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PREVENTING INTIMATE PARTNER VIOLENCE THROUGH HEALTHY RELATIONSHIP EDUCATION

Jessica Naranjo Larios

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PREVENTING INTIMATE PARTNER VIOLENCE THROUGH HEALTHY
RELATIONSHIP EDUCATION

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Public Health

by
Jessica Naranjo Larios

May 2022

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May 2022

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ABSTRACT

Background: Intimate partner violence (IPV) is a global public health crisis and is defined as behavior by a current or former partner who causes physical, sexual, or psychological harm (WHO, 2021). The age demographic experiencing the highest rates of IPV is those between 18-24 years old (Brewer et al., 2018). Since many college students fit this demographic, colleges must implement effective evidence-based IPV prevention programs. The purpose of this study was to examine the effects of healthy relationship education among college students using the KAP model (Knowledge, Attitude, and Practice) tool.

Methods: This study utilized quantitative research methods to assess a sample of 55 undergraduate students' Knowledge, Attitudes, Practice, and evaluate their overall understanding of IPV. Students answered pre-survey questions to gauge their initial knowledge and attitudes of IPV and their understanding of the qualities of healthy, unhealthy, and abusive relationships. Then they watched a prerecorded healthy relationship education lecture, after which the students completed a post-survey with modified pre-survey questions. Both surveys used a five-point Likert scale, and the questions followed the KAP Model.

Results: The responses to the pre-and post-survey questions, "*Intimate partner violence (IPV) is prevalent among college students,*" showed a difference in knowledge of IPV among students with and without relationship experience. Of the students with relationship experience, 53% correctly identified high IPV prevalence among college students, while only 35% of students without

relationship experience believed IPV was prevalent in college students. Additionally, there were differences in acquired knowledge after the healthy relationship education lecture, as those with no relationship experience had a 35% increase in correct answers on the post-survey question, versus a 28% increase for those with relationship experience. The answers to the second pre- and post-survey questions, "*college campuses should address IPV*", showed that attitudes towards IPV do not differ between genders; 47% of males, 46% of females, and the one non-binary student answered "agree" or "strongly agree" that colleges should address IPV. After the healthy relationship education lecture, the numbers increased to 69% of females and 53% of males who selected "agree" or "strongly agree." However, females selected "strongly agree" more often while males primarily chose "agree." The non-binary student did not change their answer. The responses to the pre-survey question, "*I know where to make a report of IPV misconduct on campus,*" and the post-survey question, "*I know at least one on-campus resource to make a report of IPV misconduct*", showed that, across all academic standing levels, nearly half of the participants (56% of first-year students, 50% of second-year students, 42% of third-year students, 43% of fourth-year students, 50% of fifth-year students) reported having little to no knowledge of where to make a report of IPV misconduct on campus. However, there was an increase in knowledge of where to report IPV misconduct after the healthy relationship education lecture across all academic standing levels (45%

of first-year students, 50% of second-year students, 42% of third-year students, 29% of fourth-year students, 34% of fifth-year students).

Conclusion: The results showed that the healthy relationship education lecture impacted the undergraduate students' Knowledge, Attitudes, Practice, and overall understanding of IPV. Therefore, college campuses should increase healthy relationship education programs and conduct follow-ups to assess whether Knowledge, Attitude, and Practice changes continue as students progress through school.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Intimate Partner Violence (IPV) is a public health problem that affects millions of Americans (Centers for Disease Control and Prevention [CDC], 2020b). The CDC (2020b) defines IPV as any physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. Unlike domestic violence and dating violence, which require the parties involved to be in a domestic relationship, cohabitating, or dating, IPV includes any current or past intimate partner regardless of the relationship status (Cantor et al., 2020; Patra et al., 2018). As such, IPV is not limited to a specific group or relationship label. In addition, IPV can affect any couple regardless of gender, socioeconomic status, or sexual orientation and does not require sexual intimacy (CDC, 2020b).

People between the ages of 18-24 have the highest rate of IPV when compared to other age groups (Brewer et al., 2018). However, the type of IPV may vary, based on the gender and type of violence with higher prevalence rates among women. For example, the CDC (2020a) reported that 36.4% of women in the U.S. experience sexual violence, physical violence, and/or stalking by an intimate partner at some point in their lifetime. On the other hand, a slightly lower number of men (33.6%) in the U.S. experience sexual violence, physical violence, and/or stalking by an intimate partner at some point in their lifetime (CDC, 2020a).

Research suggests that IPV causes considerable lasting or fatal physical and mental health consequences (Banyard et al., 2020) such as, cardiovascular problems, gastrointestinal issues, brain, nervous system problems, depression, post-traumatic stress disorder, other mental health problems, and reproductive problems (Black, 2011). The health consequences associated with IPV affects students' health, their overall well-being, and quality of life. The poorer quality of life attributed to IPV correlates with decreased academic performance among college students (Banyard et al., 2020). Research has shown that undergraduate students, who experienced sexual abuse and stalking during their college careers, had lower academic efficacy, higher stress levels, lower commitment to school retention, and were more likely to drop classes mid semester (Banyard et al., 2020).

Further, studies have found that other forms of IPV also impact student's academic performance. For example, physical IPV among undergraduate students is associated with lower academic efficacy, higher collegiate stress, lower institutional commitment, and lower scholastic conscientiousness (Brewer et al., 2018). The literature also indicates that undergraduate students struggling with IPV had lower GPAs and more academic difficulties compared to those who have not experienced relationship abuse (Brewer et al., 2018). Jordan et al. (2014) noted that the effects of IPV on GPAs and academic difficulties was more evident among undergraduate females who experienced psychological, physical, and sexual violence.

Similarly, psychological violence among women predicted lower academic performance (LeBlanc et al., 2014). One possible explanation for the lower academic performance is that women, who experience IPV, report difficulty concentrating on class work and other cognitive distractions (LeBlanc et al., 2014). Additionally, those who reported IPV misconduct felt their reports were doubted. Therefore, they felt abandoned by administration and staff at the college which led to decreased class attendance (Jordan et al., 2014). Thus, IPV victimization negatively affects students' academic performance, which ultimately threatens their academic success; and therefore, college administration must change how they handle IPV misconduct reports.

Initial incidents of IPV typically occur when individuals attended college between the ages of 18-24 years (Brewer et al., 2018). Early exposure to dating violence in adolescence and early adulthood has shown an increased risk for IPV in adulthood (Greenman & Matsuda, 2016). The increased risk of IPV in adulthood after early exposure indicates a potential cycle of violence. Therefore, considering this age group has increased risks of IPV, public health intervention remains vital to prevent or decrease future cases.

Colleges can implement effective evidence based IPV prevention programs by teaching safe and healthy relationship skills, creating protective environments, and supporting survivors, as recommended by the CDC (2020b). For example, the curriculum of a healthy relationship skills intervention/programming should explore the characteristics of healthy and

unhealthy relationships and should teach students healthy communication and conflict resolution skills. A program for creating protective environments on campus should raise awareness about IPV, teach skills on how to foster a safe space, educate students and staff on safe intervention strategies, and provide both on-campus and off-campus resources to those experiencing IPV. Therefore, implementing a healthy relationship education program on college campuses can help students understand and identify IPV behavioral patterns or misconduct, which may prevent or decrease future cases.

Purpose of Study

The purpose of this study is to examine the impact of healthy relationship education among college students by using the KAP (knowledge, attitude, and practice) model tool.

Research Questions

1. How does baseline knowledge of IPV differ among college students in a relationship vs. those not in a relationship?
2. How do IPV attitudes differ between college students' genders?
3. Among college students, which academic standing level reports IPV misconduct most frequently?

Significance to Public Health

This study is important to the field of public health as it encompasses two important topics: i) application of the Knowledge, Attitude, and Practice (KAP)

model and healthy relationship education among undergraduate college students with regards to IPV, ii) identify areas that will improve current IPV intervention/programing and provide evidence-based recommendations that may ultimately increase the practice of healthy relationship education among college students, and iii) the study addresses two MPH competencies, the explanation of behavioral and psychological factors that affect the health of a particular community and data interpretation of public health research, policy, or practice.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Intimate partner violence (IPV) is a global public health crisis and is defined as behavior by a current or former partner that causes physical, sexual, or psychological harm (World Health Organization [WHO], 2021). Despite being a serious public health problem for many years, IPV was only recently widely accepted as a problem by the public as a result of the awareness of current trends surrounding violence against women (Makhubele et al., 2018). Although IPV can affect all genders, women in young adulthood experience the highest rates of IPV than other demographics (Black, 2011). Further, research shows that university or college students experience high rates of IPV, ranging between 20% to 50% (Makhubele et al., 2018). Since college students have a high prevalence of IPV, public health interventions remain vital to prevent or decrease future cases from occurring. In order to create effective interventions, it is important to understand factors that may contribute to rates of IPV. In this study, students' understanding and experiences of IPV will be assessed using the KAP model that encompasses one's Knowledge, Attitude, and Practice of a particular health behavior.

Knowledge

Knowledge about IPV among college students can vary greatly, but many agree that their lack of understanding and awareness during their undergraduate

and early years of college greatly affected their confidence in addressing it later in life (Buchanan et al., 2021; Makhubele et al., 2018). For example, in a study conducted among three first-year dental student cohorts, Buchana et al. (2021) found that 64% of first year dental students did not receive any formal IPV education and were unaware of specific resources for victim centered services. The lack of proper education lowered their confidence in addressing IPV with patients. Additional knowledge about IPV could provide confidence when encountering someone struggling with IPV. This is especially true for students in the health field as both dental and nursing students have expressed a need for more IPV education as part of their training (Hägglom, 2013). Notably, experience with IPV had no significant impact on students' knowledge in addressing IPV (Connor et al., 2013). Although students who have experienced IPV can empathize with victims, their knowledge is still limited. Since lack of knowledge negatively affects the likelihood of intervention and rates of IPV among college students, understanding this factor is important.

Research found that students' definition of IPV is similar to that of the CDC and WHO. Makhubele et al. (2018) found that students describe IPV as an act that occurs in any type of relationship, regardless of sexual orientation, wherein one partner physically, emotionally, psychologically and/or sexually abuses another partner. This definition indicates that college students have some level of an understanding of IPV. However, it is important to note that students who did not view IPV as a crime and held more male dominant values had a

more restricted definition of IPV (Lin et al., 2016). These students believed women should be more submissive; therefore, some IPV components were not included in their definition. Differences in definition and knowledge were also observed between genders. For example, fraternity members living in unofficial housing did not feel sexual abuse was a problem, thereby excluding it from their IPV definition (Seabrook, 2021). This indicated some disparities among students' knowledge regarding the subcategories of IPV. When asked to break down each subcategory of IPV, students described physical violence as beating or causing injury, emotional violence as blackmail, and sexual abuse was described as either rape or sexual harassment (Makhubele et al., 2018). This aligns with the formal description of these categories. For example, physical violence includes slapping and hitting, sexual violence is any forced sexual contact, emotional (psychological) abuse is belittling, manipulating and intimidation (WHO, 2012). Overall, despite the disparities among college students' knowledge, most had a basic understanding of IPV and believed that it was a problem.

Many college students believe that IPV has negative health consequences, such as a propensity for substance abuse, mental health problems, emotional trauma, social isolation, stress, fear, depression, suicidal ideation, and death (Makhubele et al., 2018). This is supported by the literature as IPV can cause several health consequences, such as cardiovascular problems, gastrointestinal issues, brain injuries, nervous system problems, broken bones, depression, post-traumatic stress disorder, other mental health

struggles, and reproductive problems (Black, 2011; CDC 2020b). These results reveal that students understand IPV has negative effects on one's health and can accurately identify some potential consequences associated with it, which confirms the notion that the identified population for this study has basic knowledge of IPV.

When asked about the potential causes for IPV, students believe the causes included experiencing violence during childhood, alcohol consumption, cheating in a relationship, lack of proper communication skills, disrespecting one another, financial constraints, jealousy, insecurity, and a person's culture (Makhubele et al., 2018). The listed potential causes align with the elements of abusive relationships. The National Domestic Violence Hotline (n.d.) states that components of an abusive relationship include harmful communication, disregards partner's safety, obsessively jealous, being controlling, sexual abuse, and isolating partners from others. Since the elements of an abusive relationship may contribute to IPV, the potential contributors provided by the college students are correct.

Attitude

For this section, attitude will include students' beliefs, approval, justification, and tolerance of IPV. Some of the commonly held beliefs about IPV are that abused women ask to be abused, women consciously provoke their partners, women lie about being abused, and only mentally ill men are abusive (Hägglom, 2013). Many of these common beliefs are myths and are not

consistent with the views of all college students. For example, Häggblom (2013) reported that a number of nursing students believed women were not to blame for IPV, and that women stay in the relationship for several reasons, including fear of leaving. The nursing students supported the victim and did not practice victim blaming. In addition, the students believed women stay in violent relationships because society normalized male-to-female violence (Häggblom, 2013). The normalization of male-to-female violence suggests a relationship between gender and students' attitudes towards IPV.

Research reported that students' views on IPV are highly intertwined with gender-related attitudes. For example, students with traditional gender-role attitudes were more accepting of IPV against women; they favored male dominance in relationships which justified male-to-female violence (Lin et al., 2016). The gender of the victim and perpetrator also influence students' attitudes of IPV, with most male students believing female victims were responsible for the violence (Sylaska & Walters, 2014). This supports the idea that people who hold patriarchal beliefs, such as traditional gender-roles, support and justify violence against women. In situations where the victim was male, students rated the situation as less serious, blamed the male for the violence, and were less likely to get involved (Sylaska & Walters, 2014). Such findings show a relationship between gender and the approval of IPV. Spencer et al. (2021) found that college students had higher levels of approval for female-to-male IPV, but male students had higher levels of approval than females. Overall, college students, who do not

hold patriarchal beliefs, had higher approval of women perpetrators, while those with patriarchal beliefs approved male perpetrators.

Hence, the approval of violence may lead to an increase in IPV perpetration among college students (Spencer et al., 2021). Seabrook (2021) reported that fraternity members living in unofficial houses strongly endorsed IPV and that these peer groups reinforced attitudes and behaviors supportive of sexual violence. The men living in the unofficial houses approved of sexual violence which could explain the higher cases of sexual violence among fraternity members. However, all-men peer groups who were aware of and disapproved of IPV were more likely to reinforce positive attitudes. Fraternity members from both official houses and those with no houses were exposed to messages about IPV, had higher awareness of resources, and engaged in IPV related educational activities every year (Seabrook, 2021). Therefore, both gender and peer groups may influence attitudes towards IPV.

Practice

Literature suggests that there is a significant connection between alcohol usage and IPV perpetration (Rodriguez et al., 2015). Alcohol alone does not lead to violence; instead, alcohol interacts with situational factors like jealousy and “angry affect” (Rodriguez et al., 2015; Shorey et al., 2014) that may foster violent behaviors. There are two commonly accepted forms of jealousy. Positive jealousy indicates caring and concern for a partner, while negative jealousy promotes negative actions (Rodriguez et al., 2015). Positive jealousy motivates a

person to act in ways that will maintain the relationship, while negative jealousy is associated with unhealthy relationship behaviors. In their study, Rodriguez et al. (2015) reported that alcohol usage was higher among college students experiencing negative jealousy which may have led to increased IPV perpetration among them. Therefore, it is plausible that negative jealousy increases IPV perpetration rates among college students.

As previously discussed, “*angry affect*” can impact alcohol usage, which may increase IPV perpetration. “*Angry affect*” is a term used to describe anger, hostility, and irritation, which are situational factors that interact with alcohol (Shorey et al., 2014). Shorey et al. (2014) found that “*angry effect*” on drinking days was associated with higher odds of physical aggression among undergraduate female students in relationships. The females who experienced higher levels of “*angry affect*” and increased drinking engaged in both psychological and physical violence (Shorey et al., 2014). Therefore, “*angry affect*” is a situational factor that predicts IPV.

Further, research shows that college students have difficulty with the practice of reporting and addressing IPV misconduct (Buchanan et al., 2021; Makhubele et al., 2018). Branch et al. (2013) found that a slight majority of college students would report IPV victimization among their friends to university officials, but fewer students would report their friends for IPV perpetration. Perhaps students are less comfortable reporting perpetration because they want

to protect their friends. Similarly, the need to protect their friends might explain their motivation to report when their friend is a victim of IPV.

Overall, the literature confirms that college students are willing to report IPV, but lack of knowledge lowers their confidence to get involved. In response, colleges have implemented bystander intervention programs to address lack of knowledge among students. These programs provide students information on the prevalence and warning signs of IPV which would increase the likelihood of reporting (Branch et al., 2013). Based on current data, IPV education is effective in developing knowledge, attitudes, and the practice of intervention skills among college students. Although the bystander intervention program can be effective, the need for more prevention programming is imperative to decrease future IPV cases. This study aims to address the need for more IPV intervention/programming by examining the effects of healthy relationship education on IPV knowledge, attitude, and practice among undergraduate college students.

CHAPTER THREE

METHODS

Study Design

This study used quantitative research methods to capture a sample of 55 undergraduate students' Knowledge, Attitudes, Practice, and to assess their overall understanding of IPV. The study included a pre-and post-survey that was disseminated using Google Forms and a 10-minute voice recorded PowerPoint presentation (see Appendix B), recorded by the researcher, on the prevalence and effects of IPV among college students. The educational video discussed the elements of a healthy relationship, contained a Public Service Announcement (PSA), and listed resources for IPV victimization. Handouts were distributed providing participants with additional information beyond what was covered in the PowerPoint and a list of on-campus and off-campus resources (see Appendix C). The study was conducted in one sitting to accommodate for COVID-19 restriction and to ensure that students completed both the pre- and post-surveys.

Data Source and Collection

Data for this study were obtained from a single introductory course that is offered in 4 different sessions among undergraduate health science students. The laboratory instructors from the different sessions were contacted via email about their willingness to volunteer their students to participate in this study. If the instructors consented to data collection, the necessary materials accompanied by

instructions on how to distribute the instruments were provided to them. The instructors announced to the students the opportunity to receive extra credit points by participating in a study on IPV among college students. The students were told their participation was voluntary, that non-participation would not result in any penalties, and they could withdraw at any point. The study consisted of a pre-survey, which would evaluate respondents' initial understanding and perception of IPV and knowledge of the qualities of healthy, unhealthy, and abusive relationships (see Appendix A). Instructors were asked to give the students 4-5 minutes to complete the pre-survey. After the students completed the pre-survey, instructors played the voice recorded PowerPoint presentation (see Appendix B). Once the students finished watching the PSA and got the list of off-campus and on-campus resources for IPV, instructors allowed student's 4-5 minutes to complete the post-survey, which consisted of modified questions from the pre-survey. Finally, instructors gave students the handouts containing helpful information and resources to take home (see Appendix C).

To control for bias, the laboratory instructors were asked not to give students both the pre- and post-surveys at the same time or show the PowerPoint before the pre-survey. This would ensure the data collected reflected students' knowledge, attitudes, practice, and their understanding of IPV before receiving the healthy relationship education and information on IPV provided in the PowerPoint. Lastly, instructors informed students that the surveys would close two hours after their class time to prevent students from returning and filling

out the surveys long after receiving the PowerPoint information. Once the surveys were closed, instructors were given a list of participants for those students to receive their extra credit points for their participation.

Measures

The quantitative pre-and post-surveys used a five-point Likert scale with questions following the KAP Model. The pre-survey consisted of 4 demographic questions that gathered the characteristics of the population followed by 8 questions testing the participants' knowledge, attitude, and practice of IPV and healthy relationship qualities. The post-survey consisted of 8 pre-survey questions, 2 modified post-survey questions, and 1 evaluative question that also utilized the KAP Model. The pre-survey and post-survey questions were compared to determine any changes in their understanding of IPV and their knowledge of the qualities of healthy, unhealthy, and abusive relationships.

Data Analysis

Data analysis was conducted using Excel spreadsheets to compare the pre- and post-survey responses. Descriptive statistics were calculated to provide an overview of the demographic characteristics of the participating students.

Ethics

Institutional Review Board (IRB) approval was secured from the university committee IRB-FY2021-282.

CHAPTER FOUR

RESULTS

Descriptive statistics of the participants demographic characteristics are presented in Table 1 below. The majority of the participants were in their 3rd year of college (34.5%), and the average age was between 18-22 years old (58.2%). The sample consisted of predominantly females (70.9%) rather than males (27.3%) or nonbinary (1.8%). Most of the students (58.2%) in the sample reported being in a relationship (casual, hook-up, steady, serious, marriage, civil union, domestic partnership, or cohabitation) while attending the university.

Table 1: Demographic characteristics of the participants

Variable	Overall (N = 55)	
	N	%
Gender		
Female	39	70.9
Male	15	27.3
Nonbinary	1	1.8
Age		
18-21	32	58.2
22-25	13	23.6
26-29	5	9.1
30+	5	9.1
Academic standing		
First Year	9	16.4
Second Year	14	25.5
Third Year	19	34.5
Fourth Year	7	12.7
Fifth Year or more	6	10.9
Relationship Status		
In a relationship	32	58.2

In order to determine undergraduate students' Knowledge, Attitudes, Practice, and assess their overall understanding of IPV, an analysis of data was conducted using three pre-survey questions (i) "Intimate partner violence (IPV) is prevalent among college students", (ii) "College campuses should address IPV", and (iii) "I know where to make a report of IPV misconduct on campus." Then, to identify any change in students' Knowledge, Attitudes, and Practice after receiving healthy relationship education lecture, a second analysis compared the previously listed pre-survey questions with their corresponding post-survey questions (i) "Intimate Partner Violence (IPV) is prevalent among college students", (ii) "College campuses should address IPV," and (iii), "I know at least one on-campus resource to make a report of IPV misconduct" to measure changes in frequency of "strongly disagree," "disagree," "neutral," "agree," and "strongly agree" responses.

Research Question 1 (Knowledge)

How does baseline knowledge of IPV differ among college students in a relationship vs. those not in a relationship?

The first pre- and post-survey questions, "Intimate partner violence (IPV) is prevalent among college students", was used to establish whether knowledge of IPV differed based on students' relationship status. Figure 1 illustrates the differences in IPV knowledge based on whether students were ever in a

relationship while attending university. The findings indicate that participants with relationship experience had higher baseline knowledge about IPV prevalence among college students than those who had never been in a relationship. Of the 32 (58.2%) participants who reported being in a relationship, 17 (53%) correctly identified high IPV prevalence among college students. In contrast, of the 23 (41.8%) participants who reported not being in a relationship, only 8 (35%) correctly answered the question. Both demographics had an increase in knowledge after receiving healthy relationship education as shown by the shift in “strongly agree/agree” responses.

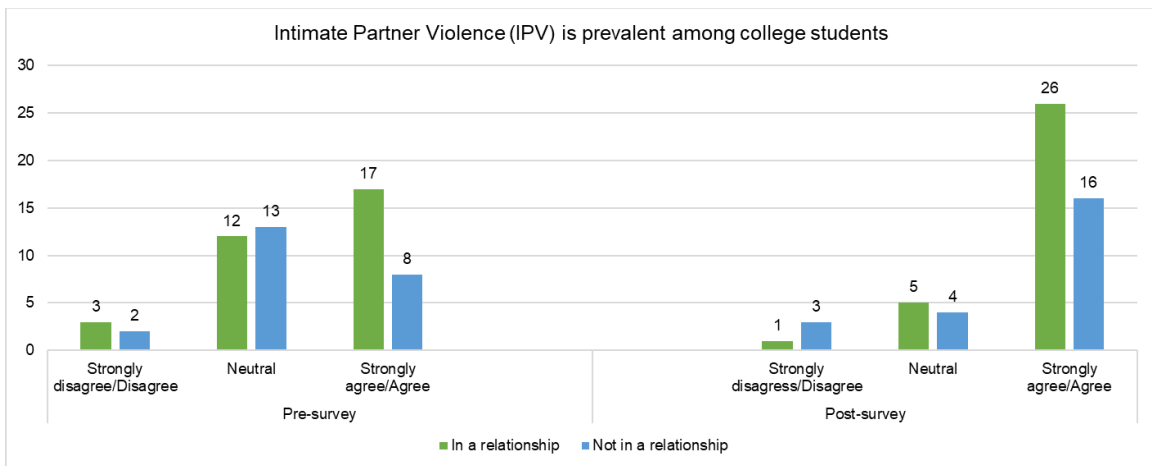


Figure 1: Comparison of students’ knowledge regarding high prevalence of IPV among college students based on relationship status

When looking at the sample of 55 undergraduate students, their baseline knowledge of IPV prevalence among college students was equally divided between those who selected “neutral” (25) and “strongly agree/agree” (25) on the

pre-survey question. As Figure 2 shows, after receiving the healthy relationship education lecture, over 75% of the students (42) correctly identified high prevalence of IPV among college students on the post-survey.

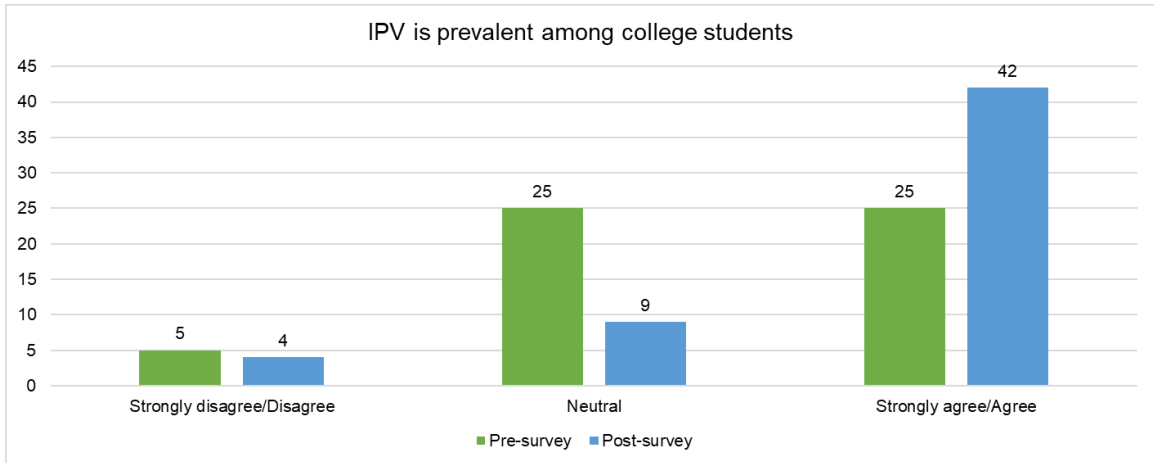


Figure 2: Comparison of knowledge of IPV prevalence using pre- and post-survey question

Research Question 2 (Attitude)

How do IPV attitudes differ between college students' genders?

The second pre-and post-survey questions, “college campuses should address IPV”, were used to identify any differences between gender and attitude in addressing IPV. Figure 3 demonstrates differing attitudes on IPV based on gender. Nearly 50% of the students, both males (47%) and females (46%) agreed or strongly agreed that colleges should address IPV. The numbers slightly increased in the post-survey with 69% of females and 53% of males answering, “strongly agree/agree”. The nonbinary participant believed that IPV

should be addressed by colleges in both the pre- and post-survey. No participant selected “strongly disagree” or “disagree.”

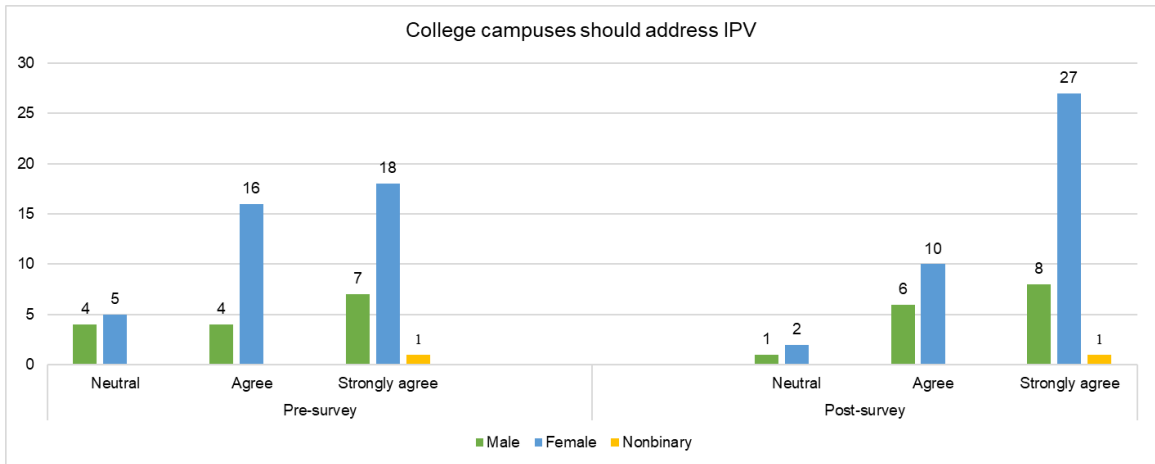


Figure 3: Comparison between gender and attitude towards IPV

Additional analysis shows that, in terms of attitude, after the healthy relationship education lecture, 20 students agreed, and 26 students strongly agreed with the statement that “college campuses should address IPV”. Figure 4 depicts the students’ attitude change with 36 selecting “strongly agree” to the same corresponding post-survey.

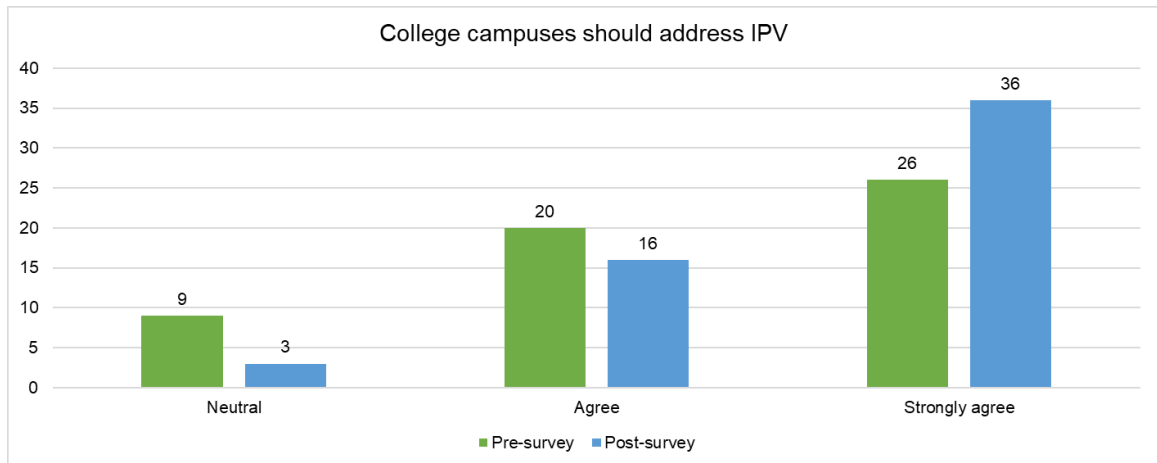


Figure 4: Students’ attitudes about IPV before and after healthy relationship education.

Research Question 3 (Practice)

Among college students, which academic standing level reports IPV misconduct most frequently?

The responses to pre-survey question “I know where to make a report of IPV misconduct on campus” and the post-survey question “I know at least one on-campus resource to make a report of IPV misconduct” were compared to determine which academic standing level reported IPV misconduct most often. Of the 9 first year students, 5 (56%) answered that they did not know where to make a report. Similarly, 50% of the second year and 50% of the fifth-year students reported they did not know where to make a report on the pre-survey. This pattern continued among the third- (42%) and fourth-year students (43%) answering “strongly disagree/disagree” to this pre-survey question.

Across all academic standing levels, nearly half of the participants (i.e., first-year students (56%), second-year students (50%), third-year students (42%), fourth-year students (43%), fifth-year students (50%) reported having little to no knowledge of where to make a report of IPV misconduct on campus. After the healthy relationship education lecture provided to the students, the numbers shifted and only 1 student from each academic standing level selected “strongly disagree/disagree” to knowing where to make a report of IPV misconduct on campus. Descriptive statistics for the shift in responses to the pre- and post-survey questions are presented in Table 2.

Table 2: Difference of knowledge of where to make a report IPV based on academic standing level

I know where to make a report of IPV misconduct on campus						
	Pre-survey			Post-Survey		
Academic Level	Strongly disagree/Disagree	Neutral	Strongly agree/Agree	Strongly disagree/Disagree	Neutral	Strongly agree/Agree
First year	5	3	1	1	1	7
Second year	7	1	6	1	0	13
Third year	8	6	5	1	1	17
Fourth year	3	1	3	1	2	4
Fifth year	3	1	2	1	0	5

Note. Practice of reporting IPV relies on whether a person knows where to make a report.

The practice of IPV reporting knowledge increased from 18 students to 46 students strongly agreeing or agreeing that they know at least one place to report IPV on campus. Figure 5 further breaks down this pattern across the sample.

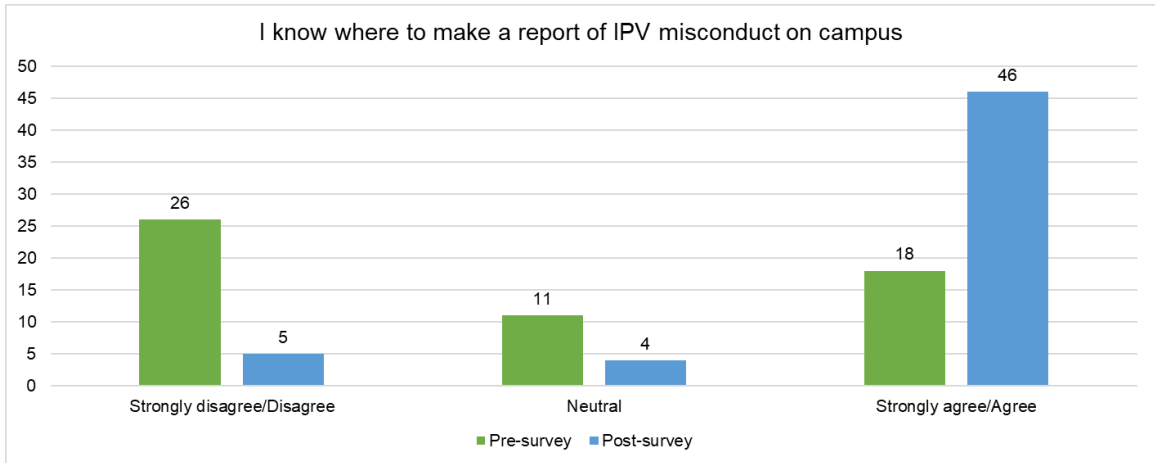


Figure 5: Comparison of ability to practice reporting IPV based on knowledge of where to make a report on campus

CHAPTER FIVE

DISCUSSION

This study used quantitative research methods to capture a sample of 55 undergraduate students' Knowledge, Attitudes, Practice, and to assess their overall understanding of IPV. The sample largely consisted of 3rd-year students (Juniors). The majority were predominantly females, and over half of all the students reported being in a relationship while attending university. The sample's demographics characteristics are consistent with those of most undergraduate students and are consequently mirrors the university demographics.

Research Question 1 (Knowledge)

How does baseline knowledge of IPV differ among college students in a relationship vs. those not in a relationship?

Results demonstrated that knowledge of IPV differed based on respondents' relationship status, as those with relationship experience demonstrated more knowledge in their responses of the pre- and post-survey after the healthy relationship education lecture in comparison to those who had never been in a relationship. This was evident by their ability to correctly identify the high prevalence of IPV among college students. The results contradict current literature that college students' knowledge of romantic relationships leads to inability to recognize IPV (Branch et al., 2013). There is not enough current literature specifically addressing whether knowledge of IPV is influenced by one's

relationship status. However, some researchers have investigated whether individuals who had witnessed or experienced IPV had different knowledge or attitudes regarding this type of violence. The research on experience with IPV and knowledge are relevant because people need to be in a relationship to experience this type of violence. For example, Lin et al. (2016) found that neither personal nor vicarious experience of IPV affects knowledge of IPV, while Connor et al. (2013) found that students who had personally experienced IPV had slightly lower levels of knowledge than those who did not encounter it. The mixed messages indicate that the correlation between relationship status, both past and present, and knowledge of IPV is not well understood.

Although both individuals with and without relationship experience showed more knowledge on the post-survey, those with no relationship experience answered “strongly agree/agree” more frequently, which indicates that a healthy relationship education lecture can increase knowledge of IPV among college students. Therefore, more research is needed to determine if relationship experience (casual, hook-up, steady, serious, marriage, civil union, domestic partnership, or cohabitation) is correlated with college students’ understanding of IPV and whether healthy relationship education impacts their knowledge.

Research Question 2 (Attitude)

How do IPV attitudes differ between college students’ genders?

The results for research question two show no difference between gender and attitude in the pre-survey as nearly half of both male and female participants

agree or strongly agree that colleges should address IPV. Since no male participants selected “disagree” or “strongly disagree” on either survey, they likely held no positive attitude towards IPV before the healthy relationship education lecture. This is consistent with the existing literature such as Seabrook (2021) that found men who were aware of IPV were more likely to disapprove of it.

Nearly half of male and female participants and the one non-binary student agree or strongly agree that colleges should address IPV, thereby showing they believed IPV was an issue worth addressing. Since all the participants were health science students these findings support Häggblom’s (2013) conclusion that many nursing students recommend that more IPV education should be provided.

However, a difference in attitude towards IPV were noticed in the results from the post-survey as there was a 23% increase in strength of attitude towards addressing IPV for females and only 6% for males. From this study, female participants more often selected “strongly agree” on this question while male participants largely selected “agree”. This indicates that even after healthy relationship education, female participants still had higher positive attitudes than males towards addressing IPV. Buchanan et al. (2021) also found a gender difference in attitude after educational seminars were provided. Before the seminar, 69% of females and 41% of males believed IPV was a health care issue, and after the seminar the numbers increased 86% for females and 77% for males (Buchanan et al., 2021). Therefore, more research is needed to determine

whether healthy relationship education lectures impact attitudes towards addressing IPV among college students.

Research Question 3 (Practice)

Among college students, which academic standing level reports IPV misconduct most frequently?

The results for research question three showed that nearly half of the participants across all academic standing levels reported having little to no knowledge of where to make a report of IPV misconduct. These results were consistent with the literature that says students' lack of understanding of IPV during their undergraduate and early years of college greatly affected their confidence in addressing it later in life (Buchanan et al., 2021; Makhubele et al., 2018). Buchanan et al. (2021) found that 64% of first-year dental students did not know specific resources for victims of IPV and in turn were less likely to address it with patients. Additionally, most students reported confusion as to how to help someone experiencing IPV (Branch et al. 2013). However, the findings go against Carlson et al. (2017) that primary care residents had higher levels of knowledge than medical students. As residents are higher in academic standing than medical students, Carlson et al.'s (2017) results suggests that more education leads to more background knowledge of IPV. However, the results from this study contradict Carlson et al.'s (2017) findings as the data showed no difference in levels of education.

Further, finding from this research study did show a connection between healthy relationship education lecture and knowledge of where to make a report of IPV misconduct. After study participants received the lecture, the numbers dramatically increased with all but one student from each academic standing level selecting “strongly agree/agree” to the survey question that inquires whether they know where to make a report of IPV misconduct on campus. The increase in knowledge of where to make a report after the healthy relationship education lecture corroborates current research that states educational sessions/workshops develop students’ attitudes, knowledge, and skills in addressing IPV (Branch et al., 2013; Häggblom, 2013).

Strengths and Limitations

The study had several limitations because of the COVID-19 pandemic which forced all classes to be conducted virtually. The first limitation is the sample size as all data came from a single introductory course that is offered in four different sections among undergraduate health science students. This resulted in a small sample size which might not accurately represent undergraduate students' Knowledge, Attitudes, Practice, and their overall understanding of IPV. The second limitation is the study time frame, as the study was conducted in one sitting and the data collection occurred over the course of two weeks, nearly at the end of the semester. A larger study time frame would have allowed for a greater sample size and richer insight into the students’ Knowledge, Attitudes, Practice of reporting IPV. The third limitation is an error in

training whereby one lab instructor accidentally gave students both the pre- and post-surveys at the same time, however this only occurred in one of the sessions and not all four. The fourth limitation is the demographic questions on pre-survey did not have an option to select transfer students as an academic standing level. Transfer students are often considered third or fourth years but, at the time of the study, they would be first years. Since this was their first year at the current institution, they would likely be unfamiliar with on-campus resources for IPV. The final limitation is the lack of differentiation for the types of relationships. The pre-survey asked, "Have you been in any relationship (casual, hook-up, steady, serious, marriage, civil union, domestic partnership, or cohabitation) while attending the university?" and students had the option to select yes or no. Providing the option to select the type of relationship would provide a deeper understanding of how baseline knowledge of IPV differs among college students in a relationship vs. those not in a relationship.

In spite of these limitations, the study held many strengths. For example, it consisted of primary data thereby ensuring it was relevant to the purpose of the study and the corresponding research questions. Secondly, the use of a pre- and post-survey format provided a clear baseline of student's understanding and perception of IPV and knowledge of the qualities of healthy, unhealthy, and abusive relationships. Giving the pre-survey first, then the educational PowerPoint and lastly the post-survey ensured that the data collected reflected students' Knowledge, Attitudes, Practice, and their understanding of IPV before

and after receiving the healthy relationship education lecture and information on IPV provided in the PowerPoint. Thirdly, students were likely to connect more with the healthy relationship education lecture because it was created and recorded by a peer. Lastly, the study is relevant to current trends as WHO (2021) listed IPV as a global public health crisis, and Makhubele et al. (2018) found that in their study, many students believe lack of IPV knowledge during their undergraduate years affected their confidence in addressing it later in life.

Recommendations for Research and Practice

One recommendation for future research is to determine if relationship experience is correlated with students' understanding of IPV and how the different types of relationships (casual, hook-up, steady, serious, marriage, civil union, domestic partnership, or cohabitation, etc.) affect their knowledge. Differentiating the type of relationships on the surveys/questionnaires might provide a richer understanding of a possible correlation between relationship status and knowledge of IPV among college students.

One recommendation for future practice is that colleges should incorporate lessons on IPV management into curricula, since nearly half of all participants in this study said they did not know where to make a report of IPV misconduct on-campus, all genders agreed colleges should address IPV, and numbers in knowledge, attitude, and practice increased after receiving the healthy relationship education lecture. The lessons on IPV could be incorporated as part of the student orientation trainings. In order to fully explain and

understand behavioral and psychological factors that affect IPV prevalence, colleges should implement longer intervention programs to determine if they have a greater effect in changing students' behaviors towards IPV. Also, colleges should conduct follow ups to assess whether students' Knowledge, Attitude, and Practice changes continued in subsequent years.

Conclusion

The purpose of this study was to examine the impact of healthy relationship education among college students by using the KAP model tool. Since IPV is highly prevalent among college students, it is important to assess their knowledge, attitude, and practice to help decrease the rates of violence among this population. The data from this study shows that knowledge of IPV is based on one's relationship status, as participants with relationship experience correctly identify high prevalence of IPV among college students. In addition, participants without relationship experience had an increase in knowledge after the healthy relationship education lecture. Also, the data showed that students across all genders believed colleges should address IPV. The results also showed that healthy relationship education increased knowledge of where to make a report of IPV misconduct on-campus across all academic standing levels. Findings from this study mirror the existing literature that states IPV education increases students' attitudes, knowledge, and skills in addressing IPV (Branch et al., 2013; Häggblom, 2013).

The results from this study indicate a need for college campuses to increase the practice of intergrading healthy relationship education programs into the curricula in order to decrease rates of IPV. The CDC (2020b) recommends that IPV prevention efforts should use evidence-based approaches discussing healthy, respectful, and nonviolent relationships. Therefore, the curriculum for intervention programs should include an exploration of the characteristics of healthy and unhealthy relationships and should teach students healthy communication and conflict resolution skills that they can practice and carry on into their adulthood lives.

APPENDIX A

GOOGLE FORM PRE-SURVEY AND POST-SURVEY QUESTIONS

Intimate partner violence (IPV) Among College Students

Pre-survey created by the researcher.

* Required

1. ID # *
2. What is your current academic standing level? *

First Year

Second Year

Third Year

Fourth Year

Fifth or more

3. What is your age range? *

18-21

22-25

26-29

30+

4. What is your gender? *

Female

Male

Other:

5. Have you been in any relationship (casual, hook-up, steady, serious, marriage, civil union, domestic partnership, or cohabitation) while attending the university?*

Yes

No

The following survey is in regard to your knowledge of Intimate Partner Violence (IPV)

Please read each one and indicate to what extent you agree or disagree with each statement.

6. Intimate Partner Violence (IPV) is prevalent among college students.*

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

7. College campuses should address IPV.*

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

8. I know where to make a report of IPV misconduct on campus.*

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

9. I know the difference between healthy, unhealthy, and abusive relationships.*

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

10. Which of these are a form of IPV?*

Physical Violence

Sexual Violence

Stalking

Psychological Aggression

All of the above

11. One person making most of the decisions in a relationship is an example of a(n)*

Healthy Relationship

Unhealthy Relationship

Abusive Relationship

12. Spending all your time together and feeling like you cannot talk to anyone else is an example of a(n)*

Healthy Relationship

Unhealthy Relationship

Abusive Relationship

13. Can an ex commit IPV? *

Yes

No

Intimate Partner Violence (IPV) Among College Students

Post-Survey created by the researcher.

*Required

1. Coyote ID #

2. Intimate Partner Violence (IPV) is prevalent among college students.*

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

3. College campuses should address IPV. *

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

4. I know at least one on-campus resource to make a report of IPV misconduct. *
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
5. I know at least one off-campus resource to make a report of IPV misconduct
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
6. I know the difference between healthy, unhealthy, and abusive relationships. *
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
7. One person making most of the decisions in a relationship is an example

of a(n). *

Healthy Relationship

Unhealthy Relationship

Abusive Relationship

8. Spending so much time together that one partner is beginning to feel uncomfortable is an example of a(n). *

Healthy Relationship

Unhealthy Relationship

Abusive Relationship

9. Can an ex commit IPV?*

Yes

No

10. Which of these are a form of IPV?*

Physical Violence

Sexual Violence

Stalking

Psychological Aggression

All of the above

11. After watching the PSA, has your perception of IPV changed? *

Yes

No

Thank you for taking the time to participate in this project

APPENDIX B
POWERPOINT PRESENTATION – INTIMATE PARTNER VIOLENCE AMONG
COLLEGE STUDENTS

INTIMATE PARTNER VIOLENCE AMONG COLLEGE STUDENTS

Jessica Naranjo

Healthy Relationship

- Communicate openly and willing to compromise
- Respect each other's boundaries
- Trust each other
- Honest with each other
- Equality - make decisions together
- Enjoying personal time away from each other
- Consent - you both consent to physical intimacy and sexual activity.



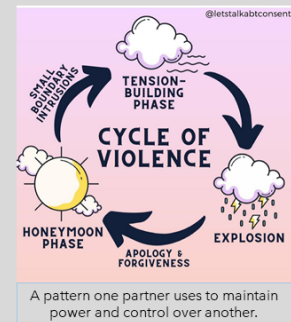
Unhealthy Relationship

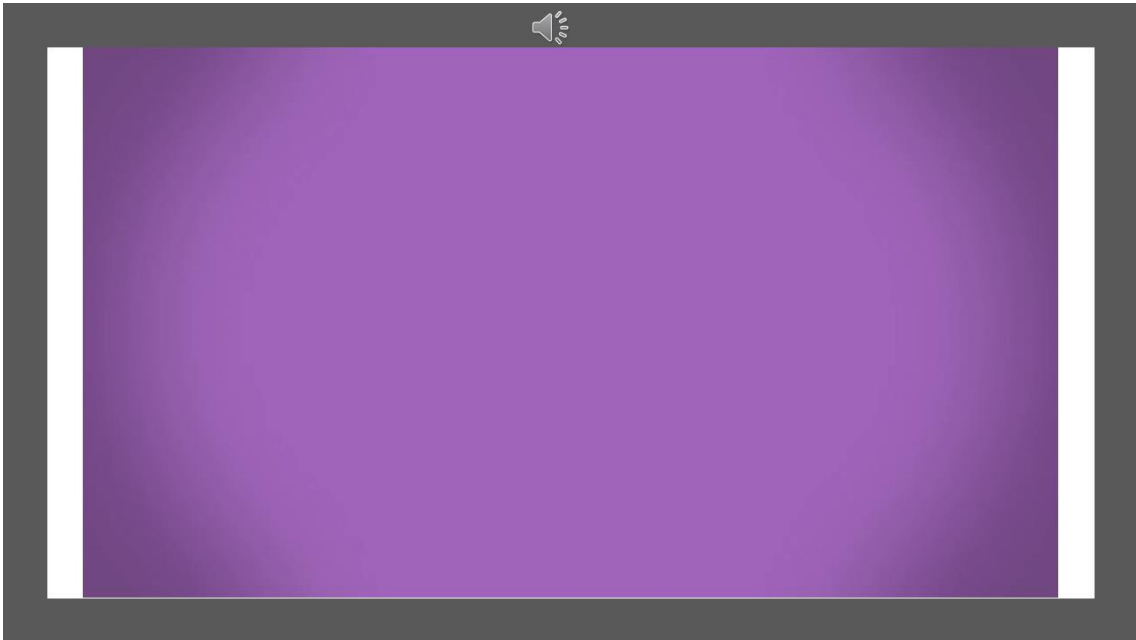
- Not communicating - don't listen to each other
- Disrespectful - one or both are inconsiderate
- Untrusting - suspicion
- Dishonest with each other
- Unequal - one is trying to take control
- Smothering or so much time is spent together that one partner is beginning to feel uncomfortable
- Pressured into activities



Abusive Relationship

- Communication is hurtful or threatening
- No respect - disregards partner's safety
- No trust - Obsessively jealous
- Actively lies and doesn't take responsibility for the abuse
- Totally controlling
- Isolates partner from others
- Forcing sex or other sexual activities





On-Campus Resources

Off-Campus Resources

- **San Bernardino Sexual Assault Services**
 - Website: <https://www.sbsas.org/>
 - Phone: (909) 885-8884
- **Riverside Area Rape Crisis**
 - Website: <https://rarcc.org/>
 - Phone: (951) 686-7273
- **House of Ruth: West End Inland Empire**
 - Website: <https://houseofruthinc.org/>
 - Phone: (909) 988-5559
- **National Domestic Violence Hotline**
 - Website: <https://www.thehotline.org/>
 - Phone: 1 (800) 787-3224
- **Domestic Violence Education & Services (D.O.V.E.S)**
 - Website: <http://www.doves4help.org/>
 - Phone: (800) 851-7601

Black, M. C. (2011). Intimate partner violence and adverse health consequences. *American Journal of Lifestyle Medicine*, 5(5), 428–439. <https://doi.org/10.1177/1559827611410265>

Brewer, N., Thomas, K. A., & Higdon, J. (2018). Intimate partner violence, health, sexuality, and academic performance among a national sample of undergraduates. *Journal of American College Health*, 66(7), 683–692. <https://doi.org/10.1080/0343381.2018.1533947>

Centers for Disease Control and Prevention (2020, October 9). *Violence prevention-intimate partner violence*. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>

Love is Respect (n.d). *Healthy relationship: Relationship spectrum*. <https://www.loveisrespect.org/healthy-relationships/relationship-spectrum/>

National Domestic Violence Hotline (n.d). *Resources: Healthy relationships*. <https://www.thehotline.org/resources/healthy-relationships/>

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APPENDIX C
INTIMATE PARTNER VIOLENCE RESOURCE HANDOUTS

On-campus Resources

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Off-campus Resources

San Bernardino Sexual Assault Services

Website: <https://www.sbsas.org/>

Phone: (909) 885-8884

Riverside Area Rape Crisis

Website: <https://rarcc.org/>

Phone: (951) 686-7273

House of Ruth: West End Inland Empire

Website: <https://houseofruthinc.org/>

Phone: (909) 988-5559

National Domestic Violence Hotline

Website: <https://www.thehotline.org/>

Phone: 1 (800) 787-3224

The GLBTQ Domestic Violence Project

Website: <https://www.bwjp.org/resource-center/resource-results/glbtc-domestic-violence-project.html>

Phone: 1 (800) 832-1901

Domestic Violence Education & Services (D.O.V.E.S)

Website: <http://www.doves4help.org/>

Phone: (800) 851-7601

Family Assistance Program

Website: <https://familyassist.org/>

Phone: (760) 949-4357

YWCA

Website: <https://ywcasgv.xyz/>

Phone: (626) 967-0658

RESOURCES FOR IPV

ON-CAMPUS

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identifiers of institution

RESOURCES FOR IPV

OFF-CAMPUS

San Bernardino Sexual Assault Services

Website: <https://www.sbsas.org/>

Phone: (909) 885-8884

Riverside Area Rape Crisis

Website: <https://rarcc.org/>

Phone: (951) 686-7273

House of Ruth: West End Inland Empire

Website: <https://houseofruthinc.org/>

Phone: (909) 988-5559

National Domestic Violence Hotline

Website: <https://www.thehotline.org/>

Phone: 1 (800) 787-3224

The GLBTQ Domestic Violence Project

Website: <https://www.bwjp.org/resource-center/resource-results/glbtc-domestic-violence-project.html>

Phone: 1 (800) 832-1901

Domestic Violence Education & Services (D.O.V.E.S)

Website: <http://www.doves4help.org/>

Phone: (800) 851-7601

Family Assistance Program

Website: <https://familyassist.org/>

Phone: (760) 949-4357

YWCA

Website: <https://ywcasgv.xyz/>

Phone: (626) 967-0658

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL

CSUSB INSTITUTIONAL REVIEW BOARD
Not Human Subjects Research (NHSR) Determination
IRB-FY2021-282
Status: NHSR Determination

Prof. Salome Mshigeni
CNS - Health Science
California State University, San Bernardino
[5500 University Parkway](#)
San Bernardino, California 92407

Dear Salome Mshigeni:

Your application titled "Intimate Partner Violence (IPV) Among College Students" has been reviewed by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino and has determined that your application does not fall under the definition of human subjects research and, as written, your protocol is No/Not Human Subjects Research (NHSR). The IRB NHSR determination means that your project is not research and/or not research with human subjects as defined by the Office of Human Research Protections (OHRP) under [45 CFR 46.102](#) noted below.

The OHRP defines research as:

A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

- A *systematic investigation* is an activity that is planned in advance and that uses data collection and analysis to answer a question.
- *Generalizable knowledge* is information that expands the knowledge base of a scientific discipline or other scholarly field of study

A *Human subject* means a living individual about whom an investigator (whether professional or student) conducting research obtains:

- (1). Data through intervention or interaction with the individual, or
- (2). Identifiable private information.

An Intervention includes both physical procedures by which data are gathered and manipulations of the subject or the subject's environment that are performed for research purposes. Interaction includes communication or interpersonal contact between investigator and subject.

Private information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute research involving human subjects.

The CSUSB IRB has not evaluated your proposal for scientific merit. This approval notice does not replace any departmental or additional approvals which may be required.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.
Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

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