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Intimate Partner Violence Education for High School Students

Morgan Foster

B.S. Nursing – Goldfarb School of Nursing at Barnes-Jewish College, 2015

A Dissertation Submitted to The Graduate School at the

University of Missouri-St. Louis

in partial fulfillment of the requirements for the degree

Doctor of Nursing Practice with an emphasis in Psychiatric Mental Health

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Abstract

Problem Adolescents are at risk for experiencing intimate partner violence (IPV). As early as seventh grade, over half of adolescents have reported being in a romantic relationship.

Adolescent screening for and education of IPV is minimal, and only the *Healthy Relationships Quiz* developed by the U.S. Department of Health and Human Services [HHS] screens young adolescents across all aspects of IPV, including psychological and sexual violence. The purpose of this project was to develop an IPV education plan for high school students in a health course.

Methods An educational lesson plan for IPV was created for high school teachers.

Results An interactive presentation using *Mentimeter* software was used. Information included recommendations from the Centers for Disease Control and Prevention, and the U.S. Department of Health and Human Services about healthy relationships and screening for IPV.

Implications for Practice Faculty who teach high school health courses are welcome to use this lesson plan in the classroom to educate adolescents about healthy relationships and to recognize signs of IPV.

Intimate Partner Violence in High School Students

Dating and intimate relationships in adolescent years is a common occurrence and may have a profound effect on the teen's later years impacting their view of intimate relationships. In fact, not only intimate partners but also close friendships can have an effect on the perceptions of close relationships. Rode, Rode, Marganski, and Januszek (2019) found adolescents exposed to physical abuse had a higher level of outwardly-directed anger and anxiety than those who witnessed parental intimate partner violence (IPV). These exposures, even from an early age, can increase risk of accepting the same behaviors from partners, becoming victim, and perpetrating these behaviors themselves. Violent and abusive behaviors, though not always recognized, can have everlasting properties as those teens turn into young adults and attempt to develop long-term relationships. As of 2019, 51% of seventh-graders and 72% of eighth- and ninth-graders reported being in an intimate relationship (U.S. Department of Health and Human Services [HHS], n.d.-b). Approximately 20% of adolescents between the ages of 13- and 18-years of age reported physical IPV with 9% reporting sexual violence (Wincentak, Connolly, & Card, 2017). Exposure and victimization of IPV can have a profound effect on an adolescent's life; they often engage in other risky behavior such as illicit drug use and alcohol consumption, are more likely to fail a grade, are more often referred to specialized classes due to lower test scores on standardized exams, and have expressive or receptive language difficulties (HHS, n.d.-b).

In 2005, a study was done in a Midwestern state to assess the impact of IPV and other health risk factors, health behaviors, and mental health status in women exposed to IPV using the Missouri Behavioral Risk Factor Surveillance System ([BRFSS], Bosch, Weaver, Arnold, & Clark, 2017). Though the study only included women aged 18-89, of the 5,164 respondents 780 (approximately 15%) admitted to a history of IPV (Bosch et al., 2017). Concurrently, women

previously exposed to IPV had a significantly increased chance of health risk and mental health issues than those not exposed (Bosch et al., 2017). While no research on high school education or screenings of IPV could be found, a few were found for university students (Li, Sun, & Button, 2020; Webermann, Murphy, Singh, & Schacht, 2020; Kelmendi, & Baumgartner, 2020). In one Midwestern public-school system, domestic violence and IPV is not addressed in its high school advanced health course. The Office of Family Assistance (OFA) funds programs for high school-based healthy marriage and relationship education though it is not widely used, and the HHS specifically developed the *Healthy Relationships Quiz* which is specifically targeted to screen younger adolescents for IPV and can be completed free of charge online by anyone interested (McKay, Kan, & Brinton, 2020).

The purpose of this evidence-based practice (EBP) project was to create an IPV lesson plan for a high school teen health and wellness course in a Midwestern suburban school district. The Iowa Model for EBP was selected to guide this project. The aim of this project was to develop an IPV lesson plan for adolescents in a classroom setting for a high school advanced health course.

Review of the Literature

A literature search was performed using the search engines CINAHL, PsychInfo, Medline, and EBSCOhost. The key search terms were *intimate partner violence, IPV, dating abuse, adolescents, teen violence, and partner abuse*. The Boolean operators included AND and OR. The original search yielded over 50,000 results; therefore, the search was refined with the inclusion criteria of studies published from 2015-2020, adolescents who had been exposed to IPV either themselves or through a parent, and perpetration. Exclusion criteria included studies pertaining to adult subjects, material not providing insight to the causes or increased risk, and

publications irrelevant to assessing and preventing future risk of exposure. Ultimately there were 24 publications selected for this review.

While there is a plethora of publications about IPV for adults, the focused topic of adolescent IPV or teen dating violence is sparse, especially for identifying risk factors, exposure, and the development of interventions. Current interventions for adolescents include violence prevention programs, which aim to highlight the importance of views and beliefs of IPV, but there is still little known about what foresees those beliefs. Some research suggests acceptance of IPV stems from childhood as a result of witnessing parental IPV or experiencing physical abuse, while others suggest mental illness predisposes teens to exposure of IPV (Smith, et al., 2015; Reuter, Sharp, Temple, & Babcock, 2015). With better knowledge of factors linked to acceptance of violent behaviors, prevention programs can better target these (Lee, Begun, DE Prince, & Chu, 2016). Over a one-year period in Spain, the number of adolescent females aged 15-18 years with a protection order in place increased by 14.8% once education was provided (Nardi-Rodríguez, de los Ángeles Pastor-Mira, López-Roig, & Ferrer-Pérez, 2019). This finding may indicate further awareness and education may assist adolescents in developing better recognition of IPV to minimize adverse outcomes such as protection orders and the lifelong effects of IPV.

Because traits of IPV are not well known by adolescents, many signs go unnoticed or avoided. There are multiple components and subcategories to define IPV, the types most likely for teens are physical and sexual. Physical violence can include hitting with an open or closed hand, pushing/shoving, being forced into a stationary object, and use of an object such as a gun or bat with which pain is inflicted. Bender, Koegler, Johnson, Murugan, and Wamser-Nanney (2020) reported gun violence among adolescents being as high as 18.7% of all gun-related injuries from 2010 to 2016. Owning or having access to a gun increases an adolescent's risk of

IPV, whether perpetrator or victim, due to the ease of access and level of injury. Gun-related literature of IPV and adolescents is nearly nonexistent, however, a multistate study by Adhia, Kernic, Hemenway, Vavilala, and Rivara in 2019 reported 150 of the 2,188 adolescent homicide victims were by an intimate partner, and 90 of those were by a handgun (Adhia, et al., 2019, as cited in Bender et al., 2020). Sexual violence can include forced contact, coercion to send nude pictures, penetration, unsolicited pictures from the abuser, and other forced sexual acts performed by the victim (Rape Abuse and Incest National Network [RAINN], 2020). No matter the age, gender, sexual orientation, or relationship status, anything done or requested without consent is considered abuse. Verbal abuse may include actions such as swearing, belittling or shaming, and threatening to illicit fear. Psychological abuse, also known as manipulation, can include sending mass amounts of texts or calls, statements like “If you loved me...”, demanding passwords, checking content on cell phones, and keeping constant track of location and who the victim is with at all times (HHS, n.d.-b).

In addition, the earlier and more exposure teens have to the different types of IPV, whether themselves or witnessed, increases the risk of acceptability in their own future relationships (Lee, et al, 2016). When young girls are introduced to IPV in a family context, they are passing on biases of gender dynamics and views of women being inferior in heterosexual relationships, otherwise known as ambivalent sexism (Lee, et al, 2016). This can lead to future acceptance of violence from intimate partners and thinking relationships are supposed to involve violence. Early exposure to IPV, even in a family setting, can greatly limit an adolescent’s coping skills and ability to manage stress (Rode, et al, 2019).

One major risk factor for IPV perpetration identified is the location of the adolescent. Not only does the living situation and geographical location make a difference, but so does the area

where the adolescent is in the moment of perpetration. Rosenberg (2016) identified multiple disadvantaged urban neighborhoods across the world where adolescent male minorities admitted perpetrating IPV within the past year, five of which were the state of Maryland, U.S.; Johannesburg, South Africa; New Delhi, India; and Shanghai, China. Johannesburg and New Delhi had the highest rates of perpetration in males 15- to 19-years old, approximately 40% and 38% (respectively), while Maryland and Shanghai had the lowest rates at 17% and 9%, respectively (Rosenberg, 2016). There was a positive correlation between IPV perpetration and living in various disadvantaged areas, including risk factors such as binge drinking, depressive symptoms, employment status, their own victimization, and gender attitudes (Rosenberg, 2016). The location of the perpetration by adolescents is often affected by others. Males are more likely to perform physically violent acts around friends if encouraged to do so or are perceived as more masculine whereas females tend to internalize and perform psychologically, more subtle violent or manipulative acts.

IPV perpetration in pregnant females is another area not well understood. Adolescent girls, especially pregnant ones, are predominantly viewed by society as victims when it comes to IPV. Studies of pregnant adult women have shown correlations between reciprocal IPV and adverse health outcomes, including low birth weight, post-partum depression, and risk for future physical child abuse perpetration, but not much is known for adolescent pregnant females (Buzi, Smith, Kozinetz, & Wiemann, 2020). Of the 249 pregnant adolescents enrolled in their study with an average age of 16.9 years, 24% reported physically assaulting their partners and 12.2% being assaulted by their partners (Buzi et al., 2020). The top factors for perpetration were race, drug use, depressive symptoms, highest grade completed, and being in trouble with authority,

with lack of community or family support, prior victimization, exposure to community violence, and family criticism as contributing factors to perpetration (Buzi et al., 2020).

There are few key influencing factors to be considered when developing strategies to counteract the influence of IPV. Teen dating violence (TDV) is different from adult IPV in that it is more often reciprocated (Bender et al., 2020). Males and females both report similar rates of mutual aggression, and part of this may be because the teen's developing brain has poorer impulse control, decision-making, and problem-solving skills along with idealized notions of romantic love (Bender, et al, 2020). Research also suggested the type of exposure an adolescent has had could determine the outcome thus requiring different treatments (Rode et al., 2019). Though parental exposure to IPV and child maltreatment victims have difficulties with stress management, Rode et al., (2019) found parental exposure to IPV created lower levels of anxiety and a greater sense of strength and perseverance than those who experienced child maltreatment.

In addition to prior victimization and exposure to IPV, mental health issues are likely. While there is little evidence to show a correlation between mental health difficulties in adolescence and predicting IPV perpetration, there is evidence individuals arrested in later life for domestic violence have a history of mental health conditions such as posttraumatic stress disorder (PTSD), depression, and anxiety (Smith et al., 2015). Some studies have found the antisocial behavior tendencies in adolescents increases the risk of IPV in adulthood and others have found borderline personality features are present in the assessment, prevention, and interventions of IPV (Smith et al., 2015; Reuter, et al., 2015).

There are protective factors to buffer the mental health effects of IPV. Internal factors such as a positive outlook on life, proactive orientation, good self-esteem, and an internal locus of control may help an adolescent overcome negative experiences, seek positive outcomes, and

serve as protection from internalizing problems contributing to depression and hopelessness (Benavides, 2015). External factors of protection include a strong family support system, positive school experiences, and good social support from the community are helpful (Benavides, 2019). While age and race are uncontrolled factors, these may have an impact on the ability for protection from IPV. Awareness of these factors may assist individuals in developing strategies for helping adolescents prevent or cope with IPV.

While numerous initiatives have been developed to increase awareness of IPV in older adolescents and college-aged individuals, there is still little established regarding the disabled, indigenous, and LGBTQ youth (Crooks, Jaffe, Dunlop, Kerry, & Exner-Cortens, 2019). By identifying these gaps in literature, primary prevention strategies can be better placed to target adolescents at highest risk. Existing prevention programs address the norms, attitudes, and behaviors supporting IPV and aim to change attitudes and behaviors with knowledge while promoting nonviolent, equitable, and respectful relationships in otherwise healthy, heterosexual adolescents (Crooks et al., 2019).

One prevention program is called *Safe Dates*, which is a three-hour program focused on awareness of healthy relationships and consequences of dating abuse in adolescents. Crooks et al., (2019) found at their one-year follow-up after the *Safe Dates* program, changes in behavior disappeared, highlighting a need for repeated education. All individuals, including school employees, are encouraged to be aware of the signs and consequences of IPV in younger adolescents (Crooks et al., 2019). Furthermore, Kameg and Constantino (2020) discussed the critical need for healthcare providers such as Psychiatric Mental Health Nurse Practitioners (PMHNP) to implement primary, secondary, and tertiary preventative strategies. In primary prevention, adolescents should be provided evidence-based, age-appropriate education while

being involved in discussions about healthy relationships during routine visits with practitioners (Kameg & Constantino, 2020). Screening for IPV is considered a secondary prevention measure, but there is limited availability in screening instruments intended for the adolescent population. Finally, tertiary prevention would include counseling and management related to IPV exposure (Kameg & Constantino, 2020).

School-based prevention and intervention programs have evolved. A multi-component school-based intervention program called PREPARE was implemented in 8th grade students in South Africa whose purpose was to delay sexual debut, increase condom use, and decrease IPV (Mathews et al., 2016). In South Africa, sexual violence and IPV is prevalent, and HIV is still the leading cause of death in young adults aged 15-24 years. To decrease the risk of spreading HIV, PREPARE needed to focus on interventions related to decreasing the rate of sexual violence and IPV (Mathews et al., 2016). Upon analysis of the PREPARE study data, there were no significant indications the program delayed sexual debut or limited the high-risk sexual behavior; however, it did increase the knowledge of the participants. Failure was attributed to the limitations of the program which excluded addressing other environmental factors relevant to adolescent sexual health (Mathews et al., 2016).

The *Healthy Relationships Quiz* was developed by the HHS as part of the *Love is Respect* program which offers education and resources regarding healthy relationships to all parties involved in intimate relationships including teens, their parents, teachers, partners, and friends. This is one of the only screening tools developed to include all aspects of IPV and is targeted at the younger adolescent population. *The Youth Risk Behavior Survey* (YRBS) was developed by the Centers for Disease Control and Prevention (CDC) which assesses teen risky behaviors, along with physical and sexual violence, however it leaves out emotional and psychological

violence (CDC, 2020). Other tools such as the *Futures Without Violence* IPV screening and counseling toolkit is only intended for women and girls, and the *RED FLAGS Universal Teen Dating Violence Screen* is for the older adolescent population and difficult for younger adolescents to understand (Futures Without Violence, 2017; Nelson, A, 2009).

The Iowa Model for EBP helps clinicians identify areas of opportunity for improvement in healthcare using triggers and includes a multiphase change process with feedback loops (Dang et al., 2019). The Iowa Model provides a step-by-step outline from identifying the trigger question, to forming a team, assembling sufficient evidence, and designing the intervention to appropriately adopt into practice. IPV in adolescence is a knowledge-focused trigger and has become a priority for a Midwestern suburban school district. Based on this literature review, there is sufficient evidence to support a lesson plan in the curriculum for those students enrolled in the school's advanced health course.

In summary, the prevalence of IPV among adolescents is significant, but is not well understood by those who may be entering into intimate relationships. Influencing factors of IPV exposure have been attributed to parental exposure, history of physical violence, physical location, socioeconomic status, mental health predisposition, and lack of prevention programs for younger adolescents. Practitioners and adults in the adolescents' environment are able to identify and treat along the prevention spectrum and may reduce the risk the exposure to IPV with appropriate screening methods. Early intervention and screening is not well covered, and there is an extraordinary gap in literature regarding younger adolescents and prevention discussions, despite a significant number of adolescents as young as the 7th grade reporting being in intimate relationships. An educational lesson plan for high school advanced health course was chosen as the primary instrument to engage adolescents in the identification and prevention of IPV.

Method

Design

An educational lesson plan to provide information about IPV for faculty to use during the high school semester of an advanced health course.

Setting

This was a collaborative effort with a suburban, Midwestern high school public school system. There were approximately 5,332 students enrolled, with 120 teachers and six administrators, as well as six counselors at each of the high schools. All three high schools within the system offer an advanced health course called Teen Health and Wellness.

Sample

There was no sample as this was the development of a lesson plan for IPV in adolescents.

Approval Processes

Collaboration with the school district's Practical Arts Content Leader, the teen health and wellness faculty, and the Doctor of Nursing Practice (DNP) committee was achieved. This lesson plan has minimal risk to students as there is no recorded data if the plan is used, however, the benefits of the lesson plan are students becoming aware of IPV.

Data Collection/Analysis

There was no data collection, however a lesson plan was created based on available recommendations from the CDC and HHS.

Procedures

A team of key stakeholders was formed including the Practical Arts Content Leader, the teen health and wellness faculty, and the graduate nursing student to determine a subject in need of improvement and develop a lesson plan to improve awareness of IPV in adolescents. The

education is dependent on the teen health and wellness faculty approving the material and initiating the discussion within the teen health and wellness classes.

Results

The lesson plan was created from several examples obtained (Appendix A). The lesson plan outlined specific learning objectives for students, measurable learning outcomes, and evaluation or homework. The lesson plan included an interactive presentation using the web application *Mentimeter* for instructor-led teaching. The information utilized in this web application was based on the CDC and HHS information and recommendations for adolescent IPV. *Mentimeter* is a presentation software program viewers can access and interact with using a short-term passcode on a computer or mobile device.

Discussion

The initial intent of this project was to bring awareness of adolescent IPV to high school students in a suburban Midwestern public school system; however, due to the COVID-19 pandemic for social distancing and avoidance of large gatherings, the original plan was altered. Instead of live classroom presentation and interaction, a lesson plan, including a web application, was developed for high school teachers to use at a later time. The lesson plan provides the high school teacher with the information and resources for awareness of adolescent IPV.

While the prevalence of IPV and the need for education increases, the availability to younger age groups is still lacking. The creation and implementation of a designated lesson plan in high school health courses may provide students with an early introduction and awareness of healthy and unhealthy relationships. Education for young adolescents is the first line of defense in preventing IPV, and the provision of resources can provide guidance in the case of IPV victimization. With implementation of targeted education, adolescent students may gain better

understanding of healthy relationships, the signs of IPV, and its short- and long-term effects, physically and mentally. Provision of a lesson plan and a resource for high school teachers may decrease the burden of teaching a subject not well known to the teacher.

A gap in the literature exists for IPV screening instruments to include emotional, psychological, and stalking-type behaviors within the instrument. Signs of IPV are not well recognized by many adults (including parents); therefore, it is not surprising adolescents are unable to recognize these signs. Though adolescents may be screened for IPV through their primary care provider, adults are rarely educated on the signs of their teen experiencing abuse. Implementing an IPV lesson plan into a high school education health course may strengthen the relationship between adults and adolescents in recognizing IPV. A recommendation for future study would be to evaluate the implementation of the lesson plan.

Conclusion

An IPV-specific lesson plan for high school adolescents has been developed but needs to be studied. Including adults in the education of IPV, and providing a targeted plan for teachers about healthy relationships may be helpful. Ideally, information about healthy versus unhealthy relationships should become a topic of conversation between parents and their teens, however, any adult in the teen's life should also feel comfortable talking with teens about this topic. In fact, the American Academy of Pediatrics (AAP) recommended screening for IPV to begin in the young adolescent population, and the conversation about healthy relationships should occur between the primary care provider and the child. Educating adults and adolescents about healthy relationships and signs of IPV is greatly needed.

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Appendix A

Figure 1. Lesson Plan

ADVANCED HEALTH LESSON PLAN

Developer: Morgan Foster, BSN, RN	Development: 2020-2021
Instructional Level: Grades 10-12	Unit: Relationships
Lesson Topic: Intimate Partner Violence	

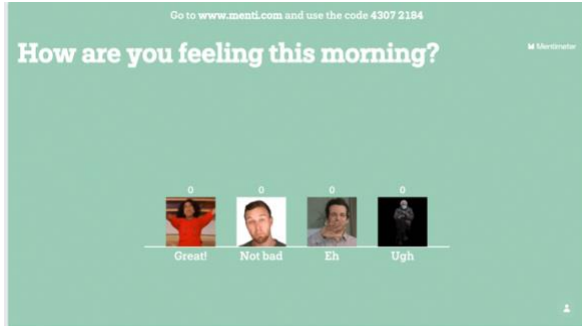
<p>Learning Objectives</p> <ul style="list-style-type: none"> <input type="checkbox"/> Define meaning of intimate relationships and intimate partner violence <input type="checkbox"/> Examine aspects of abuse in relationships to increase knowledge base and identification skills <input type="checkbox"/> Investigate resources for screening and education for violence prevention intervention 	
<p>Learning Outcomes At the end of this lesson plan:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Students will be able to identify abuse or potential abuse in relationships by correctly identifying IPV in at least 2 scenarios in the Mentimeter application <input type="checkbox"/> Students will verbalize how to ask for or offer assistance to self or others in a potential case of IPV <input type="checkbox"/> Students will be able to give three examples to prevent, manage, and resolve conflict without harming self or others 	
<p>Instructors' Preparation for Learning</p> <ul style="list-style-type: none"> <input type="checkbox"/> For use in the relationships unit of advanced health course <input type="checkbox"/> Recommended for use prior to mental health unit of advanced health course <input type="checkbox"/> Students should have basic knowledge of human relationships <input type="checkbox"/> Students should have basic knowledge of violent behavior 	<p>Interactive Presentation Goals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Students will view and participate in a Mentimeter web application presentation <input type="checkbox"/> Students will answer pre- and post-education questions during the presentation
<p>Student Evaluation/Follow-up/Homework</p> <ul style="list-style-type: none"> <input type="checkbox"/> How can you effectively communicate in a relationship? <input type="checkbox"/> How can you prevent, manage, and resolve conflicts without harm? <input type="checkbox"/> How can you ask for and offer assistance to others? 	
<p>Resources:</p> <p>https://www.mentimeter.com/s/b5d7d64ba8c39a53aa58beefcfa651c2/c3694635fc54</p>	

Adapted from: School District of Holmen Health Curriculum

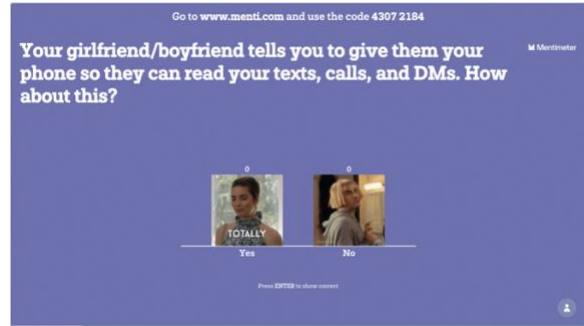
Appendix B

Mentimeter Slides

1



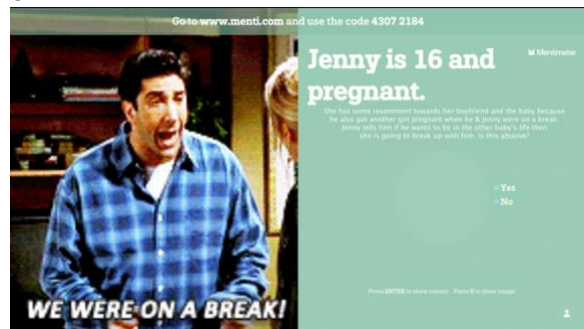
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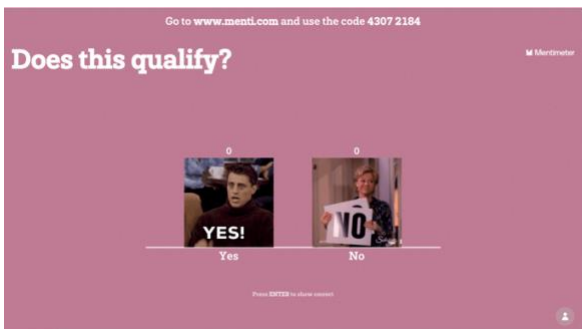
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7



4



8



9

Go to www.menti.com and use the code 4307 2184

How did you do?

No questions from the audience!

Incoming questions will show up here so that you can answer them one by one.

13

Go to www.menti.com and use the code 4307 2184

Who are intimate partners?

Press ENTER to jump ahead

10

I hate you, I love you

14

What is intimate partner violence (IPV)?

Abuse or aggression that occurs within an intimate relationship. Intimate relationships include emotional and non-sexual partnerships, such as your best friend.

11

A Lesson in Intimate Partner Violence in High School Adolescents

Created by Morgan Foster, BSN, RN

15


Are teens really dating?

51% of 7th graders reported being in a romantic relationship

72% of 8th and 9th graders reported 'dating'

Source: Department of Health and Human Services (HHS)

12



Learning Objectives

- Increase knowledge base and identification skills of abuse in relationships.
- Expand understanding of resources for screening and education for violence prevention intervention.

HEALTHY RELATIONSHIPS START HERE.

16

Go to www.menti.com and use the code 4307 2184

When was your first romantic relationship?

Press & to show steps

17

What are the numbers?

1 in 5 adolescents 13-18 experience physical violence from an intimate partner




9% of adolescents report sexual violence from an intimate partner

Source: Wincentak, Connolly, & Card, 2017

21

What's an UNHEALTHY relationship?

- Partner shames you or makes you feel stupid
- Pressures you to do something you're not ready to do
- Tries to control you (how you dress, where you go, what you do)
- Threatens or scares you / makes you feel afraid if you don't do what they want
- Sends tons of text messages, asks for your online passwords, pressures you to send them nude or sexy pics
- Partner keeps tabs on you (via GPS location, constantly texting you about where you are, who you're with, etc.)



Source: That's Not Cool

18

Abuse has lasting effects...

- Engaging in other risky behaviors
- More often referred to specialized classes due to lower test scores on standardized exams
- More likely to fail a grade
- Mental illness
- Have expressive or receptive language difficulties

Source: HHS

22

How about a HEALTHY relationship...

- Partner makes you feel safe and comfortable
- Doesn't pressure you
- Respects your boundaries (sexual and other)
- Gives you space to hang out with your friends, and privacy -- online and off!
- Supportive and respectful
- Open and honest communication



If you feel safe, respected, and happy, you are likely in a healthy relationship.

Source: That's Not Cool

19

Who is at risk?

- Everyone!
- Witnessing parental IPV
- Experiencing physical abuse
- Surroundings
- Others suggest mental illness predisposes teens to exposure of IPV

Sources: Smith, et al., 2015; Reuter, Sharp, Temple, & Babcock, 2015; Rosenberg, 2016

23

Relationships are a SPECTRUM

Love is Respect: The spectrum of relationships

Healthy relationships are based on equality and respect.	Unhealthy relationships are based on attempts to control the other person.	Abusive relationships are based on an imbalance of power and control.
RESPECT	BREAKS IN COMMUNICATION	ACCUSATIONS
GOOD COMMUNICATION	PRESSURE	BLAME SHIFTING
TRUST	DISHONESTY	ISOLATION
HONESTY	STRUGGLES FOR CONTROL	PRESSURE
EQUALITY	INCONSIDERATE BEHAVIOR	MANIPULATION

Source: Love is Respect (www.loveisrespect.org)


20

Go to www.menti.com and use the code 4307 2184

What are actions you would call "abuse"?

24

Think you can spot IPV now?



25

Go to www.menti.com and use the code 4307 2184

Allie is another pregnant teenager and says she feels ugly now.

One day her boyfriend finds her crying in the bathroom and hitting the mirror. He grabs Allie's wrists and holds her against the wall until she can calm down. Is this IPV?

YES
 No

For sure Nah

Press ENTER to share content

29

Go to www.menti.com and use the code 4307 2184

Jacob is a senior in high school and thinking about what he wants to do after graduation.

He wants to become a writer or journalist, but his girlfriend Kim says it's a stupid idea and he'll never get anywhere doing that. Is this IPV?

Um, yeah
 Nope

Press ENTER to share content

26

Go to www.menti.com and use the code 4307 2184

Sally's girlfriend tells her she looks really pretty when she wears her yellow dress and would like if she wears it more. Is this IPV?

Yes!
 Nope

Press ENTER to share content

30


Go to www.menti.com and use the code 4307 2184

When you're super excited about something and try tell your partner, but all they do is pay attention to their phone or say you talk too much...IPV?

Sure is
 Not likely

Press ENTER to share content

27



Alan and his partner are in a committed relationship for the past 3 years, but sometimes Alan talks to other guys when he seems bored or disconnected with his partner. When brought to his attention and questioned if he is doing it again, Alan gets angry, swearing and accusing his partner of talking to other people

31

Go to www.menti.com and use the code 4307 2184

How did you do this time? Any questions?

28

Go to www.menti.com and use the code 4307 2184

Is there IPV in Alan's relationship?

Definitely
 Probably not

Press ENTER to share content

32

Resources! (screenshot this info)


- [The National Domestic Violence Hotline](https://www.nvdc.org/) 1.800.799.SAFE (7233)
- [The National Centers for Victims of Crime \(NCVC\)](https://www.ncvc.org/) 1-800-FYI-CALL
- [The National Dating Abuse Helpline](https://www.datingabuse.org/) 1.866.331.9474
- www.breakthecycle.org
- **YOUR COUNSELORS!**
- Take the free *Healthy Relationships Quiz* at www.loveisrespect.org to find out if your relationships are healthy!

If you think you or someone you know is experiencing IPV, you're not alone...tell an adult, a friend, anyone!
 Help is out there.

33

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- Wincenciak, K., Connolly, J., & Carl, N. (2017). Teen dating violence: A meta-analytic review of prevalence rates. *Psychology of Violence, 22*(4), 241. <https://doi.org/10.1891/1096-9029>



Appendix C

Preeducation Questions on Mentimeter

1. Brandon is hanging out at home with his best friend Jacob. They've been friends since they were both in pre-school. Brandon is losing at a video game and becomes upset that Jacob is beating him, and impulsively pulls a gun out of his nightstand and aims it at Jacob saying "man, quit winning or I'll make you lose for good." Jacob is clearly shaken, but Brandon laughs and says "relax, it's not even loaded." Does this qualify?
2. Your girlfriend/boyfriend tells you to give them your phone so they can read your texts, calls, and DMs. How about this?
3. Jenny is 16 and pregnant. She has some resentment towards her boyfriend and the baby because he also got another girl pregnant when he and Jenny were on a break. Jenny tells him if he wants to be in the other baby's life then she is going to break up with him. Is this abusive?
4. You always see your boyfriend/girlfriend hanging around places you are when you're out with friends and family but they weren't invited. Is it abuse?
5. You see your best friend multiple times a week but each time she has a new bruise. You ask if they're from her boyfriend and she says "He's just really passionate and loves me. It's my fault, I shouldn't be so friendly with other guys." Is she experiencing partner abuse?

Appendix D

Posteducation Questions on Mentimeter

1. Allie is another pregnant teenager and says she feels ugly now. One day her boyfriend finds her crying in the bathroom and hitting the mirror. He grabs Allie's wrists and holds her against the wall until she can calm down. Is this IPV?
2. Sally's girlfriend tells her she looks really pretty when she wears her yellow dress and would like if she wears it more. Is this IPV?
3. Alan and his partner are in a committed relationship for the past 3 years, but sometimes Alan talks to other guys when he seems bored or disconnected with his partner. When brought to his attention and questioned if he is doing it again, Alan gets angry, swearing and accusing his partner of talking to other people. Is there IPV in Alan's relationship?
4. Jacob is a senior in high school and thinking about what he wants to do after graduation. He wants to become a writer or journalist, but his girlfriend Kim says it's a stupid idea and he'll never get anywhere doing that. Is this IPV?
5. When you're super excited about something and try tell your partner, but all they do is pay attention to their phone or say you talk too much...IPV?