

2015

# The Effect of a Drama on Young Adults' Attitudes About Domestic Violence

Regina Watson  
*Walden University*

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# Walden University

College of Health Sciences

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Regina Watson

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## Review Committee

Dr. Bernice Kennedy, Committee Chairperson, Public Health Faculty  
Dr. Chester Jones, Committee Member, Public Health Faculty  
Dr. John Oswald, University Reviewer, Public Health Faculty

Chief Academic Officer  
Eric Riedel, Ph.D.

Walden University  
2015

Abstract

The Effect of a Drama on Young Adults' Attitudes About Domestic Violence

by

Regina A. D. Watson

MPH, University of Alabama at Birmingham, 1990

MPA, University of Colorado at Colorado Springs, 1985

BSN, Georgetown University, 1974

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

November 2015

## Abstract

Intimate partner abuse has been and remains a pervasive problem that has been documented in every race, religion, class, and level of education. This study presented the rationale for achieving positive social change by examining the problem through prevention rather than reaction and intervention. Although many theories of causation have been presented at various times, none has been proven or offers a complete explanation. Social ecological theory examines the interaction of individual, community, relational, and societal influences on the development of attitudes and behavior acceptance. This pre and post-survey group, quasi-experimental study examined the effects of an intervention on attitudes about intimate partner abuse, specifically in young adults. The intervention was a 30-minute drama about dating abuse. Seventy-nine young adults from an online participant pool completed the Domestic Violence Myth Acceptance Scale (DVMAS) just prior to and after the intervention. Cronbach's alpha test of reliability was conducted on the 4 subscales of the DVMAS. Demographic data were presented on age, marital status, gender, and church attendance. A MANOVA did not demonstrate a significant difference between the overall scores on the DVMAS or the 4 sub scales before and after the intervention ( $p = .230$ ). This research contributes to social change by adding to the body of knowledge about applications of social ecological theory to intimate partner abuse prevention. Attitudes and behaviors that lead to the perpetration or acceptance of intimate partner abuse do not arise from a single incident, discussion, or point in time. Multiple levels of exposures and multiple exposures contribute to the behavior and ultimately will be necessary for its prevention.

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## Dedication

I dedicate this dissertation to the wonderful people who supported me each step of the way and lifted up my arms when it seemed I no longer possessed any strength. To my mother, Laura, thank you for giving me the vision and courage to keep moving toward this goal. To my daughter, Kourtney, words cannot express my gratitude to you for your encouragement and putting up with everything that it required for me to finish this degree. To family and friends, thank you for your constant prayers and being gracious about my physical and mental absences.

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Let us hold unswervingly to the hope we profess, for He who promised is faithful. First and foremost, I thank God who has been so faithful. I am so excited about whatever comes next! I am so grateful to Apostle Levonzia and Lady Saverna Stevens, and the members of Hope Aglow Empowerment Church who would not let me quit! I also thank my committee members Dr Berniece Kennedy, Dr Chester Jones, and Dr John Oswald for guiding me through this process. Finally, thank you to my coworkers who listened to my ideas and helped propel me along the way- Dr Ty White, Dr Mark Jordan, Dr Tesema Chekol, Dr Magnus Che, Dr Corey Demko, Dr Tony Cochran, Rashawn Washington, John Vigorita, Gary Eckhart, and Dana Kuan. Words cannot express my gratitude and the impact of your support.

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## Chapter 1: Introduction to the Study

### **Introduction**

Intimate partner abuse is a well-documented global public health problem (Lehrner & Allen, 2009). Despite increasing scrutiny and an abundance of intervention programs for victims and perpetrators, relationship violence and abuse continues in staggering numbers. In the United States at least 4 million women are abused each year (Black, Tolman, Callahan, Saunders, & Weisz, 2008). The conservative estimate by the Centers for Disease Control and Prevention (CDC) is that in the United States alone, 24 persons per minute are victims of this crime (Spivak et al., 2014). Ten percent of all homicides are the result of relationship violence. U.S. health-related costs for intimate partner violence (IPV) exceed \$5.8 billion each year, including direct medical and mental health costs plus indirect costs such as lost wages or productivity (Thompson et al., 2006).

### **Background**

Abuse may be perpetrated against either gender, but women are more likely to suffer injury and death. IPV or abuse includes spousal abuse, marital rape, battering, date rape, and dating partner abuse. Abusive behavior in intimate relationships generally begins early in life. One third of high school students disclose that they have experienced some form of personal mistreatment in intimate social relationships (Black et al., 2008).

After the adolescent years, IPV prevalence rate ratios peak among 18- to 24-year-olds (Thompson et al., 2006). Studies indicate that 10% of college students involved in a dating relationship are a victim of abuse (Schwartz, Griffin, Russell, & Frontaura-Duck,

2006). At least half of the college women who were surveyed confessed that they know a woman who has experienced violent or abusive behavior in a dating relationship (Knowledge Networks, 2011). The subtle and often unnoticed sequelae for female dating abuse victims may be depression, suicidal ideations, poor educational outcomes, or substance abuse (Banyard & Cross, 2008). Historical prevention efforts have first and foremost focused on the immediate need for emergency shelter, police protection, and proactive statutes (O'Leary, Woodin, & Fritz, 2006). A preponderance of primary prevention efforts have focused on the early dating years during middle and high school while ignoring the influences that contribute to the high prevalence rate during the college age years (Teten, Ball, Valle, Noonan, & Rosenbluth, 2009). This study contributes to social change by utilizing social ecological theory to inform prevention efforts. It went beyond theories of individual traits and examined the role of multilevel influences and myths in shaping the attitudes of young adults (Heise, 1998; Minchala, 2009; Peters, 2008).

### **Problem Statement**

Numerous research studies have established theories that explain abuse in adult marital or intimate relationships, yet it remains unclear why abuse occurs in the courtship or dating relationship (Shorey, Cornelious, & Bell, 2008). The predominant theories include social learning, feminist, attachment, and social ecological theories (Vezina & Hebert, 2007).

The basic premise of social learning theory is that learned violent behavior has been seen, practiced, and perfected by watching the nuclear family and other influential

adults (Bandura, 1978; Bandura, Ross, & Ross, 1961). Feminist theorists posited that violence against women is a direct result of the philosophy that men are destined to dominate women in general and especially those close to them (Wendt, 2008). This includes the thought that the dogma of many world religions initiated, supported, and perpetuated the idea of the subordination of women to the leadership of men (Knickmeyer, Levitt, & Horne, 2010). The foundation of attachment theory is the idea that children develop relationship templates based on the dynamics occurring with their primary caregivers. Adult relationships are healthy or unhealthy based on attachments to victim/subordinate or victimizer/dominator roles.

The aforementioned theories focus on attitudes and behaviors that are passed from adults to children in the childhood home. This study's foundation is social ecological theory, which suggests that effective prevention and intervention must involve and intersect at the individual, relational, community, and societal levels (Heise, 1998). In response to a college dating poll (Knowledge Networks, 2011), 57% of college students said that it is difficult to identify abuse. Furthermore, 90% of students who participated in a bystander survey (Opinion Research Corp, 2006) did not recognize emotional, verbal, or sexually controlling behaviors as abuse. Social ecological theory describes the convergence of multilevel influences such as peer attitudes, peer education, social climate, and religious culture on the attitudes of young adults and as precipitating factors and potential solutions to courtship or dating abuse (Spivak, 2009).

### **Purpose of the Study**

The purpose of this quasi-experimental, pre- and post-survey group study was to describe the impact of a dating abuse educational/prevention drama on the domestic violence attitudes of young adults as measured by the Domestic Violence Myth Acceptance Scale (DVMAS; Peters, 2003). The independent variable was the dramatic presentation. Overall attitude, “character blame, behavior blame, perpetrator exoneration, and minimization of the seriousness” (Peters, 2008, p. 2) of domestic violence as measured by the DVMAS score and the score on the four subscales were the dependent variables. The “DVMAS score [was] calculated by adding up the total and dividing by the number of items answered to indicate the level of myth acceptance as an overall myth acceptance score” (Hawkins, 2007, p. 35). The character blame factor was indicated by Items 3, 5, 7, 10, 14, 16, and 18. The behavior blame factor was indicated by Items 4, 6, 12, 13, and 17. The perpetrator exoneration factor was indicated by Items 2, 9, and 15. The minimization factor was indicated by Items 1, 8, and 11.

### **Research Questions and Hypotheses**

The research questions for this study were:

*Research Question #1:* Are there statistically significant differences on IPV attitudes of young adults as measured by the overall DVMAS scores prior to and after a violence prevention drama?

*H<sub>0</sub>1:* There are no statistically significant differences on IPV attitudes of young adults as measured by the overall DVMAS scores prior to and after a violence prevention drama.



$H_{A1}$ : There are statistically significant differences on IPV attitudes of young adults as measured by the overall DVMAS scores prior to and after a violence prevention drama.

*Research Question #2:* Are there statistically significant differences on IPV character blame of young adults as measured by the scores on the character blame subscale of the DVMAS?

$H_{02}$ : There are no statistically significant differences on IPV character blame of young adults as measured by the scores on the character blame subscale of the DVMAS.

$H_{A2}$ : There are statistically significant differences on IPV character blame of young adults as measured by the scores on the character blame subscale of the DVMAS.

*Research Question #3:* Are there statistically significant differences on IPV behavior blame of young adults as measured by the scores on the behavior blame subscale of the DVMAS?

$H_{03}$ : There are no statistically significant differences on IPV behavior blame of young adults as measured by the scores on the behavior blame subscale of the DVMAS.

$H_{A3}$ : There are statistically significant differences on IPV behavior blame of young adults as measured by the scores on the behavior blame subscale of the DVMAS.

*Research Question #4:* Are there statistically significant differences on IPV perpetrator exoneration of young adults as measured by the scores on the perpetrator exoneration subscale of the DVMAS?

$H_{04}$ : There are no statistically significant differences on IPV perpetrator exoneration of young adults as measured by the scores on the perpetrator exoneration subscale of the DVMAS.

$H_{A4}$ : There are statistically significant differences on IPV perpetrator exoneration of young adults as measured by the scores on the perpetrator exoneration subscale of the DVMAS.

*Research Question #5.* Are there statistically significant differences on IPV minimization of the seriousness of domestic violence of young adults as measured by the scores on the minimization subscale of the DVMAS?

$H_{05}$ : There are no statistically significant differences on IPV minimization of the seriousness of domestic violence of young adults as measured by the scores on the minimization subscale of the DVMAS.

$H_{A5}$ : There are statistically significant differences on IPV minimization of the seriousness of domestic violence of young adults as measured by the scores on the minimization subscale of the DVMAS.

### **Theoretical Framework**

Social ecological theory speculates that effective intervention and prevention must involve and intersect at the individual, relational, community, and society levels (Heise, 1998). At the individual level, relationship models based on power and control are explored and attacked. The relationship level examines beliefs that justify violence. On the community level the prevalence and acceptance of violence is targeted. Gender stereotypes and cultural norms are examined at the societal level.

Weisz and Black (2008) reported on a prevention program that portrayed teens intervening when witnessing abuse. The participants did not see intervention as their role or demonstrate a readiness to take a stand on the issue. The authors concluded that future prevention programs designed to challenge teen perspectives on interpersonal violence must go beyond awareness and help them recognize that abuse and violence are more than an individual/private concern. Once the individual person understands the communal and pervasive effects of the issue, they are more receptive to developing skills to safely intervene when necessary (Weisz & Black, 2008). Comprehensive domestic violence prevention programs must attack the notion that this issue is a personal or immediate family problem. Bystanders must understand that what they see and often ignore is only the visible portion of the domestic violence iceberg (Gracia, 2004). The unseen portion includes the often unrecognized economic and health effects. My research examined the intersection of young adults' religion with their attitudes, myths, and acceptance of domestic violence. It further examined these attitudes, myths, and acceptance after the participants viewed an educational drama.

### **Nature of the Study**

The purpose of this study was to determine what effect, if any, a violence prevention drama had on the IPV attitudes of the young adult audience as measured by the DVMAS. Drama has previously been successfully used as a medium for young adult education about interpersonal violence (Pomeroy et al., 2011) and other health education topics (Haleem & Winters, 2011). The Centers for Disease Control and Prevention has acknowledged and emphasized the complex and multifaceted factors that contribute to

relationship violence (Spivak et al., 2014). The degree of IPV myth acceptance represents the assimilation of peer, relational, community, and societal influences (Peters, 2008).

The pre- and post-survey group design was commonly used to determine the effect of an intervention (Haleem & Winters, 2011; Livingston et al., 2009; Rau et al., 2010). Online survey data from 18- to 25-year-olds was analyzed utilizing the mixed model MANOVA (Tabachnick & Fidell, 2012).

### **Definitions**

*Attitude:* The way one thinks and feels about someone or something (Windle & Mrug, 2009)

*Behavior blame myth:* Notion that IPV victim's behavior provokes the abuser (Peters, 2008)

*Character blame myth:* Notion that IPV victim chooses to stay and be abused because of a character flaw (Peters, 2008)

*Church attendance:* Physical presence at a house of worship event (Cunradi, 2002)

*Dating abuse:* Teten (2009) defined dating abuse as “emotional, psychological, physical, and sexual aggression. Emotional/psychological abuse [includes emotional trauma inducing aggression such as] verbal intimidation, [threatened or] completed acts of violence” (p. 923), isolation, controlling behavior, put downs, or name calling.

*Dating:* Includes an “emotional, romantic, or sexual [relationship] beyond friendship [but without participation in a ceremony affirming] lifelong commitment” (Murray & Kardatzke, 2007, p. 79).

*Domestic violence myths:* False “attitudes and beliefs that are widely held, and are used to downplay, ignore, or justify aggression behaviors against intimate partners” (Peters, 2008, p. 3)

*Drama:* The use of narratives and storytelling acted out in live or recorded realistic setting (Cueva, Kuhnley, Lanier, & Dignan, 2005).

*Minimization of the seriousness of domestic violence myth:* Notion that abuse is inconsequential (Peters, 2008, p. 3)

*Perception:* World view, viewpoint, opinion, or understanding (Creswell, 2009)

*Perpetrator exoneration myth:* Notion that abuse accidentally occurs after the perpetrator is provoked (Peters, 2008)

*Physical abuse:* Physical abuse includes pushing, hitting, stabbing, slapping, choking, or other intentional use of force that has the potential to harm or kill (Baker & Stith, 2008, p. 228).

*Sexual abuse:* Nonconsensual sexual contact or verbal sexual harassment; sexual violence between intimate partners (Baker & Stith, 2008, Spivak et al., 2014).

*Stalking:* The continuous following or harassment of another person. The behavior threatens the person’s safety and may include a physical or cyber presence (Buhi, Clayton, & Surrency, 2009).

*Young adult:* A male or female between the ages of 18 and 25 (Spivak et al., 2014).

### **Assumptions**

It was assumed that the DVMAS is an appropriate instrument to measure attitudes about domestic violence based on the instrument author's development and testing (Peters, 2003), plus subsequent use by other researchers (Driskell, 2008; Hawkins, 2007; Minchala, 2009). It was assumed that all participants can read and understand the DVMAS. It was also assumed that participants viewed the video before answering the post survey and that they answered the DVMAS truthfully. It was assumed that attendance at events and services in houses of worship at least once a month was sufficient as a cutoff definition for church attendance. Previous studies indicated that this is the minimal amount of time a person must attend religious services or events in order to be safeguarded against interpersonal abuse (Cunradi, Caetano, & Schafer, 2002; Ellison, Trinitapoli, Anderson, & Johnson, 2007; Rotunda, Williamson, & Penfold, 2004).

### **Scope and Delimitations**

Although domestic violence can include sexual violence, this study and the DVMAS are not designed to measure attitudes about this crime (Peters, 2003). This study does not prove causation between the intervention and the attitudes of the participants. Participants were a convenience sample of young adults who are members of the Survey Monkey Audience who were invited to participate by Survey Monkey. Convenience sampling is often used for pre- and post-survey quasi-experimental research (Currier, 2009; Fincham, Cui, Braithwaite, & Pasley, 2008; Lanier & Green, 2006). In order to be included, participants were required to be aged 18–25 and have access to the Internet.

The study involved participants solely from this source; therefore, the results of this study pertain to this sample and are not generalizable to all young adults, as Creswell (2009) explained about sampling.

### **Limitations**

Participants self-reported demographical information such as age, marital status, gender, and church attendance; therefore, their responses could have been dishonest, incomplete, or biased. Additional research is needed to determine the effects of the intervention on other age groups. Mortality and diffusion of treatment were potential threats to internal validity. Mortality of subjects (drop-outs) was addressed by recruiting a sample size that is large enough to account for potential drop-outs. G\*Power 3.1.4 (Faul, Erdfelder, Buchner, & Lang, 2008) was used to calculate the sample size. Diffusion of treatment was addressed by using the Survey Monkey Audience to recruit participants from numerous geographical areas. Use of the Survey Monkey Audience was also helpful in recruiting a large number of participants in the target age. A limitation of the Survey Monkey Audience was that all of the participants had Internet access. This limitation excluded members of the target group who were not Internet savvy and had volunteered to be part of an online participant pool.

### **Significance**

The study provided a look at partner abuse attitude issues in the group with the highest prevalence (Black et al., 2008). Previous research has pointed to the importance of addressing attitudes about dating violence in prevention programs for adolescents and young adults. The process of changing attitudes has been shown to create a climate of

understanding and responsibility to demand behavior change among peers (Banyard, Moynihan, & Plante, 2007; Pickett, 2010; Schwartz, Griffin, Russell, & Frontaura-Duck, 2006). This study went beyond treatment and recovery by identifying the domestic violence myths that may contribute to the high prevalence among this group and provided an insight into opportunities for prevention (Peters, 2008). Furthermore it took a multifaceted approach to an issue that has previously been primarily defined by individual traits (Spivak, 2014).

### **Summary**

This quasi-experimental study examined the effects of an intervention on young adults' attitudes about intimate partner abuse. The intervention included a 30 minute drama about dating abuse. An 18-item questionnaire was administered just prior to and immediately after the intervention. This study discussed the background and pervasiveness of intimate partner abuse. It presented the rationale for achieving positive social change by examining this problem through prevention rather than reaction and intervention. It focused on the role of multiple influences rather than individual personality traits.

This chapter has presented the facts about domestic violence and the unique issues that relate to young adults. Theories that have been developed to explain marital discord are incomplete and are more suitable to individual intervention and law enforcement. Social ecological theory may be better suited as a model for prevention program development. Chapter 2 includes a review of key research regarding the definition, health effects, and economic impact of dating abuse. Theories of causation and prevention are



discussed. Chapter 3 explains the development, validity, and reliability of the study instrument, the DVMAS. It also includes the selection of participants, description of the intervention, research questions, and survey methods. Analyses of the data within the study group and findings will be outlined in Chapter 4. Conclusions and implications for further studies are in Chapter 5.

## Chapter 2: Literature Review

### **Introduction**

This literature review provides a summation of research on dating abuse as a subset of the overall issues pertaining to domestic violence. It examines the unique characteristics and issues that affect young adults ages 18–25 and establishes the gap that exists in research on prevention, especially for Christian young adults.

### **Literature Search Strategy**

I found peer-reviewed studies and literature on dating abuse to examine its definition, prevalence, risk factors, consequences, health effects, and prevention strategies. I also examined theories on causation and treatment in order to explore the feasibility of a violence prevention program that changes attitudes of teens and young adults.

I used the following databases in this search: Academic Search Premier, PsycArticles, and Sage. The following search terms were used: *courtship, courtship violence, dating abuse, dating violence, intimate partner abuse, intimate partner violence, interpersonal violence, intimate terrorism, intimate partner violence attitudes, domestic violence, teen dating violence, gender based violence, stalking, reproductive health, pregnancy promotion, prevention, domestic violence prevention, dating violence prevention, health education, and drama.*

### **Theoretical Foundation**

According to social ecological theory, effective prevention must involve and intersect at the individual, relationship, community, and society levels (Heise, 1998). Weisz and Black (2008) reported on a prevention program that depicted teens intervening when witnessing abuse. The participants did not see intervention as their role or demonstrate a readiness to take a stand on the issue. The authors concluded that prevention programs that confront the problem of high school dating violence must transcend basic awareness and galvanize youth into action by instilling the confidence in them to safely intervene as appropriate (Weisz & Black, 2008). This conclusion is similar to the report of O'Leary, Woodin, and Fritz (2006) on 50 prevention program studies that were conducted from 1990 through 2005. They concluded that although programs are needed and can be effective at all community levels and ages for the at-risk population, it is essential that programs consider and measure behavior change in addition to attitudes. (O'Leary et al., 2006).

Nation et al. (2003) examined 35 studies, books, articles and literature reviews to determine the best practices of the most effective prevention programs. Seven of the documents pertained to the reduction of youth violence. The most effective universal or selective programs prevention consistently included nine characteristics: “a) comprehensiveness, b) varied teaching methods, c) sufficient dosage or exposure to the intervention, d) theory based, e) positive relationship driven, f) appropriately time in the life cycle, g) socioculturally relevant, h) outcome evaluation included, i) well trained staff” (Nation et al., 2003, p. 449).

### **Dating Abuse Defined**

Initially described as battered women's syndrome, domestic abuse was defined as physical abuse perpetrated by husbands against their wives (Lehrner & Allen, 2009). The abuse usually includes a cyclical pattern of behaviors that repeats over the course of days, weeks, years, or even decades (Walker, 1984). Physical control, restraint, and punishment of a wife by her husband was considered the norm and a spousal privilege that was protected by law in the US until the latter half of the 20<sup>th</sup> century (Worden, 2000). The initial definition has been expanded to include all forms of abuse perpetrated against a person of either gender in a relationship, including dating. Until recently a victim of dating violence was not afforded and legal protections or recourse in the US courts, Rothman, Bair-Merritt, & Tharp, 2015). The term *dating* includes an “emotional, romantic, or sexual [relationship] beyond friendship [but without participation in a ceremony affirming] lifelong commitment” (Murray & Kardatzke, 2007, p. 79).

Teten, Ball, Valle, Noonan, and Rosenbluth (2009), noted, “Dating [abuse encompasses psychological], emotional, physical, and sexual aggression” (p. 923). Emotional/psychological abuse includes emotional trauma-inducing aggression such as verbal intimidation, threatened or completed acts of violence, isolation, controlling behavior, put downs, or name calling. Physical abuse includes pushing, hitting, stabbing, slapping, choking, or other intentional use of force that has the potential to harm or kill. Stalking is defined as “the willful, malicious, and repeated following or harassing of another person that threatens his or her safety” (Kamphius & Emmelkamp, 2001, p. 795). Stalking may involve a physical presence or extensive use of technology or

cyberstalking. Cyberstalking includes repeated computer-based threats such as hostile e-mail and Internet messages or using/distributing personal information without the victim's consent (Melandar, 2010). Sexual abuse includes nonconsensual sexual contact or verbal sexual harassment. Sexual aggression in the context of dating was first described in 1957 in a study describing how unsuspecting college women were essentially preyed upon by individuals whom they had previously considered to be friendly and safe (Kanin, 1957). Although this review considers reproductive coercion, sexual abuse is not a primary focus of this review. The terms *dating abuse*, *dating violence*, and *interpersonal violence* are used interchangeably.

### **Risk Factors**

Research indicates that dating violence is a common and serious problem (Black, Tolman, Callahan, Saunders, & Weisz, 2008). Risk factors for both victimization and perpetration include low self-esteem, unrealistic attitudes about romantic love, and situational acceptance of abuse (Berkel, Furlong, Hickman, & Blue, 2005; Vezina & Hebert, 2007). In one study, students at two universities completed a survey about their childhood family, attitudes toward women, dating relationship behaviors, and factors that encourage or discourage victimization and perpetration (Gover, Kaukiner, & Fox, 2008). Their answers "indicated that childhood exposure to violence is a predictor of [relationship violence] for males and females" (Gover et al., 2008, p. 1667). The World Health Organization (WHO) (2014) has indicted attitudes and customs that fail to question or challenge relationship violence as risk factors for both perpetrators and victims. Despite the widespread belief that physical abuse is more serious than emotional

or psychological abuse, this idea is not supported by research. All abuse may have long-term effects. Numerous studies have demonstrated the enduring effects of mental aggression and trauma (Capezza & Arriaga, 2008).

Research has not demonstrated that race is a predictor of domestic violence. A comparison study of 300 students who attended three predominately African-American universities and one predominately European-American university concluded that the dating violence rates were analogous (Bougere, Rowley, & Lee, 2004). Alcohol consumption has not been proven to be a cause of abuse, yet a study that examined the geospatial relationship of Australian postal codes, alcohol outlet density, and abuse rate revealed an association (Livingston, 2010). Additionally, the World Health Organization (2014) has noted that there is an association of excessive alcohol use and perpetration of violence against women worldwide.

Predominant theories that consider dating violence are reconditioned models that were developed to explain the phenomenon of adult relational terrorism (Shorey, Cornelious, & Bell, 2008), including social learning, feminist, and attachment theories. Each of these is treated briefly below.

Social learning theory was first introduced by Bandura (1961, 1978). The basic premise of social learning theory is that violent behavior has been seen, practiced, and perfected by watching the nuclear family and other influential adults (Bandura, 1978; Bandura, Ross, & Ross, 1961). Despite numerous studies that demonstrate an association between childhood influential circle violence and IPV, it has not been validated as the root determinant (Harris & Dersch, 2001).

The basis of feminist theory is that men are taught and emboldened to perpetrate violence against women through the vantage point of male domination (Wendt, 2008). This includes the religious perspective of male headship and female submission (Knickmeyer, Levitt, & Horne, 2010). Religious clerics have asserted that this occurs only if sacred guidance is taken out of context or ignorance and exploited for the convenience of perpetrators (Levitt & Ware, 2006). A qualitative study of 12 male IPV perpetrators revealed that the majority had the vague impression that “that God did not approve of IPV but could not recall” learning any anger management of conflict management techniques at church (Levitt, Swanger, & Butler, 2008, p. 439). Not unlike other cultural aspects, the church has a mixture of elements that may condone or resist abuse. The level of church involvement rather than church doctrine correlates with domestic abuse. Ellison, Trinitapoli, Anderson, & Johnson, (2007) determined that: a) “religious involvement is correlated with reduced levels of domestic violence, b) levels of domestic violence vary by race/ethnicity, c) the effects of religious involvement on domestic violence vary by race/ethnicity, and d) religious involvement, specifically church attendance, protects against domestic violence” (p. 1094). The “protective effect [of church involvement are strongest] for African Americans [(male and female)] and Hispanic males” (Levitt, Swanger, & Butler, 2008, p 439). The decreased use of alcohol and other addictive substances, increased social support, and decreased risk of psychological problems among frequent church goers may account for these effects (Ellison, Trinitapoli, Anderson, & Johnson, 2007, p. 1094).

Attachment theory hypothesizes that the success of adult relationships lies in the childhood imprints that were set by interactions with principal caregivers. The child's connection/identification with the victim or the perpetrator will set the stage for the positive or negative tone of subsequent relationships. The results of efforts to provide confirmatory evidence of this theory have been varied and conflicting (Schwartz, Hage, Bush, & Burns, 2006). Straus and Savage (2005) demonstrated a positive association between childhood neglect victimization and subsequent IPV perpetration among students from multiple universities and nations. Other research that has examined the relationship between parental violence and dating abuse among college students includes a survey of 474 undergraduate students from the United States. Although these students tended to replicate the aggressor or defensive behavior of the same gender parent, witnessing or experiencing abuse in childhood could not be singled out as the determining factor for adult behavior (Baker & Stith, 2008).

### **Economic Impact**

Bonomi, Anderson, Rivara, and Thompson (2007) determined that women who experienced ongoing physical abuse had the highest total annual health care costs—42% higher than nonabused women. They noted, “Costs were allocated for visits to primary care, specialty, and mental health providers as well as for emergency department, hospital, laboratory, pharmacy, and radiology services” (p. 1058). The higher health care utilization continues for years after the abuse ends. Arias and Corso (2005) used data from the 1995 National Violence Against Women Survey (NVAWS) to compare gender differences for health care consumption patterns of IPV victims. They determined that:



- a) Women were more likely than men to report using emergency department (ED), inpatient hospital, physician, dental, and physical therapy service than men;
- b) the total average per person cost for women experiencing at least one physical IPV victimization was more than twice the average per person cost for men. c) in 1995, the total average cost per person experiencing at least one physical IPV victimization was \$387 for men and \$948 for women. (p. 379)

Max, Rice, Finkelstein, Bardwell, and Leadbetter (2004) estimated the medical cost of IPV to be 5.8 billion dollars based on 1995 data. These estimates are based primarily on physical assault and therefore do not include the costs associated with mental abuse.

### **Health Consequences**

IPV is at the foundation of a substantial number of the health complaints for women ages 18 to 44. The prevailing concerns include depression, anxiety, and suicide plus addictions and substance abuse (Vos et al., 2006). Studies of adolescents' abuse victims are comparable. Dating violence has been reported as the pivotal event to addictive behaviors such as alcohol, tobacco, drugs, and mental health issues (Ackard, Neumark-Sztainer, & Hannon, 2003). Banyard and Cross (2008) determined that the after effects of dating violence included higher rates of depression and suicidal thoughts (Banyard & Cross, 2008). Other repercussions revolve around abuse victims' perceptions of their overall health status. These women often complained of headaches, insomnia, hyperventilation, chest pain, back pain, and pelvic pain. Common physical injuries included head injuries, contusions, abrasions, minor lacerations, fractures, sprains, and injuries during pregnancy (Dutton et al., 2006).

There is a positive predictive correlation between psychological abuse and post traumatic stress disorder (PTSD). This finding has been documented among abused women, but has not been verified for abused men (Ehrensaft, Moffit, & Caspi, 2006). The presence of PTSD had an additional effect on mental and physical outcomes for women with chronic diseases such as diabetes, cancer, HIV/AIDS, or heart disease. PTSD compounds any existing, complicated, medical self-care requirements (Dutton et al., 2006). Early teenage alcohol initiation, recent alcohol consumption, and marijuana use are likely contributing factors in dating IPV regardless of the perpetrators' gender (Champion, Wagoner, Sony, Brown, & Wolfson, 2009).

An emerging area of dating violence research is the association between abuse and reproductive health. In addition to experiencing the highest prevalence of IPV, 18–24 year olds experience the highest prevalence of unintended pregnancy. Intimate dating partners may assert control through birth control sabotage, unintended pregnancies, rapid repeat pregnancies, and multiple abortions. Health consequences include suicide, digestive disorders, sexually-transmitted infections, spontaneous abortions, and premature or low birth weight infants (Moore, Frohwirth, & Miller, 2010). In a qualitative study, Miller et al. (2007) interviewed 53 teen girls of Latina and African-American descent who had previously been identified through social service organizations as IPV victims. The target population included at least 33% representation from prenatal or maternal teens to adequately assess the association between IPV and motherhood. Among the participants, at least 32.1% had been involved in an abusive

relationship prior to conception. The majority of the resultant pregnancies were unwanted.

Bourassa and Berube (2007) studied 350 adult and teen females who decided to terminate their pregnancies. They determined that the presence of IPV was an influential factor in the decision for elective abortion in 75% of the cases. Wingood, DiClemente, McCree, Harrington, and Davies (2001) conducted a multisite study to examine the impact of IPV on prevention of sexually transmitted infections in African American females, ages 14 to 18 years. IPV was a precursor to inconsistent condom use. This parallels findings on birth control use among adult women. Wingood and DiClemente (1997) conducted interviews with 165 sexually active African-American women, ages 18 through 29. IPV victims were consistently afraid to initiate conversations about birth control or negotiate condom use. They reported retaliatory physical and mental threats and abuse as a consequence. The threat of abuse overruled any preventive health concerns. Wingood and DiClemente found, "They were more fearful of asking their partners to use condoms, worried more about acquiring HIV, and felt more isolated than women who were not in abusive relationships" (p. 1017). Similarly, Fanslow, Whitehead, Silva, and Robinson (2008) conducted interviews with a random sample of 2790 previously or currently sexually active women. Women who had been involved in violent relationships were more predisposed to having partners who prohibited any birth control method (5.4% vs. 1.3%).

Miller et al. (2007) determined that in addition to vetoing any attempt to prevent pregnancy, many abusers relentlessly attempted to make it easy for their partners to get

pregnant: “Common tactics used by abusive male partners included: a) manipulating condom use, b) sabotaging birth control use, c) making explicit statements about wanting her to become pregnant” (p. 361). Several girls resorted to concealing their method of preventing pregnancy, including removing strings from intrauterine devices.

In a cross-sectional study of a clinical sample of teenage mothers (ages 12–18) who were recruited from a labor and delivery unit at a university hospital, a history of recent abuse was shown to be positively associated with the incidence of repeat pregnancy (Raneri & Wiemann, 2007). An earlier study by Jacoby, Gorenflo, Black, Wunderlich, and Eyler (1999) demonstrated that low-income adolescents who experienced physical or sexual abuse were three times more likely to become pregnant again within 12 months and four times more likely to become pregnant again within 18 months.

### **Prevention**

Dating violence prevention programs have varied widely in length, focus, target age (middle school, high school, or young adult), target population (general or at risk), and type of follow up. The majority of programs have focused on increasing awareness of individuals (O’Leary, Woodin, & Fritz, 2006).

Prevention programming can occur at multiple stages and on multiple levels. Primary prevention involves developing attitudes and skills that foster healthy relationships and communication. Cornelius, Sullivan, Wyngarden, and Milliken (2009) demonstrated the importance of college students’ risk perception on willingness and intent to participate in dating violence prevention programs. Perception of high dating

violence susceptibility had a positive correlation with the student's intent to participate in a convenient prevention program independent of whether the student was currently in an abusive relationship (Cornelius et al., 2009).

Secondary prevention helps individuals recognize potential or actual abusive behaviors, partners, and relationships. Fass, Benson, and Leggett (2008) collected data from 250 college students on the types and frequency of conflicts within their interpersonal relationships. They noted, "Over 22% of the students who [had] been perpetrators or victims of violent physical acts [were] still unaware that these violent behaviors constitute relational abuse" (p. 66). This knowledge deficit indicates an educational opportunity that has the potential to interrupt the cycle of abuse.

Tertiary or reaction based prevention seeks to recognize and end abusive relationships or prevent injury. Murphy and Smith (2010) found that 50% of youth who admitted to being involved in a violent relationship said that they were afraid to leave because of potential retaliation. In their survey of 146 adolescents, they found that exit skills training is a necessary adjunct to awareness programs recognition of dangerous relationships is often not enough propel the victim to exit. Many victims assume they have no safe options because they do not possess the skills or resources to leave (Murphy & Smith, 2010).

### **Community Intervention**

Schwartz, Griffin, Russell, and Frontaura-Duck (2006) demonstrated that community intervention for at-risk teens can be effective in reducing incidents of physical and emotional abuse and symptoms of emotional distress over time. They

examined the effects of a dating violence prevention program on college campuses. The researchers used trained peer educators to present information about dating violence. The educators presented the information through vignettes and staged discussions about appropriate relationships. Awareness information was augmented with hands on conflict resolution and communication skills. Posttests administered immediately after the intervention indicated changed attitudes about dating violence.

Potter, Moynihan, Stapleton, and Banyard (2009) were successful in increasing the awareness of university students utilizing graphic depictions of dating violence on posters. The posters were designed to unequivocally illustrate abusive situations and encourage bystander intervention. Follow-up surveys indicated that the posters increased awareness about global impact of the problem.

### **Drama as a Health Education Tool**

Drama has been explored as a teaching method for health promotion and education primarily in the cancer and HIV arena (Cueva, Kuhnley, Lanier, & Dignan, 2005; Livingston et al., 2009). In a study by Livingston et al. (2009), 448 African-American women viewed a 75 minute play about breast cancer. The pre- and post-test design included a discussion period after the play. The women increased their knowledge and awareness of the disease. They also said that they would modify their lifestyle to incorporate healthy practices (Livingston et al., 2009).

Similarly, men and women in Alaska were more informed and at ease with conversations about cancer after viewing a 45-minute play (Cueva, Kuhnley, Lanier, & Dignan, 2005). In a nonrandomized, concurrent comparison group study, 289 male

adolescents participated in a melodrama about AIDS prevention. The intervention group increased knowledge and retained it for at least six months (Lauby et al., 2010). Also in the arena of HIV prevention education, a group of 71 migrant workers in Michigan responded to a single dramatization about HIV with increased knowledge and changes in attitudes (Hovey, Booker, & Seligman, 2007). Drama has also been a successful forum in community led interventions (Kemp, 2006). After a local neighborhood designed study, African-American men ages 14–25 self-reported improved mental health and increased overall confidence (Kemp, 2006).

After reviewing nine studies conducted between 1990–2006 to determine the effects of school based drama on adolescent health behavior, Joronen, Rankin, and Astedt-Kurki (2008) concluded that there is “limited evidence [of] effectiveness and a need for well designed, theory based studies” (p. 116). In another review of 11 studies targeting primary prevention of IPV, Whitaker et al. (2006) found that most studies were curriculum based and targeted individual adolescents in school settings. Yonas et al. (2007) changed this paradigm by using theater and visual arts during a Centers for Disease Control and Prevention demonstration program for seventh graders in Baltimore, Maryland. Lessons learned included scant teacher participation because of activity and commitment saturation coupled with a lack of youth cultural relevance built into the program structure. They recommended incorporating alternate program sites that are attractive to youth such as community centers or houses of worship. In a real life application, Kearney and Levine (2014) examined the effects of a recent highly publicized and popular reality show on teen attitudes and behavior. For 18 months

following the dramatic documentation of the real life challenges of a teen mother, there was a corresponding spike in online requests for pregnancy prevention information. In addition, during the same time period there was a documented 5.7 % decrease in teen births (Kearney & Levine, 2014).

Patient care was improved when Jonas-Simpson et al. (2011) used a qualitative study to initiate and demonstrate changes in 50 healthcare providers' attitudes and behaviors towards patients after viewing a reality based drama about dementia. The providers gained valuable knowledge about the day to day struggles of dementia patients and their caregivers. The additional vantage point helped them fine tune their care and protocols.

A comparison study (Hether, Huang, Beck, Murphy, & Valente, 2008) examining single versus multiple exposures to health education dramas over a 3-week period revealed knowledge and attitude changes about breast cancer prevention and treatment. Pre- and post-surveys from 599 females demonstrated a cumulative effect of the television dramas (Hether, Huang, Beck, Murphy, & Valente, 2008). Knapp, Gillespie, Malec, Zier, and Harless (2013) studied an expanded role for health education video drama. Their pre- and post-questionnaire pilot study utilizing a virtual dialogue about brain injury showed a significant knowledge change for eight family members and caregivers (Knapp et al., 2013). The pre- and post-survey along with a dramatic presentation format was used successfully by Haleem and Winters (2011) to demonstrate a significant young adult attitude change about college alcohol consumption in 79 students. The scripted sociodrama included pauses for discussion and clarification.



## Summary

This review has outlined the devastating effects of IPV, with an emphasis on dating violence. Societal examination and focus on this crime has changed from hidden family issue to recognition of a pervasive and expensive public health disease. Primary prevention is the foundation of public health and disease eradication. Primary prevention of IPV must begin with a change in the attitudes and behavior of the youngest victims and perpetrators: teens and young adults. Studies cited in the previous paragraphs indicate that prevention of IPV has primarily focused on adolescents in curriculum-based school programs. They also indicate a need for development of culturally relevant programs for teens and young adults in social settings such as community centers and houses of worship. Chapter 3 will discuss the plan to recruit participants. It will also discuss the study design, its rationale, and the methods used to analyze the data.

## Chapter 3: Research Method

### **Introduction**

The purpose of the quasi-experimental study was to examine the impact of an educational drama on young adults' attitudes about domestic violence. The intervention was a 30-minute video drama. An 18-item questionnaire was administered prior to and after the intervention. This chapter contains a description of the research design and rationale, including participants, methodology, instrumentation, potential threats to validity, and ethical considerations. The procedure and rationale for data collection and analysis are also presented.

### **Research Design and Rationale**

The quasi-experimental study was a pre- post-survey one-group design.

(See Figure 1)

Group A 0-----X-----0

*Figure 1* Study Design

This design has been commonly used in evaluating the effects of an educational program on the attitudes of young adult subjects (Rau et al., 2010). Schwartz et al. (2004, 2006) utilized a pre- and post-test design when examining the effects of a college dating violence prevention program for individuals and groups. In this study, the participants viewed a video and participated in a discussion between the administration of the pretest and posttest.

## **Methodology**

### **Population**

The target population was male and female young adults between the ages of 18 to 25. The convenience sample consisted of 75 male and female young adults from an online participant pool who agreed to participate in the study. Participants were chosen because their age group represents the highest prevalence of dating abuse and for their ability to grant informed consent.

### **Sampling and Sampling Procedures**

G\*Power 3.1.4 (Faul, Erdfelder, Buchner, & Lang, 2008) was used to calculate a sample size for a repeated factors multivariate analysis of variance (MANOVA). A power analysis was calculated for a MANOVA with four dependent variables and one group using a medium effect size ( $f = .25$ ), an alpha of .05, and a power of .80. The recommended sample size to achieve empirical validity was 48 participants.

### **Procedures for Recruitment, Participation, and Data Collection**

Participants were initially recruited through the Walden University online participant pool and subsequently through the Survey Monkey audience. . Permission to conduct the study and expand the recruitment area was obtained from the Institutional Reviewer and the Walden IRB (Approval number: 11-07-14-0074073).

Respondents ages 18–25 are within the target age and are old enough to provide informed consent. The consent form included information about the study purpose, risks, benefits, and financial compensation (none). Clicking the “launch survey” button, completing the survey, and viewing the video indicated consent to participate in the

study. The survey included demographical questions about age, marital status, gender, race, religious affiliation, church attendance, and frequency of church attendance.

Participants were able to launch the Dating and Violence Education (D.A.V.E.) video after indicating consent and answering the DVMAS.

The Domestic Violence Prevention Center (DVPC) of the Central Virginia YMCA developed a 30 minute program called *Meet D.A.V.E.* to raise awareness and combat dating violence. The D.A.V.E. program provides information about dating violence, stalking, bullying, cyber-bullying, and healthy relationships in a fun and interactive format. Performances are free and open to the public. Permission was obtained from the YMCA to show a video of the performance to the study participants.

Participants answered the DVMAS just prior to and after viewing the video. Responses to the DVMAS were collected online to spreadsheet for analysis by statistical software.

Responses were anonymous.

Table 1

*Study Variables*

Independent	Dependent	Question Number
Video drama		
	Character blame	3,5,7,10,14,16,18
	Behavior	4,6,12,13,17
	Blame	
	Perpetrator	2,9,15
	Exoneration	
	Minimization	1,8,11

*Note.* From “Measuring myths about domestic violence: Development and initial validation of the Domestic Violence Myth Acceptance Scale,” by J. Peters, 2008, *Journal of Aggression, Maltreatment & Trauma*, 16, pp. 1–21 . Reprinted with permission.

### **Instrumentation and Operationalization of Constructs**

The DMVAS was developed by Peters (2003) to be analogous to the Rape Myth Acceptance (RMA) Scale (Burt, 1980). The DVMAS contains 18 items that are designed to measure the degree to which people believe myths about domestic violence. Peters’ (2003) initial study included 80 items that were scored by domestic violence experts. In a later study, Peters (2008) utilized the responses of 350 participants from a rural university

to determine the minimum number of items with the greatest reliability while maintaining construct validity. During the initial development and validation, the overall coefficient alpha for the final 18 items was .88. The coefficient alpha for the RMA is also .88 (Peters, 2003). According to Peters (2008), the DVMA was determined to have good convergent validity with other scales and good construct validity. The scale has 4 subsections: character blame, behavioral blame, perpetrator exoneration, and minimization of the seriousness of domestic violence. During the initial development and validation the alpha for the subsections ranged from .64–.88. Peters (2008) explained that the low scores for the minimization and the exoneration scales were due to the lower number of questions in these subsections.

The scale has been used in several original dissertation research studies. Hawkins (2007) used the scale as an instrument to study the attitudes of 236 student social workers. The Cronbach's alpha for the scale during the study was .867. In a similar study, Minchala (2009) investigated the differences in attitudes about women between heterosexual and lesbian women. The Cronbach's alpha was .82. Driskell (2008) used the scale to predict the domestic violence myth endorsement of 138 forensic psychologists. The Cronbach's alpha from this study was .874.

### **Data Analysis Plan**

Data were gathered and transferred into SPSS 21.0 for analysis. Data were screened for univariate outliers using  $z$  scores. Data were screened for multivariate outliers using Mahalanobis distances. Outliers were removed from the dataset. I provided descriptive statistics to describe the sample. Frequencies and percentages were presented

for gender, marital status, church attendance, and ethnicity. Means and standard deviations were presented for age, church attendance, and the four subscales of the DVMAS, including character blame, behavioral blame, perpetrator exoneration, and minimization of the seriousness of domestic violence. Cronbach's alpha test of reliability was conducted on the four subscales of the DVMAS. The alpha coefficient values were evaluated using the following parameters as suggested by George and Mallery (2010): > .9 *excellent*, > .8 *good*, > .7 *acceptable*, > .6 *questionable*, > .5 *poor*, and < .5 *unacceptable*.

The research questions were:

*Research Question #1:* Are there statistically significant differences on IPV attitudes of young adults as measured by the overall DVMAS scores prior to and after a violence prevention drama?

$H_01$ : There are not statistically significant differences on IPV attitudes of young adults as measured by the overall DVMAS scores prior to and after a violence prevention drama.

$H_A1$ : There are statistically significant differences on IPV attitudes of young adults as measured by the overall DVMAS scores prior to and after a violence prevention drama.

*Research Question #2:* Are there statistically significant differences on IPV attitudes of young adults as measured by the scores on the character blame subscale of the DVMAS?

$H_{02}$ : There are not statistically significant differences on IPV attitudes of young adults as measured by the scores on the character blame subscale of the DVMAS.

$H_{A2}$ : There are statistically significant differences on IPV attitudes of young adults as measured by the scores on the character blame subscale of the DVMAS.

*Research Question #3*: Are there statistically significant differences on IPV attitudes of young adults as measured by the scores on the behavior blame subscale of the DVMAS?

$H_{03}$ : There are not statistically significant differences on IPV attitudes of young adults as measured by the scores on the behavior blame subscale of the DVMAS.

$H_{A3}$ : There are statistically significant differences on IPV attitudes of young adults as measured by the scores on the behavior blame subscale of the DVMAS.

*Research Question #4*: Are there statistically significant differences on IPV attitudes of young adults as measured by the scores on the perpetrator exoneration subscale of the DVMAS?

$H_{04}$ : There are not statistically significant differences on IPV attitudes of young adults as measured by the scores on the perpetrator exoneration subscale of the DVMAS.

$H_{A4}$ : There are statistically significant differences on IPV attitudes of young adults as measured by the scores on the perpetrator exoneration subscale of the DVMAS.

*Research Question #5*. Are there statistically significant differences on IPV attitudes of young adults as measured by the scores on the minimization subscale of the DVMAS?



$H_{05}$ : There are not statistically significant differences on IPV attitudes of young adults as measured by the scores on the minimization subscale of the DVMAAS.

$H_{A5}$ : There are statistically significant differences on IPV attitudes of young adults as measured by the scores on the minimization subscale of the DVMAAS.

To assess the research questions, and to determine if there are statistically significant differences on IPV attitudes of young adults as measured by the DVMAAS scores prior to and after a violence prevention drama, a repeated measures MANOVA was conducted. The MANOVA is used when multiple comparisons of the dependent variables are required (Tabachnick & Fidell, 2012). The dependent variables in the analysis were IPV attitudes, as measured by the four subscales of the DMVAS. The subscale scores were calculated based upon scoring instructions; data was treated as continuous. The within measure independent variable in the analysis was pre survey - post survey. The group was treated as a dichotomous variable. An alpha of .05 was used for analysis (Creswell, 2009).

The repeated measures MANOVA was assessed using the  $F$  test. Before analysis, “the assumptions of normality, homogeneity of variance/covariance, and absence of multicollinearity” were assessed (Leech, Barrett, & Morgan, 2015, p. 233). Normality assumes the dependent variables are normally distributed and was assessed with four Kolmogorov–Smirnov (KS) tests (Pallant, 2010). Homogeneity of variance assumes that faith based and non-faith based groups have equal error variances. Homogeneity of variance was assessed with four Levene’s tests. Homogeneity of covariance is the multivariate equivalent of homogeneity of variance and was assessed with Box’s M test.

Absence of multicollinearity was assessed to be certain the dependent variables are not too related. It was assessed with a Pearson product moment correlation matrix and coefficients below .90 indicated if the assumption was met (Tabachnick & Fidell, 2012).

### **Threats to Validity**

Creswell (2009) outlines several threats to internal and external validity. Potential threats to internal validity included history which is difficult to prepare for because real life events that may influence the sample population are unpredictable. Any events that occurred during the experiment were addressed as part of the analysis and conclusions. Selection threats bias was addressed by using an anonymous participant pool. All participants had an opportunity to view the drama and answer the questions on the survey instrument. Testing was a potential threat as the pre survey and post survey are the same. The drama was presented between the administrations of the survey. Potential threats to external validity included interaction of selection and treatment, setting and treatment, and interaction and treatment. This researcher asserts that the results of this study are not representative of all young adults regardless of gender or religious affiliation. This study will need to be replicated at another time and in additional settings.

### **Ethical Procedures**

Study procedures were approved by the Walden University Institutional Review Board prior to data collection (Approval number 11-07-14-0074073). In addition the study was submitted to the Walden Participant Pool Institutional Approver for permission to post the study and recruit subjects. All participants were over the age of 18 and consented to be part of this study. Participants were members of a volunteer pool who were issued

an identification number. Names of participants were unknown to the researcher and identities are therefore protected. Data will be maintained only by the researcher and destroyed after 5 years (Creswell, 2009).

### **Summary**

This chapter discussed the study purpose, methodology, design, sample, population, instrumentation, data collection, and data analysis. The study examined the effects of the dating violence prevention drama entitled “D.A.V.E.” on the attitudes of a group of young adults. The group completed the DVMAS as a pre/post survey. The group consisted of 97 young adults. Scores were analyzed by MANOVA. Results and data analysis are discussed in Chapter 4.

## Chapter 4: Results

### **Introduction**

The purpose of this study was to examine the effects the video drama D.A.V.E. on the intimate partner abuse attitudes of young adults ages 18–25. The video along with a pre- and post-survey were posted on Survey Monkey. This chapter presents the statistical analysis and answers to the following question:

Are there statistically significant differences on IPV attitudes of young adults as measured by the overall and 4 subscale scores of the DVMAS scores prior to and after a violence prevention drama?

### **Data Collection**

The research design approved by the university's IRB involved use of the university participant pool for subject recruitment. The study description and link to the online survey were posted on the participant pool site. The only prerequisite for participants was age 18 – 25. At least 50 young adults were needed to view the video and complete the pre/post survey. After 30 days five students had responded and one survey had been completed. I subsequently submitted an IRB request to expand the recruitment area to the Survey Monkey Audience. Upon IRB approval young adults 18-25 were invited to participate in the study. Ninety-six additional responses were collected over a two week time period.

## Results

### Pre-Analysis Data Screen

A total of 97 responses were collected from the survey. Univariate outliers were examined via standardized values, or z-scores, where values below -3.29 or above 3.29 are considered outliers (Tabachnick & Fidell, 2012). Multivariate outliers were assessed in the data utilizing Mahalanobis distances. Neither univariate nor multivariate outliers were present in the data set. Partial responses were present for the dependent variables and a demographic question. A total of 3 participants were removed for not completing the DMVAS presurvey and 15 participants were removed for not completing the DMVAS postsurvey. As a result of all removals, a total of 79 respondents were used in final analyses.

### Demographics

A majority of the participants were female (45, 57%). Most of the subjects were of Caucasian/white ethnicity (64, 81%). Most of the participants were 23 years old (12, 15%) and 25 years old (12, 15%). A majority of the subjects were single (73, 92%). A majority of the participants did not attend religious services (55, 70%). Frequencies and percentages of the demographics are presented in Table 2.

Table 2

*Frequencies and Percentages of Demographics*

Demographic	<i>n</i>	%
What is your gender?		
Male	34	43
Female	45	57
What is your ethnicity?		
Caucasian	64	81
African American	4	5
Asian	2	3
Multiracial	9	11
What is your age?		
18	6	8
19	8	10
20	11	14
21	10	13
22	9	11
23	12	15
24	11	14
25	12	15
What is your relationship status?		
Single	73	92
Married	5	6
Divorced	1	1
Do you attend religious services?		
Yes	24	30
No	55	70
How often do you attend religious services?		
Greater than one time per week	2	3
One time per week	10	13
2 – 4 times per month	2	3
One time per month	3	4
Less than one time per month	19	24
Not at all	43	54
What region of the US are you situated in?		
East North Central	9	11
East South Central	3	4
Middle Atlantic	8	10
Mountain	3	4
New England	4	5
Pacific	18	23

South Atlantic	14	18
West North Central	8	10
West South Central	7	9

*Note.* Due to rounding error, not all percentages may sum to 100.

### **Descriptive Statistics**

Ages ranged from 18.00 to 25.00, with  $M = 21.87$  and  $SD = 2.22$ . Character blame presurvey scores ranged from 0.86 to 6.43, with  $M = 2.78$  and  $SD = 1.37$ . Character blame postsurvey scores ranged from 1.00 to 6.43, with  $M = 2.63$  and  $SD = 1.55$ . Behavior blame presurvey scores ranged from 0.80 to 5.60, with  $M = 1.98$  and  $SD = 1.21$ . Behavior blame postsurvey scores ranged from 0.80 to 5.60, with  $M = 1.86$  and  $SD = 1.24$ . Perpetrator exoneration presurvey scores ranged from 0.00 to 5.67, with  $M = 2.35$  and  $SD = 1.45$ . Perpetrator exoneration postsurvey scores ranged from 0.00 to 5.67, with  $M = 2.13$  and  $SD = 1.75$ . Minimization presurvey scores ranged from 0.00 to 4.33, with  $M = 2.27$  and  $SD = 1.18$ . Minimization postsurvey scores ranged from 0.33 to 5.00, with  $M = 2.05$  and  $SD = 1.23$ . Means and standard deviations of continuous variables are presented in Table 3.

Table 3

*Descriptive Statistics of Continuous Variables*

Composite Scores	<i>Min.</i>	<i>Max.</i>	<i>M</i>	<i>SD</i>
Age	18.00	25.00	21.87	2.22
Character blame (presurvey)	0.86	6.43	2.78	1.37
Character blame (postsurvey)	1.00	6.43	2.63	1.55
Behavior blame (presurvey)	0.80	5.60	1.98	1.21
Behavior blame (postsurvey)	0.80	5.60	1.86	1.24
Perpetrator exoneration (presurvey)	0.00	5.67	2.35	1.45
Perpetrator exoneration (postsurvey)	0.00	5.67	2.13	1.75
Minimization (presurvey)	0.00	4.33	2.27	1.18
Minimization (postsurvey)	0.33	5.00	2.05	1.23

**Repeated Measures MANOVA**

To address the research questions, a repeated measures multivariate analysis of variance (MANOVA) was conducted to determine if there are significant differences on IPV attitudes of young adults between the administration of a presurvey and postsurvey. The dependent variables in the analysis correspond to character blame, behavior blame, perpetrator exoneration, and minimization. The independent variable corresponds to the Time (presurvey and postsurvey). Statistical significance was determined at  $\alpha = .05$ .

Prior to analysis, the assumptions of the repeated measures MANOVA were assessed. Normality of the dependent variables was assessed with eight Kolmogorov Smirnov (KS) tests. The results of the KS test did not indicate significance for minimization presurvey scores ( $p = .089$ ); thus the assumption of normality was met for this variable. The results of the KS test indicated statistical significance for character blame presurvey scores ( $p < .001$ ), behavior blame presurvey scores ( $p < .001$ ),



perpetrator exoneration presurvey scores ( $p = .002$ ), character blame postsurvey scores ( $p < .001$ ), behavior blame postsurvey scores ( $p < .001$ ), perpetrator exoneration postsurvey scores ( $p < .001$ ), and minimization postsurvey scores ( $p < .001$ ); therefore, the assumption of normality was not met for these variables. Although this assumption did not pass, the MANOVA is robust for stringent assumptions when the sample size is large ( $> 50$ ) (Stevens, 2009). Homogeneity of variance was assessed with Levene's test and the results were not statistically significant for character blame scores ( $p = .125$ ), behavior blame scores ( $p = .960$ ), and minimization scores ( $p = .683$ ); thus, the assumption was met for these variables. Results for Levene's test indicated significance for perpetrator exoneration scores ( $p = .008$ ); thus, the assumption was not met for this variable. Further interpretations of perpetrator exoneration scores must be made with caution.

Homogeneity of covariance was assessed with Box's M test and results were not statistically significant at  $\alpha = .001$  (Pallant, 2010); thus, the assumption was met. Absence of multicollinearity was assessed with Pearson correlations to make sure the dependent variables are not too closely related. None of the Pearson correlations were above .90; therefore, the assumption for absence of multicollinearity was met. Results of the Pearson correlations to assess for the absence of multicollinearity are presented in Table 4.

Table 4

*Pearson Correlations to Assess for Absence of Multicollinearity*

	1	2	3	4	5	6	7
Character blame, presurvey	-						
Behavior blame, presurvey	.60	-					
Perpetrator exoneration, presurvey	.46	.25	-				
Minimization, presurvey	.33	.14	.43	-			
Character blame, postsurvey	.86	.72	.36	.19	-		
Behavior blame, postsurvey	.58	.89	.27	.13	.76	-	
Perpetrator exoneration, postsurvey	.49	.40	.68	.28	.61	.48	-
Minimization, postsurvey	.49	.47	.33	.56	.55	.56	.50

The repeated measures MANOVA did not indicate overall significant differences between presurvey and postsurvey scores on IPV attitudes ( $F(4, 75) = 1.44, p = .230, \eta^2 = .071$ ). Due to non-significance, the null hypothesis cannot be rejected for research question one.

The individual repeated measures ANOVAs were examined further. Results of the repeated measures ANOVA indicated there were not significant differences for: character blame scores [ $F(1, 78) = 2.73, p = .102, \eta^2 = .034$ ], behavior blame scores [ $F(1, 78) = 3.64, p = .060, \eta^2 = .045$ ], perpetrator exoneration [ $F(1, 78) = 2.32, p = .131, \eta^2 = .029$ ], and minimization [ $F(1, 78) = 2.96, p = .089, \eta^2 = .037$ ]. Due to non-significance for the four composite scores, the null hypotheses for research questions two, three, four, and five cannot be rejected. Results of the repeated-measures MANOVA and individual

ANOVAs are presented in Table 5. Means and standard deviations for the IPV subscales are presented in Table 6.

Table 5

*Repeated Measures MANOVA and Individual ANOVAs for IPV Attitudes*

Source	MANOVA <i>F</i> (4, 75)	ANOVA <i>F</i> (1, 78)			
		Character blame	Behavior blame	Perpetrator exoneration	Minimization
Time	1.44	2.73	3.64	2.32	2.96

*Note.* \*  $p \leq .050$ . \*\*  $p \leq .010$ . Otherwise  $p > .050$ .

Table 6

*Means and Standard Deviations for IPV Subscales*

Composite Scores	<i>Min.</i>	<i>Max.</i>	<i>M</i>	<i>SD</i>
Character blame				
Presurvey	0.86	6.43	2.78	1.37
Postsurvey	1.00	6.43	2.63	1.55
Behavior blame				
Presurvey	0.80	5.60	1.98	1.21
Postsurvey	0.80	5.60	1.86	1.24
Perpetrator exoneration				
Presurvey	0.00	5.67	2.35	1.45
Postsurvey	0.00	5.67	2.13	1.75
Minimization				
Presurvey	0.00	4.33	2.27	1.18
Postsurvey	0.33	5.00	2.05	1.23

### Summary

This study examined the effect of the dating abuse prevention drama “Meet D.A.V.E.” on the domestic violence attitudes of young adults, as measured by the DVMAS. After entering the data into SPSS, this research accepted the null hypothesis that there are not statistically significant differences on IPV attitudes of young adults as measured by the overall DVMAS scores prior to and after a violence prevention drama. The analysis of the five research questions indicated that:

1. There were no statistically significant differences on IPV attitudes of young adults as measured by the overall DVMAS scores prior to and after a violence prevention drama.
2. There were no statistically significant differences on IPV attitudes of young adults as measured by the scores on the character blame subscale of the DVMAS.
3. There were no statistically significant differences on IPV attitudes of young adults as measured by the scores on the behavior blame subscale of the DVMAS.
4. There were no statistically significant differences on IPV attitudes of young adults as measured by the scores on the perpetrator exoneration subscale of the DVMAS.
5. There were no statistically significant differences on IPV attitudes of young adults as measured by the scores on the minimization subscale of the DVMAS.

Chapter 5 summarizes the study and draws conclusions from the data that was presented in Chapter 4 through a review of each research question and hypothesis in comparison to past research that was presented in Chapter 2. Chapter 5 reviews the limitations of this study, recommendations for further study and action, along with the potential for social change.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

Intimate partner abuse remains a pervasive problem that has been documented in every race, religion, class, and level of education. It is clear that although its origins and determinants are unknown and elusive there is no single cause or point of emphasis for prevention. Public health theory and practice have increasingly moved from individual to multilevel focus (Golden, 2012).

Chapter 5 discusses the research questions and the conclusions drawn from the data and analysis. It also presents a comparison of the research results with the literature review that framed the study. Finally it presents the study limitations and opportunities for social change.

### **Interpretation of the Findings**

The results of this study are representative of 79 U.S. adults in the age range of 18 – 25. The group was chosen because it represents the demographic with the highest prevalence of IPV. The original target population was a convenience sample of volunteer members of an online university participant pool. The recruitment area was subsequently expanded to include members of the Survey Monkey Audience. All participants were anonymous to the researcher. The entire study was conducted online. Ninety seven people responded to the study; eighteen were not included because they did not complete both surveys.

The purpose of this study was to determine the effects of viewing a domestic violence prevention drama on the domestic violence attitudes of the participants. The

attitudes were measured by completing the domestic violence acceptance scale immediately before and after viewing the video. The DVMAS has an overall score and 4 subscales that are individually scored.

### **Research Question 1**

Are there statistically significant differences on IPV attitudes of young adults as measured by the overall DVMAS scores prior to and after a violence prevention drama?

The null hypothesis could not be rejected. The IPV attitudes of young adults as measured by the overall DVMAS scores prior to and after a violence prevention drama were not statistically significant.

### **Research Question 2**

Are there statistically significant differences on IPV attitudes of young adults as measured by the scores on the character blame subscale of the DVMAS?

The null hypothesis could not be rejected. The IPV attitudes of young adults as measured by the scores on the character blame subscale of the DVMAS were not statistically significant.

### **Research Question 3**

Are there statistically significant differences on IPV attitudes of young adults as measured by the scores on the behavior blame subscale of the DVMAS?

The null hypothesis could not be rejected. The IPV attitudes of young adults as measured by the scores on the behavior blame subscale of the DVMAS were not statistically significant.

### **Research Question 4**

Are there statistically significant differences on IPV attitudes of young adults as measured by the scores on the perpetrator exoneration subscale of the DVMAS?

The null hypothesis could not be rejected. The IPV attitudes of young adults as measured by the scores on the perpetrator exoneration subscale of the DVMAS were not statistically significant.

### **Research Question 5**

Are there statistically significant differences on IPV attitudes of young adults as measured by the scores on the minimization subscale of the DVMAS?

The null hypothesis could not be rejected. The IPV attitudes of young adults as measured by the scores on the minimization subscale of the DVMAS were not statistically significant.

The independent variable in this study was the drama. As described in the literature review, drama has been previously been used for health education research in a variety of settings. Three qualitative studies demonstrated desired changes. One study utilizing a community participatory developed drama demonstrated emotional changes (Kemp, 2006). Two other studies successfully used a research drama to educate family members and health care professionals about multiple aspects related to dementia (Dupuis et al, 2011 & Jonas-Simpson et al. 2012). Several studies recommended shifting the focus from school curricula to other settings (Joronen, Rankin, & Astedt-Kurki, 2008, Whitaker et al., 2006, Yonas et al., 2007). Most of the studies involved live performances or multiple exposures (Cueva, Kuhnley, Lanier, & Dignan, 2005, Lauby et al. 2007, Livingston et al., 2009). One study tested the use of women's health education through the story lines of 2



television medical dramas (Hether, 2008). An adolescent theater program educated about HIV with the addition of a post drama interactive game show for the participants (Hovey, Booker, & Seligman, 2007) The drama (D.A.V.E) that was utilized in this study was developed by the YWCA of Central Virginia by teens and young adults that are representative of the same age as the study participants and the group with the highest domestic violence prevalence. The live performance was presented to area community groups and colleges. The video is an exact recording of one of the performances minus the post-performance question, answer and reflection period with the audience. The same format was utilized to change attitudes of college students about alcohol. The scripted sociodrama included extended discussion, and clarification was included in this live performance. A pre/post survey was used to measure changes in attitude and intention to use preventive measures (Haleem, 2011).

### **Limitations**

The study population was limited to the survey monkey audience. This population included only those who had Internet access and having previously completed a survey monkey survey volunteered to participate in additional surveys. Although they were anonymous to the researcher and each other, they had self-selected to take numerous surveys for a small donation to a charity of their choice and an entry into a gift card give away. The survey results are not representative and can not be generalized to all young adults. Those without Internet access or knowledge of survey monkey were excluded.

### **Recommendations**

There is evidence that drama can be used successfully in health education. This study differed in that it was presented completely online. A similar online study about acquired brain injury also used a video with a pre/post test format but included a virtual dialogue with subject matter experts (Knapp, Gillespe, Malec, Zier, & Harless, 2013). Based on the experience and success of previous studies, this research should be redone with the addition of targeted reflective discussion questions or an interactive format.

### **Implications**

This research will contribute to social change by adding to the body of knowledge about applications of social ecological theory to intimate partner abuse prevention. Domestic violence prevention continues to evolve from individual reactive focused to one that emphasizes multilevel community prevention. This study tested a previously underutilized forum for domestic violence education and prevention. It demonstrated that an online format can be used in community abuse prevention programs. Future studies should expand these programs to prevention and just in time interactive training for adolescent, teen and young adult individuals and groups.

### **Conclusions**

Attitudes and behaviors that lead to the perpetration or acceptance of intimate partner abuse do not arise from a single incident, discussion or point in time. Multiple levels of exposures and multiple exposures contribute to the behavior and ultimately will be necessary for its prevention. Before, during, and beyond a single act it impacts the individuals involved, the people around them, their community, and societal health and

economic systems. This study has explored a vehicle for moving upstream and making an impact prior to the occurrence of violence.

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## Appendix A: Domestic Violence Myth Acceptance Scale

## Domestic Violence Attitudes

The questions below ask about common attitudes toward domestic violence. While we all know the politically or socially correct answer, please answer how you truly think and feel. To answer, put a number on the line before each question indicating how strongly you agree or disagree with each statement

	1	2	3	4	5	6	7
Strongly Disagree							Strongly Agree

1. \_\_\_ Domestic violence does not affect many people
2. \_\_\_ When a man is violent it is because he lost control of his temper.
3. \_\_\_ If a woman continues living with a man who beat her then its her own fault if she is beaten again
4. \_\_\_ Making a man jealous is asking for it.
5. \_\_\_ Some women unconsciously want their partners to control them.
6. \_\_\_ A lot of domestic violence occurs because women keep on arguing about things with their partners.
7. \_\_\_ If a woman doesn't like it, she can leave.
8. \_\_\_ Most domestic violence involves mutual violence between the partners.
9. \_\_\_ Abusive men lose control so much that they don't know what they're doing.
10. \_\_\_ I hate to say it, but if a woman stays with the man who abused her, she basically deserves what she gets.
11. \_\_\_ Domestic violence rarely happens in my neighborhood
12. \_\_\_ Women who flirt are asking for it.
13. \_\_\_ Women can avoid physical abuse if they give in occasionally.
14. \_\_\_ Many women have an unconscious wish to be dominated by their partners.
15. \_\_\_ Domestic violence results from a momentary loss of temper.
16. \_\_\_ I don't have much sympathy for a battered woman who keeps going back to the abuser.
17. \_\_\_ Women instigate most family violence.

	1	2	3	4	5	6	7
Not at all							Entirely

18. If a woman goes back to the abuser, how much is that due to something in her character?

Regina Watson <regina.watson@waldenu.edu> 10/15/14

to jpeters

Dr Peters,

I am a PhD in Public Health student at Walden University. I emailed you about the Domestic Violence Myth Acceptance Scale a couple of years ago. Thank you for sending me a copy in 2 formats and information about the instrument's psychometric properties. I would like to use it in my dissertation on the Effects of a Drama on Young Adults Attitudes about Domestic Violence. I am seeking IRB approval and would like to verify that it can be freely copied and used in research, and therefore I have permission to use it in my dissertation.

Thank you,  
Regina Watson, RN, MPH  
regina.watson@waldenu.edu



Jay Peters <jpeters@maine.edu> 10/16/14

to me

Dear Regina,

Yes, the DVMAS can be freely copied and used in research. In addition I hereby give you permission to use the DVMAS in your dissertation research.

Wishing you all the best in your research and writing,

Jay  
XXXXXXX  
XXXXXXX

## Appendix B: Letter of Cooperation

Letter of Cooperation from YMCA of Central Virginia

YWCA of Central Virginia  
Jenna Lodge

October 18, 2014

Dear Regina Watson,

Based on my review of your research proposal, I give permission for you to use the video D.A.V.E. (Dating and Violence Education) to conduct the study entitled Effect of a Drama on Young Adults' Attitudes about Domestic Violence. As part of this study, I authorize you to show the video to groups of young adults. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization has no responsibilities other than providing a video of the drama. We reserve the right to withdraw permission to use the video in the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,  
Jenna Lodge  
YMCA of Central Virginia  
XXX-XXX-XXX