or were broken into groups of 10 and began the guided discussion portion of the workshop. Once the facilitator finished the guided discussion portion of Escalation, the participants began the post-Escalation survey. At the bottom of the paper format of the pre- and post-Escalation surveys, a box was included for participants' email addresses. Participants were asked to provide their email addresses to be able to contact them to fill out an electronic 2-month follow up survey. Having the email addresses at the bottom of each survey made it efficient to cut off each box and staple them together to link participant surveys with one another across time points. For the 2-month follow up survey on PsychData, participants' anonymity was protected by the electronic submission

of the survey and only asked for their email address once more to link their participant identification code (provided on PsychData) to the email address provided initially. This information was logged into an excel spreadsheet and then later transferred into Statistical Package of Social Sciences (SPSS). It was important that participants utilized the same email address across all three time points to pair them correctly. Participants who completed the 2-month follow up survey received a \$5.00 Starbucks gift card. At the 2-month mark, participants were contacted with a request to complete the follow up survey and provided a link to access it. For those who did not complete the follow up survey after the first contact, they were contacted two additional times within a 3-week period. If they did not complete the follow-up survey at the end of the 3-week period, their data were not utilized for Research Questions 1 and 2, but was utilized for Research Questions 3 through 5.

### **Ethical Considerations**

A disclaimer relaying a potential for emotional discomfort was provided at the beginning of each survey, explaining that this survey requested sensitive information and stated that participants could skip questions of this nature if desired. Participants also had the option to discontinue the survey at any point if they chose. In addition, a statement regarding confidentiality and the extent to which confidentiality would be attempted to be protected was provided.



**Confidentiality.** Every effort was made to maintain the confidentiality of the participants in this study. All documents (i.e., surveys, strips of paper containing email addresses, etc.) were kept in a filing cabinet in a locked room. Data obtained from participants was entered into a database specifically designed for data collection (i.e., SPSS & Microsoft Excel) and was password protected. The SPSS database was inclusive of the data from the pre-, post, and 2-month follow up Escalation surveys. The Excel database was organized based on the participant's identification number, email address, date of the workshop they attended, and the facilitator who held the workshop. Only the principle investigator, dissertation committee, and statistician working in the Center of Research and Design Analysis (CRDA) at TWU had access to the data. Pre- and post-Escalation survey data were collected over the course of 3 months (December 2018-February 2019). Those who initially participated in Escalation were contacted via email 2 months after the date of their workshop. After all data were collected, the data were cleaned and analyzed with SPSS. Any qualitative information derived from the survey was used to augment the results (i.e., Chapter Four). For a complete overview of the research process, please see the logic model (see Appendix G).

**Funding.** Monetary compensation (\$5.00 Starbucks gift card) was provided to each participant who completed the 2-month follow up survey through the principal investigator's personal funds. Food and beverage costs were applied for, approved, and

paid for through the TWU Student Organization Council's Student Organization Programming Fund.

### **Statistical Analyses**

After the data file was cleaned and checked for assumptions, statistical analyses were selected based on what the research questions sought to answer. The paired *t*-test is generally used when measurements are taken from the same subject before and after manipulation (i.e., Escalation; Statistical Solutions, 2019). For research questions that focused on understanding the differences between two time points pertaining to healthy and unhealthy relationship behaviors, being able to recognize the behaviors associated with emotional abuse, and a desire to get involved The One Love Foundation's local organization known as Team One Love on their campus or a similar organization (i.e., pre- and post-Escalation survey questions 18, 19, & 20), paired-sample *t*-tests were used. A repeated measures ANOVA is used to test the effects of a continuous dependent variable measured several times for related, not independent groups (Statistical Solutions, 2019). For research questions that focused on multiple time points (i.e., pre-, post-, and 2-month follow up-Escalation surveys) a repeated measures ANOVA with Wilks' Lambda was used. For analysis of Research Question One, the unhealthy questions were reverse scored so 7 was unhealthy and 1 was healthy and questions 1 through 5 were analyzed

separately from question 6 through 10. A probability level of less than 0.05 was considered statistically significant.

Reliability analysis was conducted on the survey questions 1-5, 6-10, and 11-17, at pre-, post-, and 2-month follow up, which sought to prove Research Questions 1 and 2 (see Table 4). For Research Question 1, the healthy questions (questions 1-5) were not found to be reliable at any time point, and the unhealthy component (questions 6-10) were analyzed across time points and were found to be reliable. For Research Question 2, questions 11-17 were found to be highly reliable at all time points. The small number of questions (i.e., 5 questions to analyze understanding of healthy relationships and 5 questions to analyze understanding of unhealthy relationships) also needs to be taken into consideration when weighing the degree of reliability of each research question because having fewer items lowers the strength of the reliability.

Table 4

*Reliability Analysis for Research Questions*

	Cronbach's Alpha
Research Question 1	
Pre-Escalation Questions 1-5	.123
Post-Escalation 1-5	.444
2-Month Follow Up 1-5	.477
Pre-Escalation Questions 6-10	.651
Post-Escalation 6-10	.661
2-Month Follow Up 6-10	.742
Research Question 2	
Pre-Escalation Questions 11-17	.831

Post-Escalation Questions 11-17	.921
2-Month Follow Up 11-17	.902

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### **Summary**

This chapter presented a thorough outline of the research design (i.e., RFE) used to conduct an evaluation of Escalation, along with a detailed description of data collection procedures. The sample, research team, measures, materials, logistics of Escalation, and proposed statistical analyses were presented and discussed in depth. Results of the data analyses are presented in the following chapter.

## CHAPTER IV

### RESULTS

This chapter presents the results of the pilot program evaluation of Escalation, including a preliminary descriptive analysis of the variables that were obtained in the dataset, and primary analyses to address each research question (see Chapters One and Three). As stated in the previous chapter, data from the pre-Escalation, post-Escalation, and 2-month follow up surveys were analyzed using repeated measures ANOVA and paired sample *t*-test as recommended by Field (2015). All measures were parametric. For research questions that involved solely pre- and post-Escalation survey data, analyses were conducted based on 152 participants who met inclusion criteria. Research questions that pertained to the 2-month follow up survey, data was analyzed based on the 90 individuals who completed the follow-up survey. The attrition rate was approximately 40% from the post-Escalation survey to the 2-month follow up survey.

#### **Preliminary Analysis**

##### **Descriptive Statistics**

Frequencies and percentages of the demographic information for all participants are provided in the table below (see Table 5). Overall, the sample was consistent with demographic statistics of TWU (see Chapter Three), which predominantly consisted of Caucasian female participants who were between the ages of 18 and 26 (Texas Woman's

University Office of Institutional Research & Data Management, 2019). A preliminary concern was that some participants would have already been exposed to this topic through their participation in a university-required multiculturalism course. When asked, 35% ( $N = 56$ ) of participants had previously taken the multicultural women's studies course and/or already attended another workshop, class, or seminar that addressed healthy and unhealthy relationship dynamics. The implications of this factor will be addressed further in the Limitations section of this study.

Table 5

*Mean, Frequencies, and Percentages for Demographic Variables*

	<i>M</i>	<i>n</i>	%
Age			
18		49	32.2
19		40	26.3
20		25	16.4
21		16	10.5
22		5	3.3
23		7	4.6
24		6	3.9
25		1	.7
26		3	2.0
Total	19.71	152	
Gender			
Female		137	90.1
Male		12	7.9
Gender Queer		1	.7
Non-disclosing		2	1.3
Race			
White/Caucasian		63	41.4

Black/African American	37	24.3
Latino	31	20.4
Asian	14	9.2
Middle Eastern/Arab	1	.7
Native American	1	.7
Non-disclosing	5	3.3
Ethnicity		
Hispanic/Latino	52	34.2
Non-Hispanic	97	63.8
Non-disclosing	3	2.0
Sexual Orientation		
Asexual	1	.7
Heterosexual	122	80.3
Lesbian/Gay	7	4.6
Pansexual	4	2.6
Bisexual	11	7.2
Non-disclosing	7	4.6

*Note.* *N* not equal to 161 reflects exclusion criteria (e.g., age).

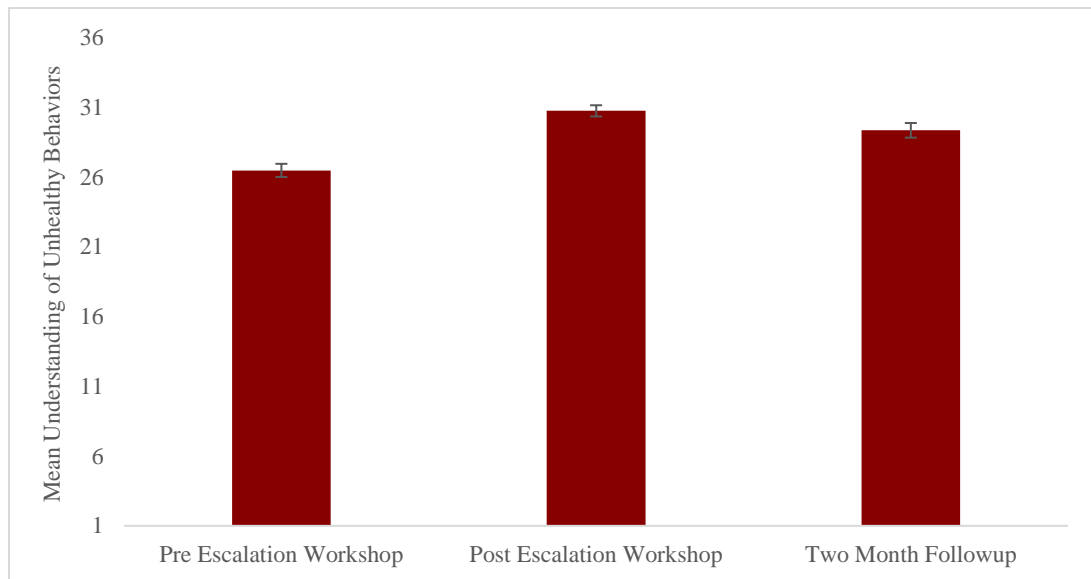
### **Primary Analyses**

Parametric tests were used to examine the following research questions as outlined earlier in this dissertation.

#### **Research Question One**

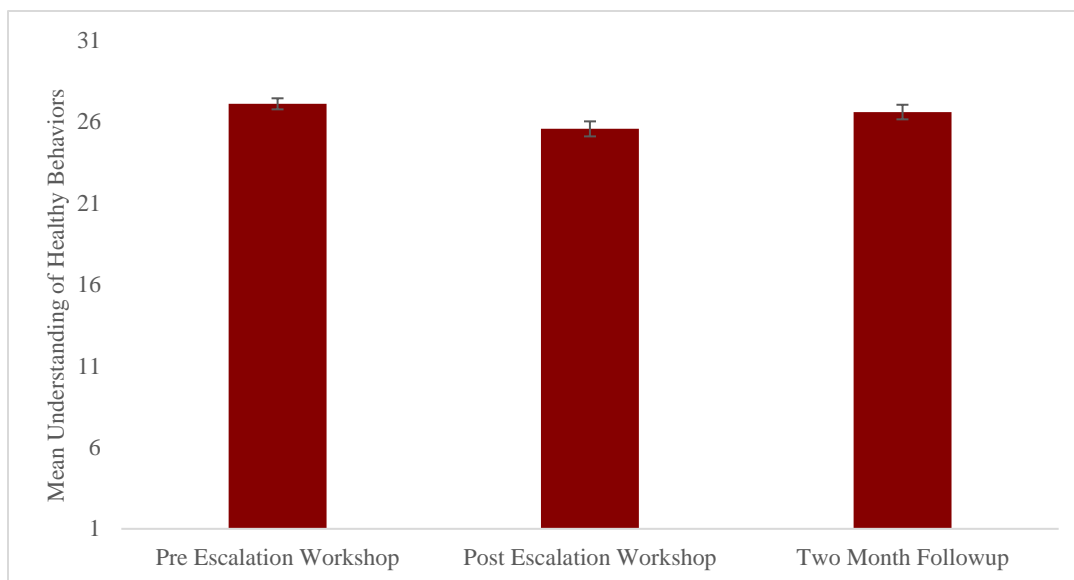
A repeated measures ANOVA was conducted to evaluate whether the participants' understanding of the warning signs associated with relationship abuse significantly increased from pre-Escalation to post-Escalation, and if these findings were sustained two months after participating in the workshop. As shown in Figure 3, results revealed a significant increase in understanding of unhealthy relationship dynamics associated with relationship abuse from pre-Escalation ( $M = 26.47$ ,  $SD = 4.33$ ) to post-

Escalation ( $M = 30.51$ ,  $SD = 4.18$ ), and this finding held true two months after the workshop ( $M = 29.22$ ,  $SD = 4.84$ ) but decreased slightly,  $F(2, 86) = 48.834$ ,  $p < .001$ ,  $\eta^2 = .532$ . Figure 4 on the other hand displays decrease in understanding of healthy behaviors of relationships, but increased during the follow up period,  $F(2, 87) = 6.891$ ,  $p < .001$ ,  $\eta^2 = .137$ .



*Figure 3.* Identification/Understanding of Unhealthy Behaviors.

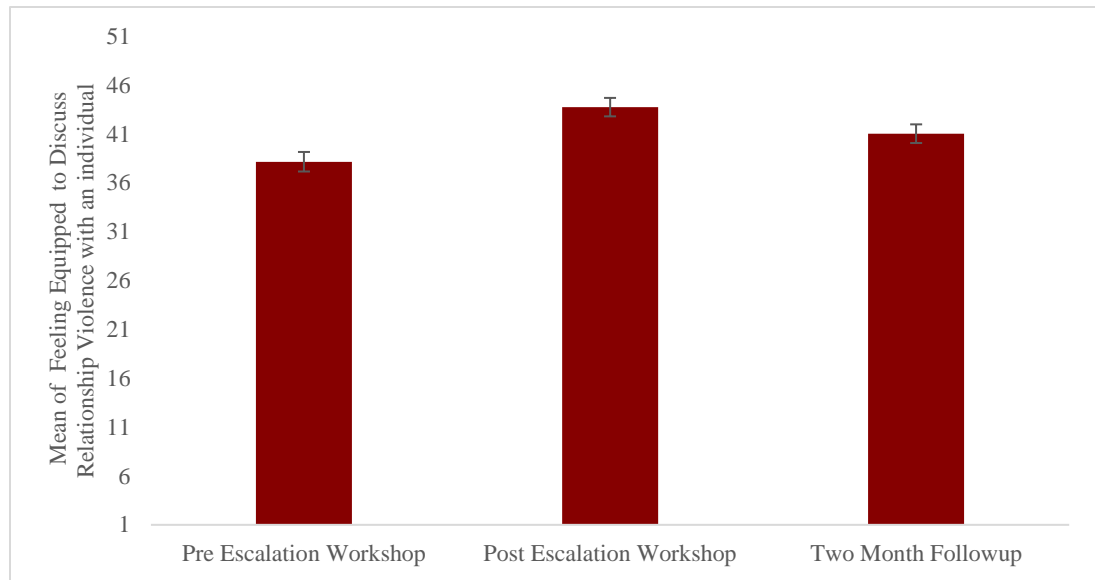




*Figure 4. Identification/Understanding of Healthy Behaviors.*

## **Research Question Two**

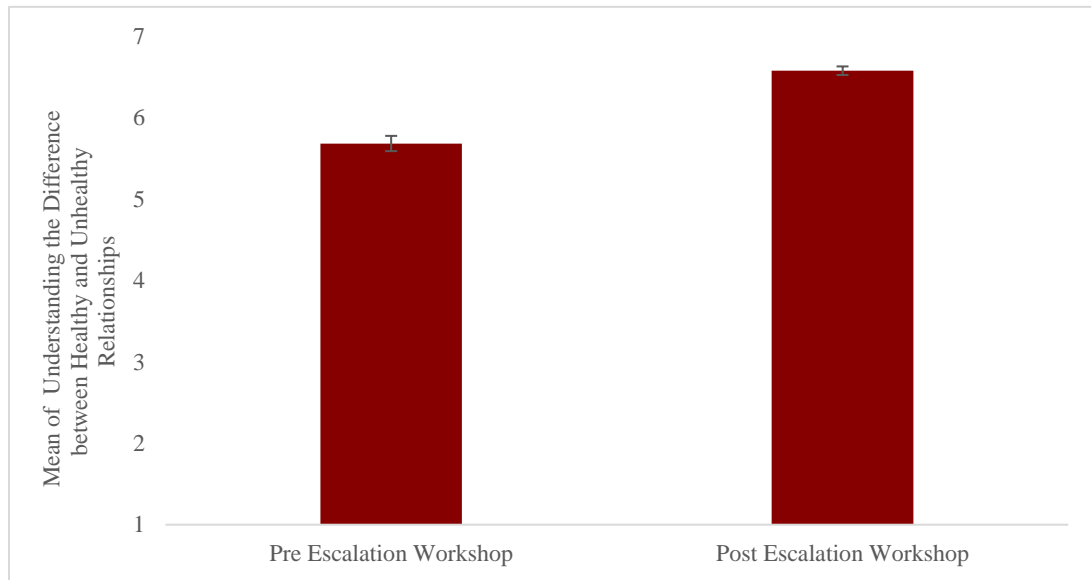
A repeated measures ANOVA was conducted to evaluate whether there was a significant increase in participants feeling more equipped to discuss relationship violence with individuals from pre-Escalation to post-Escalation, and if these findings sustained 2 months after participating in the workshop. As shown in Figure 5, results revealed a significant increase in participants feeling better equipped to discuss relationship violence with individuals from pre-Escalation ( $M = 38.16$ ,  $SD = 9.28$ ) to post-Escalation ( $M = 43.75$ ,  $SD = 8.71$ ), and this finding also held true two months after the workshop ( $M = 41.04$ ,  $SD = 8.81$ ),  $F(2, 83) = 33.142$ ,  $p < .001$ ,  $\eta^2 = .215$ .



*Figure 5. Equipped to Discuss Relationship Violence with an Individual.*

### **Research Question Three**

A paired-samples *t*-test was conducted to evaluate whether there was a significant increase in participants understanding of the differences between healthy and unhealthy relationships. As shown in Figure 6, results revealed a significant difference in understanding of the differences between healthy and unhealthy relationships from pre-Escalation ( $M = 5.68$ ,  $SD = 1.15$ ) to post-Escalation ( $M = 6.58$ ,  $SD = .65$ ). These results suggest that Escalation significantly increased participants' preliminary understanding of healthy and unhealthy relationship characteristics,  $t(150) = -10.627$ ,  $p < 0.001$ .



*Figure 6.* Understanding the Difference between Healthy and Unhealthy Relationships.

#### **Research Question Four**

A paired-samples *t*-test was conducted to evaluate whether there was a significant increase in participants' ability to recognize behaviors associated with emotional abuse. As shown in Figure 7, results revealed a significant difference in recognizing behaviors associated with emotional abuse from pre-Escalation ( $M = 5.57$ ,  $SD = 1.37$ ) to post-Escalation ( $M = 6.55$ ,  $SD = .68$ ). These results suggest that Escalation significantly increased participants' recognition of behaviors associated with emotional abuse,  $t(151) = -10.231$ ,  $p < 0.001$ .

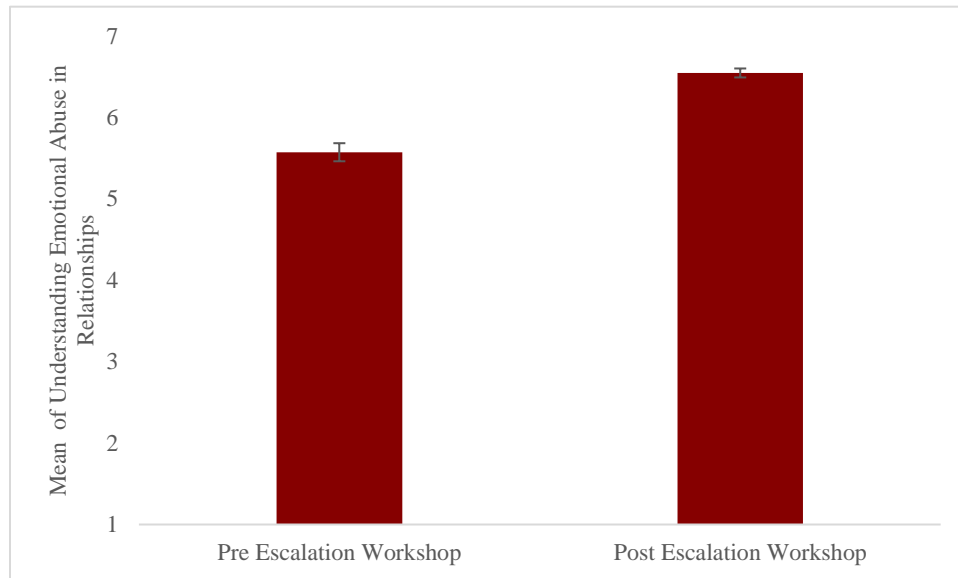
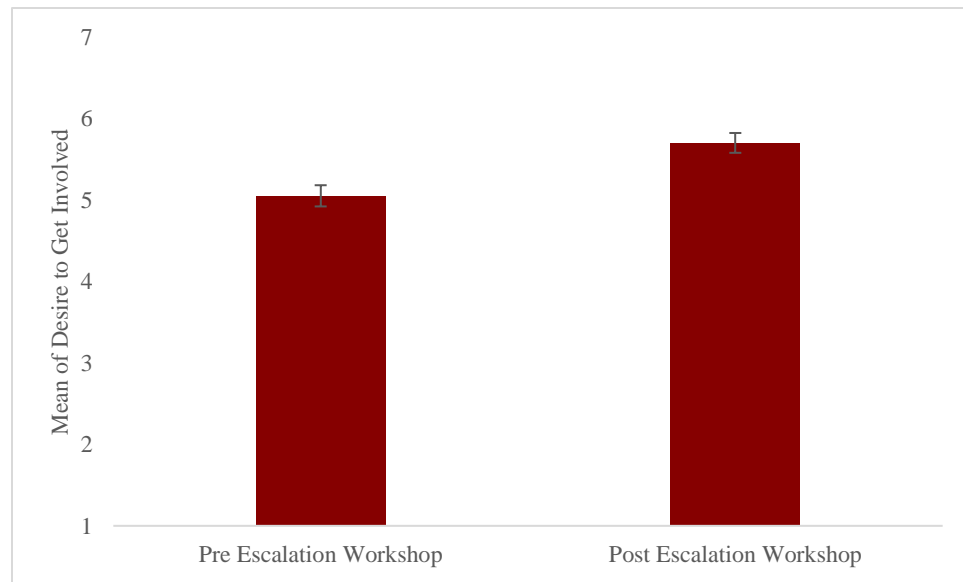


Figure 7. Understanding Emotional Abuse in Relationships.

### Research Question Five

A paired-samples *t*-test was conducted to evaluate whether there was a significant increase in participants' desire to join The One Love Foundation's local organization known as Team One Love or a similar organization. As shown in Figure 8, results revealed a significant difference in the desire to join The One Love Foundation's local organization known as Team One Love or a similar organization from pre-Escalation ( $M = 5.05$ ,  $SD = 1.60$ ) to post-Escalation ( $M = 5.70$ ,  $SD = 1.49$ ). These results suggest that Escalation significantly increased participants' desire to join The One Love Foundation's

local organization known as Team One Love or a similar organization,  $t(149) = -7.034, p < 0.001$ .



*Figure 8.* Desire to Get Involved in an Organization that Raises Awareness of Healthy and Unhealthy Relationships.

### **Supplemental/Qualitative Findings**

In addition to the research questions, several supplemental questions and validity checks were asked during the post-Escalation survey and 2-month follow up survey. Questions from the post-Escalation survey consisted of evaluating the participants' overall experience after the workshop through their connectedness to the facilitators, the other participants, and other factors. Participants (98%) noted feeling either “connected to” or “extremely connected” (i.e., 4 or greater on Likert scale) with the peer-led facilitator. Almost 98% of participants rated a range of feeling “connected to” or

“extremely connected” (i.e., 4 or greater on Likert scale) to other peers who were participating in the workshop with them. Participants (98%) noted feeling “somewhat” to “definitely likely” (i.e., 4 or greater on Likert scale) to recommend Escalation to someone else. Participants (64%) disclosed that they had experienced unhealthy characteristics in a relationship. In general, participants indicated that they felt more informed of the resources available in their community if they needed to help a friend or themselves. Participants also indicated that there was not anything else that they would recommend that would help participants feel more connected throughout the workshop. Question 25 of the post-Escalation survey (i.e., asking participants to rank order (1-9) what resource they would seek first, second, third, and so forth if they experienced IPV) was removed from analysis due to majority of participants not including a response or not filling out the options as instructed.

On the 2-month follow up survey, participants ( $N = 88$ ) were asked if they had done anything with the information they were presented. During this time period, 46.6% of participants ( $N = 41/88$ ) intervened with a friend and used conversation without the supplemental resource sheet as their method of intervention. When participants were asked how many times they had used the information (i.e., resource sheet, OneLove one-page fact sheet) from the workshop, 27.1% participants did not use it at all, 50.6% used

or shared it one to two times, 17.6% used or shared it three to four times, and 4.7% used or shared it five or more times, as seen in Table 6.

Table 6

*Participants' Use of the Information with Others Two Months After Workshop*

	<i>n</i>	%
Times shared information		
Not at all	23	27.1
One to two times	43	50.6
Three to four times	15	17.6
Five or more times	4	4.7

For those that utilized the information from Escalation, 28 participants provided qualitative feedback that it went well, was a difficult conversation to have but the friend was receptive, or that they made a change within themselves. Several participants commented and provided feedback for future improvements on how to help them prepare for a tough conversation with a friend as well as what having a conversation was like for them. These were their responses: “Maybe explain how to address a situation where a friend is in denial that her friend is in an abusive relationship,” “it is a whole different conversation when you are talking to a family member than a friend,” “I would like to know how to tell somebody who is infatuated with their SO [significant other] that they need to start focusing back on themselves and have them listen,” “Share this information with all freshman students in the university class and KIN 1902 (Kinesiology),” and “I

think that giving a workshop on how to intervene would be very beneficial, as I may have went about the conversation in the wrong way.”

In association with Research Question Five, at the 2-month time point, seven participants joined Team One Love on TWU’s campus, two joined The One Love Foundation nationally (i.e., signing up on their listserv to receive information), 79 used the information personally, and seven reported that they did not benefit from the information given during Escalation.

### **Summary of Findings**

This chapter presented the results of the pilot program evaluation on Escalation, inclusive of a descriptive analysis of the participants in the dataset and primary analyses to address each research question. Participants of Escalation completed the pre- and post-Escalation survey’s ( $N = 152$ ) as well as a 2-month follow up survey ( $N = 90$ ). Results were interpreted with the knowledge that the demographics are not entirely representative of the population participating in Escalation across the nation, as the sample predominantly consisted of Caucasian female participants who were recruited from TWU, a tier-two university in Southwestern United States. The results of this study displayed a significant increase in that Escalation spreads understanding and awareness of unhealthy relationship dynamics, promotes a readiness to safely have a conversation or intervene with a friend, addressed emotional abuse, and creates an energy that leaves



individuals wanting more information as well as to get involved with an organization that focuses on this topic. More specifically, hypotheses one, three, and five were fully supported. Hypotheses Two and Four were partially supported.

Research Question One had two components, understanding unhealthy behaviors and understanding healthy behaviors. Each component had the potential to have a mean total of 35 after scores were averaged from participant responses on Likert scale questions one through five (Healthy Scenarios) and questions six through 10 (Unhealthy Scenarios). If a mean of 35 was obtained for either component, it indicated that participants found that group of scenario questions to be completely healthy or completely unhealthy. Of note, unhealthy relationship scenario questions were reverse scored and then converted to numerically match the healthy relationships scenario component of this research question. The mean value for understanding unhealthy relationship behaviors pre-Escalation was 26.47 and after participating in the workshop, participants' understanding significantly increased to 30.51. However, after 2-months, participants' understanding of unhealthy relationship behaviors decreased from the post-Escalation time point, but the mean after 2-months was still higher than the pre-Escalation average at 29.22. The mean value for understanding healthy relationship behaviors pre-Escalation was 27.10, and after participating in the workshop, participants' understanding significantly decreased to 25.56. After 2-months, participants'

understanding of healthy relationship behaviors increased from the post-Escalation time point to 26.60. This communicates that hypothesis one was supported as there was a 15.26% increase in the identification of unhealthy relationships from pre- to post-Escalation, which also maintained an increase from pre- to 2-month follow up at 10.39%. There was a 5.68% decrease in the identification of healthy relationships at the post-Escalation time point, and after 2-months only a 1.85% decrease in understanding of healthy behaviors from baseline (pre-Escalation) was indicated.

Research Question Two had the potential to have a mean total of 49 after scores were averaged from participant responses on Likert scale questions 11-17, with 49 indicating intervening with an individual without question. The mean value for feeling equipped to discuss relationship violence with individuals pre-Escalation was 38.16, and after participating in the workshop, participants' sentiments for their likelihood of intervening significantly increased to 43.75. After 2 months, participants' feelings toward their willingness to intervene decreased from the post-Escalation time point, but the mean after 2-months was still higher than the pre-Escalation average at 41.03. Hypothesis 2 was partially supported as there was a 14.65% increase of participants feeling more equipped to discuss relationship violence with an individual post-Escalation, rather than the desired 25% increase. There was a 7.55% increase from baseline to 2 month,

indicating that sentiments were still strong toward having a conversation with an individual a couple months after having participated in the workshop.

Research Question Three was based on one question being asked that sought to explore what level of understanding participants had regarding the difference between healthy and unhealthy relationship behaviors. The highest potential mean could have been 7 after scores were averaged from participant responses on Likert scale, with 7 indicating that participants had a complete understanding of the difference between healthy and unhealthy relationship behaviors. Pre-Escalation, participants had an average score of 5.70 and this significantly increased to 6.60 post-Escalation. Hypothesis Three was fully supported by participants displaying a 16% greater understanding of the differences between healthy and unhealthy relationships.

Research Question Four was based on one question being asked that sought to explore the understanding participants had of emotional abuse in relationships. The highest potential mean could have been 7 after scores were averaged from participant responses on Likert scale, with 7 indicating that participants had a complete understanding of emotional abuse in relationships. Pre-Escalation, participants had an average score of 5.57 and this significantly increased to 6.60 post-Escalation. Hypothesis Four was partially supported in that it showed an 18% increase of individuals' awareness to recognize emotional abuse, rather than the desired 25% increase.

Research Question Five was based on one question being asked that sought to explore what level of desire participants had to get involved in an organization that raises awareness of healthy and unhealthy relationships. The highest potential mean could have been 7 after scores were averaged from participant responses on Likert scale, with 7 indicating a definite desire to get involved in an organization that raises awareness of healthy and unhealthy relationships. Pre-Escalation, participants had an average score of 5.05 and this significantly increased to 5.70 post-Escalation. Hypothesis Five was fully supported as there was a 12.87% greater desire to join The One Love Foundation's local organization known as Team One Love or a similar organization after participation in Escalation. Supplemental information relayed that while individuals noted a strong desire to get involved in an organization that raised awareness about healthy and unhealthy relationships, less than 10% acted on this desire. The majority of participants used this information with other individuals or for themselves. In addition, the resources disseminated at the workshops appear to extend beyond the immediate reach of the workshop as many participants communicated sharing them with others.

Ultimately, there is no study, especially a pilot left without factors to consider for future research. A review of lessons learned from this pilot study as well as recommendations for future evaluations and research tips for Escalation will be made in

the following chapter. The One Love Foundation should consider these as they move toward solidifying Escalation as an evidence based intervention.

## CHAPTER V

### DISCUSSION

#### **Review**

The primary goal of this study was to evaluate the efficacy of Escalation by examining perceptions and attitudes of participants' knowledge on the subject matter pre- and post-Escalation, as well as if participants retained and used the information after a 2-month follow up period. It is important to acknowledge lessons learned and propose modifications for continued monitoring of Escalation's progress toward intermediate and long-term program goals. As the last step of the RFE the following sections conceptualize the summary of findings, acknowledge the limitations of this pilot study, relay any concerns toward the program's effectiveness and results, and provide future considerations for continued research on this product (Wholey, 2010).

#### **Research Question One**

The aim of Research Question One targeted whether Escalation's video and guided discussion delivered content strong enough to increase participants' understanding of the warning signs of relationship violence. While the hypothesis was accepted, it is important to conceptualize what exactly was communicated in these numerical results. With any research seeking opinions from others, subjective interpretation lends itself to variability in responses of participants. Any one participant could have scored anywhere

from 5 to 35 on questions one through five (healthy scenario questions) and again on questions six through 10 (unhealthy scenario questions). To restate what was addressed in Chapter Four, a score of 35, or 5 for unhealthy relationship dynamics, would indicate that a participant thought that this scenario was absolutely a healthy or unhealthy relationship behavior.

Collectively, participants displayed a high baseline of understanding on Research Question One within both components (i.e., healthy 27.10/35 and unhealthy 26.50/35). Post-Escalation, participants displayed an overall increase of understanding for unhealthy behaviors (9.36) and a decrease in understanding for healthy behaviors (25.65/35). At the 2-month follow up, participants sustained their understanding of unhealthy relationships, but it decreased slightly (10.66). As for participants' understanding of the healthy relationship behaviors at the 2-month time point, their understanding increased from the post-Escalation time point, but did not return to baseline (26.60/35).

An even deeper look into the individual unhealthy relationship scenario questions (i.e., pre-, post-Escalation, and 2-month follow up questions, six through 10) showed a consistent increase in understanding of the thematic descriptions (i.e., scenario questions) across the three time points (see Table 7). These questions sought to pull for unhealthy behaviors associated with relationship violence (e.g., betrayal, intensity, jealousy, guilt, volatility). Overall, participants gained greater insight during Escalation that

allowed them to examine the scenarios through a more critical lens and potentially in a readily identifiable way (i.e., putting a name to the behavior/description) during the post-Escalation survey. During the guided discussion portion of the workshop, it is not uncommon to discuss the 10 healthy characteristics and 10 unhealthy characteristics of relationships that The One Love Foundation has identified. Therefore, the results potentially communicate that the participants were able to read the scenario question and identify to themselves specifically, which scenario described betrayal, which scenario portrayed guilting, and so on, without ever specifically being told on the survey or by the facilitator which questions were unhealthy and what the target behaviors were. A decrease was observed from post-Escalation to 2-month follow up, but after several months, it was still above baseline. This information is not simply being retained over time (e.g., 2-month follow up); it is also cultivating and solidifying a clear understanding of what an unhealthy relationship behavior is.

Healthy behaviors depicted in the survey were not as clearly identifiable by participants as the unhealthy behaviors. It is difficult to ascertain why the healthy behaviors (e.g., independence, responsibility, communication, trust, honesty) were not as clearly identifiable as the unhealthy behaviors at post-Escalation, or the explanation for the slight rebound at the 2-month time point. One explanation may be that the healthy behavior scenario questions were too ambiguous. The scenarios questions were brief and



the jargon used was subtle, which may have called for participants to infer more on these questions than on the unhealthy ones. Due to the subjective and emotionally provocative nature of the content being addressed, there could have also been bias toward seeing behaviors as more negative especially right after such emotionally charged content (i.e., Escalation video can be emotionally triggering). Overall, there is still reason to believe, based on the ratings returning close to baseline several months later (See Table 7), that the psychoeducation provided on healthy relationships during the workshop still resonated with participants over time.

Ultimately, even with individuals having a previous fund of knowledge regarding healthy and unhealthy behaviors prior to participating in Escalation, the results indicate that a richer understanding of unhealthy relationship behaviors is being provided by participation in Escalation. Regardless of who the participant is and the level of knowledge that they bring into the workshop, this research shows that Escalation increases their understanding between these dichotomies. Given that the results varied between unhealthy and healthy relationship behaviors, it is possible that greater time spent on healthy relationship behaviors to provide a clearer understanding is warranted. Thinking broader, this research question communicates that as a result of Escalation, individuals are readily and strongly able to identify unhealthy relationship behaviors through scenarios. This information is in fact contributing to a society that is becoming

more knowledgeable of behaviors that perpetuate abuse with the hopes that they will be less tolerant of them moving forward. The second research question complimented Research Question One and took the aforementioned notion one step further by addressing that once individuals are able to identify unhealthy relationship behaviors; they are then able to actively address these concepts with others as a result of participating in Escalation.

Table 7

*Means of Participants' Responses Across Timepoints for Research Question One*

		Pre- Escalation	Post- Escalation		2-month Follow up
<b>Unhealthy Questions</b>	<i>n</i>	<i>M</i>	<i>M</i>	<i>n</i>	<i>M</i>
Question Six (reverse coded)	160	2.95	2.70	88	2.73
Question Seven (reverse coded)	160	3.33	1.87	88	2.17
Question Eight (reverse coded)	160	2.56	1.67	88	1.98
Question Nine (reverse coded)	160	2.99	1.65	88	2.08
Question 10 (reverse coded)	160	1.61	1.47	88	1.70
<b>Healthy Questions</b>					
Question One	161	3.18	3.07	89	3.38
Question Two	161	5.52	4.93	89	5.27
Question Three	161	6.78	6.47	89	6.64
Question Four	161	5.42	5.20	89	5.29
Question Five	161	6.21	5.98	89	6.01

## **Research Questions Two**

The second research question explored whether participants would feel more equipped to discuss relationship violence with individuals after participating in Escalation. Of note, while the questions on the survey asked how likely they would be to have a conversation with an individual, Research Question Two was written to examine how equipped participants would be to intervene with an individual after participating in Escalation. With further examination of these scenarios it was determined that measuring participants' willingness and perception of whether to intervene was more appropriate over participants feeling equipped to intervene. This is documented more in the limitations section under, Improvements To The Survey. For the purpose of this discussion, the framework of willingness to intervene is used over the original wording of how equipped the participants felt to intervene.

On questions 11-17, participants were asked how likely they would be to have a conversation with a friend regarding the presented scenarios. Any one participant could have scored anywhere from 7 to 49, where 7 indicated that participants were unlikely to have a conversation with an individual and a mean of 49 meant that participants were absolutely having a conversation with an individual. At baseline, participants already displayed a high rating for likelihood of having a conversation with an individual (38.17/49).

Despite the misappropriation of verbiage between the research question and the language used in the survey, the results relayed an increase in the participants' likelihood to intervene across scenarios post-Escalation (43.75/49) as well as retention of willingness to intervene over time (41.05/49) (see Table 8). It can be interpreted that the information presented in the video as well as discussion portion of Escalation conveyed the importance of saying something when an individual sees something as opposed to playing the role of the bystander. As referenced in Chapter Two, the bystander intervention model illustrates that deciding what to do and choosing to do it depend in part on the type of violence in question (Latané & Darley, 1970). Contrary to previous research studies where participants were more inclined to get involved if physical or sexual violence was present, participants in this study were not necessarily more likely to intervene when scenarios presented an element that lent to a potential situation turning physical (e.g., Question 15; Latané & Darley, 1970; Weitzman et al., 2017). What was observed was a more significant willingness to intervene with subtle behaviors that lean toward emotional abuse (i.e., belittling, shaming, etc.) and consistency of this high likelihood to intervene over time (i.e., 2-month follow up). Emotional abuse can be difficult to identify, but by participating in Escalation participants gained insight as to how subtle behaviors can 'escalate' to the extent of being fatal. Furthermore, this research question depicts that as a result of participating in Escalation, the negative

emotional behaviors depicted were enough to warrant a conversation within this participant population and they did not need an explicit scenario that depicted physical or sexual violence in order to evoke that urge to intervene as previous research has illustrated. At post-Escalation and after 2-months, participants felt even stronger about having a conversation with an individual if they were to witness these subtle behaviors that lend to abuse (see Table 8). Again, Escalation is helping to shape a society that orients toward prevention and not simply reaction. Escalation is not only providing a better understanding of identifying unhealthy relationship behaviors but also aiding the bystander so that they have more of a willingness to have a conversation with an individual.

Table 8

*Means of Participants' Responses Across Timepoints for Research Question Two*

		Pre-Escalation	Post-Escalation	2-month Follow up	
<b>Bystander Scenario Questions</b>	<i>n</i>	<i>M</i>	<i>M</i>	<i>n</i>	<i>M</i>
Question 11	161	5.17	6.05	85	5.25
Question 12	161	5.50	6.14	85	5.93
Question 13	161	5.35	6.24	85	5.86
Question 14	161	5.21	6.27	85	5.91
Question 15	161	5.76	6.44	85	6.08
Question 16	161	6.10	6.51	85	6.27
Question 17	161	4.90	6.11	85	5.74

### **Research Question Three**

The data revolving around Research Question Three communicates that participants already had a high preliminary understanding of the differences between healthy and unhealthy relationship dynamics (5.68/7), and after engaging in Escalation the understanding of these differences increased (6.58/7). This is important because the greater understanding of differences and exposure to the unhealthy and healthy behaviors associated with abuse that Research Question One draws upon allows individuals to think critically about the behaviors and dynamics that encompass a healthy and unhealthy relationship as a whole (The One Love Foundation, 2010c; The One Love Foundation, 2010d). As a result of the increase in understanding of these behaviors, Research Question 3 speaks to participants gaining a global awareness of the difference between a healthy and unhealthy relationship. Escalation is a viable resource in providing a breakdown of information through a compare and contrast of core themes (i.e., healthy and unhealthy relationship behaviors) delivered through the Escalation video and processed during the guided discussion portion. These themes can be encompassed in every type of relationship that we have with others. This increase in understanding allows individuals to have a breadth of knowledge to utilize when contemplating whether a relationship may or may not be healthy. This understanding is a critical tool that Escalation is empowering others to have when evaluating a relationship.

#### **Research Question Four**

An unexpected finding in Research Question Two also emphasized the results of Research Question Four, which is that overall, participants felt more equipped to recognize the behaviors associated with emotional abuse. Ratings went from 5.57/7 to 6.55/7 after participating in Escalation. Of note, this question was analyzed by providing one Likert scale question to assess participants' ability to identify emotional abuse. Information relayed throughout Escalation was relied upon to assess this question. No definition of emotional abuse was provided on the survey to decrease the chance for improper interpretation. Despite the increase from pre-Escalation to post-Escalation, there is no way of truly assessing knowledge of participants' understanding that emotional abuse consists of verbal and non-verbal communication with the intent to harm another person mentally or emotionally, and/or to exert control over another person (CDC, 2017b).

Keeping this in mind, the results still relayed an increase of participants' feeling as if they had a better understanding of emotional abuse. It can be interpreted that the information presented in the video as well as discussion portion of Escalation conveyed how subtle behaviors (e.g., manipulation, jealousy, isolation, belittling, sabotage, etc.) can escalate to being emotionally abusive. Therefore, participants may not have needed an explicit definition on the survey itself to remind them of what emotional abuse

referred to, but rather participating in the video and discussion portion was enough to relay to them in a clear fashion of what and how damaging subtle unhealthy behaviors can be. With this understanding, as it was confirmed in Research Question Two, Escalation captures its audience and outlines scenarios that can appear discretely and addresses them in a way that affects participants' awareness where they then feel capable of identifying emotional abuse in a strong and concrete manner.

### **Research Question Five**

The final research question looked to examine participants' desire to join The One Love Foundation's local organization known as Team One Love on their campus or get involved in a similar organization. Participants had a high preliminary desire to get involved (5.05/7), but nevertheless after engaging in Escalation, very few individuals actually joined Team One Love at TWU, the national organization, or a similar organization. This communicates a disconnect between the time the individual participates in Escalation and their action afterwards. As time went by, very few individuals actually followed through on their stated desire ( $N < 10\%$ ).

Several possibilities to account for this could include availability and time, as well as the relational component of Escalation and feeling a strong connection at the time of the workshop. In addition, a very high percentage (98%) of participants communicated feeling highly connected to their group as well as the facilitator. This could play a role in



communicating an initial desire to get involved with One Love or a similar organization. Theoretically, this could also be viewed as demand characteristic and in any experiment, the research should account for this possibility. Demand characteristic comes about when participants have an awareness for what the research study is seeking and can alter how the participants behave (Mummolo & Peterson, 2018). Bias was avoided by not asking participants to outright join the organization during these research workshops however, participants had an awareness that The One Love Foundation sought to affect the viewers by exposing them to powerful content so that they may be less tolerant of this epidemic and spread awareness by using the information that they learned during Escalation. While there may be varying circumstances that impacted the individual's ability to actually get involved, this does not mean the information or the support for the organization/topic was lost on the audience. There are varying degrees of involvement, and arguably one of the biggest contributions is when individuals disseminate the information that they received from participating in Escalation to help others. As mentioned previously, 72.9% of this research sample shared this information to varying degrees with others (see Table 6).

### **Limitations**

#### **Previous Education/Knowledge of Intimate Partner Violence**

There were several limitations to this study. The first is that TWU requires all students at some point during their undergraduate degree to take a multicultural course

that potentially addresses IPV. This is seen as a limitation to this study site; specifically, because students who had already taken this course may have had greater awareness of healthy and unhealthy relationship characteristics and therefore lent to potentially confounding results when trying to determine the effectiveness of Escalation. This was taken into consideration when determining the hypothesis for greater understanding of these concepts and percentage of change was lowered for three research questions as a result. Data were analyzed and approximately one-third of the sample had already had a course that exposed them to this content in some fashion. This may have been a potential factor that played a role in an individual's rating of perceptions and attitudes based on their fundamental awareness of this topic.

### **Survey**

This program evaluation was a pilot study. The sample size was small and also limited the strength of conclusions that could be drawn from the results of the study. In addition, the validity and reliability of the survey was a major concern going into the evaluation despite verification by the expert panel. As stated and described in Chapter Three, the pre-, post-, and 2-month follow up surveys were initially drafted for the purpose of this program evaluation. This was the first trial for the hypothetical situations/scenarios and the results indicated that the wording of certain questions as presented might have been confusing. The survey was piloted with the previously

mentioned population and parts were shown to be effective and other aspects were not shown to align with research questions (i.e., Research Question Two). With the given variables of sample size, diversity, and validity of the materials, replication should be conducted in the future to strengthen any findings. As a pilot study, the specific factors that contributed to trends in this study are not completely known, but the trends are in the desired positive direction post-Escalation as well as the retention of information 2 months afterward. Needless to say, something worked and with time and revisions to the measure, greater clarity and more specific findings will be achieved.

During data collection, there was a failure to identify and adjust for changes with the research question and procedures. Specifically, Research Question Two should have been modified to account for what questions 11-17 were truly measuring. That being, modified to account for actual willingness to intervene with a friend rather than phrasing the research question to assess for how prepared the participant felt to intervene with a friend.

### **Logistics of Escalation**

In research, the semi-structured nature of the guided discussion lends itself to inconsistency. The workbook can be systematic and deliberate, but when left to an open conversation with a group this can be difficult to navigate. This occurred when trying to cover all of the questions in the discussion guide for the purposes of the research study

and attempting to balance the relational, fluid approach that the discussion portion of the workshop lends to. The next section focuses on the recommendations for the previously mentioned limitations and lessons learned.

### **Recommendations for Future Programming and Research**

Recommendations provide strategies and suggestions for enhancement of future research endeavors. As such, the following recommendations are made for The One Love Foundation as they pursue further evaluations of Escalation.

#### **Research**

After this pilot program evaluation, it is recommended that future research and evaluations of Escalation be carried out randomized control trials to measure change in individuals' behaviors over time and control for confounding variables. One possible experiment would be to conduct a longitudinal study where a set of individuals who have been involved in an unhealthy relationship previously, then participate in Escalation and after are followed for a period of time to see if they change their behaviors in future relationships. This proposed study is suggested to control for Escalation versus no Escalation or any information from The One Love Foundation. Both, the intervention group and the control group, would be followed under consistent conditions.

Moving forward, longer follow up periods in research will be necessary to track longitudinal change. Targeting various age groups and demographics should also be a

point of focus for future research. Multicultural and LGBTQIA+ community studies would be important areas of focus in order to account for specific relationship factors as well as integrate knowledge and raise awareness for these populations. If evaluating college populations, taking into consideration the busiest times in the semester. A behavioral observation was that groups completing follow up data peaked right after spring break and were lowest around winter break and at the end of the spring semester (finals). To account for attrition in follow up period of future research, The One Love Foundation should double the amount (100%) of participants desired as attrition from post-Escalation to follow up data was approximately 40% indicating a 50-60% completion rate of the initial participants even with a monetary incentive (i.e., \$5.00 Starbucks gift card).

Devising a system to follow a structured format when going through the guided discussion is also recommended however, not too rigidly structured because the natural flow of the guided discussion and the connectedness that it brings about can be one of the richest components of this workshop. While structuring the guided discussion to a degree may appear “less relational,” it will ensure that all information pertinent to the discussion manual is being covered. Suggestions to balance a structured guided discussion while still being flexible and fluid include implementing a checklist of questions to be covered for the facilitator may help as well as making sure all facilitators are very familiar with the

knowledge of the discussion guide, and feel comfortable to navigate this information as participants bring various components up randomly. This will help to maintain the organic flow of the discussion and assure that all points are addressed.

### **Improvements to the Survey**

Despite the survey being analyzed by a panel and showing moderate to strong reliability in some areas, improvements to the survey should be made if this material is going to be used in future research. Globally, the questions designed in the survey warrant revision to seek precision and greater reliability. Research questions should aim to be succinct for assurance in that what is sought to be measured in research questions and hypotheses is accurately portrayed within the surveys. One example is that the scenario questions related to healthy relationships were broader than anticipated and left participants open to greater interpretation than intended. Consideration for binary over Likert scale or multiple choice options on the survey is one option for minimizing ambiguity. Also, future researchers may want to incorporate definitions and specific terminology within the survey just prior to asking questions that check for understanding of terms. For example, providing definitions above scenario questions in the survey as to what constitutes an unhealthy relationship, healthy relationship, and emotional abuse. The definition above question 19 (pre-, post-Escalation) could be: “Emotional abuse is defined as the use of verbal and non-verbal communication with the intent to harm

another person mentally or emotionally, and/or to exert control over another person, please complete the following question with this definition in mind.” Adding a multiple choice option to choose from may be another alternative where participants match scenarios to healthy or unhealthy themes (jealousy, belittling, trust, respect, etc.). An example would be: “From the following scenarios which do you consider to be jealousy, belittling, intensity, manipulation” and “From the following questions which scenario do you consider to be trust, respect, and communication.”

Another option is to give a matching question that includes situations from Escalation that allow participants to match emotional abuse characteristics with the correct definition. For the questions related to demographics or descriptive statistics include check boxes over open-ended options to eliminate ambiguity for participants who may not be familiar with the difference between race, ethnicity, and sexual orientation. On the post-Escalation survey, make Question 25 into a list format or provide the numbers out to the side so they can circle 1-9 in order to reduce the tendency for participants to put check marks. On the follow up survey, it would be beneficial to add a question that asks why those individuals that initially communicated a desire to join the organization did not do anything to get involved with The One Love Foundation or similar organization.

## **Programming**

Considering adjustments or changes to Escalation is an integral part of keeping the audience's attention and continuing to promote awareness of this topic. The One Love Foundation is encouraged to continue to use the peer-to-peer facilitation component in the delivery of Escalation. A review of the literature and other nationally representative programs showed that this was a unique facet to The One Love Foundation. Highlighting virtual forms (i.e., social media, other cyber platforms) of communication that display unhealthy relationship behaviors is also a component that The One Love Foundation should continue to emphasize throughout programming and ongoing research. With enough research and evidence to show that social media and the cyber world now play an integral component of how individuals communicate with one another, the global definition of IPV and dating violence will eventually be modified as a result of these efforts. The One Love Foundation should also continue to host workshops with culturally diverse populations and consider modifying Escalation to include broader concepts of diversity (e.g., greater inclusivity of ethnicity, orientation, gender differences, neurodiverse individuals, etc.) to promote inclusivity.

There should be a push for greater community intervention (i.e., recreation centers, LGBTQIA+ community centers, Boys and Girls Clubs, day-treatment/residential settings, juvenile detention centers, military/law enforcement, etc.) and talks, especially



to at-risk youth, that way it is reaching adolescents who may not be otherwise receiving this information in their school setting. The One Love Foundation may want to eventually consider a manualized treatment approach for those in need of a more extensive curriculum; offering multiple sessions (e.g., 10-12 over weekly group sessions). This could allow a group format to practice healthy skills/behaviors, create plans, or practice other bystander intervention techniques.

Modify or create new post-Escalation curriculum as an alternative or extended workshop to the guided discussion portion where participants can have opportunities to practice and reinforce the skills they were informed throughout the video by role playing conversations with others. Based on the qualitative feedback, participants suggested spending more time discussing emotional abuse, how to identify its subtleties with regard to understanding the difference between not liking what someone does and these behaviors being considered abusive. One participant mentioned that they wanted to examine what a healthy relationship looked like. Much of the time is spent on addressing potentially harmful behaviors, but healthy paradigms are also just as valuable. Consideration for creating a component to Escalation that includes an example of a healthy relationship may be warranted.

**School psychologists as gatekeepers for implementing Escalation.** As mentioned previously in Chapter Two, 16-24-year-olds are at greatest risk for

experiencing IPV with nearly 50% of women and 40% of men experiencing IPV for the first time between ages 18-24 (The One Love Foundation, 2010a). With this understanding and the added statistic that victims have their first encounter with IPV prior to the age of 18, it is important to have credible and engaging psychoeducational programming disseminated within school systems as an added layer of prevention. Teen dating violence curriculum was introduced into the classroom around 1980 and there should be a greater push to get Escalation mandated as part of the curriculum for students within all school systems. This research displayed that this material is effective in educating others on healthy and unhealthy relationships.

This is not a foreign concept to some school districts who are already implementing The One Love Foundation's programs in their schools. The dissemination and adoption of programming has occurred in approximately 600 high schools and middle schools respectively, where Escalation is shown to upperclassmen and generally in their health education classes. Arguably, this content is suitable for a maturer audiences. The majority of schools that have implemented Escalation on their campuses target junior and senior level students. Duval County in Florida went as far as to mandate Escalation in their health education classes in 2015. Majority of freshman take the health education course however, every student is required to take it before graduation. Additionally, other school districts in Florida (e.g., Baker, Broward, Charlotte, Clay,

Collier, Orange, Osceola, Palm Beach, and Pinellas) mandate or use The One Love Foundation's resources on a large-scale.

The process for getting Escalation and other One Love resources into every school can begin with consulting school psychologists so that they can become informed, trained, and then disperse this content into their schools. School psychologists can be viewed as the gatekeepers/conduits for the integration of mental health information into the education system. School psychologists have many responsibilities within a school district beyond conducting assessments and determining eligibility for special education (Watkins, Crosby, & Pearson, 2001). Their service delivery roles include, psychological assessment, consultation, special education input, crisis intervention, behavior management, parent education, staff development, preventative mental health programming, and many more depending on the needs of the school district (Watkins et al., 2001). This makes school psychologists key players in the dissemination of psychological information to administration, staff, and students.

In addition, school psychologists tend to cover more ground than other psychologically focused professionals and generally have several campuses that they are responsible for within a school district. Their ability to broadcast and educate others on Escalation across campuses is vast. They have the ability to supply school counselors with resources from The One Love Foundation as well as use Escalation as a leadership

tool in encouraging progressive students to start a Team One Love on their campus who can then actively facilitate Escalation regularly to their student body. One core construct of Escalation is that its peer-to-peer facilitation is something that really grasps the audience because it is students leading other students through this content. The school psychologist may take on the role of advisor in these organizations and allow the students to carry out the content as facilitators.

One way of going about approaching school psychologists is for The One Love Foundation to consider having booths at local (e.g., Texas Association for School Psychologists [TASP]), regional, and national conferences (e.g., National Association of School Psychologists [NASP] Annual Convention or The Annual American Psychological Association [APA] Conference). Holding a presentation or even a mini-skills workshop on Escalation would be beneficial in vivo exposure for school psychologists to get a feel for what Escalation can bring to their campuses. Reaching school psychologists in one central area can have a long-range effect for reaching thousands of students. Therefore, school psychologists should be considered valuable resources to The One Love Foundation. As a key figure, the school psychologist can aid in the diffusion of The One Love Foundation's relationship health education within school districts.

## **Conclusion**

In the mid-90s, the World Health Assembly declared violence as a leading worldwide public health problem, IPV was inclusive of this (World Health Organization, 2002). This launched expansive efforts and funding for prevention programming on the national level (National Center for Injury Prevention and Control, Division of Violence Prevention, 2019). Long before this however, IPV had been an ongoing problem for centuries and in recent decades our society has grown less tolerant than ever of these behaviors, but the statistics continue to be staggering. Knowing that IPV affects over 10 million women and men each year, The One Love Foundation is steadily doing their part to raise awareness early on in the lifespan with their modern and interactive prevention curriculum which includes Escalation (National Intimate Partner and Sexual Violence Survey, 2017).

In this exploratory RFE, a small-sample study confirmed that Escalation is, in fact, effective in educating individuals about the warning signs of abuse, outlining what healthy and unhealthy relationships look like, providing resources and/or assistance for those wanting to help themselves or help others in unhealthy or abusive relationships, and presenting a desirable organization to become a part of. The majority of participants had a strong preliminary understanding at the pre-Escalation phase, as evidenced by their ratings. Escalation was effective in raising awareness and understanding of people's

perceptions of unhealthy relationship dynamics based on the higher ratings at post-Escalation and 2-month follow up. While the ratings were not as strong for the identification of healthy relationship behaviors, globally, attitudes and perceptions of healthy and unhealthy relationship behaviors are being broadened and expanded leading participants to acutely identify the differences between healthy and unhealthy relationships. This was observed across Research Questions One and Three. While two hypotheses were not fully supported, participants still demonstrated a significant increase across concepts of knowledge, understanding, or igniting a desire to get involved. This provides strong evidence that Escalation is an effective psycho-educational intervention for the prevention of IPV. The research reflected that more than two-thirds of participants used or shared this information with themselves or someone else. This translates to about 73% of individuals seeking to engage in healthier relationship dynamics. More specifically, a majority of individuals ( $N = 62/88$ ) reported sharing this content with one to five people after participating. This communicates that the influence of Escalation extends past the initial participant and touches the lives of others beyond what is immediately quantifiable. The information and knowledge disseminated during Escalation is a contributing factor in cultivating a society that is educated with the understanding of healthy relationship dynamics, less tolerant of unhealthy relationship behaviors, and equipped to safely intervene with others; ultimately leading to a decrease

in the statistics of IPV. The One Love Foundation's mission is being achieved in part by the material conveyed in Escalation.

This RFE coupled with a small-study sample clarified Escalation's design and answered relevant questions that correlated its effectiveness in raising awareness in a young population about healthy and unhealthy relationships, the willingness/desire to intervene, and showed that the information was retained across time. This preliminary phase sets the stage for a more rigorous and scholarly program evaluation in the future. This study helped the intended users (i.e., The One Love Foundation) to prepare for modification to Escalation and/or future evaluations in order to gain stronger empirical support. More specifically, utilizing this approach (i.e., Rapid Feedback Evaluation) provided and informed The One Love Foundation that further evaluation will be feasible, accurate, and beneficial. This evaluation was also the first step toward developing an evidence-based curriculum. A preliminary understanding that Escalation is meeting its goals has been established. Just as important as the findings, The One Love Foundation was provided with guidance on how to perfect and modify performance goals and how to reform the product/research tools in the recommendations section.

The One Love Foundation's active practice of facilitating this message to individuals nationwide so that they not only grasp the concepts that Escalation delivers, but also adopt the practices and disseminate the program further, is now taking place

(e.g., Diffusion of Innovation [DOI]). In relation to the DOI's stages, Escalation is most likely moving past the early adoption phase and into the early majority where individuals are recognizing that those who have participated in Escalation seem to be having "luck" with this approach, and may be more inclined to learn from this material given the successes they are seeing others have. Now it is time to move toward whether Escalation is evoking consistent change over longer durations of time. The One Love Foundation is encouraged to expand its research efforts with continued evaluation and adjustments to create and maintain an effective evidence based program.

The One Love Foundation teaches safe and healthy relationship skills, engages influential peers and adults, disrupts the developmental pathways toward partner violence, and is helping carve the path for protective environments; ultimately honoring Yeardley's life through every individual that this content touches. Like many others over the decades, Yeardley's life was not spared, but the lives of many have been impacted by The One Love Foundation's content. While it is difficult to say exactly, it is worth speculating that the lives of many have been saved as well because of The One Love Foundation's existence and the spread of Escalation. It has been an honor to lead this programming on the Texas Woman's University campus over the last several years as well as engage in community events that expanded the awareness of both adolescents and parents. This research allowed for making the implicit, explicit, in that the quantitative



data magnified much of the qualitative feedback gathered over time (i.e., people wish they would have learned about this sooner, over 70% used/shared this information with themselves/others). This quantitative research backs the emotional effect that individuals often verbally express after participation in Escalation, which is simultaneously provoking those to take an active stance against these unhealthy and potentially harmful behaviors. Ultimately, The One Love Foundation is contributing to the reduction of IPV statistics through its effective programming.

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Appendix A  
Pre-Escalation Survey

## **Preliminary Testing of Your Knowledge on Healthy and Unhealthy Relationships**

**Disclaimer:** There is a potential risk of emotional discomfort and you may skip questions or withdraw participation from this study without penalty at any time.

The **counseling and psychological services (CAPS) center on the TWU campus** (<https://twu.edu/counseling/>) is readily available to provide additional support if needed. If you feel the need greater support beyond CAPS or the resource sheet provided, please go to the American Psychological Association Psychologist Locator (<http://locator.apa.org/>) or the Psychology Today Find a Therapist (<http://therapists.psychologytoday.com/rms/>) website.

**Confidentiality** will be protected to the extent that is allowed by law. All attempts will be made to keep your information private. There is always a risk of a breach of confidentiality. There is also a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions. In order to minimize this risk, all documents with identifiable information (i.e., the consent forms) will be kept in a filing cabinet in a locked room, data obtained from your survey's will be entered into a database specifically designed for data collection (i.e. Survey Monkey, Red Cap, Microsoft Excel, etc.) that will be password protected and organized based on your identification number, email address will be kept separately, and all identifiable information will be shredded in a paper shredder within the next two years of your participation in this study.

**Please answer the following questions based on how much you view the given situation to be a characteristic of a healthy relationship or unhealthy relationship.**

1. Claire shows up frequently and unannounced at places she knows Tom will be. She also calls repeatedly until she gets him to answer. After expressing that he needs some space, Claire acknowledges his request.

1	2	3	4	5	6	7
Unhealthy				Healthy		

2. Courtney is in a relationship with Amy. Courtney went to a party and kissed another girl. She takes responsibility and owns her mistake with Amy. Amy and Courtney agree to work through this difficult time together.

1	2	3	4	5	6	7
Unhealthy						Healthy

3. Nandita has been feeling nervous about where her relationship is going with Jacoby. She decides that she wants to sit down and talk about their future. Jacoby is open and receptive to her request and they talk things out.

1	2	3	4	5	6	7
Unhealthy						Healthy

4. Troy has had boyfriends cheat on him in the past. He is now dating Mark and despite his urge to question Mark, he finds a way to be comfortable when Mark is hanging out with others and Troy is not around.

1	2	3	4	5	6	7
Unhealthy						Healthy

5. Felicity has made the request to move in with her partner. Her partner expresses that due to spiritual beliefs and parental request, that she does not move in with anyone until she is married. Although difficult to hear, Felicity accepts this disappointing information.

1	2	3	4	5	6	7
Unhealthy						Healthy

6. When Ramesh and his partner are around his friends he tends to focus solely on what his friends are doing and their interests. When his partner mentions it, Ramesh indicates that he does not act differently and tells his partner that if they are uncomfortable then they don't have to come to social outings.

1	2	3	4	5	6	7
Unhealthy				Healthy		

7. Glen and Alison have been getting to know each other over the last few weeks. They have been seeing each other every day and he starts to show up unexpectedly with lunch and other nice gestures. Even when Alison has something else to do, she goes with Glen.

1	2	3	4	5	6	7
Unhealthy				Healthy		

8. Tosh has a study group that meets every week. He has started seeing Zoe recently and they happen to run into each other while he is with his study group. Zoe sees that the study group is all females and only Tosh. In the next coming weeks, Zoe attempts to get Tosh to study solely with her.

1	2	3	4	5	6	7
Unhealthy				Healthy		

9. Kyle has really fallen for Veronica and they have started telling each other that they love each other. One day in passing, Kyle mentioned to Veronica that he is so in love with her, he does not think he can live without her.

1	2	3	4	5	6	7
Unhealthy				Healthy		

10. Whitney and Kevin have been dating for several months and get along fairly well. There have been a few times where Kevin has said something Whitney did not like and she is quick to cuss him out and begins to yell.

1	2	3	4	5	6	7
Unhealthy						Healthy

11. A friend tells you that their partner repeatedly gets on their social media to check their account.

1	2	3	4	5	6	7
Not At All Likely			Likely		Absolutely Having A Conversation	

12. A friend attends every scheduled volleyball practice. You notice that your friend begins to miss practice after recently entering a new relationship.

1	2	3	4	5	6	7
Not At All Likely			Likely		Absolutely Having A Conversation	

13. You see a friend posting on social media that their partner is so sweet to have bought them new clothes, but just before this post, the friend informed you that their partner made comments to them of being overweight

1	2	3	4	5	6	7
Not At All Likely			Likely		Absolutely Having A Conversation	

14. A friend used to spend a lot of time at social gatherings with the group but after being in this long term relationship this friend does not attend gatherings anymore.

1	2	3	4	5	6	7
Not At All Likely		Likely			Absolutely Having A Conversation	

15. A friend gets to a party and lets you know that their partner stood in front of the door and tried to take their keys so they would not go.

1	2	3	4	5	6	7
Not At All Likely		Likely			Absolutely Having A Conversation	

16. A friend tells you that their partner hooked up with someone else because they did something that their partner did not like.

1	2	3	4	5	6	7
Not At All Likely		Likely			Absolutely Having A Conversation	

17. A friend mentions in passing that her partner asked if she had looked in the mirror today and then told her that she could not take a joke.

1	2	3	4	5	6	7
Not At All		Good Understanding			Complete Understanding	



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### Pre-Workshop Additional Questions

18. I understand the difference between healthy and unhealthy relationship behaviors

1	2	3	4	5	6	7
Not At All Likely		Likely			Absolutely Having A Conversation	

19. I understand what emotional abuse looks like in relationships.

1	2	3	4	5	6	7
Not At All		Good Understanding			Complete Understanding	

20. Please rate your desire to get involved in an organization that raises awareness toward healthy and unhealthy relationships.

1	2	3	4	5	6	7
Not At All		Somewhat			Definitely	

21. Have you taken the multiculturalism course required for graduation?

☐ Yes

☐ No

22. Have you ever previously attended a workshop, seminar, or class that focuses on healthy or unhealthy relationships?

☐ Yes

☐ No

☐ Where and What Class or Workshop was it?

---

DEMOGRAPHICS:

Age:

Race:

Ethnicity:

Sexual Orientation:

Gender:

**Please Provide Your Email Address: \_\_\_\_\_**

**Chance to receive a \$5.00 Starbucks Gift Card after Completing a Brief Survey in 2 months!**

**Please rate how likely you would be to have a conversation with a friend about the following:**

Appendix B  
Post-Escalation Survey

## Post-Workshop Testing of Your Knowledge on Healthy and Unhealthy Relationships

**Disclaimer:** There is a potential risk of emotional discomfort and you may skip questions or withdraw participation from this study without penalty at any time.

The **counseling and psychological services (CAPS) center on the TWU campus** (<https://twu.edu/counseling/>) is readily available to provide additional support if needed. If you feel the need greater support beyond CAPS or the resource sheet provided, please go to the American Psychological Association Psychologist Locator (<http://locator.apa.org/>) or the Psychology Today Find a Therapist (<http://therapists.psychologytoday.com/rms/>) website.

**Confidentiality** will be protected to the extent that is allowed by law. All attempts will be made to keep your information private. There is always a risk of a breach of confidentiality. There is also a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions. In order to minimize this risk, all documents with identifiable information (i.e., the consent forms) will be kept in a filing cabinet in a locked room, data obtained from your survey's will be entered into a database specifically designed for data collection (i.e. Survey Monkey, Red Cap, Microsoft Excel, etc.) that will be password protected and organized based on your identification number, email address will be kept separately, and all identifiable information will be shredded in a paper shredder within the next two years of your participation in this study.

**Please answer the following questions based on how much you view the given situation to be a characteristic of a healthy relationship or unhealthy relationship.**

1. Claire shows up frequently and unannounced at places she knows Tom will be. She also calls repeatedly until she gets him to answer. After expressing that he needs some space, Claire acknowledges his request.

1	2	3	4	5	6	7
Unhealthy						Healthy

2. Courtney is in a relationship with Amy. Courtney went to a party and kissed another girl. She takes responsibility and owns her mistake with Amy. Amy and Courtney agree to work through this difficult time together.

1	2	3	4	5	6	7
Unhealthy						Healthy

3. Nandita has been feeling nervous about where her relationship is going with Jacoby. She decides that she wants to sit down and talk about their future. Jacoby is open and receptive to her request and they talk things out.

1	2	3	4	5	6	7
Unhealthy						Healthy

4. Troy has had boyfriends cheat on him in the past. He is now dating Mark and despite his urge to question Mark, he finds a way to be comfortable when Mark is hanging out with others and Troy is not around.

1	2	3	4	5	6	7
Unhealthy						Healthy

5. Felicity has made the request to move in with her partner. Her partner expresses that due to spiritual beliefs and parental request, that she does not move in with anyone until she is married. Although difficult to hear, Felicity accepts this disappointing information.

1	2	3	4	5	6	7
Unhealthy						Healthy

6. When Ramesh and his partner are around his friends he tends to focus solely on what his friends are doing and their interests. When his partner mentions it, Ramesh indicates that he does not act differently and tells his partner that if they are uncomfortable then they don't have to come to social outings.

1	2	3	4	5	6	7
Unhealthy				Healthy		

7. Glen and Alison have been getting to know each other over the last few weeks. They have been seeing each other every day and he starts to show up unexpectedly with lunch and other nice gestures. Even when Alison has something else to do, she goes with Glen.

1	2	3	4	5	6	7
Unhealthy				Healthy		

8. Tosh has a study group that meets every week. He has started seeing Zoe recently and they happen to run into each other while he is with his study group. Zoe sees that the study group is all females and only Tosh. In the next coming weeks, Zoe attempts to get Tosh to study solely with her.

1	2	3	4	5	6	7
Unhealthy				Healthy		

9. Kyle has really fallen for Veronica and they have started telling each other that they love each other. One day in passing, Kyle mentioned to Veronica that he is so in love with her, he does not think he can live without her.

1	2	3	4	5	6	7
Unhealthy				Healthy		

10. Whitney and Kevin have been dating for several months and get along fairly well. There have been a few times where Kevin has said something Whitney did not like and she is quick to cuss him out and begins to yell.

1	2	3	4	5	6	7
Not At All Likely		Likely			Absolutely Having A Conversation	

**Please rate how likely you would be to have a conversation with a friend about the following:**

11. A friend tells you that their partner repeatedly gets on their social media to check their account.

1	2	3	4	5	6	7
Unhealthy			Healthy			

12. A friend attends every scheduled volleyball practice. You notice that your friend begins to miss practice after recently entering a new relationship.

1	2	3	4	5	6	7
Not At All Likely		Likely			Absolutely Having A Conversation	

13. You see a friend posting on social media that their partner is so sweet to have bought them new clothes, but just before this post, the friend informed you that their partner made comments to them of being overweight

1	2	3	4	5	6	7
Not At All Likely		Likely			Absolutely Having A Conversation	

14. A friend used to spend a lot of time at social gatherings with the group but after being in this long term relationship this friend does not attend gatherings anymore.

1	2	3	4	5	6	7
Not At All Likely		Likely			Absolutely Having A Conversation	

15. A friend gets to a party and lets you know that their partner stood in front of the door and tried to take their keys so they would not go.

1	2	3	4	5	6	7
Not At All Likely		Likely			Absolutely Having A Conversation	

16. A friend tells you that their partner hooked up with someone else because they did something that their partner did not like.

1	2	3	4	5	6	7
Not At All Likely		Likely			Absolutely Having A Conversation	

17. A friend mentions in passing that her partner asked if she had looked in the mirror today and then told her that she couldn't take a joke.

1	2	3	4	5	6	7
Not At All Likely		Likely			Absolutely Having A Conversation	



### Post-Workshop Additional Questions

#### Please Answer The Following Questions:

18. I have greater understanding now of healthy and unhealthy relationship behaviors.

1	2	3	4	5	6	7
Not At All			Good Understanding			Complete Understanding

19. I have greater understanding now of what emotional abuse looks like in relationships.

1	2	3	4	5	6	7
Not At All			Good Understanding			Complete Understanding

20. Please rate your desire now to get involved in an organization that raises awareness toward healthy and unhealthy relationships.

1	2	3	4	5	6	7
Not At All			Somewhat			Definitely

21. If you rated a desire to get involved, please check all that apply

- ☐ Want to get involved in Team One Love on campus
- ☐ Want to get involved in One Love's National Movement
- ☐ Want to get involved in another organization in the community that promotes prevention of domestic violence

22. How likely are you to recommend Escalation to someone else?

1	2	3	4	5	6	7
Not At All		Somewhat			Definitely	

23. Have you ever experienced characteristics of an unhealthy relationship?

- ☐ Yes
- ☐ No

24. I understand the resources I can turn to in order to help my friends and myself if one of us were in an unhealthy or abusive relationship.

- ☐ More than before this workshop
- ☐ Less than before this workshop
- ☐ Same as before this workshop

25. If I experience unhealthy or abusive behaviors in my relationship I would first go to... (**rate them in order from first to last**)

- |  |  |
|--|--|
| <input type="radio"/> Talk to a counselor at my school               | <input type="radio"/> Contact a hotline                        |
| <input type="radio"/> Contact the local or campus police             | <input type="radio"/> Wait to see if the problem persists      |
| <input type="radio"/> Talk to my parents about the relationship      | <input type="radio"/> Contact a local Domestic Violence agency |
| <input type="radio"/> Talk to a trusted adult about the relationship | <input type="radio"/> Talk to a friend                         |
|  | <input type="radio"/> Other (please specify) ____              |

26. How well does the discussion portion of Escalation address emotional abuse?

1	2	3	4	5	6	7
Not At All			Well			Extremely Well

27. When participating in the workshop, how connected did you feel with the peer-led facilitator?

1	2	3	4	5	6	7
Not At All			Connected			Extremely Connected

28. When participating in the workshop, how connected did you feel to other peers who were participating?

1	2	3	4	5	6	7
Not At All			Connected			Extremely Connected

29. Is there anything that would help you feel more connected?

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**Please Provide Your Email Address:** \_\_\_\_\_

**Chance to receive a \$5.00 Starbucks Gift Card after Completing a Brief Survey in 2 months!**

Appendix C  
2-month Follow Up Escalation Survey

## 2-month Follow Up Survey

**Disclaimer:** There is a potential risk of emotional discomfort and you may skip questions or withdraw participation from this study without penalty at any time.

The **counseling and psychological services (CAPS) center on the TWU campus** (<https://twu.edu/counseling/>) is readily available to provide additional support if needed. If you feel the need greater support beyond CAPS or the resource sheet provided, please go to the American Psychological Association Psychologist Locator (<http://locator.apa.org/>) or the Psychology Today Find a Therapist (<http://therapists.psychologytoday.com/rms/>) website.

**Confidentiality** will be protected to the extent that is allowed by law. All attempts will be made to keep your information private. There is always a risk of a breach of confidentiality. There is also a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions. In order to minimize this risk, all documents with identifiable information (i.e., the consent forms) will be kept in a filing cabinet in a locked room, data obtained from your survey's will be entered into a database specifically designed for data collection (i.e. Survey Monkey, Red Cap, Microsoft Excel, etc.) that will be password protected and organized based on your identification number, email address will be kept separately, and all identifiable information will be shredded in a paper shredder within the next two years of your participation in this study.

**Please answer the following questions based on how much you view the given situation to be a characteristic of a healthy relationship or unhealthy relationship.**

1. Claire shows up frequently and unannounced at places she knows Tom will be. She also calls repeatedly until she gets him to answer. After expressing that he needs some space, Claire acknowledges his request.

1	2	3	4	5	6	7
Unhealthy						Healthy

2. Courtney is in a relationship with Amy. Courtney went to a party and kissed another girl. She takes responsibility and owns her mistake with Amy. Amy and Courtney agree to work through this difficult time together.

1	2	3	4	5	6	7
Unhealthy						Healthy

3. Nandita has been feeling nervous about where her relationship is going with Jacoby. She decides that she wants to sit down and talk about their future. Jacoby is open and receptive to her request and they talk things out.

1	2	3	4	5	6	7
Unhealthy						Healthy

4. Troy has had boyfriends cheat on him in the past. He is now dating Mark and despite his urge to question Mark, he finds a way to be comfortable when Mark is hanging out with others and Troy is not around.

1	2	3	4	5	6	7
Unhealthy						Healthy

5. Felicity has made the request to move in with her partner. Her partner expresses that due to spiritual beliefs and parental request, that she does not move in with anyone until she is married. Although difficult to hear, Felicity accepts this disappointing information.

1	2	3	4	5	6	7
Unhealthy						Healthy

6. When Ramesh and his partner are around his friends he tends to focus solely on what his friends are doing and their interests. When his partner mentions it, Ramesh indicates that he does not act differently and tells his partner that if they are uncomfortable then they don't have to come to social outings.

1	2	3	4	5	6	7
Unhealthy						Healthy

7. Glen and Alison have been getting to know each other over the last few weeks. They have been seeing each other every day and he starts to show up unexpectedly with lunch and other nice gestures. Even when Alison has something else to do, she goes with Glen.

1	2	3	4	5	6	7
Unhealthy						Healthy

8. Tosh has a study group that meets every week. He has started seeing Zoe recently and they happen to run into each other while he is with his study group. Zoe sees that the study group is all females and only Tosh. In the next coming weeks, Zoe attempts to get Tosh to study solely with her.

1	2	3	4	5	6	7
Unhealthy						Healthy

9. Kyle has really fallen for Veronica and they have started telling each other that they love each other. One day in passing, Kyle mentioned to Veronica that he is so in love with her, he does not think he can live without her.

1	2	3	4	5	6	7
Unhealthy						Healthy

10. Whitney and Kevin have been dating for several months and get along fairly well. There have been a few times where Kevin has said something Whitney did not like and she is quick to cuss him out and begins to yell.

1	2	3	4	5	6	7
Unhealthy						Healthy

**Please rate how likely you would be to have a conversation with a friend about the following:**

11. A friend tells you that their partner repeatedly gets on their social media to check their account.

1	2	3	4	5	6	7
Not At All Likely			Likely		Absolutely Having A Conversation	

12. A friend attends every scheduled volleyball practice. You notice that your friend begins to miss practice after recently entering a new relationship.

1	2	3	4	5	6	7
Not At All Likely			Likely		Absolutely Having A Conversation	

13. You see a friend posting on social media that their partner is so sweet to have bought them new clothes, but just before this post, the friend informed you that their partner made comments to them of being overweight

1	2	3	4	5	6	7
Not At All Likely			Likely		Absolutely Having A Conversation	



14. A friend used to spend a lot of time at social gatherings with the group but after being in this long term relationship this friend does not attend gatherings anymore.

1	2	3	4	5	6	7
Not At All Likely			Likely		Absolutely Having A Conversation	

15. A friend gets to a party and lets you know that their partner stood in front of the door and tried to take their keys so they would not go.

1	2	3	4	5	6	7
Not At All Likely			Likely		Absolutely Having A Conversation	

16. A friend tells you that their partner hooked up with someone else because they did something that their partner did not like.

1	2	3	4	5	6	7
Not At All Likely			Likely		Absolutely Having A Conversation	

17. A friend mentions in passing that her partner asked if she had looked in the mirror today and then told her that she couldn't take a joke.

1	2	3	4	5	6	7
Not At All Likely			Likely		Absolutely Having A Conversation	

## 2-month Follow Up Survey Additional Questions

### Please Answer The Following Questions:

18. Since participating in Escalation, have you done anything with the information you were presented? (Check all that apply)

- ☐ Joined Team One Love at TWU
- ☐ Join One Love nationally
- ☐ Used the information personally
- ☐ I did not benefit from the information given in Escalation

19. Did you intervene with a friend who you believed was experiencing unhealthy relationship characteristics?

- ☐ Yes
- ☐ no

20. If you did intervene did you use any of the resources provided?

- ☐ Fact sheet handout
- ☐ One Love Website
- ☐ Local Referral Option
- ☐ National Referral Option
- ☐ Different Resource: \_\_\_\_\_(please state what you used)
- ☐ No resource beyond just a conversation

21. If you did intervene with a friend how did it go?

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22. Is there something that One Love could have done better to prepare you for this situation?

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23. How many times did you use the information from Escalation with friends:

☐ No at all

☐ 3-4 times

☐ 1-2 times

☐ 5 or more times

24. If you used the information with a friend or personally, what did you do and what did you find most helpful?

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## Appendix D

### The One Love Foundation's Escalation Workshop Guided Discussion Manual

Permission to view this manual should be requested from The One Love Foundation directly as the foundation requires facilitators to undergo training prior to using the discussion manual, and is not generally disseminated for public view. Please visit: <https://www.joinonelove.org/contact-us/>

## Appendix E

### Local and National Resource Sheet



## Local Resources for Relationship Violence

*Developed by the TWU Counseling Center – March 2017*



Facility	Address	Contact Numbers	Website
<b>Texas Woman's University Counseling Center</b>	West Jones Hall Denton, TX	<b>940-898-3801</b> After Hours Crisis Line <b>940-898-2911</b> – ask for on call therapist	<a href="http://www.twu.edu/counseling">www.twu.edu/counseling</a>
<b>Collin County</b>			
<b>Turning Point Rape Crisis Center of Collin County</b>	3325 Silverstone Dr. Plano, TX 75023	<b>972-985-0981</b> 24 Hour Hopeline – <b>800-866-7273</b>	<a href="http://www.turningpoint.org">http://www.turningpoint.org</a>
<b>Hope's Door</b>	860 F Avenue Ste. 100 Plano, TX 75074	<b>972-422-2911</b> 24 hour Crisis Line <b>972-422-7233</b>	<a href="http://www.hopesdoorinc.org">http://www.hopesdoorinc.org</a>
<b>Dallas Area Rape Crisis Center: THR</b> Presbyterian Hospital Dallas; Jackson Building, Lower Level; Sexual Abuse Nurse Examiner (SANE) Program	8200 Walnut Hill Ln. Dallas, TX 75231	<b>2314-345-6443</b> 24 hour Crisis Line <b>214-345-6203</b> (Charge Nurse in ER)	<a href="http://www.dallasrapecrisis.org">http://www.dallasrapecrisis.org</a>
<b>Dallas County</b>			
<b>Rape Crisis &amp; Child Sexual Abuse - Parkland Rape Crisis Center</b>	5200 Harry Hines Blvd. Dallas, TX 75235	<b>214-590-0430</b> 24 hour Crisis Line <b>214-590-2926</b>	<a href="http://www.parklandhospital.com/p_hhs/vip-rape-crisis-center.aspx">http://www.parklandhospital.com/p_hhs/vip-rape-crisis-center.aspx</a>

<b>Brighter Tomorrows</b>	920 Bluebird Dr. Irving, TX 75061	24 hour hotline <b>972-262-8383</b>	<a href="http://www.brightertomorrows">http://www.brightertomorrows</a>
<b>The Family Place</b>	Location Confidential	<b>214-559-2170</b> 24 hour Crisis Line <b>214-941-1991</b>	<a href="http://familyplace.org">http://familyplace.org</a>
<b>Mosaic Family Services</b>	12225 Greenville Ave, STE 800 Dallas, TX 75243	<b>214-821-5393</b> 24 hour Crisis Line <b>214-823-4434</b>	<a href="http://mosaic-services.org/">http://mosaic-services.org/</a>
<b>Genesis Women's Shelter</b>	4411 Lemmon Ave., STE 201 Dallas, TX 75219	<b>214-389-7700</b> 24 hour Crisis Line <b>214-946-4357</b>	<a href="http://www.genesshelter.org">http://www.genesshelter.org</a>
<b>Denton County</b>			
<b>Denton County Friends of the Family</b>	4845 S I-35E, Ste. 200 Corinth, TX 76210	<b>940-387-5131</b> 24 hour Crisis Line <b>940-382-7273 or</b> <b>800-572-4031</b>	<a href="http://www.dcf.org/">http://www.dcf.org/</a>
<b>Tarrant County</b>			
<b>Women's Center of Tarrant County</b>	1723 Hemphill Ft. Worth, TX 76110	<b>817-927-4040</b>	<a href="http://www.womenscentertc.org">http://www.womenscentertc.org</a>
	401 West Sanford, Ste. 1200 Arlington, TX 76011	<b>817-548-1663</b>	





## **National Resources**

*Developed by One Love Foundation staff – October 2016*

***One Love MyPlan App*** (can be found in the app store, <http://bit.ly/1bJsRll>)

This app helps to determine if a relationship is unsafe and it helps create the best action plan by weighing an individual's unique characteristics. Additionally, a friend or family member can use this app to assess the danger of a loved one.

***National Domestic Violence Hotline*** (1-800-799-SAFE (7233), Canada 1-800-363-9010) NDV Hotline provides lifesaving tools and immediate support to enable victims to find safely and live lives free of abuse. Call if you would like more resources/information or if you are questioning unhealthy aspects of your relationship.

***Love Is Respect*** ([www.LoveIsRespect.org](http://www.LoveIsRespect.org), 1-866-331-9474 or 1-866-331-8453, text "loveis" to 22522) Contact *Love Is Respect* if you want to talk to someone or need advice about your relationship or a loved one's relationship or if you have legal questions.

***National Sexual Assault Hotline*** (1-800-656-HOPE)

The National Sexual Assault Hotline provides basic information for victims or friends/family of victims, short-term crisis intervention and support, answers to questions about recovering from sexual assault, resource to assist with the reporting process, etc.

***Helpline*** (<http://www.stopitnow.org/help-inquiry>, 1-888-PREVENT)

The 1-888-PREVENT number provides support, guidance and information to adults who wish to speak confidentially with the Helpline staff. You can also schedule a 30-minute phone consultation with

***Helpline Associates***

Center for Relationship Abuse Awareness

(<http://stoprelationshipabuse.org/get-help/resources/>)

This site provides a plethora of resources of all types (legal, seeking help, basic information, help in your area, etc.).

## Appendix F

### Introductory Statement

The following is an example of an introductory statement:

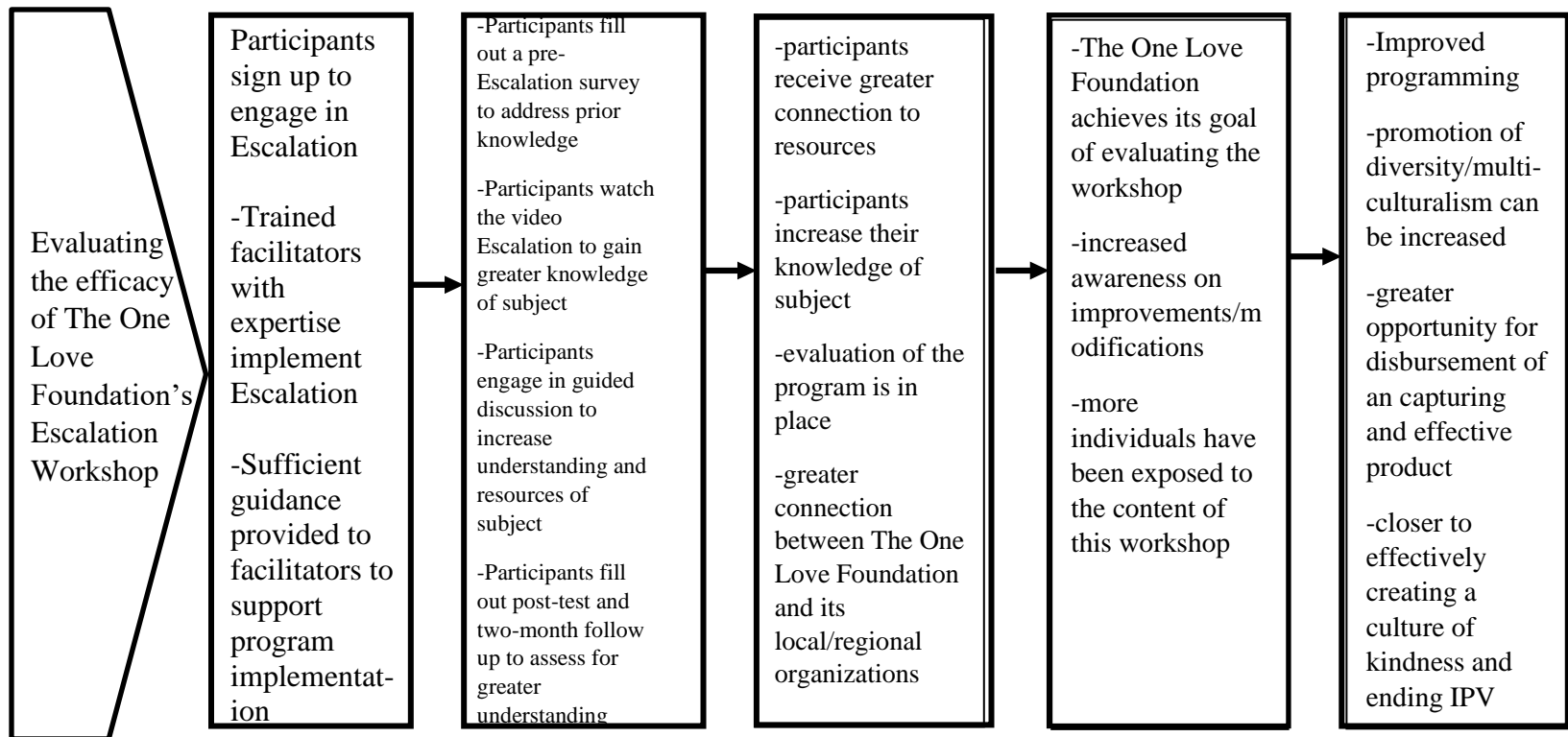
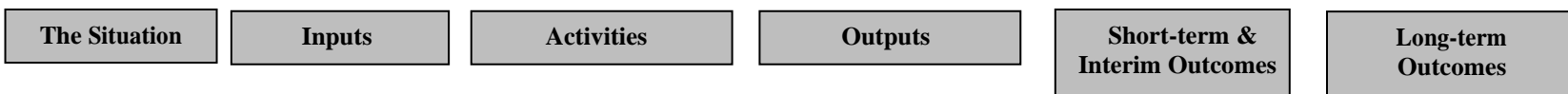
- “Hello and Thank you for choosing to participate in this study.”
- “The One Love Foundation was created in 2010 after Yeardley Love, a senior at UVA, was killed by her ex-boyfriend. Her family started One Love to raise awareness and educate students about the warning signs of relationship abuse.”
- “Today you will fill out a pre-workshop survey, then you will watch a 38-minute video and then we will have a group discussion on what you watched in the video. The video you will watch is content from The One Love Foundation that covers the topic of healthy and unhealthy relationships. Then you will fill out a similar survey to the first one. PLEASE PUT THE SAME EMAIL ON BOTH SURVEYS so we can match them together”
- Trigger Warning: “The film that we are about to watch depicts examples of relationship abuse including sexual, physical, and emotional abuse. This is a very heavy film and can be difficult to watch, even if you have not been in a similar situation. Please take care of yourself and feel free to leave the room or put your head down at any time. We have handed out a list of campus resources – please turn to them if you need any assistance after the workshop.”(If there is an onsite

counselor available for immediate consultation during the workshop, introduce them!)

- Statement of Inclusivity: “This film portrays just one example of relationship violence. While it shows a white, heterosexual, college-aged couple portraying male on female violence – this is an issue that is prevalent amongst all types of relationships, no matter the gender, sexuality, class or race.”

## Appendix G

### Logic Model



## Appendix H

### Design Matrix for Rapid Feedback Evaluation



<b>Researchable Questions</b>	<b>Criteria and Information Required and Sources</b>	<b>Scope and Methodology Including Data Reliability</b>	<b>Limitations</b>	<b>What This Analysis Will Likely Allow The One Love Foundation to Say</b>
1. Do participants have a greater understanding of the warning signs of relationship violence?	Need Escalation Workshop; Discussion Comes from Escalation Manual; Post-Escalation survey Data	Pre, Post, 2-month Survey	Variations of Pre-Existing Knowledge on Healthy/Unhealthy Relationship Dynamics; Survey Accuracy	Their product is effective in increasing the understanding of H/UH relationship dynamics
2. Will participants be prepared to speak about relationship violence with individuals?	Guided Discussion Portion of Escalation; Discussion Comes from Escalation Manual; Post-Escalation survey Data	Pre, Post, 2-month Survey	Level of Confidence to Speak Out; Safety is a Concern; Relationship to Bystander; Survey Accuracy	Their product is effective in preparing others with the tools to appropriately intervene and feel comfortable
3. Will participants understand the differences between healthy and unhealthy relationships?	Watching the Video Portion and Participating in the Guided Discussion; Escalation Workshop; Post-Escalation survey Data	Pre, Post, 2-month Survey	Variations of Pre-Existing Knowledge on Healthy/Unhealthy Relationship Dynamics; Survey Accuracy	Their product is effective in helping participants understand the differences between H/UH relationship dynamics
4. Will participants be able to recognize the behaviors associated with emotional abuse?	Watching the Video Portion and Participating in the Guided Discussion;	Pre, Post, 2-month Survey	Variations of Pre-Existing Knowledge on Healthy/Unhealthy	Their product is effective educating others behaviors

	Escalation Workshop; Post-Escalation survey Data		Relationship Dynamics; Survey Accuracy	associated with emotional abuse
5. Are participants more likely to join One Love after seeing Escalation?	Participating in Escalation; Post- Escalation survey Data & Follow-Up Survey Data	Pre, Post, 2- month Survey	Time; Desire; Availability	Their product is effective in generating a desire for individuals to get involved

*Note:* Adapted from Wholey, J. S., Harty, H.P., & Newcomer, K.E. (2010). *Handbook of practical program evaluation*. San Francisco: Jossey-Bass.