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USING THE CURRICULUM TO PROMOTE AWARENESS AND MITIGATE THE RISK OF INTIMATE PARTNER VIOLENCE AGAINST 16-TO 19-YEAR-OLD COLLEGE STUDENTS IN ENGLAND

Submitted for the degree of Doctor of Philosophy

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ABSTRACT

Adolescents are at the incipient life stage to develop an intimate relationship but are also amongst the riskiest age groups of experiencing intimate partner violence (IPV). Education on this phenomenon is therefore important and significant. The UK government began to address IPV abuse in teenaged relationships in 2013, marked by the policy definition of domestic violence being extended to include 16- and 17-year-olds. This research starts from the position that education is an effective way to minimise the prevalence of IPV issues amongst young people. A curriculum is developed herein to complement the existing provision offered by Relationship and Sex Education (RSE) and Personal, Social, Health and Economic (PSHE) education, with the intention of promoting awareness and mitigating the risk of IPV among college students aged between 16 and 19 in England. To do so, participatory mixed methods research, drawing on some elements of an action research methodology is adopted, following a three-phase, cyclical inquiry-in-action process. The first phase is designed to obtain in-depth knowledge of what students have learnt from their previous education in this area. Following this, the curriculum is constructed and delivered to improve their understanding of this complex and nuanced area. Next, views elicited from participating teachers and students in the final phase provide insights into ways to develop and implement future IPV-based interventions. This study suggests several knowledge gaps in the field of IPV prevention. First, it indicates the significance of adopting agreed upon definitions and clarifying basic IPV concepts before implementing an intervention. Second, gender variances appear vital to the efficacy of such programmes, and the finding suggests that gender-specific approaches tends to be more effective than when taught to mixed groups. Furthermore, the study holds the view that special attention should be paid to male students, since they may be prone to seeing IPV issues from a perpetrator's perspective. Third, IPV education seems to be more effective when delivered in person rather than taught virtually or remotely. Finally, this study conceptualises IPV causation and prevention by incorporating it into Bronfenbrenner's PPCT model, which is amongst one of the first attempts to adapt this theory to the development of IPV educational programmes.

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LIST OF ABBREVIATIONS

AVA	Against Violence and Abuse
CTS	Conflict Tactics Scale
Covid-19	Coronavirus disease 2019
CSEW	Crime Survey for England and Wales
DfE	Department for Education
DV	Domestic violence
DVCV Act	Domestic Violence, Crime and Victims Act
DVMP Act	Domestic Violence Matrimonial Proceedings Act
EVWG	End Violence against Women and Girls
GBV	Gender-based Violence
IPV	Intimate Partner Violence
KS	Key Stage
MMR	Mixed methods research
NISVS	National Intimate Partner and Sexual Violence Survey
Ni3	None in Three
NSPCC	National Society for the Prevention of Cruelty to Children
PPCT	Person-Process-Context-Time
PSHE	Personal, Social, Health and Economic
PTSD	Post-Traumatic Stress Disorder
RSE	Relationship and Sex Education
RwF	Relationships without Fear
STIR	Safeguarding Teenage Intimate Relationship
SEPD	School of Education and Professional Development
SRE	Sex and Relationship Education
SEAL	Social and Emotional Aspects of Learning
UoH	University of Huddersfield
VAWG	Violence Against Women and Girls
WHO	World Health Organisation
YRBS	Youth Risk Behaviour Survey

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CHAPTER I

INTRODUCTION

1.1 THESIS BACKGROUND

This study is jointly sponsored by the School of Education and Professional Development (SEPD) and research innovation funding from the University of Huddersfield (UoH), located at the None in Three (Ni3) research centre. The centre itself takes its name from the statistic that one in three women and girls worldwide will suffer gender-based violence (GBV) to some extent in their lifetime, thereby denoting the facility's dedication to making this number 'none in three'. In doing so, the centre pioneers prosocial computing games as a new way of eliminating GBV-related issues in four countries, namely India, Jamaica, Uganda and the UK. In India, the research focus is on exploring various types of gender bias and raising awareness of gender inequality; in Jamaica, the goal is to inform young people of child sexual abuse and empower victims to report the issue; in Uganda, the research investigates sexual coercion and abuse as risky factors, as well as the consequences of child marriage; and the study in the UK addresses issues around intimate partner violence (IPV), which provides the research context for this thesis.

Adopting a public health prevention-oriented and whole-of-society public engagement strategy to research up to 10,000 young people in each country, the Ni3 research centre consists of seven work packages (WPs) that draw on multiple disciplines: social work, criminal and developmental psychology, public health, educational leadership and curriculum development, digital technology, social media and film. For example, WP2 carries out qualitative research on social and cultural factors that can lead young people into GBV victimisation and

perpetration, WP4 conducts psychosocial surveys to investigate young people's exposure and attitudes to GBV and WP3 designs prosocial games to combat issues around GBV. The present study, i.e. "Using the Curriculum to Promote Awareness and Mitigate the Risk of Intimate Partner Violence among 16- to 19-Year-Old Young People in England", is based on WP5, which relates to educational engagement and curriculum development. As a part of WP5 research, the focus of this study is to develop, implement and evaluate how an IPV-based curriculum, delivered to students between the ages of 16 and 19 in select colleges in England, can (i) promote awareness and (ii) mitigate the risk of IPV.

1.2 RATIONALE FOR THE THESIS

A substantial number of studies argue that adolescents are one of the highest risk groups in terms of suffering IPV, which highlights the significance of addressing IPV issues with them (Decker et al., 2014; Humphrey & White, 2000; Monti, Colby, & O'Leary, 2001; Smith, White, & Holland, 2003; Ybarra & Thompson, 2018). Globally, one particularly striking statistic is that 29.4% of women aged 15 to 19, classed at an early stage where most experience an intimate relationship, have already been exposed to IPV (García-Moreno et al., 2013, p. 17). In the UK, the Crime Survey for England and Wales (CSEW) stated in 2015 that young people, especially those aged between 16 to 19, were the riskiest age group for suffering IPV, with 6.6% of men and 12.6% women reported having histories in this regard (Office for National Statistic, 2016, p. 13). A survey by the National Society for the Prevention of Cruelty to Children (NSPCC) established that a quarter of girls and 18% of boys between the ages of 13 to 17 had experienced physical violence to some degree, and 11% of girls and 4% of boys had suffered severe physical violence (Barter, McCarry, Berridge, & Evans, 2009, p. 54). The high prevalence of sexual (72% of girls and 51% of boys) and emotional (31% of girls and 16% of boys) abuse were identified in the nationwide UK survey (Barter et al., 2009, pp. 64, 72). Furthermore, a report

issued by SafeLives (2017, p. 10) highlighted that more than half of the young people identified as being in an abusive relationship were unknown to social services.

Further studies indicate that the majority of initial IPV incidents occur at an average age of between 15 and 16, with adolescents experiencing their first violent episodes around or after the age of 14 (Humphrey & White, 2000; Ybarra & Thompson, 2018). These initial adolescent encounters with IPV victimisation and perpetration can very often extend into adulthood (Pittenger, Huit, & Hansen, 2016) and result in behavioural disorders, psychological impairment and neurological sequelae, culminating in a re-victimisation rate of 20 to 39% in later life (Pittenger et al., 2016, p. 36). Adolescents who have prior experience of being IPV perpetrators and victims are prone to considering violence as a normal part of a relationship (Barter et al., 2009; Cornelius & Resseguie, 2007), and this can spill over into marriage or cohabitation, in turn leading to domestic violence at home, such as parent-child violence (Cornelius & Resseguie, 2007; Cui, Ueno, Gordon, & Fincham, 2013).

Therefore, adolescent groups represent a risky sub-sample of the IPV population, as well as prospective fruitful targets for preventive programmes (Barter, 2009; Cornelius & Resseguie, 2007; Cui et al., 2013). Considering 16- to 19-year-old college students find themselves in the early stages of starting relationships and dealing with associated problems, more guidance should be provided to them, in order to avoid the risk of IPV. The demand for interventions to recognise and prevent IPV within young people is indubitable (Barter et al., 2009), and if such programmes can be adopted by college students in England, they have the potential to lower the risk of violence, as well as victims and perpetrators in the later stages of life (Barter, 2011; Cornelius & Resseguie, 2007; Smith et al., 2003). Thus, this study sets out to impart IPV-related knowledge to students through a three-phase curriculum intervention programme, to promote awareness and mitigate the risk of IPV among this particular cohort.

1.3 LOCATING MYSELF WITHIN THE THESIS

I was born into a traditional Chinese family, in which patriarchal thinking was dominant. My father had absolute authority over the majority of family issues, especially financial decisions. Quarrels frequently happened between my parents because of these patriarchal values, so I grew up in a family with GBV. My mother was the victim of this patriarchal ideology while also an advocator thereof, as she believed that sons have more value than daughters. This situation started to change when I first began to attend school, because I equally matched my brothers' academic achievements. Gradually, as a result, I garnered more attention from my parents; however, I could not deny the fact that exposure to GVB had an effect on the values with which I grew up.

In 2017, I was studying an MA in International Education at UoH and thinking about continuing my PhD studies thereafter. I came across a PhD research programme at the Ni3 research centre about developing a curriculum to prevent IPV, which led me to reflect on my personal experience and realise that if my father had been educated about IPV, he might not have been so vehement in imposing this patriarchal ideology and being violent towards my mother. Furthermore, if my mother had obtained some knowledge about GBV, she might have fought more against this patriarchal thinking and not passed on her gender bias thoughts to her children. Therefore, passion led me to apply for this PhD research programme. I was granted a scholarship and offered the opportunity to continue my studies at the SEPD and Ni3 research centre at the UoH.

Shortly after starting this research, I came to realise just how serious this issue is in England (Young et al., 2017), and although there is an awareness of its existence, very few solutions have been employed to prevent the problem, especially within educational settings (Bell & Stanley, 2006; Fox, Hale, & Gadd, 2014; Stanley, Ellis, et al., 2015b). I believe, however, that

educational intervention is one of the most effective ways to challenge deep-rooted GBV and gender stereotypes in society, as well as to prevent violence. It is significant, therefore, that my research will contribute to IPV prevention and promote gender equality for young people dating or entering into a marital relationship.

I therefore consider the beginning of this PhD research an important steppingstone in the fight against IPV as well as in my own continuing personal growth and professional development. This research has also given me a fresh insight into the significance of participatory mixed methods research strategy, drawing on components of an action research framework regarding curriculum intervention renovating teaching-learning practice, in order to improve IPV awareness in real life.

1.4 RESEARCH AIMS AND QUESTIONS

By adopting participatory mixed methods research approach, drawing on some aspects of an action research methodological framework, this research considers educational engagement as a strategy to develop, implement and evaluate an IPV-based curriculum promoting awareness of what constitutes a healthy relationship, as well as to reduce the risks of being in an abusive relationship, among 16- to 19-year-old college students in England. In this regard, this research has two research aims:

- Identify what prior knowledge 16- to 19-year-old college students have regarding IPV and deepen their current understanding on the issue through a targeted curriculum intervention.

- Critically analyse the extent to which a curriculum-based intervention can influence and change attitudes about IPV among 16- to 19-year-old college students.

Hence, to achieve the above research aims, the research questions of this study are:

- What prior knowledge do 16- to 19-year-old college students have regarding IPV?

- To what extent can 16- to 19-year-old college students' understanding of IPV be increased following a curriculum intervention?

- Is this curriculum-based intervention effective in promoting awareness and mitigating the risk of IPV among 16- to 19-year-old college students?

1.5 KEY DEFINITIONS

The majority of the research, mainly in the US, tends to adopt the term 'dating violence' instead of 'intimate partner violence' to describe the aggression that occurs in relationships between the ages of 10 and 24 involving teenagers, adolescents and young people (Barter et al., 2009; Cui et al., 2013; Humphrey & White, 2000). In the UK, most research and policy documents use 'domestic violence' and 'violence against women and girls' rather than 'intimate partner violence'. The term 'dating' seems to describe a formal romantic relationship, while the term 'intimate partner' can reflect the diverse situations of young people's intimate relationships, such as current or former dating partners, sexual or physical contact partners and partners in open relationships (Barter et al., 2009; Saltzman, Fanslow, McMahon, & Shelley., 1999). In contrast, the literal meaning of 'domestic violence' is more suited to indicating hostilities that occur within the family setting, and 'violence against women and girls' seems to emphasise female victims. Therefore, to account for the specific research context, this research adopts the term 'intimate partner violence'.

The definition of the term is literally the combination of 'intimate partner' and 'violence'. An intimate partner is a person with whom one has a close and private loving or sexual relationship, and it can include former and current partners, those with whom one has or has had regular physical or sexual contact, a partner in an open relationship or a one-night stand (Saltzman et

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al., 1999). Generally, there are four forms of violent behaviours in an intimate partner relationship, namely physical, psychological, sexual and controlling (Krug, Mercy, Dahlberg, & Zwi, 2002; World Health Organization, 2002, 2012). Additionally, cyber violence is an emerging form of this behaviour involving repeatedly sending unwanted messages or distributing graphic sexual images online without permission (Akturk, 2015; Gradinger, Yanagida, Strohmeier, & Spiel, 2015), which will also be considered in this thesis.

1.6 OUTLINE OF THE THESIS

Chapter II provides an overview of the five forms of IPV abuse, i.e. physical, psychological, sexual, controlling and cyber, that can happen in an intimate relationship. It also considers the causes of IPV abuse through a nested ecological model involving four aspects: individual, relationship, community, and society. Finally, the consequences that IPV may have on health and lifestyle disorders, and the IPV cycle itself, are presented.

Chapter III explores the UK's educational policies and practices in terms of addressing IPV issues. The chapter reviews a number of policies on domestic violence (DV), GBV and violence against women and girls (VAWG) that have been published by the UK government to eliminate the issue in society. The development, content, and evaluation of Personal, Social, Health and Economic (PSHE) education and Relationship and Sex Education (RSE) on addressing the subject amongst young people are also outlined. Additionally, a review of global-based and the UK-based primary preventive programmes that have been conducted to prevent the problem is included.

Chapter IV sets out a number of theories that have been applied to studies in the IPV field. Different from previous studies in the area, this thesis is among the first to adopt Bronfenbrenner's PPCT model for understanding the determinantal elements of IPV abuse and constructing an IPV-based primary preventive programme. The four elements of the PPCT

theory – the proximal process, person, context, and time – are discussed in this chapter, in order to conceptualise a theoretical-based curriculum as an educational strategy.

Chapter V includes the research design, data collection methods and methodology. Specifically, the chapter discusses the rationale, strengths, and the ways of implementing participatory mixed methods research, drawing on some components of an action research methodology in this specific research. Moreover, the strategy adopted to select potential research participants, the roles that participating teachers, students, and I play through the research and the pragmatism paradigm that I utilise to develop the research are included. Thereafter, I introduce the data collection techniques, i.e. the quantitative questionnaires, qualitative interviews and observations, to capture evidence that seeks to answer different research questions at various research stages. In addition, any ethical issues that may occur when conducting the research are addressed in this chapter.

Chapter VI presents the elicited findings from the three-phase data analysis. The first phase is designed mainly to answer the first research question: '*What prior knowledge do 16- to 19-year-old college students have regarding IPV?*'. Interviews are used to investigate what students have and have not learnt about IPV from their previous education. Questionnaires and observations are conducted to collect data in the second phase and in response to the second research question: '*To what extent can 16- to 19-year-old college students' understanding of IPV be increased following a curriculum intervention?*'. The third phase is designed to gather evidence for the third research question: '*Is this curriculum-based intervention effective in promoting awareness and mitigating the risk of IPV among 16- to 19-year-old college students?*'. Questionnaires and interviews with teachers and students are used to collect data in response to the third research question. The proposed actions to deal with problems identified in each phase of practice, and the reflection notes taken by me throughout the whole action research, are provided.

Chapter VII is the final chapter of the thesis, and it starts by summarising the key findings stated in data analysis. Significant arguments are presented regarding various aspects, including programme content, the programme approach, student backgrounds, teacher training, evaluation strategies and the social environment. This is followed by outlining the contributions made by this study to narrowing two main types of gaps in the IPV field, namely the research gap and the theoretical gap. Thereafter, the limitations of this research and recommendations for future research are discussed.

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CHAPTER II

LITERATURE REVIEW

DEFINING IPV AS AN ISSUE AMONG YOUNG PEOPLE

2.1 INTRODUCTION

This chapter comprehensively and systematically explores existing knowledge on IPV in the literature, the fundamental aspects of which study utilises to develop the proposed curriculum (for details, see Chapter VI). It begins by examining the four general forms of IPV behaviour, i.e. physical, psychological, sexual, and controlling abuse, and the recently emerging cyber abuse. To demonstrate the complex nature of IPV issues, the following section examines the causes of abusive behaviours in an intimate relationship through the four levels of the ecological model: individual, relationship, community and societal. This is followed by a discussion on the consequences of IPV, which include health issues, lifestyle disorders and the cycle of violence.

2.2 FIVE FORMS OF IPV

In the World Health Organisation's (WHO's) first *World Report on Violence and Health* in 1996 (García-Moreno et al., 2013; Krug et al., 2002), IPV was first documented as one of the most significant types of violence to challenge human rights and cause considerable health problems. In this report, WHO defines that generally there are four forms of abuse within an intimate relationship:

- Acts of physical aggression such as slapping, hitting, kicking and beating;

- Psychological abuse, such as intimidation, constant belittling and humiliating;

- Forced intercourse and other forms of sexual coercion;

- Various controlling behaviours such as isolating a person from their family and friends, monitoring their movements and restricting their access to information or assistance (World Health Organization, 2002, p. 89).

In 1996, cyber abuse was not yet on the radar of the WHO, but since then it has emerged as a vector for IPV, owing to the widespread use of social media. It involves psychological, sexual and controlling abuse, and therefore it is also discussed in the following sections as a form of IPV behaviour (Peterson & Densley, 2017; Wolford-Clevenger et al., 2016).

2.2.1 Physical abuse

Physical abuse in an intimate relationship includes a wide range of behaviours, involving kicking, beating, hitting, throwing or attacking the other using an object or a weapon, with the potential to cause physical harm, bruising, injury, disability and/or death (Eaton, Davis, Barrios, Brener, & Noonan, 2007; Foshee, Bauman, Linder, Rice, & Wilcher, 2007). According to global estimates of the prevalence of physical violence in intimate relationships, as many as 42% of females have gone through physical violence and/or sexual violence and sustained some form of injury (García-Moreno et al., 2013, p. 31). In the US, astonishing statistics show that approximately one in four women and one in seven men, in the summary report of *National Intimate Partner and Sexual Violence Survey* (NISVS), have suffered a severe physical form of abuse within an intimate relationship at some point in their lives (Black et al., 2011, p. 53). When it comes to young people, a substantial number of studies referred to in Eaton et al. (2007, p. 586) use the *Youth Risk Behaviour Survey* (YRBS) to estimate that about 8% to 12% adolescents in the US have been the victim of physical dating violence. Although the statistics

reported in these studies somewhat differ, even the 8% lower end indicates a considerable issue among adolescents. In the UK, fewer peer-reviewed studies on a national have been carried out, albeit one UK-based study conducted by Barter et al. (2009, p. 54) witnessed a similar level of physical violence to that reported in the US. The study described that 22% of girls and 18% of boys among 1,353 adolescents aged from 13 to 17 had experienced being pushed, hit or slapped by their intimate partners, with 11% of girls and 4% of boys suffering different aspects of physical violence at a 'severe' level.

Additionally, an IPV-based educational intervention, named Relationships without Fear (RwF), was developed in the UK to examine – via a pre-test-post-test questionnaire – to what extent students' stereotypical views toward the acceptance of physical violence could be changed (Fox, Corr, Gadd, & Sim, 2016; Fox et al., 2014). The findings indicated that in contrast to female students, male students have a higher inclination to resort to physical violence if there is a reason for them to do so, such as being embarrassed or being cheated on, or if they believe a partner deserves to be hit. However, concerning the definition of IPV, any acts such as hitting, beating and punching, with the potential to cause a bruise, harm or injury to another, no matter whether or not there is an intention to abuse, should be regarded as physical violence (Winstok & Sowan-Basheer, 2015).

However, critics of IPV research argue that the data on physical abuse within an intimate relationship can be inconsistent and noncomparable regarding how the research defines to what extent physical violence should be regarded, i.e. as 'mild', 'moderate' or 'severe'. This inconsistency stems from the fact that IPV is often not reported, and victims might exaggerate or minimise what has occurred, while the comparability issue is due to the fact that severity can be interpreted subjectively (Brown et al., 2009; Foshee et al., 2007). For example, Brown et al. (2009, p. 1965) point out that most studies using YRBS to estimate the prevalence of physical violence have demonstrated a wide range of statistical differences, ranging from

approximately 9% to 50%. According to a systematic review of 228 articles, a predominant number of studies adopt the Conflict Tactics Scale (CTS) or CTS2 to measure and explore the seriousness of physical violence in an intimate relationship (Capaldi, Knoble, Shortt, & Kim, 2012). However, critics of CTS argue that it is not appropriate to apply it to the field of IPV research, because although it counts the frequency of violent acts, it excludes significant contextual factors such as the history of victimisation or perpetration, the intention of controlling and coercion against the other and motivation variables when resorting to the conflict tactics (Straus, 1987, 2004, 2008). Except for CTS, the most frequently adopted measurement tool is the Safe Dates Scale, followed by the Conflict in Relationships Scale and the Conflict in Adolescent Dating Relationships Inventory (Capaldi et al., 2012).

2.2.2 Psychological abuse

Distinct from physical violence, the consequences of which are often easily observable, psychological violence is vague, obscure and difficult to pinpoint accurately, but in the long run, it can have more detrimental effects on a victim's mental health (Dokkedahl et al., 2019; Maiuro, 2015; Marshall, 1996; Sackett & Saunders, 1999; Winstok & Sowan-Basheer, 2015). A large body of investigations argues that the threats of psychological violence within an intimate relationship are strongly associated with a victim's psychosocial dysfunction, including personality disorders (e.g. low self-esteem and confidence) (Jezl, Molidor, & Wright, 1996; Katz, Arias, & Beach, 2000), values or beliefs distortion (Campbell, 2002; Lammers, Ritchie, & Robertson, 2005), risky lifestyle behaviours (e.g. alcohol and substance abuse) (Carbone-López, Kruttschnitt, & Macmillan, 2006; Jun, Rich-Edwards, Boynton-Jarrett, & Wright, 2008; Straight, Harper, & Arias, 2003), mental illness (e.g. depression and post-traumatic disorder) and suicide (Avant, Swopes, Davis, & Elhai, 2011; Katz & Arias, 1999; Stein & Kennedy, 2001; Street & Arias, 2001).

In light of the above potential health threats of emotional violence, a substantial number of studies have explored its nature and prevalence. By its very nature, psychological abuse has devastating effects on distorting recipients' feelings, thoughts and perceptions of themselves, their partners and other relationships (Marshall, 1996). Although there is a lack of consensus amongst the definitions and patterns of psychological harassment (Dokkedahl et al., 2019; Marshall, 1996; Winstok & Sowan-Basheer, 2015), five general types of abusive behaviours can be identified: humiliation (e.g. ridiculing of personal traits), criticism (e.g. flaws and passing judgment), ignoring (e.g. silent treatment), jealousy (e.g. paranoia and obsession), threat (e.g. to leave a relationship or kill oneself) and verbal aggression (e.g. name-calling and insulting) (Katz & Arias, 1999; Maiuro, 2015; Marshall, 1996; Sackett & Saunders, 1999). When it comes to prevalence, psychological abuse is estimated to be the most common behaviour in an intimate relationship, affecting 35 to 50% of men and women in the US and across Europe (Dokkedahl et al., 2019). As for adolescents, victims with a history of psychological abuse are reported to vary, from 13% to over 50% in US studies (Sears, Byers, & Price, 2007). In the UK, a survey was conducted among 1,751 students aged 16 to 19, which identified approximately 30% of students, both male and female, had a history of being threatened by a partner in an intimate relationship (Young et al., 2017). Additionally, a report from the NSPCC indicated that more than 50% of adolescents had been psychologically victimised in the past (Barter, 2009, p. 78).

Adolescents who have experienced psychological abuse represent a major part of the population with poor psychosocial functioning and psychiatric disorders; however, the vast majority of them do not seek help for mental health problems (Arias & Pape, 1999; Brown et al., 2009), and for those that do so, they are more likely to turn to informal avenues instead of professional sources, according to longitudinal research on the relationship between IPV and mental health (Brown et al., 2009). Similarly, according to SafeLives (2017, p. 10) report, over

half of the young people who are in an abusive relationship are unknown to social services. In addition, a more significant proportion of adolescents report that they either turn to peers or do not seek any assistance for issues around psychological abuse (Barter et al., 2009). The absence of help-seeking behaviours can contribute to making psychological abuse generally more prolonged, chronic, or non-visible; alternatively, it can gain prominence as a result of a lack of knowledge regarding its definition and professional help-seeking avenues.

2.2.3 Controlling abuse

When defining controlling abuse, most studies classify it under the category of psychological harm, such as Dokkedahl et al. (2019), Marshall (1996) and Sackett and Saunders (1999). A critical review of the conceptual development of psychological partner violence highlights that pioneering scholars have put many years of effort into achieving a uniformed definition of psychological abuse and differentiating its categories, but it still remains an indefinite, ambiguous and controversial concept that needs to be redefined, reassessed and re-operated (Winstok & Sowan-Basheer, 2015). Since controlling abuse has an inextricable bond with the deep-rooted causation of IPV, including male or female chauvinism, patriarchalism and gender discrimination (Aizpurua, Copp, Ricarte, & Vázquez, 2017; Antai, 2011; Johnson, 2006), this study takes the WHO's definition (World Health Organization, 2002) and views controlling violence as a distinct category of IPV behaviour. In line with the World Health Organisation (2002, p. 89) report, controlling behaviour is considered as the acts of "isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance" .

Controlling abuse is the most commonly adopted abusive tactic that adolescent IPV perpetrators adopt, and therefore it is usually regarded as one of the significant warning signs of an abusive intimate relationship (Elias-Lambert, Black, & Chigbu, 2014). Male adolescents

with the belief that men are superior to women are more likely to maintain or gain power or dominance over the other partner (Shen, Chiu, & Gao, 2012); on the other hand, female adolescents who subscribe to the ideology of female chauvinism tend to denigrate men in a derogatory manner, in order to make them believe that they are inferior and deserve less than equal treatment (Cui et al., 2013). According to a UK investigation among students aged between 16 and 19, nearly half (49.9% of male students and 46.1% of female students) had experienced controlling partner abuse (Young et al., 2017, p. 738). Furthermore, the SafeLives charity examined a cohort of young people who had approached social services and established that 80% of adolescents over 16 years old had experienced controlling abuse, and 49% of adolescents between the ages of 16 and 17 had suffered severe controlling abuse (SafeLives, 2017). The high severity reported by SafeLives indicates how significant it is that this age group receives IPV-based education, in order to provide them with knowledge regarding respect, trust and gender equality in an intimate relationship.

2.2.4 Sexual abuse

The NISVS (2010) defines sexual partner violence as "rape, being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences" (Black et al., 2011, p. 37). Also, WHO refers to sexual violence mainly as forced physical intercourse, which also involves other forms of sexual coercion such as being pressured, threatened and tricked into unwanted sexual contact (World Health Organization, 2012). In contrast to the other types of IPV behaviours, sexual abuse is the most extensively underestimated (Fahrenthold, 2006; Kanin, 1984) on account of the fragmentary and scant availability of statistics, as well as existing documented data not being adequate enough to reflect accurately the authentic situation (Krug et al., 2002). Primary data sources of sexual violence are police crime records, medico-legal reports, social services and survey research;

however, the relationship between the recorded data and the authenticity of underreported cases can be described as "an iceberg floating in water" (Black et al., 2011). That is to say, the scale of sexual IPV victims or perpetrators who are willing to unveil the issue or seek professional support to address the problem is comparatively limited. In terms of the reasons for silence in these cases, being afraid of being judged, feeling embarrassed and ashamed, being worried about revenge attacks and a lack of help-seeking knowledge (Fahrenthold, 2006; Kaestle & Halpern, 2005) are but a few examples.

Compared with sexual abuse data provided by police records and clinics, a lot more existing estimated data originate from social services and research surveys, and generally from victims and perpetrators who have reported their prior experiences of sexual abuse (DiLillo, Giuffre, Tremblay, & Peterson, 2001; Stanley et al., 2018). In the NISVS (2010), more than 15% of male victims suffered their first rape at around the age of 10, and half of the female victims were first raped before reaching 18 years old (Black et al., 2011, p. 25). An investigation conducted in a US high school indicated that more than half its students believed that forced sexual intercourse behaviours were acceptable in some specific situations (Lacasse & Mendelson, 2007). In the context of the UK, a high prevalence of sexual violence has been identified among young people, with one in three girls and 16% of boys reporting some form of sexual abuse in their intimate relationships. Additionally, 5% of boys and 1% of girls admitted that they had forced their intimate partner into sexual intercourse (Barter et al., 2009, pp. 65, 67; SafeLives, 2017, p. 10).

2.2.5 Cyber abuse

Studies depict cyber abuse in an intimate relationship as "old wine in a new bottle" (Peterson & Densley, 2017, p. 194), which provides a new platform for 'traditional' forms of IPV behaviours (e.g. psychological, sexual and controlling abuse) to take place, and also largely

intensifies the extent of harassment and aggression without time and space restrictions (Gradinger et al., 2015; Marganski & Melander, 2018; Melander & Marganski, 2020; Peterson & Densley, 2017). The emergence of social media has dramatically altered the landscape in which people communicate with each other, and it incites both covert and overt abusive behaviours that occur ubiquitously and are omnipresent in victims' lives (Harris, 2004; Peterson & Densley, 2017; Thacker, 2017; Wolford-Clevenger et al., 2016). As for the covert aspect of cyber abuse, cyberstalking has been discussed intensively among studies (Marganski & Melander, 2018; Melander, 2010; Southworth, Finn, Dawson, Fraser, & Tucker, 2007; Spitzberg, Hoobler, & society, 2002). The issue involves monitoring another person's online history, tracking a person's location using GPS, constantly checking phone calls and texts and scrutinising their whereabouts and with whom they spend time (Southworth et al., 2007; Wick et al., 2017). Additionally, growing attention has been given to 'sexting' (e.g. tricking the other into exchanging sexual images) and online grooming (e.g. pressurising a victim into online sexual activities) within intimate partner relationships (Dake, Price, Maziarz, & Ward, 2012; Döring, 2014; Gordon-Messer, Bauermeister, Grodzinski, & Zimmerman, 2013; Lenhart, 2009). As for the overt aspect of cyber abuse, it generally involves circulating another's sexual messages, images and/or videos to a broader audience, sharing private information without permission and leaving abusive or insulting comments on a partner's social media posts (Ringrose, Gill, Livingstone, & Harvey, 2012; Villora, Yubero, & Navarro, 2019; Wick et al., 2017).

Cyber violence is a difficult concept to grasp through an all-inclusive definition, let alone track every authentic case and genuinely reflect the situation in statistics (Peterson & Densley, 2017). Several national-scale surveys have examined cyber abuse among young people in the UK. For example, the Virtual Violence II survey, which included 4,605 secondary school students aged between 11 and 16, indicated that 6% of them had been upset and made to feel uncomfortable

because of sexting in the form of receiving pictures or texts relating to the subject of sex (Home Office, 2013b, p. 6). A self-reported survey of 1,751 students aged 16 to 19 suggested that 5% had experienced sexual violence online, and, more surprisingly, those who had engaged in exchanging nude images had a relatively higher likelihood (a two to eight times greater risk for males, and a two to four times greater risk for females) of falling into IPV victimisation (Young et al., 2017, p. 738). However, some questions need to be asked in terms of cyber abuse research. First, do perpetrators who have engaged in traditional forms of abuse in an intimate relationship also resort to online perpetration? Second, is cyber violence merely the emerging vector for conventional forms of abuse to take place, or do social media platforms provide ways for abusive activities in an intimate relationship to occur exclusively through the internet, e.g. online dating websites or apps? These questions around cyber abuse in an intimate relationship remain unanswered and require further exploration (Peterson & Densley, 2017).

2.2.6 Coexistence of IPV behaviours

Abusive IPV behaviours generally coexist, in that the occurrence of physical IPV is often accompanied by sexual and controlling violence (Eshelman & Levendosky, 2012; World Health Organization, 2012). Sexual and physical abuse usually initially start with psychological and controlling abuse, in order to gain dominant power and control over the other (Black et al., 2011; Kaestle & Halpern, 2005; Krug et al., 2002). Cyber IPV then escalates the levels and likelihood of psychological harassment, controlling and sexual abuse and physical abuse (Melander & Hughes, 2018; Thacker, 2017; Wolford-Clevenger et al., 2016). On account of complexities surrounding the nature of IPV, it is challenging and problematic to study related phenomena by focusing on just one category of abusive behaviour alone (Ali, Dhingra, & McGarry, 2016; Coker, 2007; Eshelman & Levendosky, 2012). Since IPV behaviours coexisting and occur in tandem, it is difficult to vindicate and summarise what health problems

are caused by what form of abusive IPV behaviour (Coker, 2007; Coker, Smith, McKeown, & King, 2000; Eshelman & Levendosky, 2012). Commonly, IPV victims are often exposed to multiple forms of abuse occurring in an intimate relationship, and so collectively they negatively influence victims' mental health (Coker, 2007; Eshelman & Levendosky, 2012). While a large number of studies exclusively focus on one type of abusive behaviour, such as physical IPV (e.g. Desmarais, Reeves, Nicholls, Telford, and Fiebert (2012); Stith, Smith, Penn, Ward, and Tritt (2004)) and sexual IPV (e.g. Kouta et al. (2015); Kaestle and Halpern (2005); Lacasse and Mendelson (2007)), a great number of studies examine them together (e.g. Bennice, Resick, Mechanic, and Astin (2003); Coker (2007); Decker et al. (2014)). However, there are limited studies on the co-occurrence of IPV-based physical, emotional, sexual and controlling behaviours (e.g. Coker et al. (2000)), and a lot less is known when it comes to the associations between cyber abuse and other types of IPV behaviours.

Moreover, a substantial number of studies highlight that both IPV victims and perpetrators associated with any abusive IPV behaviour tend to report lower self-esteem, reduced self-worth and increased self-blame and depression, which can lead to poor education attainment, early pregnancy, self-harm and even death (Brown et al., 2009; Cornelius & Resseguie, 2007; Nahapetyan, Orpinas, Song, & Holland, 2014). Therefore, in light of the high prevalence rates of 16- to 19-year-old college students experiencing IPV, and the malicious damage these five forms of IPV abuse can have in their lives, the next section moves on to examine the risk factors that can lead an adolescent into IPV victimisation or perpetration.

2.3 THE CAUSES OF IPV

Understanding the causes of IPV is more complicated than diagnosing a disease, since a disease can generally be determined by specific symptoms and signs following a physical examination, while the aetiology of IPV is more complex to measure and investigate (Jewkes, 2002). Since

IPV has been widely recognised as a product of social interrelationships, it is necessary to trace its risk factors back to the ecological settings in which an individual resides (Jewkes, 2002; Krug et al., 2002). The following sections examine the major causes of IPV within a prevalent four-level ecological model mentioned in Hong and Espelage (2012); Krug et al. (2002); World Health Organisation (2002, 2012), including individual, relationship, community and societal factors.

2.3.1 Individual factors

Individual factors refer to how an individual's biological and personal variables lead him or her into IPV victimisation and perpetration (Krug et al., 2002; World Health Organization, 2012). The following sections present potential risk factors linked to an individual's likelihood of experiencing and/or committing IPV: 1) demographic characteristics, e.g. age, gender and prior IPV-based experience, and 2) self-regulatory failure, e.g. personality disorders, substance abuse and engagement in risky sexual behaviours.

Demographic characteristics

A widely cited systematic review of risk factors for IPV research indicates that many studies discuss individuals' demographical variables in the form of descriptors or controls, while some include them as predictors (Capaldi et al., 2012). This study utilises age, gender and an individual's previous IPV history as demographical attributes in association with the occurrence of IPV victimisation and perpetration among adolescents. In relation to age, many studies argue that adolescents, especially in the 16 to 24 age range, have an alarmingly dangerous and high chance of experiencing IPV (Cornelius & Resseguie, 2007; Cui et al., 2013; Humphrey & White, 2000; Smith et al., 2003; Ybarra & Thompson, 2018), with 19.6% of female adolescents suffering in this regard (Rickert, Wiemann, Harrykissoon, Berenson, & Kolb, 2002, p. 1002). As for gender, a vast majority of global studies overwhelmingly focus

on female victimisation and male perpetration (Decker et al., 2014; Humphrey & White, 2000; Lammers et al., 2005; Shen et al., 2012), albeit one systematic review determined that females and males have an equal possibility of perpetrating IPV, and that females are slightly more likely than males to resort to violence in an intimate relationship (Capaldi et al., 2012). Compared to male victims, females tend to seek clinical treatment for injuries at a rate of 62% (Capaldi et al., 2012, p. 7). As for an individual's prior IPV history, a large number of studies believe that incidents in childhood are highly associated with the sequential risks of victimisation and perpetration silling over into adolescence and adulthood (Cornelius & Resseguie, 2007; Cui et al., 2013; Pittenger et al., 2016; Smith et al., 2003), with between 20 and 39% re-experiencing IPV in post-childhood years (Pittenger et al., 2016, p. 36).

Self-regulatory failure

Different from the mainstream perspective that IPV is a product of socialisation, Finkel, DeWall, Slotter, Oaten, and Foshee (2009) suggest that a plethora of males and females resort to violence just because of self-regulatory failure, which they define as "an individual's tendencies to act on their gut-level impulses rather than on well-considered preferences" (Finkel et al., 2009, p. 483). In other words, they suggest that an individual who inflicts harm on the other partner is inclined toward fits of anger, sudden impulses or violent tendencies rather than restraint and seeking a peaceful resolution to a dispute. This study takes this concept and associates it with other risk factors in IPV, such as personality disorders, substance abuse and engagement in risky sexual behaviours, which in turn contribute to an individual's failure to self-regulate.

Self-regulatory failure in IPV can be aroused by personality disorders such as hedonistic tendencies, an aggressive or a volatile personality and depression or suicide susceptibility (Darling, 2007; Espelage, 2014; Lee, 2011; Spencer, Dupree, & Hartmann, 1997). One study

indicates that an individual who has a stable personal trait foresees more rational and sensible responses to another person's aggressive and abusive behaviour and predicts more self-control by suppressing anger and impulses when getting into a tangle with a partner (Finkel et al., 2009). Furthermore, individuals who have poor self-regulation tend to misuse alcohol and drugs more often, and numerous studies have found a high correlation between substance abuse and IPV behaviours (Eaton et al., 2007; Jewkes, 2002; Shorey, Stuart, & Cornelius, 2011; Silverman et al., 2006; Temple, Freeman, & Daniel, 2011; Temple, Shorey, Fite, Stuart, & Le, 2013). Due to the emotional and behavioural effects different substances can have on an individual, adolescents who take drugs or alcohol have been reported as being 2.5 to four times more likely to suffer victimisation in an intimate relationship. Moreover, adolescents who have a prior history of IPV are about three to 4.5 times more likely to take prescription or illicit drugs, such as Xanax, Vicodin or Ecstasy, than those who never committed or experienced IPV (Temple et al., 2011, p. 709). Finally, individuals' low self-regulation in IPV is also associated with their engagement in risky sexual behaviours, such as having multiple partners, sex outside of relationships and no protection during sexual intercourse (Cleveland, Herrera, & Stuewig, 2003; Howard & Wang, 2003; Temple et al., 2011; Vagi et al., 2013). These risky sexual behaviours reciprocally contribute to an individuals' chances of suffering IPV (Eaton et al., 2007; Glass et al., 2003).

2.3.2 Relationship factors

Family and peer interactions and relationships provide the primary social context in which individuals' socialisation and development occur physically, emotionally and intellectually (Capaldi et al., 2012; Edleson, 1999; Kitzmann, Gaylord, Holt, & Kenny, 2003). If IPV is an element in how they develop, they can soak up whatever they have observed and then find that their life trajectory in terms of how to maintain an intimate relationship is somewhat skewed

(Glass et al., 2003). Hence, in the sections below, family and peers associated with the risk of growth pathways to IPV victimisation and perpetration are examined in more detail.

Domestic violence

Domestic violence (DV) is an umbrella term referring to various forms of violence that can occur within family-based relationships. DV is universally considered as an interchangeable definition of IPV, albeit this study believes that it not only contains IPV issues within former or current marital or cohabiting relationships, but also is profoundly linked with the maltreatment of children, which is exclusively within its scope. Many risk factor reviews indicate that adolescents whose parents are violent with each other, and who suffer abuse from their parents, are more likely to go through IPV within their own intimate relationships (Capaldi et al., 2012; Leen et al., 2013; Vagi et al., 2013). Additionally, adolescents who live in families where there is DV are more likely to grow up with the belief that violence in a relationship is reasonable and acceptable (Arriaga & Foshee, 2004; Moylan et al., 2010). Findings from longitudinal research highlight that adolescents from an IPV family report an approximately 30 to 40% higher rate of IPV behaviours than those from non-violent families (Glass et al., 2003). Similarly, individuals who suffered maltreatment as children are more likely to display an antisocial personality disorder and a significantly higher level of perpetrating IPV in intimate relationships in later life (Capaldi et al., 2012). Although it is acknowledged that not all adolescents who witness DV or experience child maltreatment will perpetrate or become victims of IPV, a growing number of studies back up this notion (Capaldi et al., 2012; Glass et al., 2003; Vagi et al., 2013).

Peer violence

A significant risk factor for deviant behaviours in general, including bullying and gangs, is peer violence; which is associated with an individual's IPV tendency (Burton, 2007; Simons, Lin,

& Gordon, 1998). A study comparing whether young people who are violent against their peers also abuse their dating partners found that the likelihood of being influenced in this regard is very high (Foshee et al., 2011). This result is consistent with a review of the literature, which indicates that peers' abusive behaviours present a robust risk of others developing into perpetrators or victims of IPV (Leen et al., 2013); moreover, the negative influence of peers' IPV can be more potent than the impacts of DV (Arriaga & Foshee, 2004; Capaldi et al., 2012; Leen et al., 2013). Additionally, individuals' involvement in IPV perpetration can be determined by the level of pressure exerted upon them by peers (Capaldi et al., 2012). Taking sexual IPV as an example, having friends with a history of sexual IPV may lead an individual to regard sexual abuse as acceptable behaviour, and hence they may be more likely to pressurise or encourage other friends into committing sexual violence (Connolly, Pepler, Craig, & Taradash, 2000). Overall, it is evident that adolescents tend to follow the attributes and behaviours of their associates; hence, having friends with deviant behaviours is a comparatively strong risk factor in terms of an individual's engagement in IPV; conversely, having a good set of friends helps protect against experiencing or committing IPV (Capaldi et al., 2012).

2.3.3 Community factors

A substantial number of studies have been conducted to examine evidence at the individual and relationship levels, in order to gain a better understanding of risk factors that correlate with the aetiology and prevalence of IPV among adolescents; however, there are comparatively many fewer studies on community variations regarding IPV causation and pervasiveness (Capaldi et al., 2012; Edwards & Neal, 2017; Park & Kim, 2018). A number of studies reveal that community factors in relation to a family's socioeconomic status (e.g. income level and social position), residential location (e.g. rural, urban or suburban) and population density can significantly affect one's involvement in IPV activities (Capaldi et al., 2012; Edwards & Neal,

2017; Foshee, Chang, Reyes, Chen, & Ennett, 2015; Krug et al., 2002; Park & Kim, 2018). As evidenced in several studies, family and community levels of poverty are inextricably linked to a fostering environment that assures higher levels of IPV perpetration and a hindrance to IPV victimisation recovery (Edwards & Neal, 2017; Park & Kim, 2018; Rothman et al., 2011). Communities with dense populations observe higher rates of IPV incidence, but it is also more common in rural areas with a larger population than urban and suburban regions (Edwards & Neal, 2017). Moreover, community poverty and rurality can lead to weak community cohesiveness and low willingness to intervene in neighbourhood matters, which in turn discourages bystander intervention or help-seeking (Capaldi et al., 2012; Edwards & Neal, 2017; World Health Organization, 2002). This notion is consistent with an NSPCC report stating that the majority of teenage mothers come from a disadvantaged background, and their vulnerabilities increase the risk of suffering IPV (Wood & Barter, 2015). Similarly, school communities set within impoverished environments can diminish the ways in which students feel connected to schools and lower their willingness to seek support from teachers and peers when suffering IPV (Capaldi et al., 2012; Edwards & Neal, 2017). However, it is hard to clarify whether it is the disadvantageous condition itself that weakens community cohesiveness, and leads directly to the occurrence of IPV, or if it is other negative factors caused by poor living circumstances such as economic stress, overcrowding, frustration and hopelessness that contribute to the disagreement and dissatisfaction in an intimate relationship (World Health Organization, 2002).

2.3.4 Societal factors

The causes of IPV are intricate and challenging to examine, but two main risk factors are deeply ingrained in society: gender inequality and the acceptance of violent acts. Eliminating either of these two attributes would help in significantly preventing IPV (Heise, 2011; Jewkes, 2002).

Gender inequalities between males and females, stringent gender norms and a belief in patriarchy or male dominance and female obedience and tolerance of violence as a means to resolve conflicts all act as the fundamental elements of the aetiology of IPV (World Health Organization, 2002). Explicit examples of social and cultural beliefs that support IPV, based on WHO research and presented in Heise (2011, p. 12), include the notions that males are socially superior to females and have the right to discipline them, controlling acts and forced sex are symbols of male honour and masculinity and matters of IPV are taboo topics that can only bring shame or disgrace on females. Conversely, empowering females with authority and power is regarded as a protective factor against IPV, whilst higher levels of education and having a decent occupation with a fair income can also help to improve females' social status (Jewkes, 2002). On the contrary, and different from focusing on female victimisation and male perpetration, a systematic review by (Capaldi et al., 2012) holds the opposite view, in that both females and males have similar levels of blame when perpetrating IPV, and females have a slightly higher likelihood of inflicting violence on males in an intimate relationship. Another study conducted among young people agreed that female adolescents subscribing to female chauvinism also denigrate males in a derogatory manner and endow themselves with superior status (Cui et al., 2013).

2.4 THE CONSEQUENCES OF IPV

As noted, the consequences of IPV are substantial and include physical and psychological health issues such as depression, low self-esteem, physical injuries, post-traumatic stress disorder (PTSD), suicide tendencies and death (Devries et al., 2013; Dokkedahl et al., 2019; Kim, Yang, Barthelemy, & Lofaso, 2018; Nahapetyan et al., 2014; Pico-Alfonso et al., 2006; Sweeting, Young, West, & Der, 2006). There are also negative lifestyle issues, such as substance misuse, alcohol abuse, unhealthy diet and weight management, risky sexual

practices, unwanted pregnancy and problems at school (Isralowitz, Shpiegel, Reznik, & Laytin, 2009; Marsden et al., 2005; McMahon & Armstrong, 2012; Paiva, Amoyal, Johnson, & Prochaska, 2014; Perra, Fletcher, Bonell, Higgins, & McCrystal, 2012; Shorey et al., 2011; Silverman et al., 2006; Temple et al., 2011; Temple et al., 2013), as well as the cycle of violence, e.g. imitating parental IPV and associating with deviant peers (Arriaga & Foshee, 2004; Carr & VanDeusen, 2002; Cui et al., 2013; Manchikanti Gómez, 2011; Smith et al., 2003). To understand further the profound consequences of IPV, including health issues, lifestyle disorders and the cycle thereof, the following sections provide a detailed examination of the consequences mentioned above, in sequence.

2.4.1 Health issues

A substantial number of studies reveal that IPV can have detrimental effects on a victim's health through visible physical injuries and non-visible chronic mental disorder, such as depression and PTSD (Banyard & Cross, 2008; Campbell, 2002; Devries et al., 2013; Eshelman & Levendosky, 2012; Foshee, Reyes, Gottfredson, Chang, & Ennett, 2013; World Health Organization, 2002). According to a widely cited study on the health consequences of IPV, 11 to 30% of females in US accident and emergency departments have been severely injured in areas such as the head, neck and abdomen by an intimate partner, and 40 to 60% females have suffered death (Campbell, 2002, p. 1331). Additionally, a report by the Centre for Disease and Prevention (CDC) points out that 24% of homicides in young people between the age of 18 to 24 were perpetrated by an intimate partner (Teten, Ball, Valle, Noonan, & Rosenbluth, 2009, p. 925). Similarly, suicide is reported as the second leading cause of death among adolescents aged 15 to 19, and IPV is one of the major risk factors in this regard (Kim et al., 2018; Nahapetyan et al., 2014): both IPV victims and perpetrators are significant predictors of suicide ideation among adolescents (Nahapetyan et al., 2014). Moreover, many studies establish that

IPV victims endure more clinical visits as a result of prolonged mental illness, distress and PTSD issues (Banyard & Cross, 2008; Black et al., 2011; Glass et al., 2003), and they are three to five times more likely to suffer symptoms of depression than those whom have never been victimised (Eshelman & Levendosky, 2012, p. 215). Survivors of IPV have also been recorded as suffering from lifelong vulnerabilities, even when the abusive relationship has been halted (Campbell, 2002; Eshelman & Levendosky, 2012). However, the health consequences of IPV also depend on survivors' personal and mental strength, the duration, severity and frequency of suffering and their accessibility to health services, social support and legal resources (Warshaw, Brashler, & Gil, 2009; World Health Organization, 2002).

2.4.2 Lifestyle disorder

Drawing on a review of the scientific literature, a WHO report summarises a host of various health consequences of IPV that negatively influence victims' ways of life, such as alcohol, cigarette and drug abuse, eating and sleep disorders, unsafe abortions and unwanted pregnancy (World Health Organization, 2002). A longitudinal examination of the negative consequences of adolescents being victimised by an intimate partner is associated with the misuse of substances and alcohol, unhealthy weight management, risky sexual behaviours and unwanted pregnancy (Foshee et al., 2013). Foshee et al. (2013) predict that there are significantly increased interactions between IPV victimisation and cigarettes, alcohol and marijuana abuse by both male and female adolescents. This is consistent with data from the Behavioural Risk Factor Surveillance System, which reported that females who experience IPV are more likely to have sexually transmitted diseases and experience heavy drinking and smoking issues than non-victimised females (Teten et al., 2009). Although the report did not consider males, it can be assumed that they would also display similar trends. In addition, IPV impairs academic learning in terms of inclination, achievement and attendance (Foshee et al., 2013). Banyard and

Cross (2008) further explain that IPV victimisation can bring about mental health issues, which in turn can result in victims performing poorly; hence, victims of IPV more tend to have negative thoughts and feelings towards schooling. Moreover, a longitudinal study found that experiencing IPV in adolescence is linked to unhealthy outcomes for both females and males in young adulthood. After five years of research, compared with individuals reporting no victimisation, female victims witnessed increased heavy drinking- and smoking-related issues, depression, suicidal ideation and attempts and IPV re-victimisation. Similarly, male victims observed increased drug abuse, antisocial behaviours, suicidal ideation and IPV victimisation (Exner-Cortens, Eckenrode, & Rothman, 2013).

2.4.3 The cycle of IPV

As discussed above, IPV is detrimental to the physical and mental well-being of an individual who has experienced it, and it can also have lifelong and intergenerational effects on those who witness it (Knight, Menard, Simmons, Bouffard, & Orsi, 2013; Krug et al., 2002). The cycle of violence has been proposed to describe how children who witness parental IPV at home often internalise these abusive acts and then participate in them to some extent when they grow up (Smith & Williams, 1992). A National Youth Survey Family Study (NYSFS), which was conducted among three generations involving 1,683 families and lasted for 27 years, recorded that families fail to break the cycle of violence. The study observed a high level of intergenerational continuity in relation to IPV, with 78.8% perpetrating violence and 76.2% experiencing victimisation (Knight et al., 2013). The reported statistics adhere to the argument documented in many settings that individuals learn to use violence to resolve disputes and conflicts as a result of observing it within familial and social contexts (Insetta et al., 2015; Jewkes, 2002; Krug et al., 2002; Manchikanti Gómez, 2011). Additionally, individuals who have witnessed or experienced IPV are more prone to regard violence as a normal tactic to

maintain an intimate relationship (Cornelius & Resseguie, 2007). Moreover, suffering IPV during youth is associated with more inadequate personal and mental strengths, worse academic outcomes and the greater likelihood of perpetrating or suffering in later life (World Health Organization, 2010). Furthermore, those touched by IPV are more likely to develop friendships with deviant peers, thus increasing the probability of starting an intimate relationship involving some form of violence (Manchikanti Gómez, 2011). Additionally, IPV in adolescents is closely correlated with IPV in a married relationship, which can lead to continuing the cycle of violence at home, such as parent-child violence (Cornelius & Resseguie, 2007; Cui et al., 2013). Therefore, to break this intergenerational continuity cycle, early intervention in the guise of preventative work would educate adolescents in the first stages of developing an intimate relationship and thus encountering IPV victimisation or perpetration (Carr & VanDeusen, 2002; Krug et al., 2002).

2.5 CONCLUSION

This chapter has presented thorough, essential knowledge on IPV, in order to justify the content developed by this study to deepen college students' understanding of IPV issues (for details, see Chapter VI). To do so, this chapter has provided an overview of four general forms of abusive acts occurring in an IPV relationship, namely physical, psychological, controlling and sexual. Furthermore, cyber violence, as an emerging vector for conventional forms of abuse to take place, has also been included. Also, the chapter has critically examined the definitions, characteristics and prevalence of each type of IPV behaviour. Since victims of IPV generally suffer more than one kind of IPV behaviour, the co-existence and co-occurrence facets of IPV have been discussed as well.

IPV is believed to be a behaviour acquired from observing and mimicking others within social settings. Therefore, to gain a comprehensive understanding of associated risk factors

contributing to IPV learning, a four-level ecological model (individual, relationship, community and societal) has been adopted for close examination.

The consequences of IPV are substantial and include visible physical injuries, non-visible mental illnesses such as depression and low self-esteem, PTSD and even death. Furthermore, victims or perpetrators of IPV are highly likely to follow negative and disorderly lifestyles such as alcohol, cigarette and drug abuse, engaging in risky sexual activities and failing academically. And once IPV behaviours have been learned, its intergenerational nature can result in passing on IPV to younger generations.

Therefore, to prevent various forms of IPV abuse, to mitigate risk and to address the consequences of IPV victimisation and perpetration, strategies are needed to promote healthy intimate relationship behaviours and to spot the warning signs of unhealthy or abusive behaviours at an early stage, when IPV acts are still comparatively modifiable among adolescents. Hence, the next chapter examines published and implemented educational policy and practice, particularly in the UK, to assist students in developing positive attitudes toward – and necessary skills regarding – dealing with violent acts in intimate relationships at an early stage.

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CHAPTER III

LITERATURE REVIEW

UK EDUCATION POLICY AND PRACTICE ON IPV

3.1 INTRODUCTION

This chapter commences by setting out the context UK policy has provided to address IPV issues, especially a discussion of legislation that has an impact on the development of interventions within educational settings. This is followed by an introduction to the primary preventive interventions undertaken in the UK to increase students' knowledge of IPV. To understand and examine how school-based programmes can improve students' attitudes and behaviours towards IPV, a review of the literature looks at the content, approach and effectiveness of personal, social, health and economic (PSHE) education, relationship and sex education (RSE) and other existing primary preventive interventions carried out by external organisations. Finally, experiences, insights and research gaps from current IPV-based educational programmes are identified nationally and internationally, in order to inform future practice in the UK.

3.2 UK POLICY BACKGROUND

From the 1970s onwards, UK policymakers started to place more emphasis on addressing IPV issues under the umbrella of domestic violence (Burton, 2008; Erez, 2002; Gelles, 1980; Graca, 2017). The first attempt made by the UK government to fight against domestic violence through civil law saw the enactment of the *Domestic Violence Matrimonial Proceedings Act 1976* (DVMP), which can be regarded as a turning point in the history of UK legislation on

addressing the problem. The Act clarifies the equal rights of spouses in a variety of cases and provides the police with the power to handle violence in domestic settings (Burton, 2008; Graca, 2017). However, early studies, such as Dobash and Dobash (1979) and Edwards (1989), documented that the police showed great reluctance to deal with female victims seeking protection from the legislation, and a large proportion of cases in relation to domestic violence were recorded as 'no crime' in the 1970s and 1980s. This lack of criminal justice can be attributed to the entrenched stereotypes towards gender roles and family ideology, and the fact that no professional training on domestic violence was provided to the police (Dobash & Dobash, 1979; Edwards, 1989). In the 1990s, the most significant legislative reforms were the *Family Law Act 1996* and the *Protection from Harassment Act 1997*, both of which provided civil and criminal remedies for a wide variety of distressing IPV behaviours that amount to harassment or instilling fear of violence. For example, an occupation order was introduced as an important civil law remedy under the *Family Law Act 1996,* making it illegal for a suspected perpetrator to get close to surrounding areas where a victim lives (Burton, 2008; Pat & Grahame, 2018). Then, in the 2000s, further laws were published to address a broader range of IPV issues, such as the *Female Genital Mutilation Act 2003* and the *Sexual Offences Act 2003*, but especially the enactment of the *Domestic Violence, Crime and Victims Act 2004* (DVCV). The DVCV Act 2004 brought about numerous changes in respect of criminal law and how it should be applied to domestic violence, and it has been described as the most significant overhaul of the law relating to DV in the last 30 years (Graca, 2017). Thereafter, The Home Office (2011) implemented Domestic Violence Protection Notices and Orders, which aimed at providing victims with timely protection and insulating them from abusers' persecution (Graca, 2017; Pat & Grahame, 2018). However, up to that point, the majority of the published laws on domestic violence focused on violence in marital relationships and child maltreatment within the family context, and very limited attention was paid to the prevalence of IPV occurring in

intimate relationships between teenagers. This situation started to change in 2013, when the UK policy definition of domestic violence was extended to include 16- to 17-year-old young people, due to the increased prevalence of IPV issues among them (Home Office, 2013a). The government also issued policy documents such as the *Call to End Violence against Women and Girls 2010* (EVWG) and *Ending Violence against Women and Girls (EVWG) Strategy 2016-2020* and successfully ran the *Teenage Relationship Abuse Campaign*, all of which showed that the UK government had begun to make an effort to tackle IPV among young people.

The UK government has advocated a multi-agency approach to preventing DV since the 1990s, especially with the implementation of the *Inter-Agency Circular on Domestic Violence* by the Home Office in 1995 (Cleaver, Maras, Oram, & McCallum, 2019; Graca, 2017). This approach allows a wide range of local agencies to work collaboratively in communities to provide victims of DV with multiple needs and seamless responses (Graca, 2017). The multi-agency approach was strengthened after the publication of the DVCV Act 2004, which required the creation of a variety of institutions to address domestic violence, such as multi-agency safeguarding hubs, multi-agency risk assessment conferences and domestic violence courts (Cleaver et al., 2019; Graca, 2017). However, schools' role in DV prevention was less valued by the multi-agency approach, and more emphasis was given to charitable organisations, e.g. Tender, Women's Aid and NSPCC, especially in providing support to victims of domestic violence (Cleaver et al., 2019; Stanley, Ellis, et al., 2015a). According to the *Spending Review and Autumn Statement 2015*, a £15 million annual fund is provided to support women's charities in tackling domestic violence and abuse (Pat & Grahame, 2018, p. 15). The multi-agency approach continues to be used today, while there is an increasing recognition of primary prevention to challenge deep-rooted gender norms, inequality and stereotypes among young people. For example, £2 million was provided to the joint Women's Aid and SafeLives initiative to work on an early IPV intervention project named "Sooner the Better" across the

country (Pat & Grahame, 2018, p. 15). In *EVWG Strategy 2016-2020*, the Home Office proposed a plan to address violence against women and girls (VAWG), which stressed more stringently than in previous government documents how education can function in early IPV intervention. This strategy highlighted the partnership with the PSHE Association (the national body that provides guidance, resources, support and training for professionals in PSHE education; for details see https://www.pshe-association.org.uk/), headteachers and other practitioners to ensure schools' effectiveness in delivering high-quality healthy relationship education in classroom settings (Home Office, 2016, p. 16).

3.3 PSHE AND RSE

Although there has been a rapid expansion of policy to address IPV issues in the UK since the call to end VAWG in 2010, years after the implementation of these policies, IPV is still widespread. To eliminate prevalent IPV issues among young people, it has been argued that schools should take on the responsibility to incorporate IPV interventions more centrally across the education agenda and within the PSHE curriculum (MacKenzie, Hedge, & Enslin, 2016; Stanley, Ellis, Farrelly, Hollinghurst, & Downe, 2015). However, it is questionable to what extent students have obtained IPV-based knowledge from the existing PSHE and RSE education, on account of the non-statutory status of such education and the reported uneven quality amongst schools (Davies & Matley, 2020; House of Commons and Education Committee, 2015; Long, 2018; McWhirter, Boddington, & Barksfield, 2017; Willis & Wolstenholme, 2016). Hence, the following sections will provide a more detailed discussion of the historical development, content and applied assessment methods of PSHE and RSE education over the past few decades in English schools. The findings from this chapter will feed back into a thorough and comprehensive IPV-based curriculum developed by this study

in an attempt to provide complementary knowledge that students currently fail to obtain from PSHE and RSE education.

3.3.1 Development of PSHE and RSE

PSHE education historically emerged from the notion of pastoral care, helping students with personal development and supporting them to obtain the necessary knowledge and skills needed to manage their lives while growing up (Willis & Wolstenholme, 2016). Although there was an argument that parents should provide this kind of education, several schools started to teach students such knowledge and skills on an informal basis from the 1960s to 1980s (Willis & Wolstenholme, 2016). During this period, there was a continuing debate about whether to introduce PSHE into the school curriculum. Although PSHE itself experienced a number of changes in terms of names (e.g. social education (SE) and personal social education (PSE)), definitions, frameworks and contents, its original thrust remained consistent (Macdonald, 2009). In 1990, PSHE was introduced as a cross-curricular theme to deliver knowledge through the national curriculum on health and the economy. Following a report issued by the National Advisory Group in 1999, PSHE was included as a non-statutory national curriculum subject for key stages 1 to 4 (KS 1-4) in 2000 (Macdonald, 2009; Willis & Wolstenholme, 2016). Thereafter, PSHE was consistently recommended as being part of the statutory national curriculum and almost obtained this place following ministers' proposals in 2008 (Formby & Wolstenholme, 2012; Macdonald, 2009; Willis & Wolstenholme, 2016). A review conducted by Macdonald (2009) sought to develop responses to a list of specific issues, including key stakeholders' perspectives on the delivery model for PSHE education, the role of governing bodies, the parental right to withdraw, the evaluation process, students' faith or religious background, teacher training and continuing professional development, in an attempt to make PSHE education compulsory in schools. As a result of Macdonald's review, the Department of

Children, School and Family (now the Department for Education) set up a commission to investigate PSHE education in primary and secondary schools in England, thereby highlighting the sitting Labour government's policy interests in making PSHE education compulsory in schools (Formby et al., 2010; Formby & Wolstenholme, 2012). However, due to the withdrawal of the *Children, Schools and Families Bill 2010* by the new (Coalition) government, the intention to change the non-statutory status of PSHE education was reinstated, while all schools in England were statutorily expected to have their own PSHE provision (Formby & Wolstenholme, 2012; Long, 2018; McWhirter et al., 2017; Willis & Wolstenholme, 2016). In 2014, an inquiry was launched by the Education Committee and appointed by the House of Commons, due to Ofsted reporting its dissatisfaction with the quality of PSHE education, especially sex and relationship education (SRE) (named 'relationship and sex education' (RSE) after the Children and Social Work Act 2017). Furthermore, there was a debate in the House of Lord's to make amendments to the *Children, Schools and Families Bill 2010*, which had the effect of making SRE compulsory as part of wider PSHE education (House of Commons and Education Committee, 2015). Finally, in 2017, the government committed to making some parts of the PSHE curriculum, especially RSE, compulsory in all schools from September 2020 (Long, 2018; McWhirter et al., 2017; Willis & Wolstenholme, 2016).

PSHE started to include SRE, due in part to the 1999 report by the Social Exclusion Unit, which indicated that the UK had the highest rate of teenaged pregnancies in Europe (Department for Education and Employment, 2000; Wellings et al., 2016). To reduce this rate, and to address social exclusion in young parents, the Labour government launched a *10-year Teenage Pregnancy Strategy* for England through joined up action at national, regional and local levels, a communication campaign and support programme for teenage parents and primary intervention through SRE as part of the PSHE curriculum (Hadley, Ingham, & Chandra-Mouli, 2016; Wellings et al., 2016). This strategy resulted in a 51% reduction in conception rates from

its peak in 1998 to 2014, especially a significant decline in disadvantaged areas, which originally had the highest rates. It was therefore described as a hard-won success at the time (Hadley et al., 2016; Skinner & Marino, 2016). However, one criticism of some studies on SRE guidance (2000) is that it only focused on lowering the rate of teenaged pregnancies and actually neglected the notion that most teenaged mothers were from the most deprived areas and their vulnerabilities could increase their risk of suffering IPV, according to an NSPCC research report (Barter et al., 2009; Wood & Barter, 2015). Furthermore, the SRE guidance (2000) has been suggested as being too cautious, overly biological and failing to address the complex issues caused by shifts in young people's emotions, values, attitudes, relationship and behaviours, including addressing widespread sexual abuse (Department for Education and Employment, 2000; MacKenzie et al., 2016; Martin, 2007; Sundaram & Sauntson, 2016; Renold & McGeeney, 2017). In 2013, Ofsted's evaluation report argued that, on the whole, the quality of SRE and PSHE education was not yet good enough (Davies & Matley, 2020). Additionally, Renold and McGeeney (2017, p38) also pointed out that "*much of what children learn about sexuality and relationships is 'piecemeal and fragmented', coming from a range of (often contradictory) sources*". Also, the Educational Committee published the report *Life lessons: PSHE and SRE in schools*, which underlined the important role of SRE in safeguarding young people and called for making SRE statutory in schools (House of Commons and Education Committee, 2015). Changes started to take place in 2017 following the government's commitment to make some contents of the PSHE curriculum, especially RSE, compulsorily in all schools from 2020 under the Children and Social Work Act 2017 (Long, 2018; McWhirter et al., 2017; Willis & Wolstenholme, 2016). Instead of using the term 'sex and relationship education' (SRE), the Act renamed it 'relationship and sex education (RSE), thus SRE was now RSE. In 2018, the Department for Education (DfE) published the *Relationship Education, RSE and Health Education Guidance (2019)* draft for consultation, in

which general forms of IPV, cyber or sexting violence, healthy and safe relationships were added and advised to be taught in all schools, including maintained, non-maintained and independent schools (Department for Education, 2018, 2019a). In 2019, the DfE released its final guidance for statutory RSE, in that it would be compulsory for all schools to deliver the new RSE curriculum from September 2020. Therefore, in order to outline the new PSHE and RSE curriculum, the following section will continue with an account of existing contents that have already been embedded within school curricula in relation to IPV.

3.3.2 PSHE and RSE content

PSHE is described by the PSHE Association as "a planned programme of learning through which children and young people acquire the knowledge, understanding and skills they need to manage their lives, now and in the future" (PSHE Association, 2020, p. 4). The PSHE curriculum covers a very wide range of subjects, involving a lot of pressing issues facing children and young people today, such as substance and alcohol misuse, physical activity and emotional well-being, sex and relationships and career and personal financial capabilities (Formby & Wolstenholme, 2012; Macdonald, 2009). Until recently, no central national curriculum for PSHE education existed, and teachers had the flexibility to tailor their PSHE education provision according to the requirements of their schools and students (Davies & Matley, 2020; Long, 2018; McWhirter et al., 2017). The government encourages schools to search for professional guidance, resources and training from relevant organisations, and it provides funding to the PSHE Association to support schools in delivering high-quality PSHE lessons (Barnard, Carey, Regan, Seth, & Sharma, 2018; Department for Education, 2013). The PSHE Association has developed a programme aimed at all key stages (KSs) to support schools to meet the statutory requirements through three core themes: health and well-being, relationships and living in the wider world (PSHE Association, 2020, p. 4). In the core theme

of relationships, RSE contents are suggested for key stages 1 to 5. In KS 1 and 2, more emphasis is placed on relationships with friends, family members and carers, discrimination and bullying against sexual orientation, race, religion and disability and acceptable physical contact. In KS 3 and 4, contents about sexual attraction, types of intimate relationships and unhealthy romantic relationships are introduced to students. In KS 5, all forms of violent behaviours within intimate relationships, along with the skills to cope with these risky behaviours, are discussed in a variety of contexts (PSHE Association, 2020).

In the new statutory guidance for relationship education, RSE and health education, relationships education for KS 1 and 2, RSE for KS 3 and 4 and health education for all schools have been compulsory in England since the summer of 2020 (Department for Education, 2019b; PSHE Association, 2020). According to statutory guidance, primary schools are required to provide relationship education, with particular reference to friendships, family relationships and relationships with other children and with adults. Sex education is not compulsory for all primary school students, albeit the guidance covers everything in relation to the subject, including puberty (Department for Education, 2019b). Secondary schools have to deliver RSE education, through which students should be able to recognise what a healthy relationship looks like, identify acceptable and unacceptable behaviours in an intimate relationship, resist pressure to have sexual intercourse and appreciate the effects a positive and successful intimate relationship or marriage can have on their mental health and self-respect. In addition, the RSE curriculum addresses a wide range of IPV issues, including grooming, coercive and controlling behaviours and sexual exploitation. As well as obtaining knowledge to deal with the above issues in the context of the law, students should also be provided with timely support when they are in an intimate relationship that is unhealthy or abusive, and they should be equipped them with the knowledge, strategies and skills to deal with perpetration or to seek help for themselves or others at risk of IPV (Department for Education, 2019b).

Schools are free to determine how to deliver the content set out in this guidance in the context of a broad and balanced curriculum. However, it is important to check what students have learnt from prior education and build in a developmental process to ensure a smooth transition from the primary to the secondary phase. When teaching the curriculum, schools should be aware of students who may have experienced unhealthy or abusive relationships themselves or witnessed it at home or socially. Furthermore, when planning and designing the curriculum, it is important to have a good understanding of students' faith and religious background, in order to create constructive and appropriate content for them. Moreover, the RSE curriculum should focus on addressing cyber IPV, to prevent young people from normalising harmful behaviours online and help them understand what is acceptable in a healthy intimate relationship (Department for Education, 2019b).

As discussed above, statutory RSE guidance focuses on healthy relationships and covers detailed and comprehensive issues regarding IPV. The following section provides a further introduction to how the RSE curriculum has been taught, monitored and evaluated in English schools.

3.3.3 Evaluation of PSHE and RSE

All English schools were statutorily required to deliver their RSE provision to students from September 2020, but low-quality RSE subject teaching within the wider PSHE curriculum is a long-standing issue (Department for Education, 2013; Formby et al., 2010; Formby & Wolstenholme, 2012; Long, 2018). According to a mapping study, PSHE education is usually delivered through a scheduled PSHE curriculum, but some schools embed it in the social and emotional aspects of learning (SEAL) programme, drop-down or themed days or with other subjects and tutorial sessions, but not all themes have the same priority in the timing of their delivery (Formby et al., 2010; Formby & Wolstenholme, 2012). A report by Ofsted found that

the quality of PSHE teaching in 40% of schools was inadequate, and the PSHE Association believes that there is inconsistent quality in this regard (Formby & Wolstenholme, 2012, p. 5). Furthermore, due to its non-statutory curriculum status, the limited class time allocated to PSHE and RSE subjects was another issue, as many children and young people did not receive an effective PSHE education (Davies & Matley, 2020; Willis, Clague, & Coldwell, 2013). Additionally, a study conducted by Formby and Wolstenholme (2012) showed that teachers preferred to remain within their 'comfort zones', in that sensitive topics in PSHE education, especially RSE, which would likely raise discomfort or anxiety among subject teachers, were avoided. This is consistent with the finding of a survey by the Sex Education Forum, which pointed out that one in three of students did not learn anything regarding sexual consent, an important topic within the RSE curriculum. Additionally, the survey highlighted the importance of students knowing how to define a healthy relationship and recognise an abusive relationship (Davies & Matley, 2020, p. 6).

Although the majority of schools have a PSHE education lead and/or a governor from the school leadership team to support PSHE and SRE education, fewer than half of them have one or more staff member with a qualification in PSHE education, and more than 90% of PSHE and SRE subject teachers are without a specialist qualification (Formby et al., 2010, p. 5). Effective teaching in PSHE and SRE subjects requires more PSHE and SRE subject specialists, as well as professional training for those delivering it (Formby & Wolstenholme, 2012). Additionally, the DfE RSE guidance (2019) advocates that working with visitors from external organisations can assist schools in delivering better quality RSE, as it brings in knowledge from specialists and various methods of enhancing students' engagement (Department for Education, 2019b).

Schools in England have different standards in terms of PSHE and SRE assessment, because of the flexibility in developing appropriate provision (Formby & Wolstenholme, 2012).

Understanding of the subject among schools is not shared and unclear, and the views of PSHE and SRE subject assessments vary dramatically (Formby et al., 2010; Formby & Wolstenholme, 2012). In most English schools, where there are no formal assessment measures, the most popular involves informal assessments based on teachers' observations, verbal feedback and students' self-assessment (Formby et al., 2010). Although levels or grades are not suitable for PSHE and SRE subjects, compared to academic attainment, the monitoring and evaluation of these subjects are much less weighty, due to essential time input, low status and a lack of school support (Formby et al., 2010). There is a need for a common understanding of the rationale and purpose behind schools' achievement regarding PSHE and SRE, and more support from policymakers, professionals from PSHE associations and external organisations, to strengthen teaching quality and assessment, is thus required. As the statutory landscape for delivering PSHE and RSE education is changing, schools are expected to deliver high-quality RSE subjects in the same way as for other subjects. Lessons and teaching should be assessed to ensure students receive suitable challenges and to identify where they require extra support or intervention (Department for Education, 2019b).

Having explored the developmental history, taught content and evaluation strategy in relation to the PSHE and RSE curriculum regarding IPV prevention, the following section looks into the main existing IPV school-based preventive intervention conducted globally and, in the UK, to deal with this phenomenon.

3.4 SCHOOL-BASED IPV PREVENTIVE PROGRAMMES

It is widely advocated in IPV-based preventive programmes that social norms, gender stereotypes, gender power inequalities and cultures of violence are conceptually linked to the essential causes and consequences of IPV (De Koker, Mathews, Zuch, Bastien, & Mason-Jones, 2014; Sheng, 2020b). This underpins the goal of most IPV preventive interventions to

alter attitudes towards gender stereotypes, norms and inequalities, as well as to cultivate behaviours such as help-seeking, self-regulation and conflict-management skills (Stanley, Ellis, et al., 2015a; Whitaker et al., 2006). Based on this concept, IPV interventions can be generally divided into three categories: primary, secondary and tertiary preventive programmes (Cornelius & Resseguie, 2007). Primary level of prevention is designed to restrain violent attitudes and behaviours before they form, usually through increasing IPV-related knowledge, promoting awareness and mitigating the risk among general populations within the educational context (Cornelius & Resseguie, 2007; Whitaker et al., 2006; Simeonsson, 1991; Smithey, 2004). In contrast, secondary level of prevention aims to address violent behaviours that have already formed in an intimate partner relationship at an early stage, including treatment for sexual offenders, interventions to assist victims and preventive measures for avoiding re-perpetration or re-victimisation (Cornelius & Resseguie, 2007; Simeonsson, 1991; McFarlane, 2006). While tertiary interventions seek to minimise the impact of established harm, such as reducing the sequalae of IPV incidence and the number of complications, preventing further suffering and death cases.

Although the dividing line among the three levels of prevention framework is not always unambiguous and clear, the majority of school-based IPV preventive programmes adopted exclusively or mostly the primary mode by incorporating IPV-related content into curricula and teaching universal students (Smithey, 2004). Some also involved the secondary strategy commonly aimed at higher risk groups but generally conducted during after school hours or in community-based settings (McFarlane, 2006). However, the tertiary interventions are usually the task of the therapy and rehabilitation rather than schools. The next section provides a brief review of worldwide IPV school-based preventive programmes undertaken within educational institutions that aim to equip students with essential knowledge, promoting awareness and cultivate non-IPV acts.

3.4.1 Review of global school-based practice on IPV prevention

Globally, a growing number of school-based IPV preventive programmes have been developed and implemented since the 1990s to prevent abuse in intimate relationships among adolescents (Jones, 1991; Krajewski, Rybarik, Dosch and Gilmore, 1996; Feltey, Ainslie and Geib 1991; Jaffe, Sudermann, Reitzel and Killip, 1992; Lavoie, Vézina, Piché and Boivin, 1995; Avery-Leaf, Cascardi, O'leary and Cano, 1997). In the last two decades, a number of systematic reviews synthesising the rapidly increased empirical evidence regarding IPV school-based interventions have been conducted. In order to answer what works for whom and in what circumstances regarding IPV school-based interventions, this section provides a brief outline of systematic reviews and identifies 16 review studies in this area (see Table 3.4.1(1)). The review process, search terms and eligibility criteria are listed in Appendix 20. The following sub-sections describe in detail the interventions included in each review regarding what factors, e.g. sample characteristics (size, gender and/or age), programme content components, method of delivery, implementers and professional training, intervention duration and follow-up length, contribute to intervention effectiveness. An evaluation of the empirical evidence on what characteristics are linked to intervention efficacy follows.

Table 3.4.1(1) Review studies of IPV school-based interventions

Citation	No. of studies included	Levels of intervention (P: Primary; S: Secondary; T: Tertiary)	Region
1. Edwards and Hinesz (2014)	8	P (mainly); S	Mainly from the US
2. De la rue et al., (2017)	23	P; S	The US (mainly) and Canada
3. Stanley et al., (2015)	22	P; S	The US (n=14), Canada (n=6) and the UK (n=2)
4. Lundgren and Amin (2015)	61; school-based (n=7)	P; S	The US and Canada
5. Ellsberg et al. (2018)	11	P; S	The US and Canada
6. Whitaker et al. (2006)	11	P (n=10); S (n=1)	Mainly the US
7. De Koker et al. (2014)	6	P	The US (n=4); Canada (n=1) and the South Africa (n=1)
8. Leen et al. (2013)	9; school-based (n=6)	P (n=6); S	The North America
9. Jennings et al. (2017)	169; intervention studies (42)	P; S	The US (n=139); Canada (n=11); Korea (n=4); China (n=2); the UK (n=2); Australia (n=2); New Zealand (n=2); Nigeria (n=1) ; Poland (n=1); South Africa (n=1); Taiwan (n=1); Spain (n=1)
10. Petering, Wenzel and Winetrobe (2014)	14; school-based (n=7)	P; S	Mainly from the US
11. Fellmeth et al.(2015)	41	P; S	All from the US
12. Wilson et al. (2019)	11	P	Mainly from the US
13. Storer, Casey, & Herrenkohl (2016)	9	P; S	Mainly from the US
14. Graham et al (2019)	9	P; S; T	Mainly from the US
15. Heard et al. (2020)	11	P (n=5); S (n=4); T (n=2)	The US (n=9), the UK (n=1), and Australia (n=1)
16. Anderson et al. (2019)	31	P (n=3); S (18); T (n=10)	Mainly from the US (n=23)

Descriptive characteristics of interventions included in reviews

Edwards and Hinesz (2014) reviewed intervention studies designed to prevent dating violence/sexual violence among 8th to 12th grade students. They provided a meta-analysis of eight studies that produced small to medium levels of positive effects, mainly in relation to altering IPV-related attitudes. However, the small sample size inhibited them from conducting

moderate analyses regarding factors that may have an influence on programme efficacy, such as the participants' gender and age, the mode of presentation and duration and implementer effects. Among the eight studies, the *safe dates project* found no differences in respect to gender in terms of who is more likely to abuse or to be abused (Foshee et al., 1996, 1998). The *date and rape responsibility programme* lectured on gender role socialisation and received significantly less acceptability of sexual abuse among participants after the session (Pacifici, Stoolmiller, and Nelson, 2001). By contrast, another educational programme on dating and sexual violence by Hilton, Harris, Rice, Krans, and Lavigne (1998) indicated that a person who was more supportive of IPV was more likely to drop out of the intervention, with males more likely to endorse rape-related acts after the intervention (Hilton et al., 1998). Moreover, one reviewed programme reported an unexpected degeneration in participants' IPV-based attitudes after taking part in the intervention; therefore, attention should be paid to avoid provoking negative or adverse effects for participants (Jaffe, Sudermann, Reitzel, and Killip, 1992). Additionally, Edwards and Hinsz (2014) suggested that age is a contributing factor in the magnitude of effect for interventions, since younger teenagers produced better intervention outcomes as opposed to their older peers.

De la rue et al. (2017) conducted a quantitative synthesis of both published and unpublished literature on school-based IPV prevention and provided a closer examination of both attitudinal and behavioural outcomes as well as the rate of IPV incidence. Their results indicated that school-based interventions are significant in terms of improving participants' knowledge and changing their attitudes, and whilst they can have a slight impact on lowering the incidence of victimisation, no differences were found for perpetrating behaviours. Moreover, they pointed out the importance of interventions including bystander and peer support, as well as skill-building components.

Stanley et al. (2015) conducted a mixed methods review of school-based programmes with an aim to inform UK policy and practice on addressing IPV-related issues. The review pointed out that contextual factors, such as the cultural environment, national policy, government guidance and funding, regional support, local agency responses and schools' willingness to intervene, are of crucial importance to the efficacy of programme development and delivery. Additionally, Stanley et al. (2015) argued that many interventions only examined shifts in knowledge, attitudes and social norms rather than behavioural change. Besides, they suggested that most interventions produced better outcomes for female participants, and they advocated an ecological model-based whole school approach and a "spiral" learning approach incorporating IPV intervention in all educational phases.

Lundgren and Amin (2015) yielded 61 IPV- or SV-related interventions, among which seven were school-based preventions addressing dating violence issues. The review mentioned that classroom-based lecturing, interactive activities (e.g. poster contexts and drama role play), relationship skills training and building and bystander intervention were the most frequently adopted approaches to intervention delivery. Additionally, they pointed out that whilst well-developed and effective IPV school-based interventions were well-evidenced in studies from North America, it was not-well known if they would work for under-developed or developing countries. Furthermore, they indicated that school-based interventions should focus more on creating a social environment with zero tolerance of IPV, rather than putting too much pressure on equipping females with self-protection skills.

Ellsberg et al. (2018) reviewed school-based interventions addressing IPV issues among adolescents; however, they indicated that a very small number of rigorous evaluations of these interventions had been identified in their review. *Stop Violence against Gils in Schools* (SVAGS) and *Safe Schools* were proposed as two effective programmes that had a positive impact on not only participating teachers and students, but also the surrounding environment

(Parkes & Heslop, 2013; USAID, 2008). Additionally, they reported that the SVAGS programme significantly improved female participants' IPV-based knowledge and attitude and was successfully transformed to other national contexts, such as Tanzania and Nigeria (Parkes & Heslop, 2013; Unterhalter & Heslop, 2012). Moreover, Ellsberg et al. (2018) mentioned that educational programmes addressing violence issues in general also offer promising results for preventing both IPV and SV.

Whitaker et al. (2006) included 11 studies, among which ten were located in a school context and one was community-based. All studies adopted a mixed-gender approach involving both females and males in groups, and one study looked at a risky population, i.e. those who grew up in a family where violence was involved. Most programmes lacked a deep discussion regarding theoretical grounding and intervention content description. The duration of the interventions was normally limited, and the session attendance and retention rates were only reported in a few studies. All interventions were conducted by teachers, professional practitioners or both. A majority of studies mentioned that they provided training to implementers; however, limited information regarding the training content and processes was identified. Although most studies recruited a large sample size of 500 or more participants, the ethnic population was primarily white. Most studies reported significant improvements in knowledge or attitudes; however, it is unclear whether shifts in cognitive level would engender behavioural change correspondingly.

De Koker et al. (2014), in their review of nine studies, described six primary prevention programmes, four of which were US-based (*Safe Dates, Shifting Boundaries, Coaching Boys into Men* and *Ending Violence*), one was in Canada (*Fourth R*) and one in South Africa (*Stepping Stones*). Among the six interventions, three reported positive impacts on both genders (*Safe Dates*, *Shifting Boundaries* and *Forth R*) and three did not show any significant intervention effects (*Coaching Boys into Men*, *Stepping Stones* and *Ending Violence*). The *Safe*

Dates project adopted a gender-neutral approach and demonstrated equal intervention efficacy for both genders; in contrast, *Stepping Stones* used a gender-specific approach but reported the intervention was more effective in lowering male penetration than female victimisation. Therefore, the review argued that further research was needed to clarify which approaches would work better for IPV-related interventions.

Leen et al. (2013) identified nine IPV-based interventions that met the inclusion criteria and all of them were conducted in the North America (the US and Canada). Six programmes were delivered within classroom settings, one conducted during after school hours and two were community-based activities aimed at high-risk adolescents. The aims of included interventions were divided by Leen et al. (2013) into three categories: 1) attitudinal change; 2) behavioural change; 3) healthy relationship skills and psychological well-being. The review suggested that, when compared with programmes only aiming at knowledge and attitudes, programmes also targeted behavioural change were more effective. Four interventions focused on behavioural change outcomes and two reported positive effects at post-test. Also, the programmes involved a varied sample size, ranging from about 60 to 1800. Regarding gender, female participants had much better knowledge of IPV than males at the pre-test, but the gap was eliminated at the post-test.

Jennings et al. (2017) revealed 169 studies examining IPV issues, 42 of which were intervention studies. Among the 42 interventions, programmes were delivered using a wide range of methods, such as curriculum lecturing, role playing, group discussions, posters, videos and games. Two well-known adolescent IPV programmes, namely the *Safe Dates* project and the *Fourth R* programme, were given as two examples and described in detail. Additionally, the review suggested that the majority of interventions produced mixed results regarding their effectiveness, and these interventions were generally short-term based.

In their review of 14 studies, Petering, Wenzel and Winetrobe (2014) categorised the interventions as targeting young people in general (n=7) or at risk (n=7). Overall, the review reported mixed results for school-based interventions aiming at universal populations. Many interventions reported a change in expected direction, but the positive effects gradually disappeared in long-term follow-up. Some programmes found desired effects for IPV victimisation, perpetration and bystander support (Foshee et al., 2005; Miller et al., 2012; Wolfe et al., 2009), but the generalisability of these interventions to new settings and population was unclear.

Fellmeth et al. (2015) reviewed 41 papers representing 38 interventions. The meta-analysis found significant statistical evidence of intervention effects linked to knowledge change but no outcomes for experience, behaviours or skills improvement. Therefore, they argued that further research should focus on actual actions taken to reduce the rate of violence, while interventions with a large sample size and a long follow-up duration were needed to capture all events reliably.

Wilson et al. (2019) identified 11 IPV curriculum-based interventions. Different from the other included systematic reviews, Wilson et al. (2019) mainly explored the inclusion of curriculum content areas delivered in the intervention. They identified five content topics, namely healthy relationships, personal safety, gender identity, STDs and HIV and pregnancy and reproduction. Among the themes, personal safety referred to 'the awareness of building a safe school environment', and healthy relationships meant 'guiding students to deal with relationship issues', representing the largest coverage and included in all curricula.

In their review of 15 studies, Storer, Casey & Herrenkohl (2016) evaluated nine bystander programmes to prevent dating violence. The review's results indicated that bystander prevention was a promising approach to increase participants' confidence, willingness and

ability to intervene when observing an IPV-related incident. However, they argued that the limited evaluation of literature regarding bystander prevention made it too early to draw a firm conclusion regarding the real-life utilisation of practical bystander behaviours.

Graham et al. (2019) reviewed nine studies presenting six programmes for IPV and SV interventions targeting males. They argued that the included reviews provided little insight into what might constitute an effective male-targeted perpetration programme because of the diverse approaches and variations in programme delivery, including the number and length of sessions, programme duration, delivery approach, topics, types of activities, implementers and training. Therefore, no definitive conclusions could be drawn regarding what IPV preventive interventions work for male populations.

Heard et al. (2020) reviewed 11 theatre- and drama-based interventions, five of which adopted a primary strategy. The review argued that theatre-based primary preventive interventions were effective in cultivating health relationship skills, lowering the acceptability of IPV acts, arousing awareness and improving willingness to intervene.

Anderson et al. (2019) reviewed 31 IPV Web- or mobile-based health studies representing 23 distinctive interventions, clustering mainly secondary and tertiary preventive programmes supporting female victims. The review results indicated that online intervention produced higher compliance rates and lower drop-out rates when compared with delivering the intervention face-to-face. Also, participants were more willing to reveal their private thoughts and feelings when completing the online questionnaires than when using paper versions in physical settings. Although there was broader diversity in terms of scope and focus among IPV Web- or mobile-based preventive programmes, they reported promising effects in relation to reducing IPV victimisation.

Overall, the brief review of the 16 studies reported at least one positive effect on attitude, gender norm, knowledge, skill building or behaviour; however, very few reviews reported significant shifts in behavioural outcomes (Stanley et al., 2015; Fellmeth et al., 2015; Storer, Casey, & Herrenkohl, 2016). Also, several reviews questioned whether cognitive changes, e.g. knowledge, awareness and attitude, could be translated into behavioural outcomes reducing IPV incidence (Whitaker et al., 2006; Stanley et al., 2015; Fellmeth et al., 2015). Some reviews pointed out that positive effects tended to vanish at follow-up (Petering, Wenzel and Winetrobe, 2014). As for gender, Edwards and Hinesz (2014) reported that *Safe Dates* did not consider gender as a crucial factor in intervention effectiveness, whereas one educational programme witnessed unexpected adverse intervention effects, especially on male participants (Pacifici et al., 2001) and another reported a high drop-out rate among males, especially those who were at high risk of committing sexual IPV (Hilton et al., 1998). Additionally, Stanley et al. (2015) argued that IPV-related educational programmes worked better for females, albeit De Koker et al. (2014) established that the *Stepping Stones* project produced more significant outcomes in terms of preventing male perpetration than female victimisation. In contrast, Graham et al. (2019) reviewed programmes targeting only males and indicated that definitive conclusions regarding what works for males could not be reached at that time. Additionally, most of the rigorous interventions included in the identified systematic reviews were conducted in the US, and several reviews argued that the transferability of these US programmes to other sociocultural contexts was uncertain (Stanley et al., 2015; Graham et al., 2019). Nevertheless, Ellsberg et al. (2018) suggested that the US programme SVAGS had been successfully transferred to Tanzania and Nigeria. Furthermore, this review identified excessive heterogeneities and variations regarding programme characteristics and evaluations, thereby making it difficult to compare straightforwardly what would actually work among various programmes (Graham et al., 2019; Jennings et al., 2017). However, a number of the most

frequently reported characteristics linked to intervention efficacy are summarised in the following section.

Evaluation-what works for whom and in what circumstance?

Although there were inconsistent and contradictory findings regarding what works for whom and in what circumstances regarding IPV school-based interventions, the frequently reported eleven characteristics in the identified systematic reviews that can have positive effects on enhancing the efficacy of interventions are summarised below and presented in Table 3.4.1(2).

First, longer duration and follow-up period. Nine reviews reported that intensive interventions carried out over the longer term across more than one session increased the effectiveness of the intervention. Although most reviews argued for a sufficient follow-up, two reviews reported that the intervention effect attenuated and vanished at follow-up (De La Rue et al., 2014; Stanley et al., 2015a).

Second, larger samples. Six reviews reported that a small sample size did not permit rigorous analysis. Therefore, larger groups of participants were needed to detect significant programme results (Edwards & Hinsz, 2014; Graham et al., 2019; Storer et al., 2016).

Third, tailored to a specific sample. Ten reviews argued that the programme should be tailored to relevant subgroups (i.e. on the basis of age, gender, ethnicity and culture). Among the reviews, four argued that such a programme would be more effective for a younger sample, ideally with middle school students (Edwards & Hinsz, 2014; Lundgren & Amin, 2015; Stanley et al., 2015a; Whitaker et al., 2006). Some studies recommended more diverse populations (Heard et al., 2019; Stanley et al., 2015a), gender-specific groups (De Koker et al., 2014; Graham et al., 2019) and interventions for at-risk adolescent groups (Anderson et al., 2019; Petering et al., 2014).

Fourth, multiple settings. Nine reviews suggested implementing the programmes in multiple settings (i.e. school, family and community). Multi-level interventions have the advantage of addressing a wider range of risk factors that are not accessible by schools alone. Likewise, some students, particularly those at high risk, might not be engaged in academic activities; therefore, multiple venues could also include a broader potential audience (Whitaker et al., 2006).

Fifth, multiple content components and delivery strategies. Six reviews proposed that multiple components and modes of programme delivery were associated with intervention success. Participants should be given sufficient amounts of activities for interventions to take effect. Moreover, content delivery in multiple modalities could improve students' interest and thus engagement (Stanley et al., 2015).

Sixth, a trained implementer. Four reviews emphasised the provision of sufficient training, supervision and support for programme implementers. However, it was unclear among the programmes if the trained teachers were qualified enough to implement the intervention, due to limited detail in training content and relevant procedures (Whitaker et al., 2006).

Seventh, a skill-building component. Six reviews suggested the incorporation of skill-building components to assist in actualising behavioural change. Sufficient skill-building activities increase participants' knowledge in terms of identifying IPV-based acts, enhance their confidence when communicating and provide them with skills to intervene in a non-violent manner (De La Rue et al., 2017; Heard et al., 2019; Leen et al., 2013; Lundgren & Amin, 2015; Wilson et al., 2019).

Eighth, the attendance retention rate. Four reviews reported that the attendance retention rate was associated with the programmes' acceptability and feasibility. Furthermore, Anderson et al. (2019) argued that most interventions did not document the causes for dropping out

particularly well, which limited the ability to interpret the programme results. Edwards and Hinsz (2014) added that students with poorer knowledge of IPV and a tendency towards higher levels of violence were more likely to drop out.

Ninth, cooperation. Four reviews considered that successful programmes require cooperation between key stakeholders (e.g. parents, school staff and prevention advocates). Support given by parents to schools, to deliver the subject to their children, was seen as essential for the successful implementation of interventions (Stanley et al., 2015a). School staff were deemed to be more familiar with students' learning capacities and interests, therefore possessing better knowledge of what intervention content would be required (Wilson et al., 2019). Professionals from relevant services were purported to provide schools with sources, materials and experience (Stanley et al., 2015a; Whitaker et al., 2006). In comparison, researchers were deemed skillful in developing programme evaluations grounded in sound methodological designs (Edwards & Hinsz, 2014).

Tenth, theory-driven. Three reviews argued for establishing programmes with a thorough theoretical grounding. Programmes conceptualised by theories were believed to contextualise the process of IPV-based behavioural change and provide scientific explanations to prevention development. However, very few programmes discussed their theoretical orientation in great depth (Storer et al., 2016; Whitaker et al., 2006).

Finally, rigorous methodology. Ten reviews reported that there was a need for high-quality and rigorous experimental designs. Methodological shortcomings were purported to render it difficult to precisely estimate intervention effects, which in turn weakened the critical base for arguments (Storer et al., 2016; Whitaker et al., 2006; Ellsberg et al., 2018). A standardised measurement scale in the field was recommended by some reviews (De Koker et al., 2014; Graham et al., 2019).

This study identified 11 contributory factors in the success of an IPV-related educational intervention; however, because the findings from all of these identified reviews were broad, complex and multifaceted, it seems that there is a challenge in explicitly defining what works for whom in what circumstances for effective programme development in this area.

Table 3.4.1(2) Characteristic associated with intervention efficacy

citation	Characteristic associated with intervention efficacy										
	Longer duration/ follow-up	Larger sample	Tailored sample (e.g., age; gender etc.)	Multi-settings	Multi-component content/ delivery	Trained implementer	Skill-building component	Attendance retention rate	Cooperation (e.g., teacher, professional, researcher etc.)	Theory-driven	Rigorous methodology
Edwards and Hinsz (2014)		x	x	x				x	x		x
De La Rue et al. (2014, 2017)	x			x			x				
Stanley et al. (2015a, 2015b)			x	x	x	x		x	x		
Whitaker et al. (2006)	x		x	x	x			x	x	x	x
Fellmeth et al. (2013, 2015)	x				x		x				x
Ellsberg et al. (2018)	x		x	x			x				x
De Koker et al. (2014)	x		x	x	x						x

citation	Characteristic associated with intervention efficacy										
	Longer duration/ follow-up	Larger sample	Tailored sample (e.g., age; gender etc.)	Multi-settings	Multi-component content/ delivery	Trained implementer	Skill-building component	Attendance retention rate	Cooperation (e.g., teacher, professional, researcher etc.)	Theory-driven	Rigorous methodology
Lundgren and Amin (2015)	x	x	x	x			x				
Leen et al. (2013)							x				
Wilson et al. (2019)							x		x		
Storer et al. (2016)			x	x						x	x
Heard et al. (2020)	x	x	x				x				x
Graham et al. (2019)	x	x	x			x					x
Jennings et al. (2017)					x						x
Anderson et al. (2019)		x	x					x			x
Petering et al. (2014)	x	x	x								x

3.4.2 Review of UK-based primary prevention

Although developing educational interventions to prevent IPV among young people has become a worldwide concern, and there is an awareness of the prevalence and seriousness of the issue, a predominant number of the school-based primary interventions targeted at young people are from the US (Leen et al., 2013; Lundgren & Amin, 2015), with far fewer programmes identified elsewhere (as shown in Table 3.4.1(1)). A number of studies have adapted US dating violence preventive programmes to other national settings, such as the adoption of the *Safe Dates* project to the context of Francophone Switzerland (Hamby, Nix, De Puy, & Monnier, 2012) and the delivery of *Coaching Boys into Men* to India (Miller et al., 2014). However, Stanley et al. (2015) pointed out that modifications should be considered when trying to fit a programme into another community or society, such as language, the cultural acceptability of violence and gender norms. Additionally, Hamby et al. (2012) suggested that more attention should be paid to the use of key terminologies, the format of any intervention and specific cultural settings when adopting an IPV-based programme to a new context. Moreover, many interventions do not transfer US-based interventions to their specific settings but are informed by them (Hamby et al., 2012; Meiksin et.al., 2020). Under the influence of the US IPV-based school preventive programmes, however, a number of UK home-grown interventions have also been developed and delivered.

Different from the large majority of US-based interventions on addressing violence within young people's relationships, the UK-based preventive programmes tend to focus more on the experience of domestic violence in parents' marital relationships (Stanley, Ellis et al., 2015). That said, there was a shift in UK interventions after Barter et al.'s (2009) report, which provided evidence on the frequent occurrence of IPV among young people in the country. In order to capture the situation within the UK context, a review of the grey literature, funded by

the NHS, was conducted by the Public Health Research (PHR) programme (Stanley, Ellis, et al., 2015b). Additionally, a review of UK-based multi-agency interventions, as part of a Health Education England-funded project, provided some insights into primary interventions to mitigate the risk of domestic violence (Cleaver et al., 2019). The following sections provide a review of school-based preventive interventions on educating young people with knowledge of IPV within the UK, and they also introduce the effectiveness of these interventions in terms of their content, approach and evaluation.

Descriptive characteristics of interventions conducted in the UK

Similar to IPV school-based preventive programmes conducted worldwide, most UK interventions choose schools as the starting point to work directly with young people (Bell & Stanley, 2006; Fox et al., 2014; Gadd, Fox, & Hale, 2014; Reid Howie Associates, 2001; Sanders-McDonagh, Apena Rogers, Horvath, & Selwood, 2015; Wan & Bateman, 2007; Sheng, 2020b). School settings are advantageous, in that they provide an effective learning space and environment for implementing universal interventions and are ideal for reaching out to a large number of participating students (Whitaker et al., 2006). On the contrary, schools are unwilling to spend time constructing IPV-related lessons on account of mounting pressure to enhance students' academic success (Whitaker et al., 2006). Sanders-McDonagh et al. (2015, p. 10) suggested that because "many competing issues were covered in PSHE, schools were struggling to adequate time covering students' IPV-based content into the curriculum". Also, most teachers have commitments to their main subject, and so very little time can be devoted to preparing for these sessions, developing lessons and reflecting on how they progress (Wight & Buston, 2003). External organisations with expertise and experience in violence prevention are more capable of and willing to make an effort, as well as to devote more time and resources to the development of IPV programmes. Therefore, the gap can be filled by external organisations. In the last decades, a number of UK school-based IPV preventive interventions

have been undertaken by external organisations have been identified in the literature (see the

Table 3.4.2). The following part introduces each programme in turn.

Table 3.4.2 UK school-based IPV preventive interventions

Programme Name Citations	Characteristics related to intervention efficacy
1. ***Relationship without Fear (RwF)*** (Fox et al., 2016 ; Fox & Gadd, 2012 ; Fox et al., 2014 ; Fox et al., 2015 ; Gadd et al., 2014)	• Large sample • Longer duration • Rigorous methodology • Gender-specific approach • Wider context and settings
2. ***Healthy Relationship Programme*** (Bell & Stanley, 2006)	• Creative delivery method-drama • Skill building component • Gender-specific approach
3. ***Zero Tolerance 'Respect' Pilot Project*** (Reid Howie Associates, 2001)	• Cooperation and consultation with professionals • Effective teacher training • Multiple component content • Participant engagement
4. ***Tender's Healthy Relationship Education*** (Sanders-McDonagh et al., 2015)	• Longer duration and follow-up • Wider context, friendly and welcoming • Effective implementer training • Gender awareness-same sex relationship
5. ***An IPV school-based primary intervention*** (Wan & Bateman, 2007)	• Wider culture-based context • Gender-based approach • Behaviour change • Skilling-building component • Larger sample
6. ***Project Respect*** (Meiksin et al., 2020)	• Multi component content • Theory informed • Effective teacher training • Skill building component • Build in as a part of the wider RSE and PSHE education
7. ***Mapping, Making and Mobilising: Using Creative Methods to Engage Change with Young People:*** Relationship Matters; Ruler-Skirt; Runway of Disrespect; Shame Chain and Tagged Heart (Renold, 2016, 2018, 2019; Libby et al., 2018)	• Creative delivery method-crafts making • Participants Engagement • Multiple-settings supports

Relationship without Fear (RwF) was a school-based primary preventive programme focusing on combating violence among young people aged from 8 to 16 years old. RwF was especially designed according to various year groups, highlighting family and friend relationships for younger age groups and gradually building up IPV-based knowledge for pupils older than 10. The programme was conducted by the Arch RwF team and cooperated closely with school teachers in delivering a one-hour session each week for six weeks. The six weekly sessions were scheduled within the PSHE subject, and 1,203 students attended. A robust questionnaire assessment, following a pre-test-post-test design, was developed to measure students' attitudinal change regarding IPV before and after attending the sessions, and the maintenance of change was tested after a three-month follow-up period.

The Health Relationships Programme was a drama-based intervention delivered by a theatre-in-education company and by staff from a domestic violence project through a series of sequential workshops. Similar to RwF, this drama-based programme also compared students' attitude changes using questionnaires. Eighty-five students were examined one week before watching the play, and 55 of the original 85 completed all workshops and answered the questionnaires at the end (Bell & Stanley, 2006, pp. 241-242).

The Zero Tolerance 'Respect' Pilot Project was funded by the Scottish Executive and delivered to two primary schools and two secondary schools comprising seven to eight sessions. The project focused more on addressing issues around violence against women and girls rather than violence in intimate relationships. However, it was worth knowing what effects the project had upon altering students' gender-based stereotypes, bias and discrimination.

Tender's Healthy Relationship Education was commissioned by Tender, a charity organisation (see details https://tender.org.uk/), in collaboration with other external partners. Similar to the Health Relationships Programme (Bell & Stanley, 2006), drama-based workshops were

developed and conducted with students from Years 9 to 11 in five different regions across England. Qualitative approaches, focus groups and interviews were adopted to obtain students' views on being part of this intervention, before and after.

Wan and Bateman (2007) evaluated a brief school-based primary intervention to address IPV among adolescents. It was delivered in three weekly sessions, with 35 minutes per session, built into PSHE classes. Questionnaires were developed to measure students' knowledge of and attitudes to IPV, in a pre- and post-programme, in both the intervention and the control groups.

Project Respect is a whole-school intervention focusing on adolescent dating and relationship violence. The project was implemented between 2017 and 2018 in six schools (three in the southeast and three in the southwest of England) (Meiksin et al., 2020). School staff were trained by NSPCC specialists to deliver the multi-component intervention involving a scheduled curriculum, a help-seeking app (Circle of 6), mapping hotspots, videos, quizzes, group discussions and student-led campaigns. The programme findings suggested that it is more promising when school teachers rather than NSPCC trainers are in charge of delivery and incorporate IPV-based content into the PSHE curriculum. Nonetheless, schools and staff were unwilling to devote sufficient time, attention, budgets and leadership to IPV-based education development. To deal with these challenges, the finding argues that future programmes need to ensure a stronger buy-in process and a longer preparatory phase (Meiksin et al., 2020).

"Mapping, Making and Mobilising: Using Creative Methods to Engage Change with Young People" was a funded arts-based participatory activist research project, consisting of a series of studies, including the *relationship matter project*, the *runway of disrespect*, the *shame chain*, the *ruler-skirt* and the *tagged heart* (Renold, 2016, 2018, 2019; Renold & McGeeney, 2017). The sessions were generally delivered with the cooperation of academic researchers,

community practitioners and artists to a group of young people from Wales during lunch hours. Moreover, a *phematerialist* approach was adopted to explore the formation of sexual violence related culture and practices through a variety of interactive crafts making activities, such as designing a ruler-skirt, creating tagged hearts and making cards (Renold, 2016, 2018, 2019; Renold & McGeeney, 2017).

There were also several interventions supported by the Home Office, such as the Safeguarding Teenage Intimate Relationship (STIR) project, the Teenage Relationship Abuse Campaign and Disrespect NoBody (Department for Education, 2019b; Fox et al., 2016; Sanders-McDonagh et al., 2015).

Although external organisations providing IPV education within schools promote and enhance students' awareness to some extent, a series of potential barriers to the efficacy of delivering IPV-based preventive programmes were identified. Since the majority of programmes carried out by external organisations were funded over a limited period of time, it was not easy for them to become familiar with students' special needs in the short term and maintain long-lasting influences on progression, let alone school culture. Different from external organisation implementors working in schools as outsiders, the present study adopts a participatory mixed methods research, drawing on elements of an action research methodological framework to engage with teachers and students, in order to develop an IPV-based curriculum according to their preferences (for more details, see Chapters V and VI).

The next section evaluates the content, approach and attitudinal and behavioural impacts of these primary preventive interventions on participating students. Furthermore, students and teachers' thoughts and feelings in relation to being part of these IPV-based educational programmes are presented. Thereafter, feedback from teachers, researchers and practitioners in these school-based programmes are included for future practice in the UK.

Evaluation of the UK-based intervention

In the UK, various types of content have been developed by existing IPV-based primary programmes. For example, Tender's Healthy Relationship Education (Sanders-McDonagh et al., 2015) and Bell and Stanley (2006) Healthy Relationship Programme developed drama-based content, the Zero Tolerance Project and RwF were both curriculum-constructed and Wan and Bateman (2007) devised a video-focused presentation. However, it has been argued that studies would be better off comparing different interventions to decide what type of content is more effective in IPV prevention (Fox et al., 2016), albeit this study used the most prevalent type of content in the field of IPV intervention through structured curriculum session delivery (Edwards & Hinsz, 2014).

Also, the importance of catering to students' preferences, by including multiple components in the content, has been highlighted (Edwards & Hinsz, 2014; Ting, 2009; Whitaker et al., 2006). Students' active participation requires varied content on a variety of activities (De Koker et al., 2014; Fox et al., 2014). In addition, gender content should be designed to attract different gender needs, be delivered more thoughtfully and avoid being 'sexist' by only focusing on male perpetrators, female victims or heterosexual relationships (Dobson & Ringrose, 2016; Donovan & Hester, 2008; Fox et al., 2014). Evidence shows that male participants complained that "it is always men beating women – it is sexist against men" (Fox et al., 2014, p. 35). Furthermore, recommendations have been made regarding adding content about violence in same-sex relationships and sexting violence as part of the PSHE curriculum (Donovan & Hester, 2008; Jørgensen, Weckesser, Turner, & Wade, 2019). Also, content regarding cyber abuse, as an emerging form of IPV, has been undervalued by most primary preventive programmes when discussing IPV issues.

The majority of the UK-based primary preventive programmes were carried out in small groups (population less than 100 pupils) within a short period (duration less than six months) and without a follow-up period. Furthermore, most of the existing programmes conducted research in only a handful of UK regions, and so a country-wide approach is still required, to ensure all students have the chance to receive education regarding IPV issues (Fox et al., 2016). Furthermore, a long-term approach is needed to capture the realistic impact such interventions have on students (Fox et al., 2016). Moreover, it is necessary to avoid a 'one-size fits all' approach when delivering content, and intervention implementors should respond to the needs of all students. In this regard, a student-centred approach works better than the teacher-led approach for this type of education (Fox et al., 2014). As a participant in the RwF project argued, *"the lessons were not to do with us, we were just listening"* (Fox et al., 2014, p. 33). Other participants also reflected that they had to find the information themselves instead of being informed by teachers (Fox et al., 2014). Another point that needs considering more carefully is the gender approach in content delivery. This is an important aspect, because gender understanding in teaching techniques can help in making the intervention more inclusive and appealing to gender needs (Sanders-McDonagh et al., 2015). When it comes to measuring the effectiveness of interventions, various views were identified in the studies. Gadd et al. (2014) argued that there was a lack of measures to capture all possible changes in every aspect of attitude, knowledge, understanding, empathy and help-seeking, whereas Reid Howie Associates (2001) stressed that there was a need to bear in mind the limitation that no single intervention can solve all of these issues. Additionally, the whole-school approach is highly advocated among practitioners and researchers to bring about systematic and sustainable changes in addressing IPV issues (AVA, 2014; Department for Education, 2018). However, since the whole-school approach is still at a preliminary stage in research, more evidence is needed to prove its effectiveness (Fulu, Kerr-Wilson, & Lang, 2014).

The majority of IPV interventions specify significant improvements in changing participants' attitudes, including less acceptance of abusive and violent behaviours, increased awareness of gender equality in intimate relationships and enhanced knowledge of IPV (Bell & Stanley, 2006; Fox et al., 2016; Fox et al., 2014; Gadd et al., 2014; Reid Howie Associates, 2001). Gadd et al. (2014) determined that the RwF programme was effective in changing students' attitudes in both the intervention and control groups. Fox et al. (2016) concluded that both male and female students benefited from the intervention in terms of changing attitudes, whereas male students' attitudinal change towards IPV after the intervention reached the level achieved by females prior to the intervention. Also, students who had the history of IPV reached the same level of attitudinal change as those who did not have IPV experience. Most of the studies witnessed a reduction in the participants' acceptance level of IPV, before and after the intervention (Fox & Gadd, 2012; Fox et al., 2014; Hale, Fox, & Gadd, 2012). Considerable evidence showed that students' awareness of what constitutes a healthy relationship was highly enhanced, as their 'don't know' responses to questions decreased significantly after the intervention (Bell & Stanley, 2006; Reid Howie Associates, 2001; Sanders-McDonagh et al., 2015). Furthermore, students gained a variety of knowledge regarding IPV, including its definition, the early warning signs of an unhealthy relationship, the prevalence of IPV and an understanding of the fact that both men and women can be victims and perpetrators (Bell & Stanley, 2006; Sanders-McDonagh et al., 2015).

As for behavioural change, different interventions have different effects concerning altering behaviours. On the one hand, some studies found that students applied their knowledge to realistic actions to combat IPV shortly after the intervention. For example, they started to talk to family members about the destructiveness of IPV behaviours and seek accessible sources for support (Bell & Stanley, 2006; Jørgensen et al., 2019). When it comes to whom to turn to for help, most participants prefer to contact professionals anonymously or report IPV

behaviours to police rather than communicate with family, friends or teachers (Bell & Stanley, 2006; Jørgensen et al., 2019). One boy, who participated in Bell and Stanley's study (Bell & Stanley, 2006, p. 242), mentioned that "he would have taken the advice and phoned the national child helpline as he did not have to give his name or anything." Moreover, a girl participant added that "teachers would tell other staff." On the other hand, others argued that compared with changes in attitude, no persuasive evidence was available to show how the knowledge learned can be put into practice in a real-life situation (Fox et al., 2016; Sanders-McDonagh et al., 2015). These studies only asked their participants if they would seek help or to whom they would turn for help, but they could not measure their realistic behaviours when seeking help in a real-life context (Fox et al., 2016). Therefore, longitudinal studies, for example up to a one-year pre-test-post-test study or a four-year follow-up period, are needed to examine how knowledge obtained from the intervention can be translated into effective behaviours in later stages of life.

Identified recommendations to inform UK-based interventions

Some positive comments were identified from participating students who took part in the UK-based primary preventive programmes on IPV. They expressed their satisfaction with being part of the intervention, as they benefited a lot from it. For example, a predominant number of participants from Fox and Gadd (2012, p. 19) mentioned that "all the RwF sessions were very good" and they "enjoyed being part of it a lot." Also, they learnt the characteristics of a healthy relationship, different types of IPV behaviours and how to find support, if required. Additionally, Reid Howie Associates (2001) noted that the majority of the participants claimed to have enjoyed all the sessions, and none of them identified a session that was not enjoyable. However, Bell and Stanley (2006) argued that the intervention was more popular with girls, while boys showed less interest in them.

On the contrary, some participating students in the identified primary preventive interventions showed their unease with and dislike of being part of such research. As mentioned in Fox et al. (2014), participants easily became bored and started to chat with others, because there were too many lessons, case studies and stories. Similarly, Jørgensen et al. (2019) established that whole-school assemblies were ineffective in delivering the information, as no one listened. Some students also felt awkward role-playing in an IPV situation, and those who watched the role-play became uncomfortable, as it aroused memories of their own lived experience (Fox et al., 2014). Most students reflected that "we didn't enjoy the role-play" (Fox et al., 2014, p. 34). Additionally, a number of sexist comments upset some male students, because they were mainly blamed for abusive behaviours (Gadd et al., 2014). For example, concerns in the focus groups in Gadd et al. (2014, p. 474) indicated that "male gender was getting blamed for being abusive" and "there were boys also having problems with girls, maybe the ones who were victims." Furthermore, some students were anxious about future relationships after the intervention and started to worry that they may end up being abusive (Fox et al., 2014; Gadd et al., 2014).

Almost all of the interventions identified in this study were delivered by external organisations in cooperation with school teachers and/or staff. Support from experienced professional practitioners helped empower inexperienced teachers to provide this type of education (Jørgensen et al., 2019). Training provided by experts can always offer teachers ideas regarding how to incorporate IPV education better into the existing curriculum. Teachers can also be equipped in such training with skills to actively engage students, protect vulnerable students from victim-blaming and correct their misconceptions (Fox et al., 2016; Fox & Gadd, 2012). There were contradictory findings on who should be responsible for delivering the content. According to Fox et al. (2014), teachers who had an established relationship with their students should be in charge of content delivery. The authors further explained that since teachers had

regular contact with students, they were therefore in a better position to walk them through difficult emotions. On the contrary, Jørgensen et al. (2019) argued that students preferred this type of education to be delivered by external practitioners, as it was awkward to talk about sensitive issues with someone with whom they were familiar, and they were worried about confidentiality. Moreover, in terms of gender, although most teachers involved were female, it was noted that male teachers' engagement had the potential to carry the message that the intervention did not focus on males as perpetrators and could therefore reduce male students' defensive reactions (Sanders-McDonagh et al., 2015).

3.5 CONCLUSION

This chapter started with a discussion on UK civil and criminal law, especially the diachronic development of policies addressing DV and VAWG. The UK government is in favour of the multi-agency approach to dealing with IPV-related issues, and there is an increasing emphasis on the role of school-based primary prevention programmes to endow young people with the appropriate knowledge to cope with and mitigate the risk of IPV. Furthermore, the chapter introduced the historical development of PSHE education in English schools, with particular attention given to the RSE subject, involving the policy evolution process of PSHE and RSE education, as well as subject content, delivery approaches and assessment methods.

As mentioned in Section 3.3.2, a wide range of personal, social, health, relationship and economic issues has been taught within PSHE and RSE education. However, because of the non-compulsory status of PSHE and RSE education (before 2019), and mounting pressure on improving students' academic performance regarding statutory subjects, schools are generally unwilling to assign time to teaching on the subject of IPV (Sanders-McDonagh et al., 2015). Therefore, a number of primary preventive programmes by externally funded organisations and voluntary services were carried out in the UK and internationally to fill the gap. The majority

of IPV-based primary preventive programmes conducted by external organisations in the UK argued that students' knowledge and awareness, as well as behavioural change regarding IPV, after the delivery of the interventions were observed (Bell & Stanley, 2006; Fox et al., 2014). It is evident that most students have obtained the knowledge to identify an abusive relationship in terms of gender stereotypes, inequality and control, and they have also learned the skills to avoid violent behaviours and strategies to seek help (Bell & Stanley, 2006). Most school staff and students who participated in the interventions believed that they benefited from the implementation of these preventive programmes (Bell & Stanley, 2006; Reid Howie Associates, 2001).

However, compared to the US, from where the majority of IPV preventive programmes hail (Fulu et al., 2014; Parkes, Heslop, Ross, Westerveld, & Unterhalter, 2016), research and practice in the field of IPV interventions in the UK is still in its infancy and focuses very little on adolescents aged 16 to 19 (Phipps & Smith, 2012). While studies suggest that British teenage students experience the same level of risk of sexual abuse as their peers in the US, more interventions are needed to deter the risk of IPV amongst this cohort (Barter et al., 2009; Phipps & Smith, 2012; Young et al., 2017). Although it is now a statutory requirement to teach IPV in primary and secondary schools, it does not apply to sixth form colleges and 16-19 academies (Department for Education, 2019b), which begs the following question: do young people, aged 16 to 19, have the necessary knowledge from prior education to understand IPV fully? To help answer this question, this study now moves on in an attempt to narrow the gap in respect to knowledge of educational-based primary preventive interventions promoting non-abusive relationships among 16- to 19-year-old college students in the UK.

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CHAPTER IV

THEORETICAL FRAMWORK

BRONFENBRENNER'S THEORY ON UNDERSTANDING THE ACQUISITION OF IPV BEHAVIOURS

4.1 INTRODUCTION

This chapter starts initially with an introduction to a number of widely applied theories, including feminism, power and control, resource theory, social learning theory and a nested ecological model on describing, interpreting and analysing the latent nature of IPV. This is followed by an evolved, 'mature' version of Bronfenbrenner's ecological theory, with a focus on proximal process as the core construct of his person-process-context-time (PPCT) model. The PPCT model in this study is applied in order to incorporate existing IPV-based literature into a more comprehensive theoretical framework for conceptualising the determinants of related behaviours and yielding insights into the interventions. Additionally, this model suggests IPV-based preventive programmes, to develop planning strategies which consider the four properties of the PPCT theory, namely the power of the proximal process and its interrelations with the developing person, multi-level contexts and changing time, to deal with IPV issues simultaneously.

4.2 THEORIES IN IPV RESEARCH

Over the past decades, a number of theories have been adopted in an attempt to capture the underlying nature of the IPV phenomenon and to provide a theoretical framework to guide

preventive interventions (Ali & Naylor, 2013; Bell & Naugle, 2008). Based on various theoretical perspectives, such theories and frameworks can be divided into different categories, including feminism, abusive power and control, resource theory, social learning theory and the ecological model. Feminist theory was the first widely recognised theory to conceptualise IPV research and practice viewing gender inequality in patriarchal societies as the deeply rooted cause of IPV issues in the 1970s (Bell & Naugle, 2008; Dixon & Graham-Kevan, 2011; Liang, Goodman, Tummala-Narra, & Weintraub, 2005). Launched by feminist activists, the Women's Liberation Movement not only drew the world's attention to female spousal assault, domestic violence and marital abuse, but it also initiated political movements, set up to make violence against women illegal in the criminal justice system (Ali & Naylor, 2013). According to the view of feminism, studies assert that IPV issues are brought about by patriarchal-dominated societies in which males hold the primary power and exert control over women, and where women's violence against men is considered an act of retaliation and self-defence (Ali & Naylor, 2013; Burelomovaa, Gulina, & Tikhomandritskaya, 2018). Therefore, studies advocate a female paradigm in IPV interventions that adopts a non-patriarchal prejudice strategy and overturns patriarchal thoughts and domineering behaviours towards females (Bell & Naugle, 2008b; Burelomovaa et al., 2018). However, one major criticism of much of the literature on feminist perspectives is that feminism views IPV as a unidirectional act perpetrated by men against women in a heterosexual intimate relationship (Ali & Naylor, 2013). The findings documented in some studies, however, point out that women are not only recipients or victims of IPV, but they also commit violence against men and can be even more aggressive on some occasions (Ali & Naylor, 2013; Burelomovaa et al., 2018; Capaldi et al., 2012).

Similar to feminist ideology concerning the imbalance of power as the aetiology of IPV, both power theory and resource theory agree that IPV causation lies in the inequality of status between intimate partners (Ali et al., 2016; Straus, 2008). Power theory suggests that power

disparity between spouses can increase tension and cause conflicts, which in turn can lead to the risk of adopting IPV as a method to address issues (Bell & Naugle, 2008). Different from feminist theory, power theory looks into the imbalanced power structure from a gender-inclusive viewpoint by examining factors, such as income level and education background, which result in the use of violence by both men and women within both heterosexual and gay intimate relationships (Burelomovaa et al., 2018). Likewise, resource theory comes from the perspective that the one who is more resourceful in terms of socioeconomic status may exert authority and hence be more likely to be more aggressive against or control the other. Therefore, resource theory believes that empowering women through education and better employment opportunities is a major strategy in tackling the problem of violence against females in society (Ali & Naylor, 2013). However, Ali and Naylor (2013) suggest that women with a higher income level than their husbands correspondently may be at higher risk of being abused by their partners, since their husbands may resort to violence in order to maintain superior status within the domestic setting. Moreover, they argue that socioeconomic factors such as unemployment, lower income and lower education are regarded as weak and neglectable predictors of IPV, and thus they are only slightly important in predicting IPV tendencies (Ali & Naylor, 2013).

The sociological viewpoints of IPV seek to understand the impact that social relationships and ecological settings can have on learnt IPV behaviours of an individual when growing up (Ali & Naylor, 2013; Lawson, 2012; Sheng, 2020a). Social learning theory and nested ecological theory are the two predominantly applied theories to adopt a sociological approach to IPV prevention. Social learning theory has been used successfully in a wide range of studies analysing deviant behaviour learning (Cochran, Maskaly, Jones, & Sellers, 2017). Among these studies, Akers' four-elements social learning theory, involving differential associations, definitions, differential reinforcements and imitation, has been fully operationalised and

examined (Akers, 1973; Akers & Jennings, 2015; Akers & Jensen, 2006; Akers, Krohn, Lanza-Kaduce, & Radosevich, 1979; Akers & Lee, 1996; Bell & Naugle, 2008; Sheng, 2020a). According to Akers, deviant behaviour is primarily learned from a pattern of 'differential associations' whereby an individual's judgement in terms of the appropriateness of the observed deviant behaviour is formed. When the deviant behaviour is observed to be rewarded or punished, it brings 'differential reinforcements' to the violent act. An individual's attitude to these acts is categorised as positive, negative or neutral, and is named as 'definition' by Akers. Furthermore, the individual tends to 'imitate' the abusive behaviour more if he or she is in favour of it. In addition, the deviant behaviour as a product of different associations, definitions, reinforcements and imitations can also become a differential association for others (Akers, 2017; Akers & Jennings, 2015; Akers & Jensen, 2006; Cochran et al., 2017; Sellers, Cochran, & Branch, 2005). Although social learning theory is critical in helping to understand the phenomena of aggression and abuse in IPV, a criticism of this perspective is how to define the extent of the influence a witnessed or participated behaviour can have on altering an individual's learning (Ali & Naylor, 2013). Moreover, it is problematic to explain how an individual, who has not experienced, observed or taken part in IPV-related activities, can develop violent or aggressive tendencies in intimate relationships (Ali & Naylor, 2013).

The nested ecological model is among Bronfenbrenner's earliest work, and it is also one of the most widely adopted and cited to examine IPV issues (Bronfenbrenner, 1979b; Bronfenbrenner, 1986). The ecological model offers a way to test a variety of environmental factors, from the micro to the macro level, associated with IPV. WHO was among the first to apply Bronfenbrenner's ecological theory to understand the causation of violent acts and their prevention (World Health Organization, 2002), following which it was widely adopted in the field (Espelage, 2014; Little & Kaufman Kantor, 2002; Pittenger et al., 2016). The model assists in understanding risk factors in interactions between individuals and their surrounding

environment that can increase the likelihood of experiencing or perpetrating IPV. Hence, applying the model helps to combat IPV issues and shape factors comprehensively and simultaneously at different micro to macro environmental levels (Ali & Naylor, 2013).

Although the nested ecological model provides a comprehensive theoretical structure for analysing IPV-related environmental factors on different levels, it neglects the active function of the developing individual within the ecological system, which is discussed as a core feature in Bronfenbrenner's later work. In addition, Tudge, Mokrova, Hatfield, and Karnik (2009, p. 199) argue that Bronfenbrenner's theory was in a continual state of development, from its inception until his death in 2005. Therefore, it is wrong for scholars to only use the earlier or partial version of Bronfenbrenner's ecological nested model but discount the essential element, the proximal process, in his later PPCT model (Rosa & Tudge, 2013; Tudge et al., 2009). Therefore, PPCT, which has long been undervalued by research in the field of IPV prevention, will be applied by this study to develop a curriculum based IPV intervention (for more details see Section 4.4).

Consequently, although the above IPV theories, namely feminism, resource theory, power and control, social learning theory and the nested ecological model, do indeed add theoretical grounding to the conceptualisation of IPV-based research and practice, they only partially capture and address the complexity of IPV issues in society. The following sections will adopt PPCT to incorporate IPV issues into a more mature ecological theoretical model for conceptualising the interconnected determinants of the phenomenon and building them into prevention initiatives. Hence, a more thorough and comprehensive theoretical lens will be provided through which to understand individuals' cognition, their function within the environmental context and changes occurring over time in association with issues of IPV in a continual and dynamic state.

4.3 DEVELOPMENT OF BRONFENBRENNER'S THEORY

Ecological theory was formulated by Urie Bronfenbrenner to understand the lifelong course of human development by accounting for how the environment can influence human growth (Bronfenbrenner, 1979b, 1994). From the inception of the ecological systems theory in the 1970s, it was applied to explain the complexities of deviant behaviour acquisition in many situations. For example, it was widely disseminated to explore the influences that external environments can have on how families function, as well as on childhood development and maltreatment (Belsky, 1980, 1993; Bronfenbrenner, 1979a, 2011; Bronfenbrenner, 1986; Cicchetti, Toth, & Maughan, 2000; Eamon, 2001; Grzywacz & Marks, 2000; Spencer, 2008). Many studies also employed ecological approaches to the context of bullying and aggression (Craig & Pepler, 1998; Espelage, 2014; Lee, 2011; Swearer & Doll, 2001), a substantial number discussed adolescent development from an ecological perspective (Feldman & Matjasko, 2005; Leonard, 2011; Lerner & Galambos, 1998) and some concentrated on deviant adolescent behaviours such as drug use, gang fighting and gun crime (Brooks-Gunn, Duncan, Klebanov, & Sealand, 1993; Duerden & Witt, 2010; Espelage, 2014; Lerner, Almerigi, Theokas, & Lerner, 2005; Liddle, 1999). Bronfenbrenner's theory offered a comprehensive way to understand the risk factors that increase the probability of accepting or perpetrating IPV at various ecological levels, and it was adopted by WHO's widely cited report on violence and health (Krug et al., 2002; World Health Organization, 2002, 2010).

However, a substantial number of the above published studies applied Bronfenbrenner's theory exclusively to contextual analysis or only adopted early or partial versions thereof – at the expense of person-context interrelatedness. According to Tudge et al. (2009), Bronfenbrenner's theory of human development, until Bronfenbrenner died in 2005, was in a constant state of flux. Although his earliest work prioritised the well-known ecological systems

model, involving the microsystem, mesosystem, exosystem and macrosystem, none of his work overlooked the critical role the individual plays in the process of development (Tudge et al., 2009). Moreover, his later work engaged in self-criticism for a surfeit of studies on contextual analysis, without discussing the active role of the individual (Bronfenbrenner & Morris, 2007). Hence, his attention shifted to the inherent biological change in a developing person within an ecological system at a later stage, following which he posited the core element, proximal process, of his ecological theory (Bronfenbrenner, 2005; Shelton, 2018; Tudge et al., 2009). It is therefore inappropriate and inadequate for a study to describe Bronfenbrenner's theory, which developed over the course of a half century, by only adopting his early works or parts thereof (Tudge et al., 2009). Hence, to gain a better understanding of the full version of Bronfenbrenner's theory, the following subsection introduces the two phases of his theory development.

Bronfenbrenner's human development theory consisted of two distinctive phases involved in the evolution from ecology to bioecology. In the 1970s, his ecological paradigm was initially articulated and climaxed in *The Ecology of Human Development* (1979). Unlike previous theories on human development, which regarded relationships between the individual and environment as a linear equation, Bronfenbrenner proposed a new theoretical perspective that an environment's influences on a developing individual should be analysed in systematically nested structure terms (Bronfenbrenner, 1979b). His ecological systems model (including micro-, meso-, exo- and macrosystems) comprehensively accounted for the extensive impacts, both immediate and more remote, an environment can have on the lifelong course of a changing individual's development, and the interactions among them (Bronfenbrenner, 1979b, 1992, 1994). Additionally, instead of only conceiving of and dealing with a single level or the immediate level of the environment, Bronfenbrenner suggested that influences from the external settings within which the individual is not able to participate directly can have just as

great an effect on changing life trajectories (Bronfenbrenner, 1979b, 1994). Additionally, the ecological environment was not static but evolved over time, whereby, on the one hand, the developing individual plays an active role in a continuous adaption of a changing environment, whilst on the other hand, the environment changes in order to accommodate better the developing individual residing therein (Bronfenbrenner, 1979b; Shelton, 2018). Bronfenbrenner's ecological systems theory builds a new paradigm to help investigate the wide-ranging developmental influences an environment can have on an individual's development, thereby providing an operationally, theoretically and methodologically sound model in the domain of human development and across diverse disciplines (Ceci, 2006).

Bronfenbrenner's theory was in a state of continuous progression. In his later works, he started to stress the role of genetic endowment in the process of human development, as well as the core issue on understanding the mechanism through which the individual's genetic potential transformed into phenotypic functioning in the ecological environment (Bronfenbrenner & Ceci, 1994). To manifest the prominent part genetics played in the ecological systems theory, Bronfenbrenner extended his theory by naming it the 'bioecological theory of development' (Bronfenbrenner & Ceci, 1994; Ceci, 2006; Shelton, 2018). In this newly named theory, Bronfenbrenner defined the degree of genotype differences, realised in phenotype differences, as 'heritability', and the engine that drives an individual's genotypes actualised in phenotypes as a 'proximal process'. A strong proximal process was believed to stimulate the genetic potential (genotypes) to produce more positive developmental outcomes and buffer developmental dysfunctions (phenotypes) (Bronfenbrenner, 1994). That is to say, enhancing the effectiveness of the proximal process can contribute to a higher level of heritability and, in the meantime, produce a more advanced level of psychological growth and developmental functioning (Bronfenbrenner, 1994; Ceci, 2006).

The proximal process is therefore regarded as the most distinctive characteristic of Bronfenbrenner's theory, as it distinguishes his writings from previous ones, and henceforth, he referred to Process (proximal process), together with Person (the developing person), Context (micro-, meso-, exo-, and macrosystems) and Time (chronosystems) (PPCT for short) as the four defining properties of his bioecological model (Bronfenbrenner, 2005; Bronfenbrenner & Morris, 1998; Bronfenbrenner & Morris, 2007; Tudge et al., 2009). The PPCT model is therefore regarded as the 'mature' version of Bronfenbrenner's theory (Tudge et al., 2009, p. 198). This study applies the developed version of Bronfenbrenner's theory in its mature form to understand IPV phenomena. A complete evaluation of each element in the PPCT model on individuals' acceptance or perpetration of IPV is provided.

4.4 APPLYING THE PPCT MODEL TO IPV RESEARCH

Bronfenbrenner's PPCT model consists of four principal defining properties, namely proximal process, person, context and time, as well as the complex, dynamic and reciprocal interactions among them (see Figure 4.4). The proximal process attains prominence in Bronfenbrenner's later writings, and it is described by him as the primary engine or the core driving force of human development in the PPCT model. More specifically, the proximal process is the essential mechanism through which the developmental potential of active and evolving individuals and their interactions with people, objects and symbols are actualised within the immediate surrounding environment. However, the content, form, direction and power of the proximal process to affect human development can vary in relation to the impact of the joint actions of the other three elements within the PPCT model: the biopsychological characteristics of the person i.e. demand, resources and force, the four-level context i.e. micro-, meso-, exo- and macro-systems, and the development of time (Bronfenbrenner & Morris, 2007) (see Figure

4.4). This section will now examine, in greater detail, each of the four defining properties of the model, beginning with the biopsychological characteristics of the person.
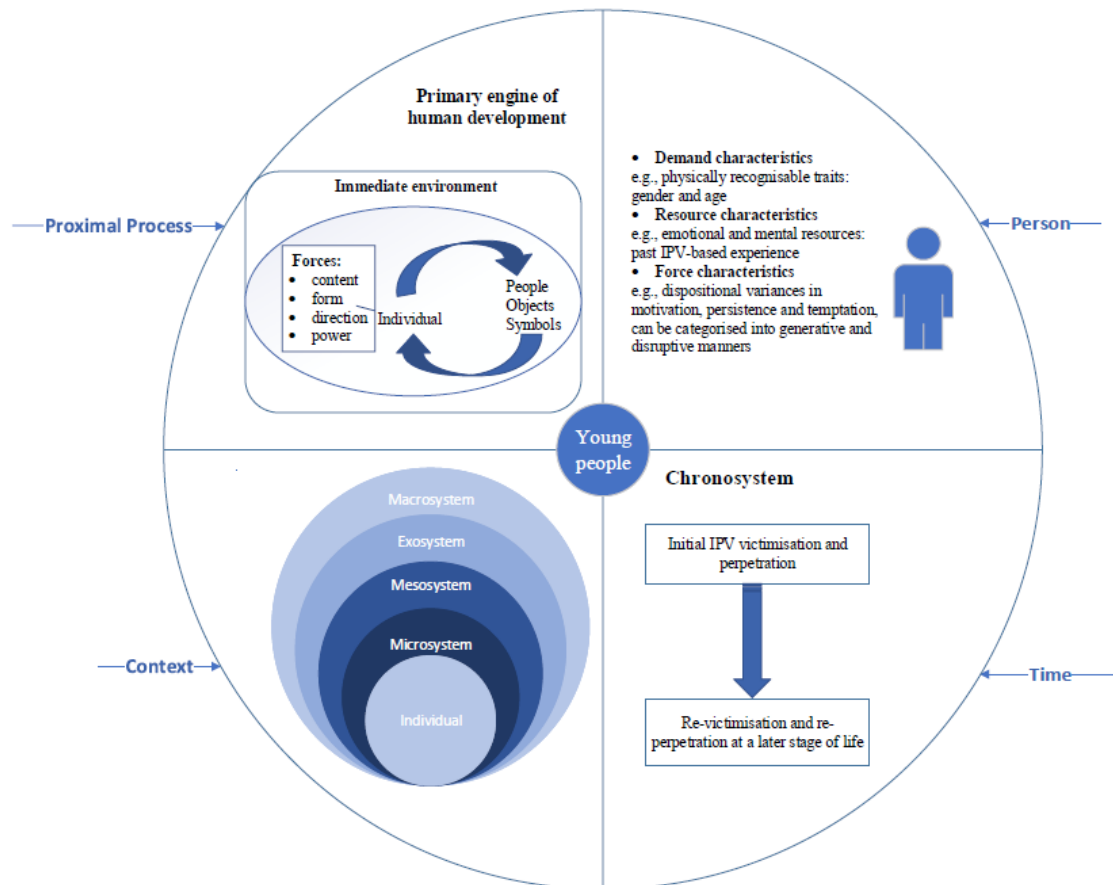
Figure 4.4 PPCT model on IPV

4.4.1 Person

Bronfenbrenner sees the bio-psychological characteristics of individuals as significant factors in shaping the way they perceive and experience the environment. Three types of personal traits constructing an individual's life developmental trajectory were labelled in Bronfenbrenner and Morris (1998), namely demands, resources and forces. Demand characteristics are personal stimuli recognisable from a physical appearance, e.g. age and gender, based on which it is possible to promote or impede social interactions, due to an immediately formed expectation

(Bronfenbrenner & Morris, 1998; Bronfenbrenner & Morris, 2007; Tudge et al., 2009). An example of the demands feature given by Bronfenbrenner and Morris (1998, p. 1012) is that "daughters with attractive appearance were less likely to suffer maltreatment from their fathers, even though the family undergoes severe economic hardship." A number of studies have discussed age variable associations with IPV, as adolescents, especially aged between 16 and 24, are regarded as being at an alarmingly dangerous stage of life in terms of experiencing IPV (for more details, see section 1.2) (Cornelius & Resseguie, 2007; Cui et al., 2013; Humphrey & White, 2000; Smith et al., 2003; Ybarra & Thompson, 2018). When it comes to gender, a vast majority of global studies overwhelmingly focus on female victimisation and male perpetration (Decker et al., 2014; Humphrey & White, 2000; Lammers et al., 2005; Shen et al., 2012). However, in comparison, a systematic review found out that females and males are equally capable of perpetrating IPV, and females are slightly more likely than males to resort to violence in an intimate relationship (Capaldi et al., 2012).

Different from demands characteristics, resources characteristics are not physically seen but are more relevant to mental and emotional resources that can affect an individual's entire life (Bronfenbrenner, 2005; Bronfenbrenner & Morris, 1998; Rosa & Tudge, 2013; Tudge et al., 2009). A typical instance of the developmental effect of resources features is that infants born with genetic defects or physical handicaps suffer limited resources compared to mentally or physically healthy children, and they are less able to engage actively in the proximal process (Bronfenbrenner & Morris, 1998; Rosa & Tudge, 2013). As for IPV, a number of studies previously mentioned in the literature review herein revealed that individuals who suffered IPV in childhood were highly associated with sequential risks of victimisation and perpetration within adolescence and adulthood (see section 2.3.1) (Cornelius & Resseguie, 2007; Cui et al., 2013; Pittenger et al., 2016; Smith et al., 2003) and observed a higher rate of re-experiencing IPV at between 20 and 39% (Pittenger et al., 2016, p. 36).

Force characteristics refer to individuals' dispositional variances in terms of motivation, persistence and temptation, which can be categorised into generative or disruptive manners. Individuals with generative force characteristics are more likely to initiate proximal processes when completing complex tasks, deferring immediate gratification and sustaining long-term goals (Bronfenbrenner & Morris, 1998, p. 1009; Tudge et al., 2009). On the contrary, individuals with disruptive force characteristics tend to fail in emotional and behavioural management. As described in Bronfenbrenner and Morris (1998, p. 1009), disruptive disposition includes bio-psychological characteristics such as "impulsiveness, explosiveness, distractibility, inability to defer gratification, or, in a more extreme form, ready resort to aggression and violence." This theoretical hypothesis is consistent with relevant findings identified in the literature review (see Section 2.3.1), which suggests that individuals with personal traits and genetic potentials, such as hedonistic tendencies, aggressive or volatile personalities and depression or suicide susceptibilities (Darling, 2007; Espelage, 2014; Lee, 2011; Spencer et al., 1997), accordingly have a significantly higher risk of engaging in deviant activities such as substance abuse and sexual behaviour disorders, thereby leading to a higher possibility of IPV victimisation and perpetration (Cleveland et al., 2003; Eaton et al., 2007; Howard & Wang, 2003; Jewkes, 2002; Shorey et al., 2011; Silverman et al., 2006; Temple et al., 2011; Temple et al., 2013).

The above three types of biopsychological characteristics are not static – they are inherent in the developing person and change biologically over time (Bronfenbrenner & Morris, 1998; Rosa & Tudge, 2013; Shelton, 2018). Biological changes alter the nature of the role the developing individual plays in the environment (Shelton, 2018). These changes can be relatively passive, for example the environment may react differently to individuals, due to changing demands characteristics such as growing older, or they can be more active according to the developing individual's resources characteristics such as ability, experience, knowledge

and skills, which are linked to their capability when actively engaging in the environment. Alternatively, they can be most active in such a way that their forces characteristics set in motion the desire or drive to create new features that alter the surrounding environment (Tudge et al., 2009, p. 201). Therefore, when applying the person as one of the defining properties of Bronfenbrenner's PPCT theory to facilitate well-being and mitigate the risk of IPV, it is of crucial importance to consider the nature of the developing individual's biopsychological features, e.g. demands, resources and forces, together with their various changing patterns and interrelationships in shaping the environment.

4.4.2 Proximal process

Bronfenbrenner describes the proximal process as the primary engine through which developing individuals' genetic potentials for effective development are actualised in the surrounding environment (Bronfenbrenner, 2005; Bronfenbrenner & Ceci, 1994). Individuals with robust proximal processes are more inclined to initiate genetic potentials (genotypes) to stimulate psychological growth, sustain positive development and buffer developmental dysfunction (phenotypes) (Bronfenbrenner, 1994). Regarding IPV, this means that individuals with a powerful proximal process will more likely control, impede or overcome inherent unfavourable genotypes (individual risk factors of IPV) such as gender, age, a volatile temperament and depression (for more details on individual risk factors, see Section 2.3.1). In the meantime, actualise favourable genotypes into external phenotypes, that is to say, they utilise positive knowledge and skills to maintain a healthy and respectful intimate relationship. However, the process of actualising internal genotypes into external phenotypes is complex. Bronfenbrenner and Ceci (1994, p. 572) stated that the realisation process requires intervening mechanisms (proximal processes) to connect the inner with the outer in a bidirectional operation, which takes place not immediately or at any one time, but over the life course. In

Bronfenbrenner's later works, he formulated two essential propositions of the defining component proximal process within the bioecological model, which have been widely cited by many studies. The first proposition is as follows:

> *Human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to as proximal processes* (Bronfenbrenner, 2005, p. 6; Bronfenbrenner & Ceci, 1994, p. 572; Bronfenbrenner & Morris, 1998, p. 996; Bronfenbrenner & Morris, 2007, p. 797).

Applying it to IPV, we could suggest that individuals' IPV victimisation or preparation tendencies are linked to a network of regularly interacting but damaged relationships in an immediate external environment (microsystems), for example a lack of protection or support from family and peers, or a school's negative environment and non-engagement in IPV prevention. The significant role of these relationship factors causing IPV issues is widely documented in the literature, as discussed in Section 2.3.2.

Additionally, in the previous discussion, the proximal process is considered the driving force behind positive personal development; however, in order to initiate and keep it going requires dynamic energies and forces, which are introduced in the second proposition below:

> *The form, power, content, and direction of the proximal processes effecting development vary systematically as a joint function of the characteristics of the developing person; of the environment—both immediate and more remote—in which the processes are taking place; the nature of the developmental outcomes under consideration; and the social continuities and changes occurring over time through the*

life course and the historical period during which the person has lived (Bronfenbrenner, 2005, p. 6; Bronfenbrenner & Ceci, 1994, p. 572; Bronfenbrenner & Morris, 1998, p. 996; Bronfenbrenner & Morris, 2007, p. 798).

Translating this proposition into an example of IPV-based curriculum intervention, setting the proximal process in motion involves the joint functioning of four-pronged sources of dynamic force: the *form* (e.g. students' attitudes and behaviours relating to IPV), the *power* (e.g. the importance of the intervention to students, teachers and other stakeholders), the *content* (e.g. the variability of students' knowledge, skills and learning capabilities that can be applied to participate in the intervention) and the *direction* (e.g. promoting students' awareness and mitigating the risk of IPV). Additionally, the power of the proximal process to actualise the effectiveness of an IPV preventive programme will be more substantial if the learning process takes place in an instructive, stable and advantageous environment. Furthermore, change within the process is not a one-off event but repeats throughout an individual's life. Finally, the effects of the proximal process, as the engine to stimulate IPV prevention, should be considered as a whole within the PPCT model, interacting with the immediate or remote *context* over an extended *time*.

4.4.3 Context

Context in Bronfenbrenner's early works has been applied to a number of IPV-related studies (Alaggia, Regehr, & Jenney, 2012; Krug et al., 2002; Little & Kaufman Kantor, 2002; Pittenger et al., 2016). The context model involves four interrelated systems, namely microsystems, mesosystems, exosystems and macrosystems (Bronfenbrenner, 1979b, 1994), each of which is now discussed in turn.

Microsystems

Microsystems represent the surroundings with which the developing individual immediately and directly interacts. These are generally in face-to-face settings and are made up of individuals' personal and biological characteristics, relationships, roles and activities within the environment (Bronfenbrenner, 1979b, 1994). As outlined previously, three types of bio-psychological features of the Person, namely demands, resources and forces, shape the ways in which individuals communicate with or react to the observed environment and experience or perpetrate IPV in an intimate relationship (Bronfenbrenner, 2005; Tudge et al., 2009). On the other hand, microsystems involve persons, objects and symbols that can have an impact on shaping a developing individual's personal and biological characteristics; in contrast, individuals themselves also play active roles in creating and influencing their immediate environment (Bronfenbrenner, 1994; Shelton, 2018). In IPV-based studies, the most widely documented micro-settings that influence an individual's acquisition of an IPV act are families, peers and schools, all of which have been discussed in Section 2.3.2 as relationship factors potentially causing IPV issues.

Mesosystems

Mesosystems contain links, relationships and activities within two or more microsystems, in which the developing individual interacts directly and participates actively (Bronfenbrenner, 1979b, 1994). Settings containing the developing individual in mesosystem are dynamic, they link together and transact with each other and individuals residing in them move from setting to setting (Bronfenbrenner, 1979b; Shelton, 2018). Appling mesosystems-related theory to IPV research, studies stress that schools' engagement is regarded as one of the best approaches to valuing students' IPV relationships and discouraging any kind of violence between settings (World Health Organisation, 2012). Schools' involvement in IPV primary preventive

programmes can be developed in such a way as to not only mitigate the risk of IPV among students participating in the programme, but also promote awareness within a network of settings surrounding them (Arriaga & Foshee, 2004; Brown et al., 2009; Cornelius & Resseguie, 2007; Shorey et al., 2011). For example, research illustrates that assisting students to develop a positive and healthy perspective on IPV situations can alter the way they see and deal with such issues occurring in their peer groups, families or neighbourhoods (Duerden & Witt, 2010; Espelage, 2014; Pittenger et al., 2016). Additionally, students who have gained knowledge of IPV from school can have a positive impact on their own beliefs or attitudes regarding issues in their current or future intimate relationships (Little & Kaufman Kantor, 2002; Shelton, 2018). Hence, to prevent the potentially ingrained phenomenon of IPV in society, by delivering an IPV-based curriculum within school settings, is a promising and fruitful endeavour.

Exosystems

Exosystems consist of interactions taking place between two or more systems, at least one with which the developing individual has no direct connection (Bronfenbrenner, 1994; Miller, 2014), for example a parent's relationship with a child's school, or a child's relationship with a parent's workplace (Bronfenbrenner, 1994). At this level, a number of studies note that the community environment can be linked to a higher level of IPV perpetration and hinder the process of recovery from victimisation (Edwards & Neal, 2017; Park & Kim, 2018; Rothman et al., 2011). As evidenced in several studies, community poverty and rurality can lead to weak community cohesiveness and low willingness to interact with neighbourhoods, which discourages bystander intervention and help-seeking attempts by individuals (Capaldi et al., 2012; Edwards & Neal, 2017; World Health Organisation, 2002). Similarly, school communities located within an impoverished environment can also diminish how students feel

connected to schools and lower their confidence to seek support from teachers or peers when suffering IPV (Capaldi et al., 2012; Edwards & Neal, 2017).

Macrosystems

Macrosystems present the cultural structures that permeate micro-, meso- and exosystems, with reference to the developing individual's beliefs, worldview and customs (Bronfenbrenner, 1994). At the macrosystems level, social norms related to gender inequality and stereotypes are considered deep-rooted risk factors for an individual learning about IPV behaviour (Heise, 2011; Parkes et al., 2016). Since social norms and beliefs are the shared expectations of a particular group of people regarding how individuals should behave, if a particular country promulgates ideological factors such as male honour, female obedience and tolerance of violence as a way to resolve conflicts, individuals from the group are more likely to suffer IPV (Heise, 2011). According to the WHO multi-country study mentioned in Heise (2011, p. 13), women who supported wife-beating accordingly increased the odds of IPV incident in 13 out of 15 countries. In addition, over 35 population-based studies from Asia, Africa, Latin America and the Middle East demonstrated that condoning IPV among both women and men is regarded as a strong predictive factor in preventing IPV perpetration.

Therefore, by adopting context from Bronfenbrenner's theory, this research presents the causes of IPV as emanating from the ecological environment in which an individual resides (see Section 2.3). In reference to context, when identifying and addressing IPV issues, various risk factors at various levels can be considered and dealt with simultaneously. Hence, with the assistance of context theory, the inter-relationships between environmentally-related causations, which need to be understood in order to develop preventive strategies when combating the issues of IPV victimisation and perpetration, can be fully considered.

4.4.4 Time

Time, as the last element in Bronfenbrenner's PPCT model, is equally important in terms of the consistency or change related to an individual's development throughout life within the ecological environment (Bronfenbrenner, 2005; Tudge et al., 2009). Although the early versions of Bronfenbrenner's model did not have time as an essential concept, he incorporated a specific reference to it in the notion of a "chronosystem" (Shelton, 2018). As for time and change, IPV studies point to the potential of individuals who have experienced IPV in adolescence suffering adverse outcomes in later life such as post-traumatic disorders, lower self-esteem, substance abuse and academic failure (Amar & Gennaro, 2005; Jewkes, 2002). Moreover, experiencing initial IPV perpetration or victimisation at an early stage of life suggests that individuals will most likely endure IPV again in adulthood (Cornelius & Resseguie, 2007; Cui et al., 2013). IPV in adolescence is closely associated with the phenomenon in married relationships, which can lead to domestic violence such as parent-child aggression and child belligerence (Humphrey & White, 2000; Ybarra & Thompson, 2018). Therefore, if IPV preventive work could be delivered to students who are in the early stages of an intimate relationship, it could be effective in reducing violent issues in current or future relationships.

4.5   CONCLUSION

Although Bronfenbrenner's theory has been in existence for half century, one question needs to be asked: has Bronfenbrenner's theory been correctly applied to ensure sufficient understanding of the IPV phenomenon? Tudge et al. (2009, p. 207) suggested that "many scholars treated Bronfenbrenner's theory as though it was primarily a theory of contextual influences or of person-context interaction without any consideration of the core feature of the theory—proximal processes." Similarly, a number of studies in the field of IPV prevention

have adapted ecological theory exclusively to contextual-based analysis and discounted the proximal process of an individual's development and person-context interrelatedness. Since very few studies have cited Bronfenbrenner's PPCT model in IPV primary prevention, this study fills this theoretical gap by applying his 'mature' model, involving the four elements person, proximal process, context and time, preventing IPV.

To do so, instead of applying a partial version of the ecological model to explore IPV issues solely through a nested environmental context, namely the microsystem, mesosystem, exosystem and macrosystem, the other three elements, namely the primary driving force of the human development-proximal process, the biopsychosocial characteristics of the person and changes over extended time, in Bronfenbrenner's PPCT model are considered herein. Additionally, and somewhat different from existing theoretical theories in IPV research, which have failed to integrate different perspectives from multiple stakeholders or address either context or proximal accounts within one model, Bronfenbrenner's PPCT model complies with the demand to blend the various views of victims, perpetrators and practitioners into one comprehensive framework. Since Bronfenbrenner's PPCT model has the potential to unify IPV propositions in the existing literature into one cohort theoretical framework to guide practical intervention, it is advocated and adopted by this research, in order to interpret and analyse IPV phenomena. Moreover, Bronfenbrenner's PPCT model has been used to generalise, understand and explain various aspects of IPV prevention. Furthermore, it has been applied to interpret research findings elicited from data analysis in this study regarding the ways to develop an effective curriculum-based IPV education programme (see Chapter VI).

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CHAPTER V

METHODOLOGY

5.1 INTRODUCTION

This chapter introduces and justifies the adopted participatory mixed methods research approach, drawing on some aspects of an action research methodological framework (Ivankova, 2015) to research the IPV-based preventive intervention. Initially, the overall research aims, and formulated questions are stated. Thereafter, the purposive sampling strategies (Etikan, Musa & Alkassim, 2016; Tongco, 2017) are used to recruit participants, the roles that students, teachers and I (the researcher) play throughout the research, and the paradigm that I employ to design and conduct the research are presented. This is followed by a description of the selected data collection methods, the strengths and weaknesses of applying them, a discussion of what way they are appropriate for the research design, and a justification of how they are constructed. Finally, a consideration of ethical issues when working on the subject of IPV, and the obtained ethical approvals for carrying out this research, is included.

5.2 RESEARCH AIMS AND QUESTIONS

As previously stated, this research adopts a participatory mixed methods strategy informed by some components of an action research framework. The aims of the research are to:

- Identify what prior knowledge 16- to 19-year-old college students have regarding IPV, and to deepen their current understanding about IPV through a targeted curriculum intervention.

- Analyse critically the extent to which a curriculum-based intervention can influence and change attitudes about IPV among 16- to 19-year-old college students.

Hence, to achieve the research aims, the research questions of this study are:

- What prior knowledge do 16- to 19-year-old college students have regarding IPV?

- To what extent can 16- to 19-year-old college students' understanding of IPV be increased following a curriculum intervention?

- Is this curriculum-based intervention effective in promoting awareness and mitigating the risk of IPV among 16- to 19-year-old college students?

5.3 PARTICIPATORY MIXED METHODS RESEARCH

This study adopted a three-phase participatory mixed methods research design, drawing on some elements of an action research framework (Ivankova, 2015). This section commences with an introduction to the characteristics of mixed methods research and elements of the action research approach, which is followed by the complex/advanced applications of a participatory mixed methods methodological framework to develop an IPV-based curriculum intervention.

5.3.1 Mixed methods research

Mixed methods research (MMR) is described by Creswell & Plano Clark (2017, p36) as 'an intuitive way of doing research', in that we naturally perceive the real world as integrated, involving both quantitative and qualitative means, rather than isolated or separated (Cohen, Manion, Morrison, & Bell, 2018). This characteristic contributes to the pervasive use of MMR in articulating, conducting and documenting research practice, and it gains prominence as 'the third methodological movement', or 'one of the three major research paradigms', along with quantitative and qualitative approaches (Creswell & Guetterman, 2020; Creswell & Plano Clark, 2017; Johnson, Onwuegbuzie & Turner, 2007). To date, the definition of MMR has

evolved from combining a quantitative method collecting numbers (close-ended data) and the qualitative collection of words or images (open-ended data), to involving various aspects of the research process, methods, viewpoints and analysis (Creswell & Plano Clark, 2017; Tashakkori & Teddlie, 2009). One composite definition presented in a widely cited article by Johnson, Onwuegbuzie & Turner (2007, p123), who canvassed a number of prestigious scholars in the MMR field, defines MMR as:

> '[…] *a type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration*'.

Accordingly, the rationale for adopting MMR in this research is also to explore a variety of viewpoints, to integrate qualitative and quantitative modes for inference, interpretation and analysis and to generate divergent insights, in order to obtain a complete and comprehensive picture of IPV-based preventive education among college students in a real-life situation. Further details of MMR applications in this research are provided later in this section.

There are three highly recognised MMR research designs, namely (1) the convergent design (Qual+Quan: qualitative and quantitative data are collected and analysed separately and concurrently, with both strands of data compared and integrated to display evidence); (2) the explanatory sequential design (Quan → Qual: quantitative data are collected and analysed in the first phase, following which the results are used to build on a qualitative plan in the second phase) and (3) the exploratory sequential design (Qual → Quan: qualitative data are collected and analysed initially, and then quantitative instruments are developed and tested in sequence to test, explain and confirm the initial qualitative results) (Creswell & Creswell, 2018; Creswell & Plano Clark, 2017; Plano Clark, 2019).

To advance the field of MMR, there is a growing tendency to embrace the idea of incorporating these core designs into other larger research frameworks, such as certain elements of participatory action research, by composing an enhanced research design to address complex practical issues through a hybrid methodological lens (Creswell, 2009; Ivankova & Wingo, 2018; Ivankova, 2017; Melissa DeJonckheere, Toraman, Haddad and Vaughn, 2019; Creswell & Plano Clark, 2017). Participatory mixed methods research refers to the combination of participatory (also named "community-based participatory research," "action research" or "participatory action research") and mixed methods research, and it is considered 'one of the most prominent complex applications of the core MMR research designs' (see Creswell & Plano Clark, 2018) and 'one of the advanced applications of designs for mixed methods research' (see Plano Clark & Ivankova, 2016). In addition, Ivankova and Wingo (2018) suggested participatory mixed methods research synergistically intersects qualitative stakeholders' participation with quantitative results by drawing on some or all essential components of action research. This in turn has the benefit of producing more methodologically sound and scientific outcomes to inform intervention planning, implementation, monitoring and evaluation. Accordingly, this study intersected a three-phase participatory mixed methods design alongside aspects of an action research framework as a means to develop a school-based IPV preventive intervention curriculum and to enhance stakeholders' engagement with research outcomes. The following section introduces action research and describes the application of the mixed methods design by drawing on elements of an action research process.

5.3.2 Action research

Action research is commonly used as a methodological approach for improving practice (Elliott,1991; McNiff, 2016). Kurt Lewin (1946) initially coined the term 'action research' and codified it into a cyclical process for improving the social/living conditions of disadvantaged

people (Carr & Kimmis, 1986; Cohen et al., 2018). Today, the term is widely applied to research in many guises, for instance action research, participatory action research, critical action research, practical action research, action learning, community-based participatory action research and many others (McNiff, 2013; Cohen et al., 2018; Kemmis, McTaggart & Rhonda, 2013). It is often cited as a participatory process 'seeking to bring together action and reflection, as well as theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concerns' (Reason & Bradbury, 2008, p. 4).

Action research draws a great deal of attention to curriculum research and development, since it provides a dynamic process for developing a customised syllabus that engages participants' interests and abilities (Carr & Kemmis, 1986; Elliott, 1991; Stringer, 2013). It is concerned with generating living theory and introducing innovations in teaching and learning practice (Reason & Bradbury, 2008; McNiff, 2013; Riding, Fowell, & Levy, 1995). Additionally, as Reason and Bradbury (2008, p5) suggested, 'it is a verb rather than a noun', which means action research practice is less defined as a definitive method and more 'a work of art emerging in the doing of it'. In the UK, action research has been introduced to promote innovative actives when educating IPV-related issues in schools. For example, Renold (2018) led a school-based participatory activist project using arts-based methodologies to challenge the oppressive sexual cultures and practices among young people in Wales (for more detail, see Section 3.4.2).

Although the emphasis on action research's 'hearing voice' suggests it aligns more with qualitative approaches, there is an increasing attention in the literature on mixed methods and participatory research mergers and consolidations (Mertens, Bledsoe, Sullivan, & Wilson, 2010; Ivankova, 2014; Creswell & Plano Clark, 2017; Martí, 2015). This study adopted a participatory mixed methods research framework, drawing on the action research cyclical process, i.e. planning a change, acting on and observing the process, reflecting on the consequences and so on (Kemmis, McTaggart & Rhonda, 2013, p18), to develop a school-

based IPV preventive intervention curriculum and to enhance participants' practice in dynamic phases. Using this framework, this research deals with IPV issues by customising and delivering this IPV-related curriculum through a three-phase methodical inquiry-in-action process. In this study, the nature of participation included an iterative curriculum design and development approach based on a series of reflective sessions with students and teachers. The following section describes how this study employed the intersection of parts of action research in terms of cyclical stages within a participatory mixed methods framework.

5.3.3 Participatory mixed methods research drawing on elements of an action research framework

MMR often intersects with other approaches, by linking with complex research designs involving various phases such as action research (Creswell & Plano Clark, 2017), and it can be strengthened when combined with action research (Ivankova & Wingo, 2018). Ivankova (2015) justifies the possibilities of synergistically combining the two approaches, and in her book she describes that mixed methods and action research are similar in a number of methodological, philosophical and conceptual ways, thereby making their integration meaningful, credible and advantageous. In addition, Creswell & Tashakkori (2007) introduced a practical perspective to carrying out research by following a bottom-up approach, whereby researchers conducting mixed methods research indeed adopt it to implement their 'traditional research designs', for instance action research. Creswell & Plano Clark (2017) also described a complex application of the core mixed methods design within a participatory research framework, while Plano Clark & Ivankova (2016) described this convergence as an advanced application in the design of mixed methods research. Additionally, some studies indicated that even though action research tends to be associated more closely with qualitative approaches, there is a growing tendency to merge mixed methods and participatory research (Mertens et al., 2010; Ivankova, 2014;

Creswell & Plano Clark, 2017; Martí, 2015). These assertions are supported by a growing number of published works in various disciplines (e.g. DeJonckheere et al., 2019; Ollis & Harrison, 2015; Parker, Lieschke and Giles, 2017; Ivankova, 2017; Renold, 2018; Libby et al., 2018), in which a participatory mixed methods methodology is used to inform data collection and analysis by drawing on some or all elements of an action research methodology.

Accordingly, this study utilised a participatory mixed methods methodology via the synergistical integration of mixed methods and some aspects of action research, in order to secure a more systematic and comprehensive approach to data collection and analysis. The participatory mixed methods methodological framework used in this study conceptually consists of three phases: planning (phase 1), action & observation (phase 2) and evaluation (phase 3). The core mixed methods designs (Quan/Qual) were framed by the participatory (Part) nature of IPV-based curriculum development throughout the three phases (see Table 5.3.3).

As shown in Table 5.3.3, during the planning phase, the participatory mixed methods research adopts an exploratory sequential design (Qual → Quan+ Part) to conduct a preliminary assessment of the identified issue by exploring participating students' viewpoints on IPV-related education through semi-structured interviews. It then moves on to inform the development of a quantitative instrument and the design of an IPV-based curriculum and its intervention. The planning phase provides access to various perspectives and ensures the consideration of participating teachers and students' interests from the onset of intervention.

During the action & observation phase, the intervention plan grounded in participatory mixed methods inferences was implemented. Capitalising on the strengths of mixed methods, both quantitative questionnaire data and qualitative observational data were collected and analysed in a convergent design (Quan+ Part+ Qual), drawing on participants' thoughts from multiple

perspectives. More details on participatory action design and development are provided in Sections 6.3-6.5.

During the evaluation phase, a participatory mixed methods approach in a convergent design (Quan + Qual+ Part) informed the collection and analysis of quantitative questionnaire data and qualitative interview data. In addition, it helped researchers to interpret the integrated results, in order to learn whether the intervention produced the desired outcomes that were set in the planning phase. Also, decisions about the next steps were made, using the new set of mixed methods inferences generated from the evaluation/reflection of the implemented intervention. A reflection note on the intervention process, by the researcher, is presented in Section 7.5.

Table 5.3.3 Three-phases participatory mixed methods research

Study phases	Research design	Research process
Phase 1 Planning	Exploratory sequential design (Qual ➜ Quan + Part)	• Qual: interview data collection and analysis • Quan: questionnaire instruments development • Part: action/intervention design and its intervention build on previous qualitative interview results
Phase 2 Action & observation	Convergent design (Quan + Part +Qual)	• Quan: questionnaire implemented following a pre-test-post-test design • Part: curriculum delivery informed by initial planning phase • Qual: observation data collected during teaching activities
Phase 3 Evaluation	Convergent design (Quan + Qual + Part)	• Quan: evaluation questionnaire data analysis • Qual: group interviews with students and semi-structured interviews with teachers • Part: action/intervention reflection and revision

5.4 RESEARCH DESIGN

This section begins with an introduction to the sampling strategy, the different roles the participants and I fulfil in the research and the worldview that I, as the researcher of the study, have, in order to examine the methodological aspects of this research.

5.4.1 Sampling strategy

Generally, to answer research questions, it is impractical to reach all cases (Sharma, 2017; Taherdoost, 2016). Thus, researchers employ sampling techniques to systematically define the representative subset of the whole population on which the inquiry should focus (Denscombe, 2014; Kemmis et al., 2013; McNiff, 2013; Sharma, 2017). It is assumed that data obtained from the selected subgroup will represent knowledge gained from the entire group; therefore, the appropriateness of the sampling strategy is crucial (Cohen et al., 2018; Sharma, 2017; Taherdoost, 2016). A suitable sampling strategy is generally associated with key factors such as sample size, sampling methods as well as representativeness and approachability (Cohen et al., 2018; Denscombe, 2014; Taherdoost, 2016). Furthermore, it is advisable to gather a sample more extensive than required, in order to allow for non-responses, incomplete responses or withdrawals from the study (Bryman, 2016; Taherdoost, 2016; Campbell et al., 2020; Marshall, 1996).

A purposive sampling strategy (Etikan, Musa & Alkassim, 2016; Tongco, 2007) was used in this study to seek participants via direct reference to the research questions posed in Section 5.2. Purposive sampling technique, also called judgment sampling, 'is the deliberate choice of a participant due to the qualities the participant possesses' (Etikan et al., 2016, p2). The prerequisite for using a purposive sampling strategy is that researchers have knowledge that

the particular selected participants 'can and are willing to provide the information by the virtue of experience' (Tongco, 2007, p. 147). In addition, researchers have the authority to actively select what participant categories need to be sampled, following the guidelines indicated by the research questions (Bryman, 2016). The sampling strategy must be both appropriate and purposeful (Taherdoost, 2016; Marshall, 1996; Bryman, 2016; Cohen et al., 2018), as appropriate sampling decisions can have a positive impact on the quality of the research regarding the reliability of data elicited from participants (Taherdoost, 2016; Marshall, 1996; Denscombe, 2014; Marshall, 1996).

In this research, 16- to 19-year-old college students made up the subject group and were purposively selected as the primary representatives of the phenomenon in relation to the research questions (see Appendix 6 for a summary of the participants). This study recruited the students from one college, which was handpicked from one of the participating institutions involved in the Ni3 research project, to take part in this PhD study. The researcher worked collaboratively with the Ni3 research team members to seek potential participating schools and colleges through emails, phone calls and school visits, beginning April 2018. By August 2019, 16 schools from Yorkshire and Humber (n=9), London (n=3), the South East (n=1), the North West (n=1), West Midlands (n=1) and Edinburgh (n=1), totalling 4,204 students, participated in the Ni3 research. One college (located in Yorkshire and Humber, urban area) accepted the invitation to take part based on the researcher's contact, and the college was also willing to be part of the researcher's PhD project. This college is a very large general further education college with over 20,000 students and apprentices drawn from across the region. It has seven campuses, through which it provides a broad range of subject areas and includes full- and part-time academic and vocational qualifications ranging from basic skills to apprenticeships and A levels to foundation degrees.

Through the researcher's (my) contact, one teacher (a pastoral and progression manger from the Engineering Department) from the college showed interest in participating. As such, she arranged a meeting with me to give me the opportunity to provide more research details to the safeguarding lead and other subject teachers in May 2019. Two more teachers (one is a pastoral and progression manager from the Engineering Department, and the other one is a coaching tutor of PSHE from the Visual and Digital Department) expressed their willingness to take part in the research after the meeting. These three teachers were selected to be part of this study because of their profound specialised knowledge in delivering pastoral subjects. As Etikan et al. (2016, p2) point out, 'purposive sampling involves identification and selection of individuals that are proficient and well-informed with a phenomenon of interest'.

The teacher from the Engineering Department was the first to confirm their participation and arranged me to deliver the IPV-related intervention in October 2019. The planning phase took place on 4th October 2019. The teacher from the Engineering Department introduced me to a group of 15 students (all males) taking her PSHE session and outlined my study to them, following which the first four students to put up their hands to participate were selected by me to have an interview in a vacant meeting room, one by one. As some female students were needed, I invited the teacher from the Hair, Beauty and Makeup Department to be part of the research. She asked me to attend her session (with a group of 12 female students) and I conducted the individual interviews with four female students who voluntarily participated on 29th October 2019. As suggested by Cohen et al. (2018, p. 218), 'in purposive sampling, the researchers often handpick the cases to be included on the basis of their judgement'. In this research, the researcher designed the IPV-based curriculum intervention and selected the college due to its willingness to participate. The contributing teachers hand-picked the groups of students to attend the sessions based on their willingness to participate, representativeness, availability and approachability.

In the action and observation phase, the teacher from the Engineering Department co-delivered the pre-test session with me to one of her classes on 22nd November. Nine male students presented at the session, but they did take part in the post-session. The teacher from the Hair, Beauty and Makeup Department conducted a pre-session with me on 27th November (with nine female students) and a post-session on 11th December (with eight female students). Additionally, from May 2020 to August 2020, a group of nine students (five females and four males) completed the online pre-test session, and six of them (three females and three males) participated in the post-test session.

After the post-session with the female the Hair, Beauty and Makeup Department students, four of them participated in the group interview in the evaluation phase. Furthermore, two individual interviews were conducted with the participating teachers. As for the online session, six students (three females and three males) completed the open-ended questions in the post-questionnaire regarding improving the web-based intervention. Table 5.4.1 presents information on the recruited students in each stage.

Table 5.4.1 Sampling characteristics

Research phases	Sampling characteristics		
	Department	Number	Gender
Planning	Engineering	4	All males
	Hair, Beauty and Makeup	4	All females
Action and observation	Engineering	Pre-test: 9	All males
	Hair, Beauty and Makeup	Pre-test: 9 Post-test:8	All females
	Online	Pre-test:9 Post-test:6	Pre-test: 5 females; 4 males Post-test: 3 females; 3 males
Evaluation	Hair, Beauty and Makeup	4	All females
	Online	6	3 males; 3 females

5.4.2 The role of participants

This study intends to introduce participatory mixed methods methodology informed by some aspects of action research as an orientation to inquiry that seeks to improve an IPV curriculum-based intervention through a three-phases interrelated process. In mixed methods research, the mixed use of qualitative and quantitative methods has different but convergent underlying philosophical foundations (see Section 5.4.3), which often requires researchers to observe and explore the studied phenomena from both insider and outsider perspectives (Ivankova & Wingo, 2018; Creswell & Plano Clarks, 2018). Similarly, in participatory research, according to Herr and Anderson, as cited in McNiff (2016, p. 48), researchers and participants can interpret their own roles and those of others in many ways, such as insider, outsider, insider-outsider, outsider-insider and multiple positions. The application of participatory mixed methods methodology also needs to balance and consider multiple roles as insiders, outsiders or in between that they may occupy during field research (Ivankova & Wingo, 2018). In this study, I see the role of 'I' as an 'outsider-insider', working with students as 'insiders' and teachers as 'insider-outsiders' (see Figure 5.4.2).
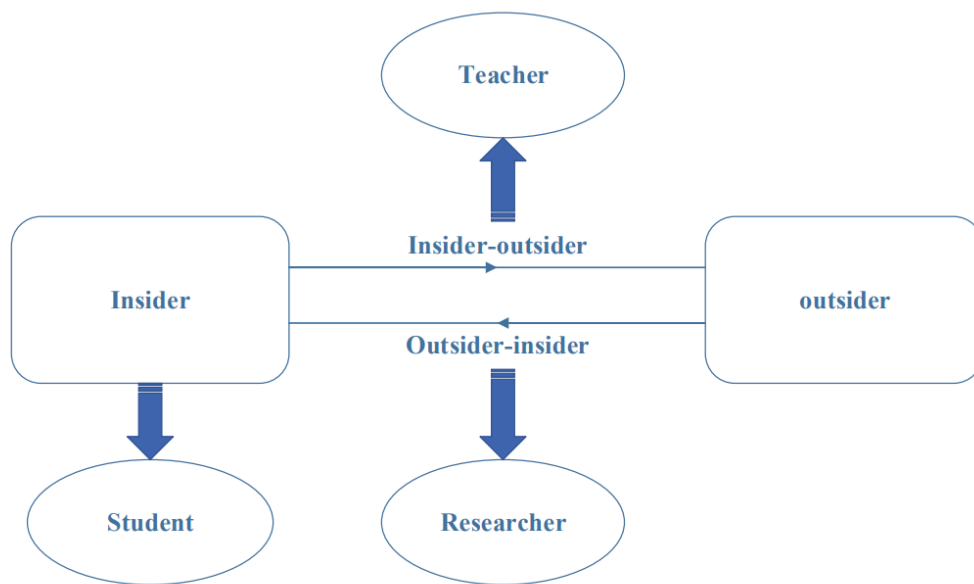
Figure 5.4.2 The role of participants in participatory mixed methods research

At the beginning of the curriculum intervention, I positioned myself as an 'outsider' in the research, because I was neither the research subject nor the one delivering the curriculum. My role, however, shifted from 'outsider' to 'insider' as the curriculum intervention progressed, since I was the designer of this curriculum intervention and provided training to teachers and worked as a teacher assistant while they taught. Additionally, I also observed classroom teaching and worked as a researcher who collected and analysed both quantitative and qualitative data to evaluate the intervention. Therefore, I placed myself as an 'outsider-insider' in this research.

Students played the 'insider' role throughout the intervention, because they were the major subject group affected from the research questions. Therefore, it was essential to elicit their views and thoughts on the existence of IPV and encourage them to share their learning experiences for practice improvement during the three phases of mixed methods data collection and analysis.

In addition, significant consideration was given to the views of teachers involved in delivering the curriculum. They were classed as 'insiders' in this research at the start because they were in charge of teaching the curriculum and were neither designers nor evaluators of this intervention (outsider). However, they were designated by this research to teach the curriculum, because students were more likely to accept the knowledge provided by a familiar teacher rather than an unknown researcher (for more information, see Section 3.4.3). To lower the impact of the teachers' personal values and ideas on teaching the curriculum, and to increase the validity of practice evidence, as the researcher of this research I designed a training programme to outline how this curriculum should be delivered. In addition, I explained the aim, purpose and process of the participatory mixed methods research before observing the outcomes, reflecting, theorising, data-gathering and evaluating (Carr & Kemmis, 1986; McNiff, 2013; McNiff & Whitehead, 2010; Waters‐Adams, 2006; Creswell & Plano Clarks, 2018).

5.4.3 Research paradigm

A research paradigm can be defined as a commonly accepted belief or value system adopted by a scientific community to research a phenomenon by employing a consensual set of principles. It generally consists of ontology, epistemology and methodology (Al-Saadi, 2014; Cohen et al., 2018; Morgan, 2007; Creswell & Plano Clark, 2018). The ontology of the paradigm refers to the nature of the reality, being or existence of the world under investigation (Kivunja & Kuyini, 2017; Cohen et al., 2018). As the researcher of this study, I hold the ontological assumption that, on the one hand, human experience and relationships are inherently limited by the nature or essence of the social world; on the other hand, human understandings of social phenomena are constrained by their perceptions, actions and interpretations.

Epistemology often arises from ontology, which defines the ways in which we look at the real nature and existence of the world. It focuses specifically on 'how we know what we know' (Al-Saadi, 2014; Kivunja & Kuyini, 2017). My epistemological position is grounded in my belief that the reality of the social world does not exist independently but can only be known through the constant interaction of beliefs and practice. I thus support the statement that 'knowledge is not about an abstract relationship between the knower and the known; instead, there is an active process of inquiry that creates a continual back-and-forth movement between beliefs and actions' (Morgan, 2014, p1049).

My philosophical foundations are consistent with pragmatism (Creswell & Plano Clark, 2018; Kivunja & Kuyini, 2017), which specifies that the origin of knowledge does not reside singularly but emerges from multiple realties (ontology) – and generally through practical and pluralistic approaches (epistemology). My philosophical positions inform me to think about social research in general, and this guided me in selecting the participatory mixed methods research, informed by certain action research framework elements in this study. As mentioned previously, this study explores IPV-related curriculum development through the participation and practice of college students and teachers, using participatory mixed methods research and drawing on some components in a three-phase action research process. Consequently, the research paradigm with which mixed methods and action research most closely align is pragmatism (Ivankova & Wingo, 2018). According to Ivankova & Wingo (2018, p983), 'mixed methods and action research both rely on pragmatism as one of the philosophical paradigms underlying these approaches.' Moreover, pragmatism orients itself in line with the notions that 'all knowledge is knowledge from some point of view' and 'both objective and subjective inquires attempt to produce knowledge' (Feilzer, 2010, p8), and it also calls for the conjunction of quantitative methods to investigate research questions and qualitative interpretations, in order to obtain comprehensive perspectives (Feilzer, 2010; Ivankova & Wingo, 2018;

Shannon-Baker, 2016). Similar to mixed methods, 'action research is viewed as a combination of empirical (knowledge derived from experience) and rational (knowledge derived from scientific reasoning) procedures that require multiple sources of evidence' (Ivankova & Wingo, 2018, p983). In addition, pragmatism is 'well suited to the analysis of problem solving as a human activity' (Morgan, 2014, p1046), whilst, in contrast, the practical and reflective natures of action research call for 'a commitment to action improvement' (McNiff and Whitehead, p34). Considering the strong convergences between participatory mixed methods research and pragmatism, the pragmatism approach guides this study in its investigation and the interpretation of its results. This belief shapes how, as a researcher, I developed the theoretical framework, determined the research methods and interpreted and analysed the collected data.

5.5 DATA COLLECTION METHODS

As previously stated, this study adopted participatory mixed methods research, drawing on components of action research, to collect, interpret and analyse data following a three-phase cyclical action research process (see Figure 5.5). As shown in Figure 5.5, the first data collection phase followed an exploratory sequential design (Qual ➜ Quan) and attempted to clarify the problem that 16- to 19-year-old college students have inadequate IPV-based knowledge, due to the low value placed on it by prior education. Semi-structured interviews were conducted at this stage to gather qualitative information from the eight students (four males and four females) and to identify what IPV-related knowledge they had obtained from previous schooling, as well as their thoughts on having a curriculum that would enhance their understanding of IPV. Actions were developed on the basis of the first-phase interview data analysis, which provided a preliminary picture of the problematic situation and evidence for developing an intervention plan. Building on the students' educational experience of IPV, the quantitative questionnaire instrument (following a pre-test-post-test design) (see Appendix 4)

was devised to identify their knowledge, attitudes and understanding of IPV, before and after participation in the prevention.
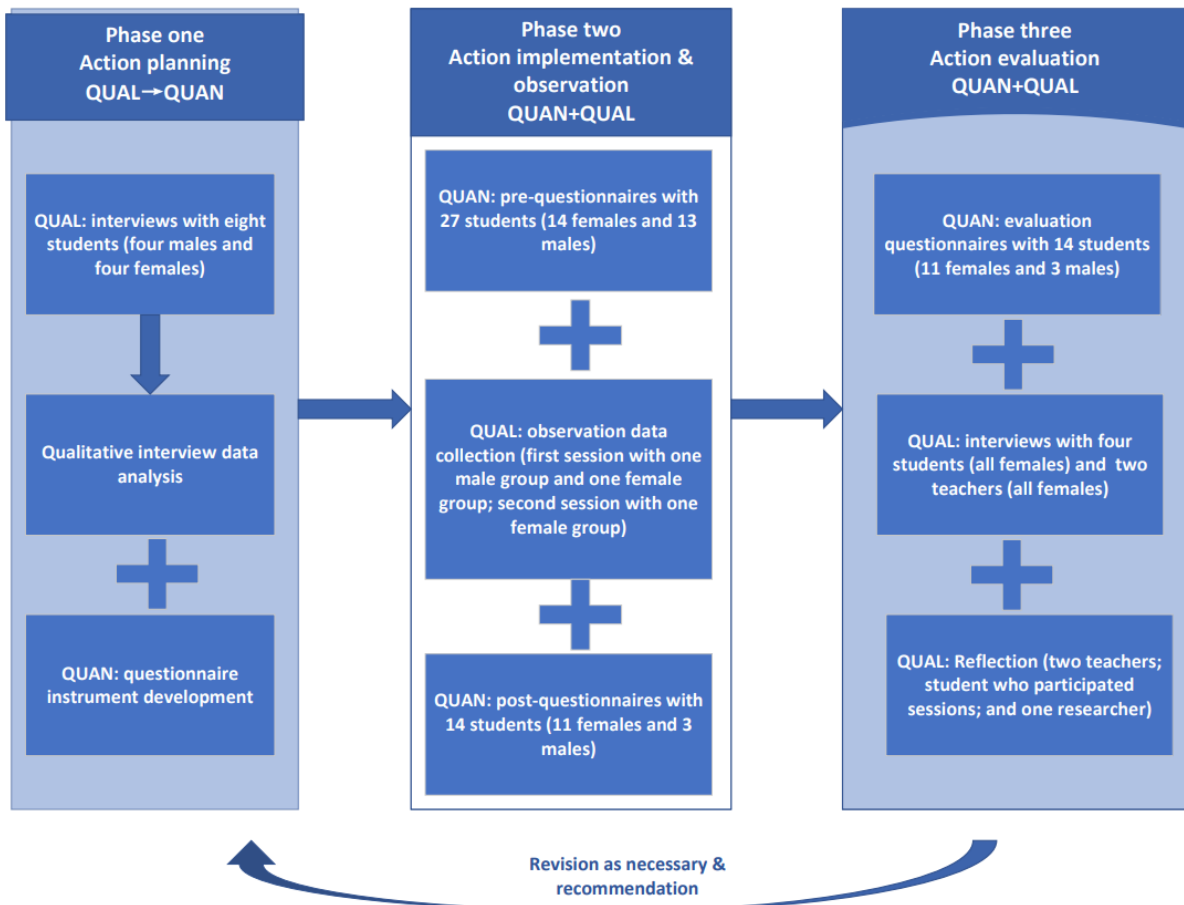
Figure 5.5 Three-phases data collection

The second phase, following a convergent mixed methods design (Quan+ Qual), provided pertinent evidence about the action design, delivery and observation, which were carried out to remedy any issues identified in the first phase. As illustrated in Figure 5.6, quantitative questionnaires were implemented to confirm to what extent student knowledge of IPV could be enhanced in the pre-test and post-test stages, respectively. In the pre-intervention stage, 27 students (14 females and 13 males) completed the questionnaire before having IPV-based sessions. Thereafter, an IPV-based curriculum was delivered with the intention of promoting deeper and more effective knowledge to help the students avoid IPV abuse and develop safety

strategies. Besides, qualitative observations were conducted to add contextual information during the curriculum delivery. Two groups of students (one group of nine males, the other nine females) completed the first session, and one group of eight female students finished the second session. At the post-intervention stage, 14 students (11 females and three males) participated in both sessions and filled in the post-phase questionnaire.

Finally, the third phase, also in a convergent design, gathered relevant data to evaluate to what extent the curriculum had brought about change to the students and teachers' attitudes regarding the curriculum-based IPV intervention. Evaluation questionnaires (in Appendix 4) with 14 students (11 females and three males), a group interview with four female students and semi-structured interviews with two female teachers were conducted to stimulate different voices and perspectives regarding the effectiveness of the intervention. No male students participated in the group interview, due to their absence from the second session. Reflections by participating teachers, students and the researcher were provided for further improvement and progression (see Figure 5.6).

5.5.1 Interview

Interviews are powerful instruments for gathering qualitative data, as they enable the interviewer and interviewee to discuss a research topic of mutual interest (Cohen et al., 2018; Denscombe, 2014; Gubrium & Holstein, 2001). Interviews offer a way to contribute to knowledge in the research domain: the interviewer elicits desired information from the interviewee's self-reported experience, and in this way, they build a knowledge base together (Cohen et al., 2018; Jamshed, 2014). However, this interaction has to be established upon a relationship of trust, which enables the participating interviewees to feel comfortable enough to reveal their experiences and motivates to share their points of view (Mills & Butroyd, 2014; Stringer, 2013). The interview advocates using language in simple terms, to extract

themes related to the raised questions, aligned with openness and frankness to the given responses (Cohen et al., 2018; Gubrium & Holstein, 2001). Accordingly, in this research, interviews were conducted in a way that promoted the expression of facts and allowed the interviewees to interpret their thoughts and feelings regarding the research questions from their own viewpoints. Additionally, eliciting the right type of information for comprehensive answers to the research questions from the respondents' perspectives.

In this study, semi-structured interviews were applied to both the first and the third data collection phases, to explore the in-depth thoughts and feelings of the participants. In the first phase of data collection, eight one-to-one interviews were conducted to enquire about the existence of the pre-stated research problem and to mainly respond to issues around the first research question (see Appendix 1). Open-ended interview questions were pre-designed in a semi-structured format, to bring out the details of students' educational experience. Knowledge was gathered on three research topics: 1) students' prior knowledge of IPV, 2) perceptions of having an IPV-related curriculum and 3) expectations regarding what they might learn from an IPV-based curriculum. In addition, a set of prompts and probes (see Appendix 1) was pre-constructed in a logical order and served as guidance before the actual interviews were carried out. Relevant alternative topics around the interview questions were prepared beforehand, to help the interviewer modify any misunderstood questions and extract more constructive responses during the interviews (Cohen et al., 2018; Denscombe, 2014; Gubrium & Holstein, 2001). Interviews are also considered powerful tools for extracting further insights as well as providing the basis of data sources when setting up questionnaires (Cohen et al., 2018; Creswell & Creswell, 2018; Creswell & Poth, 2018). Therefore, building on a range of interview responses regarding what the participating student had already learned, had not yet learned and expected to learn in terms of IPV, the questionnaires were developed (see Section 5.5.2).

Moreover, in the third data collection phase, both semi-structured interviews with teachers and a group interview with students were conducted, in order to gather and explore information for the second and third research questions (see Appendix 2 and 3). In this stage, two one-to-one interviews with subject teachers, who delivered the curriculum-based IPV interventions, were carried out to elicit their opinions. These interviews provided productive sources of knowledge regarding the efficacy of curriculum delivery, the students' performance, and their suggestions for future practice (see Appendix 2). Additionally, a group interview with four students was carried out to solicit their feelings after being part of the curriculum intervention (see Appendix 3). The group interview was employed at the end of this project, because it not only saved time and resources that would otherwise have been expended on traditional one-to-one interviews, but it also allowed for a range of cross-checking and complementary responses with a group of representatives (Basch, 1987; Cohen et al., 2018; Frey & Fontana, 1991; Rabiee, 2004). Also, Frey and Fontana (1991) noted that group interviews take advantage of group dynamics to produce new and additional data and add a phenomenological dimension to interpreting behavioural pattens occurring in the field and observed events. Conducting the group interview stimulated further elaboration and expression amongst the group members and verified whether answers from one of the respondents supported, influenced, completed, agreed or disagreed with the others, thereby reflecting potential data on group interaction and input (Cohen et al., 2018; Frey & Fontana, 1991).

5.5.2 Questionnaire

Questionnaires offer a quantitative means of data collection, to discover respondents' knowledge, attitudes, beliefs or understandings rather than to provide information or promote change (Boynton & Greenhalgh, 2004; Denscombe, 2014; Gillham, 2008). Generally, questionnaires collect information by asking a set of straightforward questions directly

concerning the research subject and providing respondents with a range of possible answers (Cohen et al., 2018; Gillham, 2008). These characteristics of questionnaires simplify the data collection process for the researcher, help access a large sample size, save time and cost and make the results easier to analyse (Boynton & Greenhalgh, 2004; Gillham, 2008). Therefore, questionnaires were administrated as appropriate data collection tools in this research because they were convenient and practical. The implementation of questionnaires not only provided this study with objective data on the respondents' knowledge, understanding and attitudes in relation to IPV, but it also helped collect a large amount of information in one go.

However, data quality can be problematic for questionnaires, and factual accuracy can be misleading if they were developed inappropriately and without rigour (Boynton & Greenhalgh, 2004; Gillham, 2008). Hence, Boynton and Greenhalgh (2004, p. 1315) suggest using previously validated and published questionnaires, which also saves the researcher time and resources creating new ones. Furthermore, adopting a widely cited version of a questionnaire makes findings from the research comparable with other similar studies adopting the same scales in the field (Boynton & Greenhalgh, 2004). In the literature, a range of scales have been applied to IPV prevention, such as the CTS2 (De Koker et al., 2014; De La Rue, Polanin, Espelage, & Pigott, 2017; Edwards & Hinsz, 2014; Fellmeth et al., 2015; Leen et al., 2013), the Rape Myth Acceptance Scale (De Koker et al., 2014; Edwards & Hinsz, 2014; Storer et al., 2016a) and the Sexual Experiences Survey (Fellmeth et al., 2015). While the majority of the published scales were based in the US, Boynton and Greenhalgh (2004, p. 1313) argue that 'an instrument developed in a different country, or cultural context may not be a valid measure in the group you are studying;' therefore, this study adopted questionnaires developed by a UK-based primary preventive programme named RwF, to assess the effectiveness of an educational prevention on IPV (Fox et al., 2015, p. 2519) (see Q15 to 20 of the questionnaires in Appendix 4).

Additionally, a range of questions was added to the questionnaires on the basis of the indicated topics and findings explored from individual interviews with participating college students in the initial stage (see Q1 to 14 of the questionnaires in Appendix 4). These questions were developed following an 'exploratory sequential design,' which helped meet the practical and tailored needs of this study's participants. This design is particularly relevant when the researcher lacks knowledge of the whole population (Creswell & Creswell, 2018; Reason & Bradbury, 2008). Therefore, questions included in the questionnaires were driven by the participating students' thoughts and feelings, rather than being pulled 'off the shelf' for use (Creswell & Poth, 2018). To increase the quality, reliability and validity of the questionnaires, they were developed based on a consultation with a quantitative research methodologist and educational professionals, and then piloted on two college students before implementation at the participating colleges (Beatty et al., 2019; Boynton & Greenhalgh, 2004; Gillham, 2008). Changes made from piloting were presented in Section 6.6.1.

In the questionnaires, closed questions were preferred to open ones, because they were more practical, quick to complete and straightforward to code (Krosnick, 2018; Stringer, 2013). Several types of closed questions were adopted. For example, dichotomous questions were used to provide a clear, unequivocal response, multiple-choice questions were developed to capture the likely range of respondents to a given statement and rating scales, also named 'anchor statements', were adopted to provide a 'differentiation of responses' (Cohen et al., 2018, pp. 326-327). In this study, ten multi-choice and dichotomous questions were developed to elicit answers in relation to essential knowledge of IPV, including its definition, sexual consent and various warning signs of an abusive intimate relationship. Several interrelated steps were adopted to analyse these various questions. Although closed questions posed the risk of not enabling respondents to add any remarks, qualifications or explanations, they were more focused and easier to analyse when compared to open-ended questions, which was one

of the reasons they were considered as suitable tools in the study (Denscombe, 2014; Gillham, 2008; Krosnick, 2018). Also, the questionnaires included a variety of questions have the benefits of preventing the respondents from becoming bored and stopping them falling into a pattern of answers to all questions (Denscombe, 2014; Gillham, 2008).

The developed questionnaires followed a pre-test-post-test design, implemented before and after curriculum delivery. In the pre-test stage, about 30 students from two departments in one college (see Section 5.4.1 and Section 5.5 for more context details of the college and departments) were asked to fill out the questionnaires before being taught the designed IPV curriculum. After the intervention, they were invited to answer the questions again. Additionally, nine students from an online workshop in response to the Covid-19 situation (see Section 6.5 for more information), who participated in the intervention virtually, filled out the questionnaires. This enabled me to compare various questionnaire responses, before and after the intervention, and provided evidence to answer the second and third research questions (see Section 6.6.1 for more details of questionnaire data collection and analysis).

5.5.3 Observation

Observation is an essential element ingrained within the very nature of participatory research (Kemmis et al., 2013). Observation in participatory research is usually carried out in a flexible manner to depict factual information and capture any unexpected occurrences in a natural context (Kemmis et al., 2013). Different from interviews and questionnaires, observation as a data collection instrument offers researchers the ability to collect real-life data. Since what participants say in relation to what they do might be different from how they actually act in real life, observation acts as a way to reality check the first-hand perspectives of observers (Cohen et al., 2018; Stringer, 2013; Turnock & Gibson, 2001).

Observation can be categorised as highly structured, semi-structured and unstructured (Cohen et al., 2018; Kawulich, 2005; Turnock & Gibson, 2001), while observation in participatory research is generally open-ended and unstructured. Unstructured observation is conducted with the intention to provide detailed descriptions of participants' real-life acts and the context within which these acts occur (Stringer, 2013, p. 70). Additionally, studies assume that if researchers opt for covert data-gathering, with the intention to let the elements of the situation speak for themselves, it is more appropriate to choose unstructured observation (Cohen et al., 2018; Turnock & Gibson, 2001). Therefore, in this study, unstructured observation was selected, as it allowed me to observe intended and unintended effects during action implementation, and I took field notes regarding my observations on an ad hoc basis.

In a school-based enquiry, unstructured observation has the advantage of offering researchers a deeper level of understanding through extended immersion in the classroom and interactions with teachers and students therein. In this curriculum-based intervention, as the researcher, I took a visible role in the curriculum intervention but not as a known observer. Therefore, students were unaware of being observed, in order to reduce the risk of them altering their behaviours and influencing data reliability and authenticity. According to Angrosino and Rosenberg (2011), observation can be categorised into four approaches: complete participant, participant-as-observer, observer-as-participant and complete observer. My role in this research can be regarded as the observer-as-participant. As a researcher and implementer, I was a part of the project within the selected college for six weeks.

During my stay, and while conducting unstructured observations in the college, field notes were recorded after each session (see Appendix 5), in order to collect rich information for data analysis. Field notes are generally 'jottings of observers' personal private thoughts, ideas and queries regarding their observation and are considered an additional layer of data, following the style and function described as an essential component of rigorous qualitative research, to

be interpreted and analysed (Phillippi & Lauderdale, 2018). In this study, field note collection was carried out when the IPV-based curriculum was delivered to students at the Department of Engineering and the Department of Hair, Beauty and Makeup within a classroom setting (see Section 6.6.2 for more details of the observation data collection and analysis).

5.5.4 Reflection

Kemmis et al. (2013, p. 13) suggest that 'reflection has an evaluate aspect, it asks researchers to weigh their experience to judge whether effects (and issues which arose) were desirable and suggest ways of proceeding.' Reflection has been argued to occur throughout the participatory research process (Cohen et al., 2018; Robertson, 2000). So far, two main types of reflection have been mentioned in the literature: reflection-in-action and reflection-on-action (Atkins & Murphy, 1993; Hatton & Smith, 1995; Robertson, 2000). Apart from reflection, reflexivity is of crucial importance to participatory research, and it is triggered by a critical scrutiny of the changing nature of one's self-conscious awareness, e.g. internal thoughts, beliefs, perceptions and so on, with the outcome of a new conceptual perspective in terms of oneself and being part of the life-world (Atkins & Murphy, 1993; Cohen et al., 2018; Robertson, 2000; Webb & Scoular, 2011). In this research, reflections from participating teachers and students were collected as additional inputs to data collection through informal written feedback (e.g. emails) and verbal expressions (e.g. reflective discussions at the end of sessions). A reflection note by the researcher is provided at the end of the thesis (see Section 6.7.3 for more details of reflection from participating teachers and students; and Section 7.5 presents reflection from the researcher).

5.6 ETHICAL CONSIDERATIONS

When conducting any form of research, ethics should be followed thoroughly and diligently. This research was carried out by considering BERA (2018) ethical guidance at each stage of the research design and throughout the entire process (British Educational Research Association, 2018). The researcher adhered to the ethics of respect and took on the responsibility to maximise the benefits and minimise the harm to the participants. All participants' data were treated with anonymity and confidentiality, and privacy and confidentiality policy were maintained. All participants were treated equally, and none of them was forced to take part in the survey or the interviews. Only after consent was provided were they recruited, and all participants had the right to withdraw from the research at any time, without providing a reason for doing so. The researcher took the responsibility to consider thoroughly the potential risks that might arise from participation in this research. The collected data were stored safely and were not misused, misinterpreted or reproduced in any other form. Overall, consent from the participating College was the chief concern of the researcher.

5.6.1 Ethical responsibilities of the researcher

Anonymity, privacy and confidentiality

Participants were made aware that their data would be treated with anonymity and confidentiality. Their real names were not used in the data collection process, and no colleges or students were ever mentioned by their names in data dissemination and data storage. Since this research focused on passing knowledge to students, sensitive questions, such as private dating experience and personal IPV history, were avoided.

Informed consent

An information sheet (see Appendix 8) was given to stakeholders such as head teachers, class teachers, school counsellors, parents/guardians and students to ensure that they fully understood the research. They were informed about the researcher, the procedure and the purpose of the research, and how the data would be disseminated. After having read the information sheet, students were required to sign an informed consent form (see Appendix 9) if they wanted to participate in the research. The researcher informed the students that their participation in the research was completely optional, and they were given the right to withdraw without a reason at any time.

This research sought to provide evidence on students' need to engage with a syllabus to increase their knowledge about IPV, and so their experiences of IPV were not sought. Since the nature of this research did not involve invasive procedures, participants over 16 years old were capable of giving consent themselves and requiring parental consent may have violated their privacy rights. Therefore, parents/guardians were provided with an information sheet, but their consent was not compulsory.

Potential risks to the participants

This study concerns passing on knowledge about IPV to 16- to 19-year-old college students. As a result, their experiences of IPV would be discussed. I was, however, aware that they might experience some unease or stress due to discussing IPV, and every measure was taken to handle any 'fallout' sensitively. For example, the researcher was trained by the Ni3 research centre to anticipate potential emotional fallout and to support participants during data collection (see the certificate obtained in Appendix 7). In addition, teachers were also trained, and school counsellors were available to work with the researcher and teachers, if needed, during and after the intervention. Furthermore, professionals, including social workers, from the Ni3 research

centre were available to provide specialised guidance and to assist students and staff, if needed. In summary, the research did not leave the participants worse off than before they participated.

This study aimed to identity what knowledge students have about IPV and how a curriculum can promote their awareness and mitigate the risk of IPV. The researcher was aware, however, that within a class there might be victims and/or perpetrators. Although the focus of the study was not on victims and perpetrators, every possible step (as discussed above) was taken to limit any risk to those involved in the research intervention.

Data collection and storage

All participants were recruited after they signed the informed consent. Around 40 students from one college were involved in the curriculum intervention and recruited to complete the questionnaire. When any questionnaires were answered incompletely or vaguely, additional participants were recruited. This research was conducted alongside research on GBV at the Ni3 research centre, and the recruited college was randomly selected from among a number of colleges already identified by the Ni3 research centre in the UK.

In the third phrase of the action research (evaluation of the curriculum intervention), participating students were recruited from a cohort of volunteer students. The research was aided by BERA (2018), and the participants were given rights such as anonymity, confidentiality, the right to withdraw and the right to informed consent.

Data storage was in accordance with the UK Data Protection Act 1998. Researchers have the responsibility to ensure the security of data and not use it in any way other than what has been previously consented to. After completing the research, all collected data were submitted to the Ni3 research centre to be archived or destroyed, as required by UoH policy and the UK Data Protection Act 1998. Signed consent forms were stored separately from collected data, to avoid any possibility of recognising the identities of any participants. Data accessibility had to follow

the principles of the Freedom of Information Act 2000. Authorised permission was required to gain access to the data. Anonymity and confidentiality were highly considered in light of the potential harm that could be caused by data dissemination and storage.

5.6.2 Ethical approval

This research was conducted alongside research on GBV at the Ni3 research centre. The UoH's Department of Human and Health Sciences Research Ethics panel awarded its approval to Ni3. This research was granted outright ethical approval by the Ni3 research centre (see Appendix 10) and obtained approval from the SEPD Research Integrity Committee (see Appendix 11).

The Ni3 research centre emailed and phoned schools, colleges and local safeguarding boards to seek gatekeeper approval to recruit participants. Parents or guardians were informed about the research via an Ni3 school letter (see Appendix 12) and an Ni3 school letter leaflet (see Appendix 14). They had the right to withdraw their children if they did not want them to be involved at any time during the research. The Ni3 research centre liaised with school, college and local safeguarding board gatekeepers who were willing to be a part of the research. This research randomly recruited two colleges, identified as participating colleges by the Ni3 research centre.

5.7 CONCLUSION

This chapter introduced the research aims and questions, based on which the participatory mixed methods methodology, drawing on elements of an action research framework, was developed. The participatory mixed methods approach was described as 'complex' and 'advanced' applications of core mixed methods designs. The complex/advanced applications of core mixed methods were utilised in this study following a three-phases methodological framework as planning (in exploratory sequential design: Qual ➜ Quan+ Action),

implementation/observation (in convergent design: Qual+ Quan+ Action) and evaluation (in convergent design: Qual+ Quan+ Action).

This participatory mixed methods research used a multiple insider, outsider and in between positions, by participating with students, teachers and researchers as insiders, outsider-insiders and insider-outsider, to develop a mutually beneficial IPV-based curriculum intervention. The participating college, teachers and students were selected using a purposive sampling strategy, and they were viewed as active constructors of the IPV curriculum. The worldview that the researcher holds to guide this research is pragmatism. Additionally, this study adopted four methods to collect both qualitative and quantitative data, namely interviews, questionnaires and observations, as well as reflections, which were applied to collect a diverse range of evidence in three different phases of intervention responding to the three research questions. The rationales, strengths and weaknesses relevant to adopting these techniques were presented. Finally, ethical issue considerations were included. Due to the sensitive nature of IPV matters, they may have ignited emotional feelings among the participating students, so a thoughtful consideration of ethical issues crucially important to this study. Finally, the chapter outlined the detailed ethical responsibility of the researcher and provided ethical approvals from SEPD and the Ni3 research centre to carry out this research.

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CHAPTER VI

DATA ANALAYSIS, PROPOSED ACTION AND REFLECTION

6.1 INTRODUCTION

This chapter sets the scene for quantitative (QUAN) and qualitative (Qual) data analysis, drawing on some aspects of a three-phases action research process in participatory (PART) dynamics (see Figure 6.1). The first phase adopted an exploratory sequential data analysis and interpretation (QUAL ➜ QUAN+PART). Firstly, semi-structured interviews with eight students (four males and four females) were conducted in order to obtain in-depth knowledge regarding the first research question: "*What prior knowledge do 16- to 19-year-old college students have regarding IPV?*" After an initial reflection regarding the extent of students' knowledge of IPV gained from previous education, a questionnaire following a pre-test and post-test design and a curriculum-based IPV intervention plan were formulated with the intention of enhancing their understanding. Moreover, in response to the Coronavirus disease 2019 (Covid-19) outbreak, this study turned to online sessions, which complemented the curriculum delivered within classroom settings.

Thereafter, the second phase explored the views of students on their participation in the project following a convergent data analysis design and interpretation (QUAN+PART+QUAL). The second phase was designed mainly to answer the second research question: "*To what extent can 16- to 19-year-old college students' understanding of IPV be increased following a curriculum intervention?*" Questionnaires were implemented both before and after the curriculum delivery to capture changes happened. Additionally, observations were made

alongside curriculum delivery to acquire the students' unexpected reactions and to add contextual information to enrich the quantitative data analysis.

Similarly, in the third phase of data analysis, both quantitative questionnaire and qualitative interview data were facilitated in a convergent design, with students' perspectives focusing largely on the third research question: "*Is this curriculum-based intervention effective in promoting awareness and mitigating the risk of IPV among 16- to 19-year-old college students?*" Also, views elicited from interviews with teachers delivering the subject provided insights into how to operate and revise future primary preventive programmes. Reflections from teachers, students and the researcher provided another input to improve the effectiveness of any future IPV prevention programme (see Diagram 6.1).
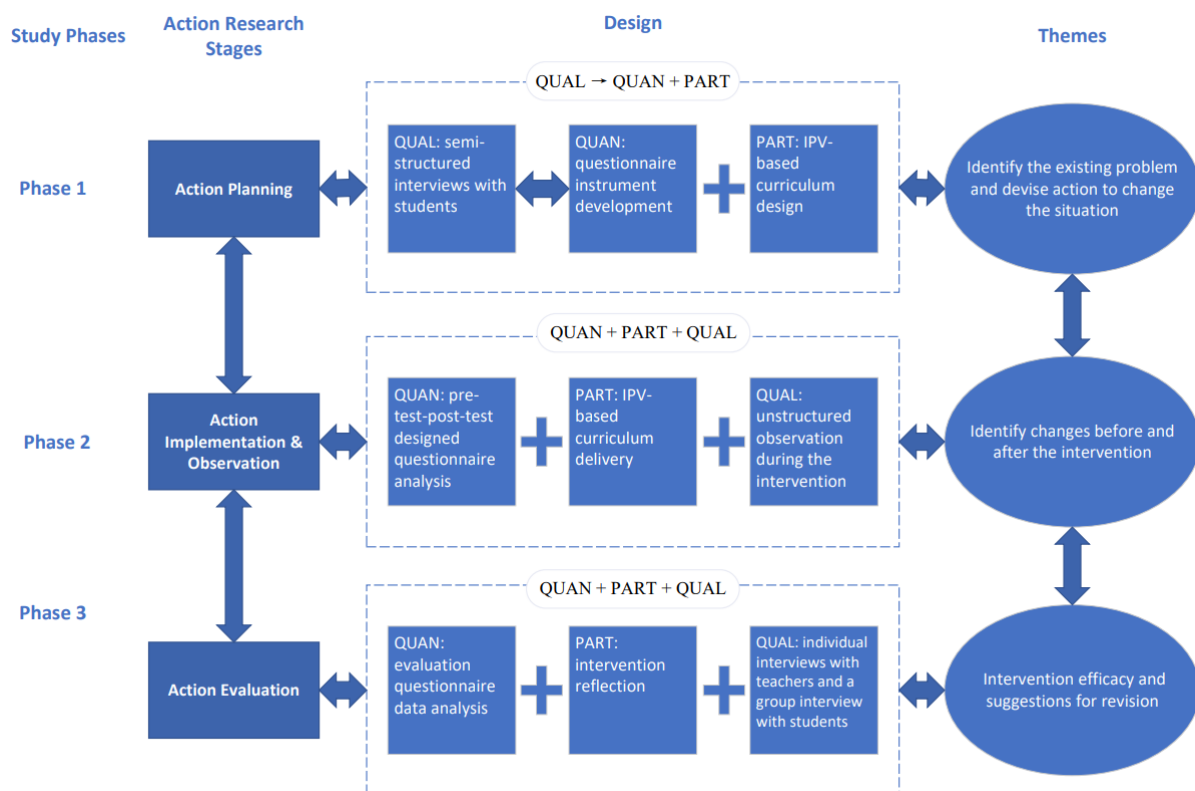
Diagram 6.1 Three-phases data analysis

6.1.1 Qualitative data analysis

Qualitative data analysis deals with ways of taking people's "raw" experiences and then revealing, understanding and explaining the meanings and definitions they assign to the researched situation (Bazeley, 2013; Miles & Huberman, 1994; Cohen et al., 2018). It has a great capacity for producing multiple ideas, fresh thoughts and in-depth understandings regarding the phenomena in question (Bazeley, 2013). However, there is no single right pathway to interpreting qualitative data, and as Cohen et al. (2018) note, there is 'no simple formula or recipe for this' (p. 643). Qualitative data analysis, which is heavily laden with interpretation, can be construed in multiple ways – as Bazeley (2013) remarked, 'all of us carry the ideas (right or wrong) about what it means to do qualitative data analysis' (p.3), which is considered as both 'its glory and headache' (Cohen, 2018, p.643).

To analyse qualitative data, Miles & Huberman (1994, pp.10-12) suggested 'three concurrent flows of activity: data reduction, data display, and conclusion drawing/verification'. Data reduction involves a series of "analytic choices," i.e. selecting, sharpening, simplifying, discarding, sorting and organising, to avoid too much detail and unnecessary materials (Miles & Huberman,1994; Cohen et al. 2018). Data display serves to assemble organised information and inform what is taking place, thereby making it amenable to the next steps of interpretation, action and analysis (Miles & Huberman,1994; Bazeley, 2013). The last major flow of analysis activity is to draw and verify conclusions. These three analysis activity streams are non-linear but interwoven throughout data collection in a number of interactive and cyclical stages with the aim of achieving the goal of comprehensively understanding the phenomena under investigation (Miles & Huberman,1994; Bazeley, 2013).

Apart from Miles & Huberman's (1994) approach to qualitative data analysis, many possible analyses and interpretations come under that rubric, and as Cohen et al. (2018, p.644)

suggested, 'care must be taken to avoid indefensibly privileging one interpretation over another equally possible interpretation if both are sustainable by the data.' Qualitative data analysis generally involves some or all of the seven stages (Cohen, 2018, p644):

'1) preparing and organising the data

2) describing and presenting the data

3) analysing the data

4) interpreting the data

5) drawing conclusions

6) reporting the findings

7) ensuring accuracy, reliability, coherence, corroboration, validity and reliability'.

These stages are not necessarily undertaken in a linear sequence, and recursion might be involved (Cohen, 2018). Similarly, Braun & Clarke's (2006) thematic analysis is one such framework of analysis for qualitative data that follows the above structure and general stages.

In this study, Braun & Clarke's (2006) thematic analysis is adopted in order to make sense of qualitative data. The authors defined thematic analysis as 'a poorly demarcated and rarely acknowledged, yet widely used qualitative analytic method (p.77)', but they also saw it as 'the foundational method for the qualitative method' (p.78) and 'the first qualitative methods of analysis that a researcher should learn' (p78). Although there are a number of different approaches to conducting thematic analysis (e.g. Alhojailan, 2012; Guest, MacQueen & Namey, 2011; Joffe, 2012), Braun & Clarke's (2006) thematic analysis is debatably one of the most influential and provides clear guidance and basic skills that are accessible to qualitative researchers (Maguire & Delahunt,2017). Braun & Clarke (2006, p.87) outlined six phases of thematic analysis (see Figure 6.1.1(1)):

'1) familiarisation

2) generating codes

3) highlighting themes

4) reviewing themes

5) defining themes

6) writing-up'.

As suggested above, the six phases are not unique to this type of thematic analysis, and some can be found in other qualitative analyses. Likewise, these phases do not move from one phase to the next in a fixed linear order; sometimes, iterative activities occur back and forth between phases, when needed (Braun & Clarke, 2006, p.86) (see Figure 6.1.1 (1)).

The process is not necessarily linear, iterative activities moving back and forth occur when needed

| Step1: transcribing the data, familiarising with the data and conceptualising the initial ideas | Step 2: creating initial codes, locating interesting text segment and collating them to each code label | Step3: searching for potential themes and collating codes into relevant themes | Step 4: reviewing themes and generating a map for thematic analysis | Step 5: refining and defining final themes | Step 6: producing the research report |

Figure 6.1.1(1) Braun & Clarke's (2006) six-phases thematic analysis

Qualitative data are 'a source of well-grounded, rich descriptions and an explanation of processes in identifiable local contexts' (Miles & Humberman, 1994, p.1). In this study, qualitative data were collected through interviews (in the first and third phases), observation (in the second phase), a qualitative survey (e.g. from questionnaires) and reflection (in the third phase) (please see section 6.1). The unstructured observational data (i.e. observed events, conversations or behaviours) and reflections (i.e. reflective discussions, reflexivity notes and

questions for further exploration) were analysed and presented using narrative and summarising accounts (for more details, please see Section 6.6.2 for the observational data analysis, and Section 6.7.3 for reflections). The following discussion mainly addresses how the thematic analysis framework was adopted in this study in order to analyse interview data collected in the first phase. The third research phase interview analysis is presented in Section 6.7.2.

Step1: familiarisation

The first step in thematic analysis involves reading the transcripts over and over again in order to become very familiar with them before going any further (Braun & Clarke, 2006). In this study, the interviews lasted around 20 to 30 minutes, which were transcribed by me, the researcher of this study. First, I familiarised myself with the transcriptions by reading them repeatedly, in order to form initial ideas for potential codes.

Step 2: generating codes

After forming general ideas about the major concerns of this research in the transcripts, in this second phase I began to generate initial codes. Codes refer to 'the most basic segment or a small chunk of data that can be assessed in a meaningful way' (Boyatzis, 1998, p.63 cited in Braun & Clarke, 2006, p.88). However, different researchers may develop different perspectives regarding how to code, and it also depends on the research questions and the mode of analysis (i.e. inductive/data-driven or deductive/theory-driven) (Braun & Clarke, 2006; Miles & Huberman, 1994). This study largely followed a deductive/theory-driven thematic analysis. As Braun & Clarke (2006, p.89) suggested, when following a theory-driven thematic analysis, 'you might approach the data with specific questions in mind that you wish to code around'. In this study, I started to code the segment of data by paying attention to capturing interesting aspects about the research phenomenon and responding to the first research

question: "*What prior knowledge do 16- to 19-year-old college students have regarding IPV?*"

A code identification example is presented in Table 6.1.1. Initial ideas were formed from knowledge obtained in the literature review about some potential codes. However, I did not have pre-set codes but developed and modified them as I worked through the coding process.

Table 6.1.1(1) An example of codes applied to a small segment of data

Data extract	Coded for
I heard little[2] about it through high school[1], kind of like brush over a bit[2]. They showed me something about it but not really explained[3], not really taught people to understand it[3], it's kind of too scared to go into too many details about it[3&4]…it's about violence in general[5], but not really in depth[2&3], not really in a relationship[5].	1.Previous education 2.Learned a little 3.Ineffectively delivered 4.Sensitive topic 5.Violence not in IPV

I did the analysis through the NVivo 12 software programme, which enabled me to review, sort, name and match the chunks of data in response to certain research questions. As I worked back and forth throughout the data, I kept discovering and defining new codes; for example, I identified "gender-biased remarks" after re-working the transcripts by looking at the way the interviewees commented on a research phenomenon (e.g. interviewee 1 indicated that physical violence involves hitting "someone," while, in contrast, interviewee 2 suggested that it is hitting your "girlfriend") (for more examples, see Section 6.2). Sometimes, I modified or re-allocated the existing codes; for example, I classified the codes "good knowledge" "partial knowledge" "don't know" and "misunderstandings" into a new code "knowledge level" (see the first theme in Table 6.1.1 (2) and Table 6.1.1 (3)). Even though it is impossible to provide clear guidelines on when to stop coding, Braun & Clarke (2006, p.92) suggested that 'when refinements are not adding anything substantial, stop!' Therefore, after achieving code/theme saturation, that is to say, when I recognised the data had been fully coded and re-coding was an unnecessary refinement, I stopped and moved on to the next step.

Step 3: highlighting themes

After all the data has been initially coded and collated, the third step is to analyse the codes and consider how different ones may combine to form an overarching theme. I examined the pre-determined codes and organised them into six broader themes (please see Table 6.1.1 (2)), i.e. preliminary themes identified along with the codes associated with them. The themes were predominately descriptive, in that they described patterns in the data relevant to the research question. Most codes are associated with one theme, although some are associated with more than one, e.g. partial knowledge, misunderstanding, never learnt and gender bias opinions.

Table 6.1.1(2) preliminary themes

Theme: Previous knowledge for various forms of IPV-related behaviours	Theme: Previous knowledge for IPV-related terms	Theme: Previous knowledge of IPV
Codes: • Good knowledge • Partial knowledge • Gender-biased opinions • Misunderstandings • Can explain the literal meaning	*Codes:* • Partial knowledge • Wrong knowledge • Gender-biased opinions • Misunderstandings • Can explain the literal meaning	*Codes:* • Never heard the term • Don't know • Never learnt
Theme: Previous IPV-related education	Theme: Benefits of having IPV-related education in schools	Theme: Suggestions for what to teach/how to teach IPV-related knowledge
Codes: • Never learnt • Learnt some information online/from social media or news • Learnt violence in general, but not IPV-based • Learnt child abuse • Learnt a little/not in-depth • Not effectively delivered	*Codes:* • Awareness improvement • Knowledge improvement • What a relationship looks like • How to behave in a relationship • Skills to deal with conflicts • Turn to whom for help • Recognise acceptable/unacceptable behaviours	*Codes:* • PSHE sessions • Inviting guests/police/victims • Through assemblies/groups • Presentations • Teach about different gender' thoughts and acts regarding to do things and see things • Warning signs

	• Safety strategies/ How to keep safe/ How to deal with the issues • Confidence to intervene • Respect gender differences • Stopping abusive acts	• More detailed knowledge about IPV • How to identify abusive acts

Step4: reviewing themes

After devising a set of candidate themes, during this phase my work involved developing, modifying and refining the preliminary themes recursively. According to Braun & Clarke (2006, p91), 'in this level, a consideration of the validity of individual themes in relation to the coded data and entire data set, but also whether the candidate thematic map "accurately" reflects the meanings evident in the data set as a whole, is needed". Doing so, I collapsed four themes, namely "previous knowledge of various forms of IPV-related behaviours", "previous knowledge of IPV-related terms", "previous knowledge of IPV" and "previous IPV-related education" into a new theme named "prior IPV-related knowledge". Additionally, I modified the theme "benefits of having IPV-related education in schools" into "perception of having an IPV-related curriculum" and changed the name of the theme "suggestions for what to teach/how to teach IPV-related knowledge" to "expectation of what/how to teach/learn". An example of the refinement is shown in Table 6.1.1. (3).

Table 6.1.1(3) Themes refinement

Codes categorised under three themes:
Theme 1.Prior IPV-related knowledge

Codes:
- Knowledge level: good knowledge/ partial knowledge/ misunderstanding/ never heard/don't know
- Gender-bias issues
- Violence not in intimate relationships
- Ineffectively delivered /Learned a little/ not in depth

Theme 2. Perception of having an IPV-related curriculum

Codes:

- Benefits: interested/important
- Cognitive-level: Knowledge improving/Awareness promoting/confidence
- Behaviour/skills: Safety strategy/help-seeking skills/conflicts skills

Theme 3. Expectation of what/how to learn

Codes:

- Forms of delivery: inviting guests/having sessions/presentation
- What to teach/learn: warning signs/help-seeking skills

Step5: defining themes

According to Braun & Clarke (2006, p.92), 'phase 5 begins when you have a satisfactory thematic map of your data', so, accordingly, after the final refinement of the themes, a thematic map was developed in this study (see Figure 6.1.1(2)). The first main theme "prior IPV-related knowledge" was developed mainly to answer the first research question: "*What prior knowledge do 16- to 19-year-old college students have regarding IPV?*" The second theme "perceptions of having an IPV-related curriculum" and the third theme "expectations of what/how to learn" particularly provided insights into developing questionnaires for the second data collection phase and tailored IPV-based curriculum development according to the students' needs (Figure 6.1.1 (2)).
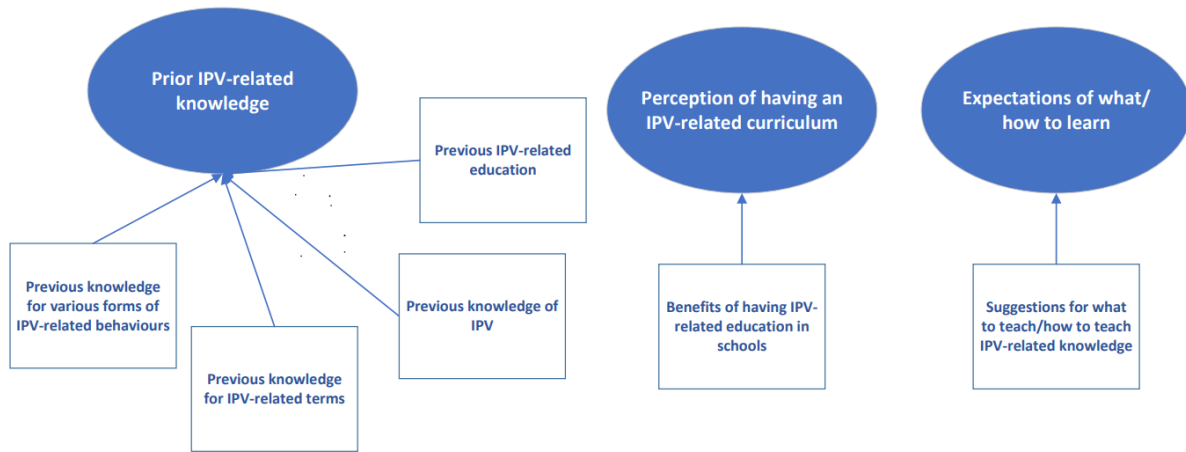
Figure 6.1.1(2) Thematic map, showing the three main themes

Step 6: writing-up

The final step in thematic analysis is writing-up the findings. In this study, the findings of the first-phase interviews are illustrated in Section 6.2; for more details on the third-phase interviews, please find Section 6.7.2.

6.1.2 Quantitative data analysis

Quantitative data analysis means analysing data that can be counted or quantified and have a numerical value associated with them (Blaikie, 2003; Albers, 2017; Treiman, 2014; Vogt, Gardner, Haeffele & Vogt, 2014). It does not equate to running statistical software as a tool for number crunching; instead, it is a way of critically thinking in order to reveal underlying trends, relationships and patterns and to draw valid conclusions from the data (Albers, 2017, p3). It generally serves large-scale investigations, but it can also be associated with small-scale research (Humble, 2020; Blaikie, 2003). In this small-scale study, quantitative data were collected following a pre-test-post-test designed questionnaire (see Section 5.5.2 for more information about the questionnaire development). Several interrelated steps illustrated in

Albers (2017, p3) (see Figure 6.1.2) were adopted to analyse the quantitative questionnaire data:
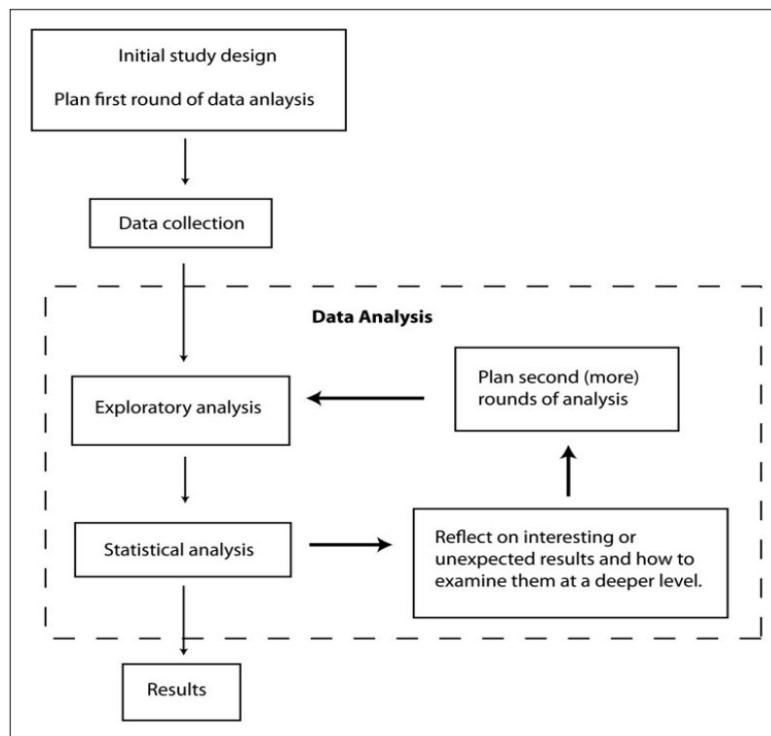
Figure 6.1.2 Albers's (2017) quantitative data analysis process

Different from seeing the process of quantitative analysis as a linear series, Albers (2017) presents the steps in an iterative cycle (see Figure 6.1.2). The critical thinking process for data analysis starts before a data collection methodology can be determined. As Albers (2017) stated, 'good data analysis knows from the start how the first round of analysis will be performed, which was defined early in the study design. The second (and other) rounds of analysis each drill deeper and explore interesting relationships found in the previous rounds' (p7). The following sub-sections present the three steps required for the quantitative analysis of the data, namely 1) preparing the data for analysis, 2) analysing the data and 3) interpreting the results.

First, on top of figuring out what data to collect, research suggests that we should carefully think in terms of why we wish to collect this value, what we need to measure and how it will be measured (Field, 2018; Albers, 2017). On the one hand, two types of variables are generally examined in a research question, namely a predictor/cause (otherwise known as an independent variable) and an outcome/effect (also known as a dependent variable) (Field, 2018, p7). In this study, the proposed independent variable is "the IPV-based curriculum intervention" and the proposed dependent variable is "students' IPV-related understanding and attitudes." Bivariate analysis, following a "before and after" experimental procedure, is adopted to explore the characteristics of different variables among the same group of people (Blaikie, 2003; Marsden & Torgerson, 2012). On the other hand, variables can take on various scales of measurement, broadly categorised into four types: nominal, ordinal, interval and ratio (Albers, 2017; Field, 2018; Blaikie, 2003; Treiman, 2014; Humble, 2020). In this study, nominal scales providing response options, where respondents check one or more categories, were adopted in most of the questions in the instrument (please see Q2 to Q13 in the questionnaire presented in Appendix 4: Q2 and Q3 ask for demographic data regarding students' gender and age range; Q4 to Q12 seek students' understanding of IPV definition, sexual consent and warning signs; Q13 involves seven true or false statements regarding IPV episodes). Ordinal scales measuring students' attitudes to a series of IPV acts, ranging from "perfectly ok", "sort of ok" "sort of wrong" to "really wrong," are presented in Q14. Additionally, interval scales accessing students' knowledge level of IPV, ranging from "strongly disagree" to "strongly agree," are illustrated in Q15. Thereafter, the next step is to convert the variables into numerical format for analysis (Crewswell, 2018; Blaikie, 2003; Field, 2018; Humble, 2020). To do so, a score was assigned to each response scale for each response item on the questionnaire instrument, and a codebook was created to guide the coding procedure (see Appendix 19 for the codebook).

Step 2: analysing the data

After data collection is complete, the data require an exploratory analysis (Albers, 2017). The exploratory data analysis consists of exploring relationships within the data and the quality of the data, which mainly involves 1) examining the descriptive statistics, to get a feel for data spread, identifying outliers and consistent values between study groups, and 2) graphing data to visualise its distribution (Albers, 2017, p). In this study, three types of scores, namely single-item scores, summed scores and difference scores, were adopted for scoring the data, in order to gain a sense of data spread (Crewswell, 2018, p175). Examples of these three types of scores used to analyse Q4 to Q6, including questions "what would be considered IPV behaviours?", "what behaviour can be seen in a healthy intimate relationship?" and "what behaviour can be seen in an unhealthy intimate relationship?", are presented in this research in Table 6.1.2. Single-item scores were used to compare each person's response to each question. In addition, summed scores were applied to sum responses to some or all of the questions, thereby avoiding bias occurring when only looking at one variable. And differences scores presented response changes for an individual participant from one time period to another, i.e. before and after the study (Crewswell, 2018). After scoring the data, values were entered into Microsoft Excel 2019 for a more compressive analysis. As Albers (2017) mentioned, 'Microsoft Excel is great for data entry of the collected data and for creating the graphs of the exploratory analyses.'

Table 6.1.2. An example of three types of quantitative scores

	Single item Scores		
ID number/gender	Question 4 score	Question 5 score	Question 6 score
3672 Female	9	4	5
520 Female	5	4	5
5287 Male	5	4	4
21022 Male	6	5	4

	Summed Score or Scale			
ID number/gender	Question 4	Question 5	Question 6	Summed scores
3672 Female	9	4	5	18
520 Female	5	4	5	14
5287 Male	5	4	4	13
21022 Male	6	5	4	15

	Net or Difference Scores		
ID number/gender	Pre-test score (Q4-6)	Post-test score (Q4-6)	Net or difference score
3672 Female	18	18	+0
520 Female	14	18	+4
5287 Male	13	14	+1
21022 Male	15	16	+1

Exploratory analysis reveals which statistical tests are applicable, and it also provides the clues the researcher needs to interpret the results of the statistical analysis (Albers, 2017). Since this research is small-scale, generally speaking, advanced statistical analysis, i.e. correlational analyses and t-tests, were considered inappropriate and unreliable (Field, 2018; Knapp, 1990; Siegel, 1957; Elliott &Woodward, 2007). Although de Winter (2013, p7) shows that conducting a t-test is feasible with small-scale research, it needs to be drawn from a small

sample population and the effect size has to be large; otherwise, the statistical power vanishes, and it is not suitable for psychological/ behavioural sciences. Correlational analysis is popular when analysing Likert scales (Choi, Peters & Mueller, 2010); however, Knapp (1990, p123) argued that although it is preferred to analyse Likert scales with parametric techniques, one should not be afraid of using non-parametric instruments, as this approach may produce stronger statistical power. Also, Gardner, Haeffele & Vogt (2014) stated that 'slighting descriptive statistics in favour of inferential statistics and significance testing is unfortunate, because many research questions can be answered with descriptive techniques and do not require statistical inference' (p206). Therefore, in this study, descriptive statistical analysis was mainly conducted to summarise the overall trends and tendencies in the data, thus providing an understanding of how varied the scores might be and offering insights into where one score stands in comparison with the others. Measures relating to central tendency and range (Field, 2018; Albers, 2017; Blaikie, 2003) were mainly conducted in this study in order to answer the second research question: "*To what extent can 16- to 19-year-old college students' understanding of IPV be increased following a curriculum intervention*?' The central tendency is a statistical measurement that describes the centre value of the entire distribution, commonly referred to as the mean, median and mode (Field, 2018; Gardner, Haeffele & Vogt, 2014; Albers, 2017). The mean (known as the average score) is the most commonly adopted statistical measurement in a central tendency despite the fact that it can be misleading when involving extreme scores in some distributions (Field, 2018). It is also the most frequently used measurement in this study when comparing the intervention efficacy among various groups. The range sets out to quantify the spread of scores in the distribution (Field, 2018, p23). For example, in this study, the range offers an understanding of the dispersion of an individual's pre-test and post-test scores. Following this line of thought, this study visually presents an overview of the questionnaire data and portrays findings in the form of column charts, line

charts and tables. As Gardner, Haeffele & Vogt (2014) stated, it is 'more effective when complemented by graphic representations of the data being described' (p207). The diagrams used in this study mainly 1) summarise the profile of the data, i.e. frequencies were used to show the spread of each value in a dataset, and the mean was applied to indicate the centre where a frequency distribution lies, and 2) explore connections between parts of the data, i.e. correlations and associations (Creswell, 2018, Blaikie, 2003; Field, 2018; Treiman, 2014).

Step 3: interpreting the results

The final step is to interpret the findings (Albers, 2017). In this study, the findings of the pre-test-post-test designed questionnaire (the second phase of data analysis) are illustrated in Sections 6.6 and 6.7.1 following the order of questions presented on the questionnaire instrument.

6.2 FIRST PHASE OF DATA ANALYSIS

This section presents the analysis for the first phase of qualitative data collection (see Figure 6.2 (1)). Individual interviews were conducted at a college in the north of England (for more context details see Section5.4.2), and they revealed a lack of adequate IPV-based knowledge among college students aged 16 to 19. Findings from this research are in line with evidence documented in the Literature Review chapter, in that limited numbers of primary preventive interventions have been effectively developed to educate British young people about IPV issues, and the active role of schools in this regard has been undervalued (Bell & Stanley, 2006; Ellis, Downe, Farrelly, Hollinghurst, & Stanley, 2015; Parkes et al., 2016; Phipps & Smith, 2012). As mentioned previously, the aim of these one-to-one interviews in the first phase was to achieve an in-depth understanding of the issue regarding the first research question: "*What prior knowledge do 16- to 19-year-old college students have regarding IPV?*" To do so, I initially interviewed three college students aged between 16 and 19, one female and two males,

at a college in Leeds, England, in September 2019, to pilot the designed interview instruments and to acquire some interview experience for further research.
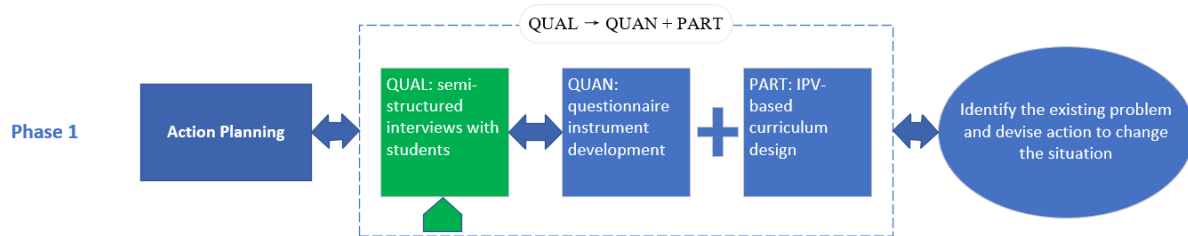
Figure 6.2 (1) The first phase of QUAL data analysis

Following the pilot interviews, I conducted five more individual interviews, with two male and three female students, at the same college in October 2019. I first interviewed two male students from the Department of Engineering, who volunteered to be part of my research. Since it was difficult to identify female participants in the Engineering Department, I turned to the Department of Hair, Beauty and Makeup, to seek volunteer female interviewees, and carried out three interviews with them. Considering a large majority of students from the Engineering Department were males, and almost all the students from the Hair, Beauty and Makeup Department were females, a gender approach to understanding different genders' interests and needs is vitally important in appealing to both female and male students and helping the intervention to be more gender inclusive (Fox et al., 2016). Concerns and issues arising around gender differences in the process of curriculum delivery are discussed further in the second data analysis phase.

The first and second interview questions of this phase sought answers concerning students' understanding of the definition of IPV and five types of violent behaviours utilised to abuse others in an intimate relationship. The collocation 'intimate partner violence' is literally the combination of 'intimate partner' and 'violence'. An intimate partner is a person with whom one has a close private, loving or sexual relationship, and it can include former or current dating

or married partners, regular physical or sexual partners, partners in an open relationship or one-night stands. Generally, there are four forms of violent behaviour in an intimate partner relationship, namely physical, psychological, sexual and controlling (World Health Organization, 2012). Additionally, cyber violence, an emerging form of abusive behaviour, involving repeatedly sending unwanted messages or distributing another person's graphic sexual images online without permission (Akturk, 2015; Gradinger et al., 2015), was also considered in this research.

All of the interviewees articulated their understanding of terms such as 'physical violence', 'emotional violence' and 'sexual violence'. In contrast, only some of them were able to describe what was meant by 'controlling abuse' (interviewees 1, 4, 5, 8) and 'cyber violence' (interviewee 3, 5, 8). Furthermore, none of them had heard of the term 'intimate partner violence'. As for physical violent behaviours, all responses highlighted that this involved being physically violent against another person. For example, interviewee (1) commented:

> *Physical violent behaviour is like physical abuse, so it's like fighting, punching someone, so just do things physically hurt someone.*

However, interviewee (3) seemed to think that it was only physical violence if the beating was not deserved:

> *Physical violent behaviour is like beating other people with no reason, hitting them with no real reason, you just want to.*

This response was indicated in a study conducted by Fox et al. (2016), who examined how acceptable it was for a partner to physically abuse the other in an intimate relationship, by asking questions concerning different excuses such as 'he or she deserved it', 'they were drunk' or 'they cheated on me'. The finding potentially indicated that male students could be more likely to accept physical violence as a way to resolve conflicts when there was, in their view, a

reason for doing so. Any act where one attempts to cause harm to another through physical means should be considered physical violence. Additionally, in order to determine whether the 'harm' caused by physical actions can be regarded as physical violence, it should be measured by CTS2 and any injury scale rated as 'minor', 'moderate' or 'severe' (Straus, 2004). Similar to physical violence, all of the participants expressed that emotional violent behaviour involves hurting someone's mental and emotional health, and most of them mentioned it was used by saying a range of insulting words; for example, Interviewee (5) stated:

> *Emotional violence is mainly about verbally saying something to others, for example, calling their nicknames, making them uncomfortable by the way talking to them or asking them questions they don't want to answer, also make them uncomfortable, depressed, anxious, and pitting against them emotionally.*

However, in addition to verbal violence, psychological violence also involves other non-physical actions used with the purpose to manipulate, weaken or frighten another person mentally or emotionally. This also involves distorting or confusing another person's sense of themselves and harming their well-being in everyday life, for example by not speaking to them for days at a time and making important decisions without another person's input (Eshelman & Levendosky, 2012; Winstok & Sowan-Basheer, 2015). None of the interviewees mentioned these categories, thus suggesting that they only had partial knowledge of what constitutes psychological violence.

With respect to sexual violent behaviour, all of the participants provided responses mostly consistent with each other, such as rape and forcing someone to do something without consent. As Interviewee (7) explained:

> *Sexual violence is like you are forced to do things you really don't want to do, but they continue to do it, without consent, it will be sexual violence.*

Interviewee (1) added a critical point on sexual violence, stating that sex is not currency, i.e. one does not owe his or her intimate partner sexual favours because they have bought them a present or taken them out for a meal:

> *Sexual violence is about rape, engaging them to do sexual favours for money, so it's like, let's say, I will give you this money, I will give you this present if you do this, try to force them, entice them to do sexual activities without giving their consent.*

Compared with the well-answered questions on physical, emotional and sexual violent behaviour, not all of the participants could explain the meaning of controlling violence (e.g. Interviewees 2, 3 and 6). While Interviewee (1) mentioned that controlling violent behaviour is as follows:

> *Controlling violent behaviour is like dominating, over-controlling and over-aggressive, just telling them that you have to do this, you have to do that, you can't do this, you can't do that, you can't go there.*

There was an interesting comment made by Interviewee (5), in that instead of seeing controlling violent behaviour as being violent against the other, it was more relevant to self-control:

> *...it is not about controlling the other, it's more about controlling yourself. I think you should control yourself first before you do anything to somebody else.*

This suggests similarities to the findings in the study carried out by Fox et al. (2014), in that male students were more likely to view themselves being labelled abusers. That is to say, male students tend to see IPV issues from the perspective of IPV perpetrators. This could serve to explain Interviewee's (5) response that controlling violent behaviour was actually about controlling himself.

Concerning cyber violent behaviour, most of the students knew it was about violence against someone online, but they failed to give a detailed description, except for Interviewee (5), who answered:

> *Cyber violence is that someone posts something on social media about you, but you don't want to. For example, sending pictures of the others that they may don't want to be on internet. People mock others and also tell others on Instagram, Facebook and Snapchat, also making comments of what you have done. And post a video about another person and do something they do not want to disclose out to the public. That would not be something which is respected by the other party.*

However, cyber violence can exist not only publicly, but also in private (Thacker, 2017). The comments made by the interviewees revealed only a few aspects of public cyber violence, whilst private cyber violent acts such as sexting abuse, online stalking and text message threats were neglected.

When it came to defining IPV, all responses indicated that they had never heard the term before and were uncertain about what it could mean. This could be attributed to the majority of the research within this area being located in the US, whilst the rest of the world tends to adopt the terminology "dating violence" instead of "intimate partner violence" to describe violence that occurs in relationships between the ages of 10 to 24, involving teenagers, adolescents and young people (Barter et al., 2009; Cui et al., 2013; Humphrey & White, 2000). In the UK, on the other hand, most research and policy documents use "domestic violence" and "violence against women and girls" rather than "intimate partner violence" (Hester & Westmarland, 2005; Home Office, 2012, 2018).

Most of the students explained the literal meaning of terms such as dating violence, violence against women and girls, domestic violence and gender-based violence. However, there were

different misinterpretations; for example, the majority of the students regarded gender-based violence as one form of violence against transgender people, whilst it should be perceived as violence against any gender identity. Furthermore, two students articulated that they learnt a little about DV when they were in high school; however, it was not effectively delivered. For instance, Interviewee (7) commented:

> *I heard little about it through high school, kind of like brush over a bit. They showed me something about it but not really explained, not really taught people to understand it, it's kind of too scared to go into too many details about it…it's about violence in general, but not really in depth, not really in a relationship.*

This comment appeared to support the evidence indicated in the literature that due to the non-statutory state of PSHE and RSE education, young people failed to receive effective and adequate education on IPV-related issues, and teachers were uncomfortable, uneasy and unconfident in delivering this subject (Davies & Matley, 2020; Formby & Wolstenholme, 2012; Willis et al., 2013).

Regarding the third question, which asked about where students should go to learn IPV, all of the participants suggested that schools and colleges were the best places (see Table 6.2). However, in the UK, the school's role in IPV prevention has long been neglected and more emphasis has been given to charity organisations, e.g. Tender, Women's Aid and NSPCC, to provide support and treatment to victims (Cleaver et al., 2019; Stanley, Ellis, Farrelly, Hollinghurst, & Downe, 2015).

Table 6.2 Answers to the third question

Interviewee number/gender	Answers to Q3: where should students learn about IPV?
Interviewee (1) female	*School should be responsible for teaching students this issue*
Interviewee (2) male	*I think it should be learnt in school*
Interviewee (3) male	*School really is like that the only way that you can reach a wide audience of people*
Interviewee (4) male	*School should teach us about this, it should be learnt from the lesson this morning, because most people come to schools or colleges, so it is the easiest way for everyone to learn it*
Interviewee (5) male	*I think we should learn about it in high school or college. When teachers think you are having difficulties, for example, they may think you are depressed or unwell because something happened, they could put you in a group or do some separate sessions with you at the early stage*
Interviewee (6) female	*I think students should learn it from schools, because it is the right place to do it in a school, it's learning environment, you should learn stuff like that as well, because these stuffs can happen that you have to learn about it at schools*
Interviewee (7) female	*I think there should be awareness of it in college, high schools and on social media*
Interviewee (8) female	*I think students should learn it from schools, from primary schools to high schools, there should be more lessons about it, so that everyone knows exactly what it's about*

In addition to the way in which an IPV-based curriculum should be delivered, most of the respondents expressed interests in having lessons on it. For example, Interviewees (1, 3, 5 and 6) were in favour of having a couple of lessons to cover all IPV issues, and Interviewees (1 and 5) mentioned that an IPV curriculum should be introduced into PSHE lessons at schools. However, this answer could have been affected by the 'interviewer effect', i.e. they knew about my intention to plan an IPV-based curriculum intervention. Furthermore, some students also mentioned that they would opt for specialist IPV researchers or historians to share their

knowledge or experiences. Interviewee (1) added that schools could also have assemblies to inform students about these issues, and representatives of IPV victims or perpetrators, police or organisations could be invited to speak on the subject. Similarly, Interviewees (4, 6 and 8) pointed out that people with a history of IPV could be invited to teach them regarding their own stories, or someone working for a relevant charity or organisation.

Based on the above remarks concerning students' preferred ways to learn, I designed a curriculum to assist them in acquiring more IPV-based knowledge, including definitions, warning signs, sexual consent and help-seeking strategies. Additionally, I embedded a video of an IPV victim talking about how she got into an abusive intimate partner relationship and how she got out of it (see Section 6.3 and 6.4).

All of the participants deeply believed that they would benefit from having classes on IPV. Some of them suggested that these classes could develop their awareness of IPV issues (Interviewees 1, 4 and 6), and some mentioned it would be good to know what is okay and what is not okay (Interviewees 1, 2, 3, 4, 5 and 8), and how to seek help (Interviewees 1, 4, 5 and 7). As interviewee (4) stated:

> *Students would be able to recognise the signs after having classes on IPV, like, some people when they are in a relationship, they don't realise what their partners are doing until they break up. And some people can be very controlling, you couldn't see it because of how much you like them…once you break up, you may realise how controlling it is in a relationship, it can affect relationships afterwards, like trust issues. So, having classes can help you to know what is happening when you are in a relationship, so you will know how to deal with it and could know who to speak about it.*

These comments enabled me, as the researcher, to appreciate the value of my research and strengthened my confidence in continuing to carry out the curriculum intervention.

As for the last question, I asked the interviewees if there were any specific topics they would like to see included in the curriculum. The majority of them articulated that they wanted to learn more about what can be considered a healthy relationship and what cannot, what signs to look out for in an unhealthy relationship and what they should do if they are in an abusive situation. Interviewees (1 and 6) also expressed that they would like to find out more details about different types of violence. All of these suggestions were taken into consideration in order to design a tailor-made curriculum, on the basis of the students' preferences and needs (see the developed curriculum in Section 6.3 and 6.4).

As a result, data from interviews in the first phase of the research suggested that college students lacked some of the essential knowledge and skills to deal with issues of IPV. Moreover, they had received limited and inadequate knowledge relevant to IPV from previous PSHE and RSE education. This problematic phenomenon was indicated among studies mentioned in the Literature Review (see Section 3.3), with inconsistent quality in schools and colleges in delivering RSE and PSHE education being a long-standing issue (Department for Education, 2013; Formby et al., 2010; Formby & Wolstenholme, 2012; Long, 2018). The presented data also indicated that students were interested in learning more about IPV, and colleges were suggested as the best places in this regard. Similarly, findings from the Literature Review presented in Section 3.4 suggested that school settings can help combat and eliminate IPV issues, because they provide an educational environment for a large audience (Whitaker et al., 2006). This is consistent with the finding in this study that all participating students suggested schools in this regard. However, Sanders-McDonagh et al. (2015) suggested that UK schools at the time of their study struggled to find adequate time to cover IPV-based content in the curriculum, and therefore the gap was filled by external organisations. These external

organisations had the potential to provide expertise, resources and violence-prevention experience, but they faced the challenge of maintaining the message in the long term, since their development and continuity relied highly on funding. Therefore, this problematic situation necessitates college teachers' involvement in developing effective IPV-based content to embed in the wider RSE offering, to provide students with essential long-term knowledge of IPV. In contrast to previous UK-based primary preventive programme providers, who entered schools as outsiders or external co-operators, this study designed a curriculum with participating teachers and students as insiders and co-researchers. This transformed the development of a curriculum mutually customised to student and teachers' requirements and enhanced their willingness to engage and collaborate.

6.3 PROPOSED ACTION AS A FEASIBLE SOLUTION

Kemmis et al. (2013, p. 54) claim that, generally, an initial phase of reflection on the current social context is an essential prerequisite for formulating an action plan in response to a thematic concern. Stringer (2013) also stressed that knowledge emerging from an original inquiry is need in order to form a timely, intended and practical solution to the issue revealed by the research in the planning stage. Accordingly, after reflecting on qualitative findings elicited from the first phase of data analysis, this study formed an initial view of the thematic concern regarding IPV education. Since college students' prior knowledge of IPV was scant, and they had received insufficient education from previous schooling, it was critically important for this study to propose a feasible plan to fix this problematic situation (see Figure 6.3).
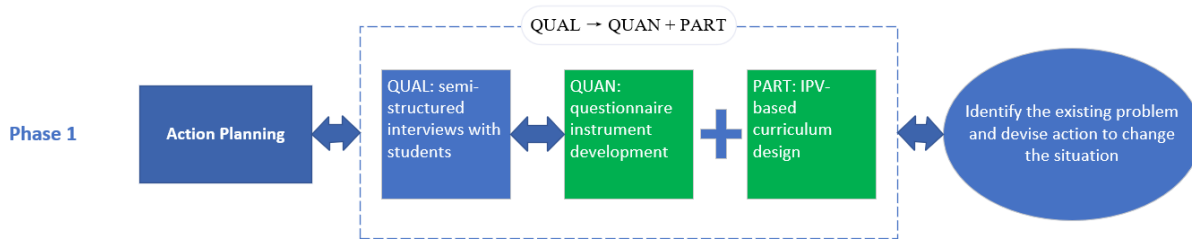
6.3 The first phase of action development

Curriculum-constructed session delivery is presently the most prevalent model for IPV-based primary programmes (Edwards & Hinsz, 2014; Hamberger, 2007; Whitaker et al., 2006; Wilson et al., 2019). Similarly, findings from the first phase of the data analysis in this study also illustrated that IPV-based curriculum delivery is the top priority for teaching the subject (see Section 6.2). Additionally, Wilson et al. (2019) argued that curriculum-based intervention in schools is one of the most efficient ways of reaching a large group of young people, and it can also create a safe school environment and consequently stimulate healthy and positive intimate relationships.

In the UK, limited attention was paid to schools teaching students IPV-based knowledge, due to a variety of other topics included in PSHE and RSE curricula (see Section 3.3.2) (Sanders-McDonagh et al., 2015). In contrast, more emphasis has been placed on secondary preventive programmes by supporting victims of IPV and attempting to halt reoffending (see Section 3.2) (Cleaver et al., 2019; Stanley, Ellis, Farrelly, Hollinghurst, & Downe, 2015). Although a number of primary preventive programmes were undertaken in English schools, predominantly by external organisations, none of them adopted an action research methodology to develop a tailored curriculum for 16- to 19-year-old college students. Furthermore, there were large discrepancies in components of the programme, such as drama, curriculum or video presentations, but their effectiveness was scarcely compared or examined (see Section 3.4) (Stanley, Ellis, et al., 2015a; Stanley, Ellis, Farrelly, Hollinghurst, & Downe, 2015). Also, few

of these interventions formulated their practice on a theoretical basis, and none of them was grounded on Bronfenbrenner's PPCT theory to explain, structure and evaluate their practice (see Section 4.2).

According to Bronfenbrenner's PPCT model, the proximal process is the primary engine of human development; therefore, when proposing a curriculum-based intervention with the efficacy to improve students' knowledge of IPV, the proximal process should be the core consideration. Applying it to IPV intervention, an individual with a powerful proximal process is more likely to impede unfavourable IPV-related genotypes, such as the risky bio-psychological characteristics mentioned in Sections 2.3.1 and 4.4.1. Therefore, setting in motion the proximal process is vitally important in enhancing how well students learn about the subject. In order to achieve this goal, the joint operation of four forces has been considered: 1) students' thoughts, views and attitudes regarding IPV (*the form*), 2) the level of importance attributed by students to having an IPV-based education (*the power*), 3) establishing if students' prior knowledge of IPV and their learning capabilities can be applied to attend the intervention (*the content*) and 4) the extent of change in students' attitudes, understanding and knowledge of IPV (*the direction*) (see Section 4.4.2). Additionally, to maximise the power of the proximal process in developing and implementing an effective curriculum-based IPV intervention, it should not be adopted independently but within the whole PPCT model, interacting with the other three properties, namely person, context and time (see Section 4.4). Therefore, this IPV-based curriculum project is structured and formulated by following Bronfenbrenner's PPCT theory. Hence, in an attempt to contribute to existing IPV knowledge, particularly in the UK context, this study included IPV issues in a curriculum-based intervention within a college setting based on the principles of innovation and integration.

6.4 THE PROPOSED CURRICULUM INTERVENTION PLAN

This proposed curriculum intervention for IPV draws on resources from the Ni3 curriculum (see Appendix 14) and materials provided gratis by the PSHE Association and the Disrespect NoBody project, sponsored by the Home Office and Government Equalities Office (Department for Education, 2019b). According to Hamberger (2007), the content of an IPV-based curriculum generally covers three key themes, involving knowledge, attitudes and skills, which is line with the curriculum developed by this study (see Appendix 15 and 16). Within the knowledge realm of this curriculum, students were expected to learn the definition of IPV, involving five generally occurring types of abuse, the ethology of IPV within an intimate relationship, facts around the prevalence of IPV among young people and what is meant by consent within a healthy relationship. As for attitudes, this links to harmful and virulent values or beliefs that students hold on issues around IPV, for example ten warning signs of an unhealthy or abusive relationship, which include controlling every aspect of a partner's life, humiliating or 'guilt trips', with the aim of dominating, or using ultimatums to get something through force. When it comes to skills, students were taught to identify perpetrators' behaviours, in order to mitigate the risk of abusive acts. Furthermore, skills and strategies regarding leaving an abusive relationship and staying safe were provided (see Appendix 15 and 16).

Additionally, several instructional video clips and various innovative activities were provided to generate an immersive learning experience, stimulate students' learning interests and foster solid and in-depth understanding of a specific knowledge point. As suggested by Berk (2009, p. 2), video-based instruments can have a strong effect in triggering or heightening powerful cognitive and emotional moods or senses by presenting a concrete visual scene. During the delivery of the curriculum-based sessions, students were expected to cooperate with each other

by discussing several questions in pairs or groups, during and after watching the video clips. Also, after completing tasks related to different activities, the students were invited to express their views on the right ways to behave and respond in genuine IPV situations. Consequently, formative and constructive dialogue regarding students' thoughts and perspectives on IPV issues could be naturally developed in a friendly manner.

During this intervention, the developed curriculum on IPV consisted of two lessons lasting about two hours. Training was provided to subject teachers before the sessions, and as the researcher of this study, I took the role of an assistant teacher and supported in delivering the intervention. I also conducted observations and took field notes to record the unexpected for subsequential reflection (see Section 6.6.2 and 6.7.3). Kemmis et al. (2013, p. 13) note that "observation can contribute to the improvement of practice through greater understanding and more critically informed strategic action." After negotiating with two teachers to deliver the subject, one from the Department of Engineering and the other based in the Department of Hair, Beauty and Makeup, the lessons were conducted with about 40 students (27 attended the first session, and 14 participated in the second session) at a college in Leeds from November 2019 to February 2020.

Since the social context is not static but changes over time, "the proposed action must always have a tentative and provisional quality." (Kemmis et al., 2013, p. 12) Due to the outbreak of the coronavirus pandemic in March 2020 in the UK, schools and colleges implemented unexpected closures, which stopped me from implementing and completing the scheduled research project. In response to the Covid-19 situation, as outlined in the following section, I proceeded with an alternative action plan.

6.5 PROPOSED ACTION PLAN TO COPE WITH COVID-19

The outbreak of the COVID-19 pandemic in the early part of 2020 rapidly changed the landscape of the world, and it also moved my research into uncharted waters, making it difficult to keep moving forward. Due to the lockdown, my fieldwork had to be suspended, which meant I could not continue the crucial data collection or curriculum intervention as planned. Seeing my research plans collapsing, and the finish line for my graduation highly likely to be pushed back further to an uncertain date, took a heavy toll on my productivity. It was impossible for me to concentrate on any reading and writing during quarantine at home, because whatever I had planned to get done was now impossible. All-time low productivity, continually harrowing and devastating news online and the constant worrying calls and texts from my family were causing even more anxiety, stress and anguish.

After two weeks of deterioration, the situation made me more conscious of the change in my attitude and the need to separate work and life. Therefore, I started to set up an office in a vacant room in the house and decorated it to look like an office. I then established a similar working schedule to when I was working in the researchers' office, and all unnecessary distractions such as social media and phone calls were 'banned' during working hours in my home office. This alteration made me feel more like that I was going to my workplace every day, and it improved my productivity substantially. To ease the stress of the excessive workload ahead of me, I started to live in the present moment, took one day at a time and stopped regretting the time I had wasted and worrying about the future. I tried to consume less online news and connected more with friends and family when I was off work. I also began to analyse where my anxiety, distress and stress came from, and then disentangled all of these negative factors to see if there was an implementable solution.

I then realised that I had been struggling most with the participatory research plan, due to the Covid-19 lockdown. As argued by Kemmis et al. (2013, p. 12), "action of participatory research is fluid and dynamic, requiring instant decisions about what is to be done, and the exercise of practical judgement." And they further point out that "the implementation of participatory plans will assume the character of a material, social and political 'struggle' towards improvement… compromises must also be seen in their strategical context." (Kemmis et al., 2013, p. 12). Therefore, to cope with and adapt to this unexpected situation, I started to think about shelving the face-to-face intervention and turning to a web-based curriculum and online data collection. I consulted with my supervisors about developing an alternative method, and they supported me positively regarding this challenging situation.

Thereafter, I focused my attention on researching how to design online courses (Jona, 2000; Rao, Edelen-Smith, & Wailehua, 2015; Swan, 2001). Stringer (2013) argues that in participatory action research, practice are ideas-in-action and previous action should be used as a platform for further action development. Therefore, the critically informed action at later stage is to some extent bound by prior practice (what has been done before, previous ways of working). Accordingly, an online IPV-based curriculum was developed with careful and thoughtful variations to critically inform and reflect the prior curriculum delivered in physical settings. Based on the previous curriculum, I gathered contents, ideas and themes into PowerPoint slides and then structured the lesson in a progressive and logical manner. I then recorded videos and audios of myself delivering each element of the course. Thereafter, I learnt to edit videos, which allowed me to trim and split the 45-minute-long films into shorter sections. Finally, I uploaded the videos, which were easily accessed by the participating students through the shared links (see Appendix 16).

6.6 SECOND DATA ANALYSIS PHASE

The second data collection phase presents relevant data on handling the project at the action implementation and observation stage (see Figure 6.6), from November 2019 to August 2020. Questionnaires, following a pre-test-post-test design (see Appendix 4), were developed to consider to what extent college students' knowledge of IPV could be increased via physical and virtual methods of curriculum delivery. To do so, students were given a week to fill in a questionnaire before attending the first session, and then complete another one within two weeks after finishing the second session. In the pre-test stage, 27 students completed the questionnaire; and in the post-test stage, eight students from the Department of Hair, Beauty and Makeup attended the second session and answered the questionnaire; besides, six students completed the online session and questionnaires. In total, 14 students finished both sessions and filled in two questionnaires, which will mainly be used to illustrate the pre-test-post-test changes.

Besides the questionnaires, observations were carried out to gather live data while the actual curriculum intervention was in progress. According to Elliott (1991), rather than to produce knowledge, the overall aim of action research is to learn collaboratively from examining the curriculum in progress, in order to reflect upon its consequences in an effort to improve teaching practice. Similarly, in this study, the observations were conducted to gather complementary data in natural teaching and learning settings, as detailed in Section 6.6.2 (see Figure 6.6).
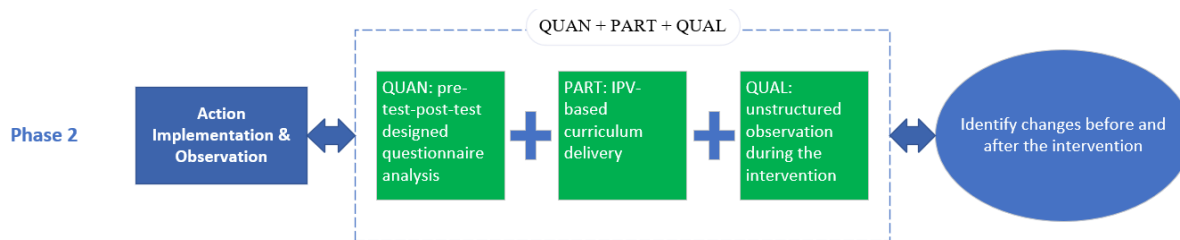
Figure 6.6 The second phase of data analysis

6.6.1 Questionnaires

Definition, consent and warning signs

Question 1: Who do you think are intimate partners?

Based on the uniform definition provided by Saltzman et al., (1999, p. 11), intimate partners are:

> *… married spouses and current common-law spouses; non-marital partners including dating partners, and boyfriends/girlfriends (heterosexual or same-sex); former marital partners such as divorced spouses, separated spouses, former non-marital partners, former dates and boyfriends/girlfriends (heterosexual or same-sex). Moreover, intimate partners may be cohabiting, but need not be; and the relationship generally involves sexual activities but need not to.*

Hence, based on the definition of an intimate partner, the answers to this question are current boyfriend or girlfriend, former boyfriend or girlfriend, partner in a marital relationship, partner in an open relationship and partner in a sexual relationship.

After implementing the IPV-based curriculum intervention, students' awareness of who can be considered an intimate partner witnessed an increase on the whole among the 14 students who presented both the pre-test-post-test sessions, especially for the answer option "former boyfriend or girlfriend", which increased from four out of 14 to 12 out of 14 (see Table Q1).

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Similarly, the answer option "partner in an open relationship" rose from five out of 14 to 12 out of 14. A possible explanation for this finding was that students seemed more able to recognise intimate partners in current or formal relationships before attending the sessions, and they started to acknowledge that IPV could also happen in previous or non-serious intimate relationships after taking part in the intervention.

On the other hand, the answer option "friends and parents" should not be selected for dating or intimate partners, because they are people with whom an individual has a close relationship or mutual affection, but generally they are not attached to romantic or intimate sexual relationships. However, as shown in Table Q1, before attending the workshop, four respondents (including one female students from the Department of Hair, Beauty and Makeup and three students from the online session) thought that friends were intimate partners. Conversely, after completing the sessions, seven out of 14 students (all females, five from the Department of Hair, Beauty and Makeup and two from the online session) who presented both sessions considered friends as intimate partners. A likely explanation for this unexpected increase may be that the respondents were more cautious about the potential of whom to consider an intimate partner after the workshop. This phenomenon can also be identified in the existing literature, in that some students, especially females, became anxious after being part of a preventive programme about getting along with an abusive partner in a future relationship (Fox et al., 2016; Fox et al., 2014). Notably, caution should be taken to avoid the undesired direction that IPV-based primary prevention can have on participating students. Similarly, Edwards and Hinsz (2014) highlighted two research studies that had seen a deterioration in participants' attitudes after taking part in an IPV intervention. Therefore, an exploration of variances among the programmes' content or delivery methods are argued by Edwards & Hinsz (2014, p. 5) to be a worthwhile undertaking, in order to clarify the negative factors that contribute to the undesired outcomes of an intervention.

	Pre-test (n=14):	Post-test (n=14):
Friends	4	7
Current boyfriend or girlfriend	13	14
Former boyfriend or girlfriend	4	12
Partner in a marital relationship	11	14
Partner in an open relationship	5	12
Partner in a sexual relationship	12	14
Parents	5	1

Q2: What type of violent behaviours CAN happen in an intimate relationship?

As discussed in Section 2.2, the first WHO world report on violence and health (1996) defines that there are four general forms of violence within an intimate relationship, namely acts of physical aggression, psychological abuse, forced intercourse and other forms of sexual coercion and various controlling behaviours (World Health Organization, 2002, p. 89). Although cyber abuse was not yet on WHO's radar at that time, it has rapidly developed as a platform for IPV, owing to the present-day ubiquitous and indispensable existence of social media (Peterson & Densley, 2017; Wolford-Clevenger et al., 2016). Therefore, together with the four general types of IPV acts, cyber violence is included in the present study as one of the violence categories.

As evidenced in Diagram Q2 (1), at the pre-test stage, it seems that a large majority of participants, especially females, had good knowledge of the five forms of abuse existing in intimate relationships. All female students from the Department of Hair, Beauty and Makeup who filled both questionnaires, before and after the sessions (Diagram Q2 (1) and DiagramQ2 (2)), acknowledged that there were various acts of abuse, including physical, emotional, sexual,

controlling and cyber in an intimate relationship. However, compared to all male respondents from the Department of Engineering at the pre-test stage, the Diagram Q2 (1) showed that one out of nine male students considered emotional and controlling violence irrelevant to IPV. Furthermore, two out of nine male students did not think that cyber abuse could happen in an intimate relationship. These statistics suggest that female students in this sample seemed to have better awareness of various types of IPV abuse occurring in intimate relationships than males. In contrast, the male students seemed to think IPV can only take place in physical and sexual forms, and so emotional, controlling and cyber IPV acts were undervalued by them. This finding is consistent with Fox et al. (2015), which also found that males are more likely than female participants to accept certain IPV-related behaviours in certain circumstances. Similarly, questionnaires completed by students attending the online workshop indicated that two of the participating male students did not recognise cyber violence as an IPV act. However, this viewpoint started to change after they completed the online lessons, resulting in all of them considering IPV to involve every type of abusive act mentioned above. This finding likely confirms that attending the online workshop had some impacts on altering the participants' perspectives on the various abusive acts occurring in an IPV-based relationship.

Diagram Q2 (1)

PRE-TEST

- Pre-test: Department of Engineering (9 male students)
- Pre-test: Department of Hair, Beauty and Makeup (9 female students)
- Pre-test: Online Workshop (5 female students and 4 male students)

Category	Engineering	Hair, Beauty and Makeup	Online Workshop
PHYSICAL VIOLENCE	9	9	9
EMOTIONAL VIOLENCE	8	9	9
SEXUAL VIOLENCE	9	9	9
CONTROLLING VIOLENCE	8	9	9
CYBER VIOLENCE	7	9	7

Diagram Q2 (2)

POST-TEST

- Post-test: Department of Hair, Beauty and Makeup (8 female students)
- Post-test: Online Workshop (3 female students and 3 male students)

Category	Hair, Beauty and Makeup	Online Workshop
PHYSICAL VIOLENCE	8	6
EMOTIONAL VIOLENCE	8	6
SEXUAL VIOLENCE	8	6
CONTROLLING VIOLENCE	8	6
CYBER VIOLENCE	8	6

A substantial number of studies argue that adolescents, especially aged 16 to 19, are at the highest risk of suffering IPV (Decker et al., 2014; Humphrey & White, 2000; Monti et al., 2001; Smith et al., 2003; Ybarra & Thompson, 2018). For example, the findings of CSEW in 2015 highlighted that 6.6% of men and 12.6% of women had reported IPV histories (Office for National Statistic, 2016, p. 13). Moreover, other studies indicate that many individuals started IPV perpetration around the average age of 16, and the majority of first-time IPV victims were around or after the age of 14 (Humphrey & White, 2000; Ybarra & Thompson, 2018). Therefore, it is important for this study to increase students' awareness that IPV is not solely an issue within adult or parental relationships but is also prevalent among their own. As shown in Diagram Q3(1), before having sessions on IPV, a large majority of students (19 out of 27 in total; 12 out of 14 in matched pairs) stated that the ages of 20 to 24 and 25 to 34 were the riskiest in terms of suffering or perpetrating IPV. However, after attending the workshop (Diagram Q3 (2)), 10 out of 14 students in matched pairs began to recognise that 16- to 19-year-old young people were most likely to go through IPV compared to the other ages. It was likely that this study successfully promoted students' awareness of the prevalence of IPV issues that could happen in their current dating relationships.

Diagram Q3(1)

pre-test

- Pre-test Department of Engineering (9 male students)
- Pre-test: Department of Hair, Beauty and Makeup (9 female students)
- Pre-test: Online Workshop (5 female students and 4 male students)
- Pre-test: Department of Hair, Beauty and Makeup (8 female students)
- Pre-test: Online Workshop (3 female students and 3 male students)

Diagram Q3 (2)

Post-test

- Post-test: Department of Hair, Beauty and Makeup (8 female students)
- Post-test: Online Workshop (3 female students and 3 male students)

Q4-Q6

From Q4 to Q6, three checked questions were constructed with different wording and fashioned in a way to examine students' knowledge regarding differences between healthy, unhealthy and risky behaviours within intimate partner relationships. According to Kung, Kwok & Brown (2018, p270), checked questions are effective techniques for checking consistency in students' answers and identifying careless respondents (Krosnick, 2018). Hence, from the fourth question to the sixth question, students were asked to choose "which would be considered as IPV behaviours?", "which behaviour can be seen in a healthy intimate relationship" and "which behaviour can be seen in an unhealthy intimate relationship?". Based on the students' answers, scores and codes were adopted as a way of manipulating data for analysis. If the correct item was ticked, "1" point was assigned to each item code; if not, "0" point was assigned, and if all the right answers were chosen, students were able to score 20 (12 points from ticked items, and eight points from unticked items) (see codebook for Q4-Q6 in Appendix 20). Finally, all individual students' pre-test and post-test responses were summarised to yield a total score representing each student's responses across the fourth to sixth questions in Tables Q4-Q6 (1) and Tables Q4-Q6 (2).

For the pre-test, Table Q4-Q6 (1) shows that at the pre-test stage, nine male students from the Department of Engineering filled in the questionnaire. The highest score among them was 16, which was obtained by two respondents, numbered B491175 and B510770; the lowest score was 11, which was acquired by respondents, numbered B407104 and B511963; and the average score was 13.7. In contrast to the males from the Department of Engineering, nine female students from the Department of Hair, Beauty and Makeup were more accurate in deciding on the correct items regarding distinguishing healthy and unhealthy IPV behaviours. One student (numbered B543173) answered all three questions correctly and acquired 20 points. Also, both the lowest score (14) and the average score (16.4) obtained by the females were higher than

the males from the Department of Engineering. Therefore, a possible conclusion can be drawn from the statistics that females, overall, have better awareness and higher knowledge of healthy, unhealthy and risky IPV behaviours than males before receiving the intervention. Similarly, as for the online workshop, five females and four males completed the questionnaires at the pre-test stage, and interestingly, a similar trend was identified, in that the females performed much better than males on the whole in recognising healthy and unhealthy IPV acts. Four females scored 19, 18, 17 and 16 individually, which were higher than the highest score acquired by three males at 15.

Additionally, Table Q4-Q6 (2) presents scores obtained by 14 matched pairs, who attended both pre-test and post-test sessions. Four female students (B492146, B530240, B530149 and 170172) achieved 20 points after having the second session, and student B492146 achieved the biggest improvement (added 6 points compared to pre-test). When compared to the three males who completed the whole intervention, two (2101 and 21022) did not make any differences and one (5287) only made small progress (one point increased). Taken together, these results seem to suggest that the IPV-based intervention worked better for female participants than males; however, considering the small sample, it is difficult to extrapolate a trend.

Table Q4-Q6 (1)

Pre-test: Department of Engineering (all male students)

B532627	B491175	B511032	B510770	B519985	B528728	B518397	B407104	B511963	Mean
13	16	12	16	15	15	14	11	11	13.7

Pre-test: Department of Hair, Beauty and Makeup (all female students)

B492146	B200316	B521	B530240	B530149	B522120	B543173	B543019	B523554	Mean
14	14	15	17	16	16	20	19	17	16.4

Pre-test: Online session (five female and four male students)

3672 female	123 female	5287 male	2298 male	31753 female	520 female	170702 female	2101 male	21022 male	Mean
18	17	13	15	16	14	19	15	15	15.6

Table Q4-Q6 (2)

		Net or Difference Scores		
Department	ID number/gender	**Pre-test score (Q4-6)**	**Post-test score (Q4-6)**	**Net or difference score**
Hair, Beauty and Makeup (All females)	B492146	14	20	+6
	B200316	14	17	+3
	B521	15	15	+0
	B530240	17	20	+3
	B530149	16	20	+4
	B522120	16	17	+1
	B543173	20	19	-1
	B543019	19	19	+0
Online session	3672 female	18	18	+0
	2101 male	15	15	+0
	5287 male	13	14	+1
	21022 male	16	16	+0
	520 female	14	18	+4
	170172 female	19	20	+1

<u>Q7: Which statement regarding "sexual consent" is correct?</u>

Sexual consent is an agreement given to engage in a sexual activity, and it plays a vital part in debating and discussing sexual IPV, as the absence of consent is closely related to defining characteristics of rape or sexual assault and coercion (Jozkowski & Peterson, 2013). The seventh question checked students' understanding of this knowledge, and it asked them to

decide on one of four conditions in which sexual consent is valid and permissible. As illustrated in Diagram Q7, the majority of students, both males and females, were able to choose the correct option that "*Going home with someone is not giving consent to have sex with that person.*" However, two male students from the online session marked the answer "*If two people have had sex before, it is always okay to have sex again*" and provided the same response after attending the sessions. Strangely, two girls changed their answer to "*Don't know*" after receiving the intervention. A likely explanation for this response could be that the girls were more cautious about entering into an intimate relationship after participating in this intervention. This phenomenon was also identified when comparing female students' responses to the first question of the questionnaire: "*Who do you think are intimate partners?*" (Section 6.6.1, sp.123). Similarly, Gadd et al. (2014) also noted that after attending an educational programme on IPV, some females started to worry about future intimate relationships and were more cautious about getting into an abusive one.

Diagram Q7

- ■ Post-test: Online Workshop (3 female students and 3 male students)
- ■ Post-test: Department of Hair, Beauty and Makeup (8 female students)
- ■ Pre-test: Online Workshop (5 female students and 4 male students)
- ■ Pre-test: Department of Hair, Beauty and Makeup (9 female students)
- ■ Pre-test: Department of Engineering (9 male students)
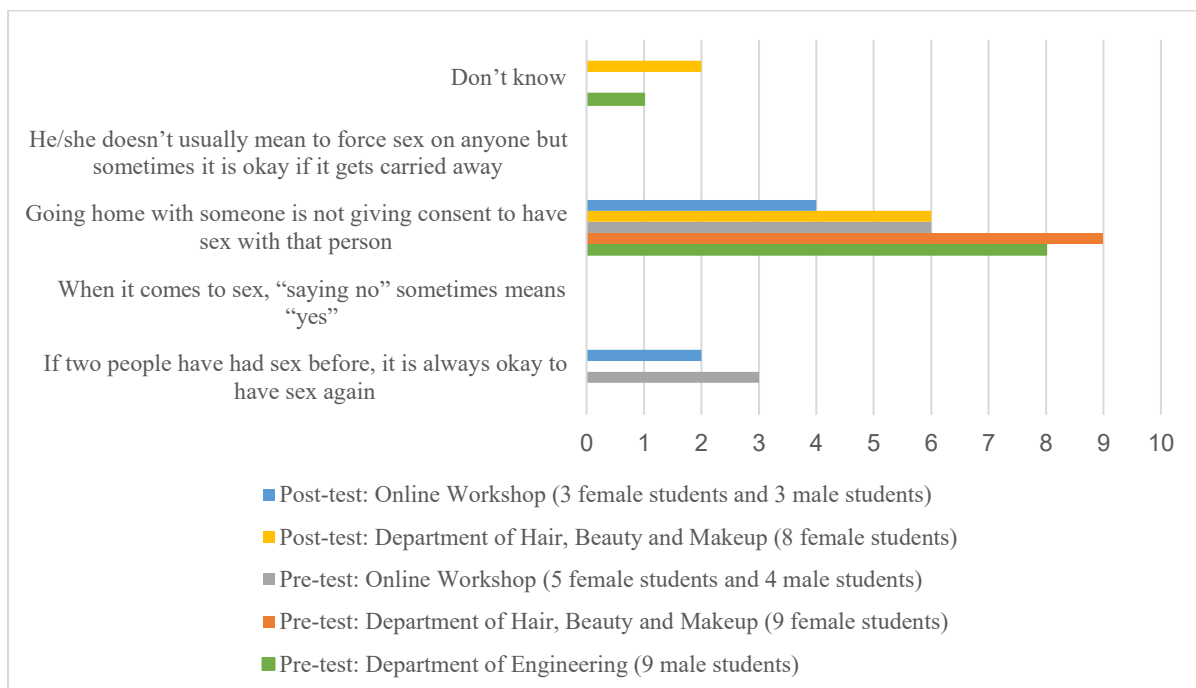
The eighth and ninth questions set out to research students' perceptions regarding the warning signs of an IPV relationship and the safety strategies for keeping safe and withdrawing from an abusive relationship. In a similar way to questions Q4-Q6, a descriptive method of data analysis was adopted to code Q8-Q9 (see Appendix 19 codebook Q8-Q9), and the mean scores regarding students' responses were calculated. The results for Q8 and Q9 at the pre-intervention phase are consistent with findings elicited from the previous questions, in that girls from the Department of Hair, Beauty and Makeup scored higher on average than boys from the Department of Engineering and the mixed gender group from the online sessions (see Diagram Q8-Q9 (1)). Moreover, among the 14 matched pairs, the statistics showed that the Hair, Beauty and Makeup Department and the online workshop groups saw an increase in their average scores (from 8.2 to 8.6 and 7.6 to 7.8 respectively). Therefore, a possible conclusion could be that an IPV-based intervention can change students' attitudes regarding IPV-related issues, but it seems more effective to deliver it in person rather than online. However, this phenomenon can also stem from the gender composition differences between the two groups, since boys tend to have lower scores than girls in learning this area.

Diagram Q8-Q9 (1)
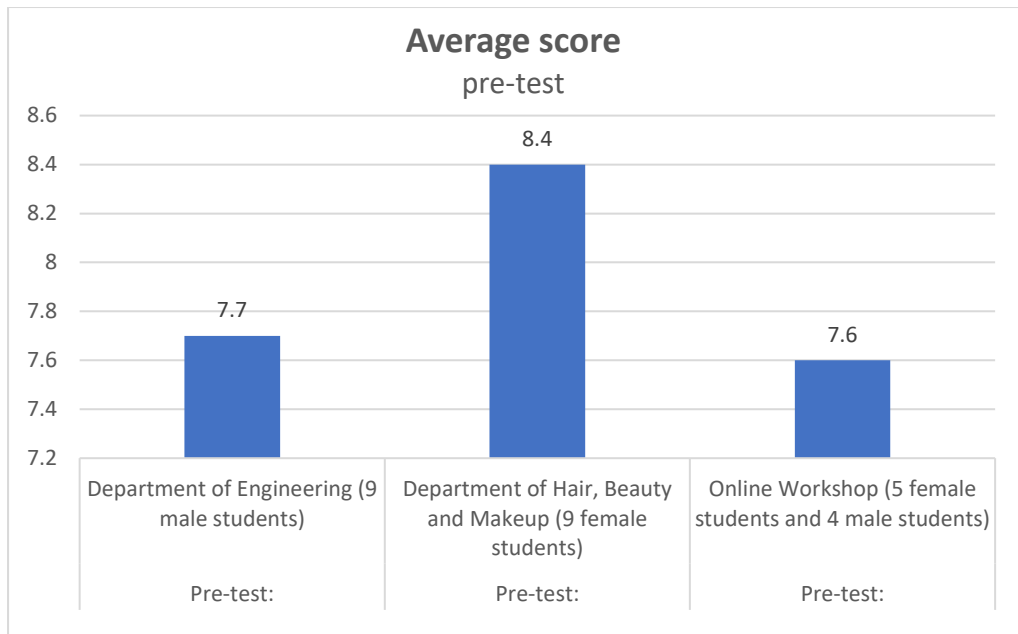
Diagram Q8-Q9 (2)
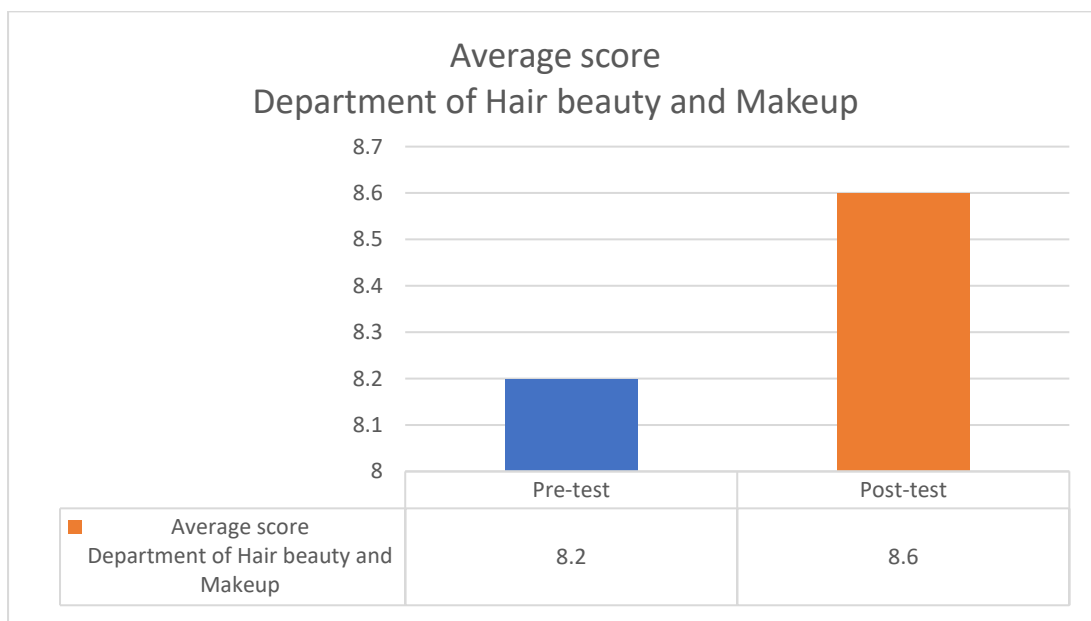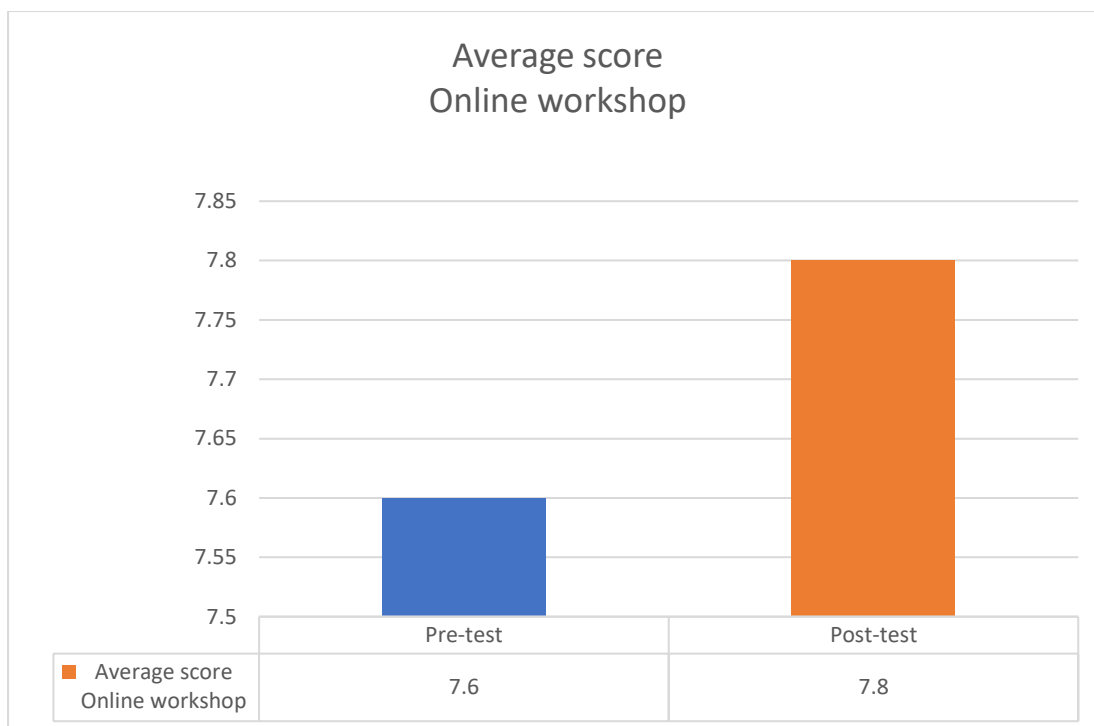
Average score
Online workshop

	Pre-test	Post-test
Average score Online workshop	7.6	7.8

Q10 Please decide whether the statement regarding intimate partner violence is TRUE or FALSE.

The tenth question consisted of seven dichotomous sub-questions asking for true or false answers regarding statements on various IPV situations. According to Cohen et al. (2018, p. 477), "the dichotomous question is useful to provide clear, unequivocal responses and adopting several dichotomous questions are desirable to gain data on the same topic." Hence, seven dichotomous questions were adopted from the RwF programme, published in Fox et al. (2015), to distinguish the respondents' perceptions of IPV and its prevention (see Table Q10). Table Q10 shows that a large majority of students acknowledged that IPV could happen between intimate partners in both cohabitating and separating situations. Further, they recognised that IPV was a commonly repeated pattern involving five forms of abusive behaviours in both heterosexual and homosexual intimate relationships. However, two students did not think IPV could be adopted by a former boyfriend or girlfriend after the end of a relationship, while one student sticked to this point after the intervention (see Table Q10). Similarly, as discussed

previously, the responses of Q1 also suggested that a large number of participating students started to recognise IPV in former and informal relationships after having the intervention. Therefore, evidence was identified to support the notion that being part of this IPV-based curriculum intervention seem to have some positive impacts on promoting awareness and increasing students' knowledge of IPV.

Table Q10

Q10: Please decide whether the statement regarding intimate partner violence is TRUE or FALSE	Frequency of responses (pre); N=14		Frequency of responses (post); N=14	
	True	False	True	False
1. Violence can happen in intimate relationships between young people whether they live together or separately	14	0	14	0
2. Violence cannot happen after intimate relationships have ended	2	11	1	13
3. People can use physical, emotional, sexual and cyber abuse to control others in intimate relationships	14	0	14	0
4. Females are victims of intimate partner violence while males can only be perpetrators	0	14	0	14
5. Intimate partner violence cannot happen in same-sex relationships and in relationships involving a trans person	0	14	0	14
6. Violence within intimate relationships is often a repeated pattern of behaviour	14	0	14	0
7. Intimate partner violence often involves several different types of abusive behaviours, including physical, emotional, sexual, controlling and cyber abuse	14	0	14	0

In conclusion, according to the results presented above, an overall improvement in participating students' awareness, knowledge and attitudes in terms of IPV was identified. Furthermore, this

study evidenced that female students, on the whole, seemed to have a better understanding of IPV than males, both before and after implementing the intervention. However, a limited number of male students completed every session, so future studies will need to examine particularly male students' attitudinal and behavioural changes when developing such programmes. Also, IPV-based primary prevention may lead to undesired backlashes or result in leaving negative effects on both participating females and males. This research indicated that after attending the sessions, females could become worried and anxious about getting into a relationship with an abusive partner; in contrast, males were more likely to drop out of the programme and had worse performance in terms of IPV learning than females. Furthermore, it seemed more effective to deliver the IPV-based curriculum in a face-to-face setting rather than through an online approach. However, research involving a large number of participants is needed, to confirm the validity of these results.

6.6.2 Observations

As mentioned in Section 5.4.3, observation is an indispensable element ingrained in the natural cyclical process of action research. Similar to action itself, observation is also undertaken in a flexible manner, with the intention to openly capture the unexpected in action implementation (Kemmis et al., 2013). Also, since what respondents say may be different to what they actually do, observation can therefore serve as a reality check via the first-hand perspective of the observer (Turnock & Gibson, 2001).

In this study, I took the role of an observer-as-participant, to consider nonverbal expressions of students' thoughts and views, to grasp unintended communications and to develop a vivid view of the intervention under investigation (Cohen et al., 2018; Kawulich, 2005; Turnock & Gibson, 2001). Field notes were recorded while conducting the unstructured observations, in order to collect information and enhance the richness of the generated data. In the following

section, an analysis of field note data, gathered in the classroom intervention with participants from the Department of Engineering and the Department of Hair, Beauty and Makeup, is presented (see field notes in Appendix 5).

As illustrated in the field notes regarding the intervention for students from the Engineering Department, the first session was conducted at 8:30 am on a rainy Friday 22nd November. It was thought that due to the unpleasant weather, the students would find it hard to get up early on a Friday morning, the last educational day of the week, to attend an early session. As such, only nine out of a group of 16 male students attended the class. However, it was an active classroom, especially when they were asked to engage in activities within a group, when they talked to and interacted with each other enthusiastically. The field notes showed that during the process of delivering the fourth slide of the PowerPoint presentation regarding certain acts in an intimate relationship, one student had doubts about whether slapping another person's face should be considered a category of physical abuse. He pointed out that it should not be regarded as an IPV act if it were a slight slap and not meant to hurt the other. This is an interesting argument, since according to the IPV-based literature, any act with a purpose to harm the other through physical means can be considered physical abuse, while the injury scale, namely mild, moderate or severe, can be measured by CTS (Straus, 2004). However, the teacher was hesitant regarding how to answer the student's question and was unable to provide a persuasive explanation. This phenomenon is consistent with the findings from existing studies that subject teachers are not wholly confident and lack knowledge and skills when delivering content on topics relevant to IPV (Alison MacKenzie, 2017; Long, 2018b). Furthermore, several interviewees in the first phase of this study also reported ineffective and inadequate lessons on account of teachers' shyness and hesitancy to provide this type of education (see Section 6.2). Therefore, in response to this problematic situation, effective teacher training provided by professionals and specialists is of paramount importance (Bryan, 2012;

Department for Education, 2018; Wilson et al., 2019). Additionally, when it comes to discussing whether IPV can result in depression and suicide amongst victims, a male student added that perpetrators could also develop depression or kill themselves. It was interesting that although both males and females have the potential to be victims or perpetrators in intimate relationships, the male students seemed more inclined to locate themselves as perpetrators and see IPV-related issues from this point of view. Moreover, as for the prevalence of IPV abuse among young people, one student questioned the reliability of the presented statistics, giving the reason that it did not survey everyone. Interestingly, male students appeared to suggest IPV was not a serious issue at times. However, they showed interest when the teacher delivered the eighth slide regarding seeking consent for sexual or physical activities and in what situations sexual consent was given. The observation suggested that male students tended to see their role as seeking sexual consent as opposed to giving it to another person when engaging in sexual activities. Similarly, Barter et al. (2009, p. 61) also revealed that females often felt their partners only valued the sexual aspect of their relationships and cared less about emotional intimacy.

According to the field notes (see Appendix 6), the first session was delivered to students from the Hair, Beauty and Makeup Department on 23rd October 2019, with nine out of 11 students attending the class. They also attended the second session on 27th November 2019. As for the first session, when delivering the third slide of the presentation on who should be considered an intimate partner, a few of the students questioned why friends could not be considered intimate partners. This is in line with findings elicited from the first phase of the data analysis, suggesting that females were more likely to mistake friends for intimate partners, both before and after the intervention (see Section 6.6.1). Different from females who were more curious about clarifying whom they should consider an intimate partner, the class-based males were more confused regarding IPV acts in intimate relationships. Also, the group of males were more inclined to challenge the authenticity of the IPV knowledge taught to them, although

female students were convinced by the presented facts and surprised about IPV being a serious issue among their age group. A possible explanation for the variances in the responses and reactions given by different males and females may be that, compared to females, males had less knowledge of IPV and thought less in terms of its seriousness. This might also be the reason why the attendance rates among males were lower than the female participants.

In the second session, when teaching students about the warning signs of an abusive relationship, disagreements arose over how to distinguish controlling abuse. Although controlling abusive acts are regarded as significant warning signs of IPV by most studies (Antai, 2011; Dokkedahl et al., 2019; Johnson, 2006; Marshall, 1996) (see Section 2.2.3), it still remains an indefinite, ambiguous and controversial concept to redefine, reassess and reoperate (Winstok & Sowan-Basheer, 2015). Therefore, it appears reasonable that the students were confused about how to conceptualise a controversial, disputed and ambiguous definition around controlling abuse in intimate relationships. However, the literature suggests that teachers should be skilful and knowledgeable enough to provide students with reasonable and righteous explanations for IPV myths and address their concerns (Fox et al., 2014; Gadd et al., 2014; Stanley, Ellis, et al., 2015b). Finally, the second session ended with a video presentation about a victim of IPV recounting her experience of getting into an abusive intimate relationship and then managing to leave it. The students engaged with the video, as they all stared at the screen throughout and appeared absorbed in the story. This seems to indicate that the visual medium is a power tool in assisting the delivery of IPV-related subjects.

As a result, observational data collected from the second phase captured a number of unexpected responses from both groups of boys and girls to IPV education, which added contextual information to complement the questionnaire data in the second phase. Similar to findings elicited from the questionnaires, there were also noticeable discrepancies in the observations between male and female students' attitudes regarding IPV. Additionally, the

female students tended to accept what was taught to them, and they expressed positive thoughts about being part of the intervention. In contrast, the male students were more likely to defend themselves by seeing IPV issues from a perpetrator's viewpoint. Furthermore, they seemed to be indifferent to such an intervention when compared with the females.

As mentioned previously (see Section 6.1), the second phase of data analysis was based on information gathered from questionnaires and observations, in order to answer the second research question "*To what extent can 16- to 19-year-old college students' understanding of IPV be increased following a curriculum intervention?*" The analysis detected significant gender variances in males' and females' attitudes, knowledge and understandings of IPV and its intervention. This is consistent with Bell and Stanley (2006), who claimed that interventions addressing IPV issues were more popular with girls, while boys showed less interest in them. Additionally, Gadd et al. (2014, p. 474) argued that male students felt upset being part of the programme, because they were mainly blamed for being abusive. When it comes to gender differences among worldwide studies in the IPV field, a large majority overwhelmingly focuses on female victimisation and male perpetration (Decker et al., 2014; Humphrey & White, 2000; Lammers et al., 2005; Shen et al., 2012), which may account for males being more inclined to place themselves in a position to see IPV issues from a perpetrator's perspective and show no interest in IPV prevention. Using Bronfenbrenner's theory to explain this phenomenon through a theoretical lens, gender, as one of the demand characteristics of the developing individual, has the power to shape the way a person perceives and experiences the surrounding environment, which may account for males thinking they were being discriminated against by being labelled as perpetrators in IPV-based prevention (see Section 4.4.1) (Bronfenbrenner, 2005; Bronfenbrenner & Morris, 1998). Therefore, future programmes would be advised to consider a gender-specific approach when developing a curriculum for students of different genders. However, most existing programmes in the area adopt a gender-neutral approach, and

so the efficacy of a gender-specific methodology for IPV-based primary intervention still needs to be explored (Bell & Stanley, 2006; Fox et al., 2014; Gadd et al., 2014; Stanley, Ellis, et al., 2015a).

6.7 THIRD DATA ANALYSIS PHASE

As maintained by Kemmis et al. (2013, p. 13), "evaluation (reflection) in action research seeks to make sense of processes, problems, issues and constraints made manifest in strategic action." They further added that "it takes account of the variety of perspectives possible in the social situation and comprehends the issues and circumstances in which they arise." (Kemmis et al., 2013, p. 13) Accordingly, the third phase of data analysis presents findings taken from the student questionnaires, semi-structured interviews with teachers, a group interview with students and reflections to assist in evaluating the impact of the desired change upon the participants.
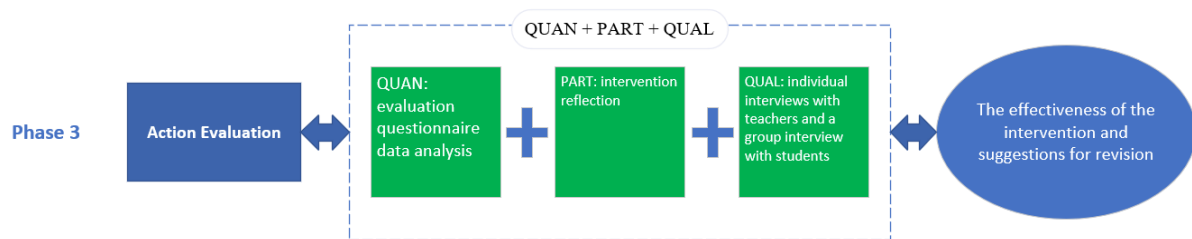
Figure 3 The third phase of data analysis

6.7.1 Questionnaires

The collected data in this part of questionnaires consist of two sections (see Appendix 4), which were adopted from the survey developed by a UK-based project named RwF (Fox et al., 2016; Fox & Gadd, 2012; Fox et al., 2015). In the first section, 12 questions following the notion of rank order were presented, with the intention of examining changes in students' attitudes, with attention paid particularly to 14 matched pairs, regarding a variety of IPV-based circumstances.

These questions were designed to identify associations between students' attitudes and behaviours, and to investigate if young people who showed more acceptance of violence were accordingly more likely to execute it (Fox et al., 2015; Hale et al., 2012). The second section consisted of five rating scale questions, which were applied with the purpose of prompting the students to self-assess, in order to check their own knowledge of IPV.

Additionally, two open-ended questions were added to the Web-based questionnaires at a later stage, and they allowed the students to outline their thoughts and reflect on their feelings of being part of this intervention in their own words (Cohen et al., 2018).

Section one

The first section tested the students' attitudes to the acceptability of IPV by a male or a female in various IPV situations, using 12 items. Each item was followed by four rating scales: perfectly okay, it's sort of okay, it's sort of wrong and it's really wrong (see Table Q11 (1)(2)). According to Cohen et al. (2018, p. 480), "great subtlety of response which is built into a rating scale renders it an attractive and widely used instrument in research, particularly for gathering data on attitudes and opinions." As shown in Table Q11 (1), among the 14 matched pairs at pre-test, a large amount of them (n=13) thought that it was really wrong for a man or a woman to hit a wife or a husband, even if he or she apologised afterwards, while one student felt it was sort of wrong. Also, three of students held the view that it was sort of wrong if a man or woman hit the other if they were unfaithful, compared to 11 of students who indicated that it was really wrong. Additionally, three students saw hitting another person in an intimate relationship as sort of wrong if he or she deserved it. Surprisingly, nearly half of the respondents indicated it was sort of okay or sort of wrong for him or her to hit back if he or she was being hit by their intimate partner. In contrast, following the post-test, significant changes in students' attitudes towards IPV were identified, since the large majority of students believed that it was really

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wrong to hit another in almost all of the listed statements regarding IPV (see Table Q11 (2)). However, one student still thought it was okay, and two students stated it was sort of wrong to hit another if they were being hit in an intimate relationship (see Table Q11 (2)).

A four-point scale was appointed to score each item as follows: 1=it's perfectly okay; 2= it's sort of okay; 3 =it's sort of wrong, 4 =it's really wrong, and the average scores for students from each group were calculated (see Appendix 19). According to Diagram Q11, among the pre-test group, girls from the Hair, Beauty and Makeup scored average at 46 and achieved a growth in attitude change, obtaining 47.7 average points in the post-test phase. Before the intervention, girls seemed more likely to deny it was not really wrong or sort of unacceptable to hit back if they were being hit by their intimate partner. After attending sessions on this issue, the data indicated that they started to understand that hitting back was unacceptable in regard to dealing with violence in intimate relationships. Additionally, an increase can be seen in the group attending the online workshop, with the average grade rising from 46.3 to 47.7. In conclusion, this study indicated attitudinal changes regarding the acceptability of IPV in various situations, following participation in the educational programme (see Diagram Q11).

Table Q11 (1):

Q11: Attitude towards intimate partner violence	Frequency of responses (pre-test) Total n: 14			
	It's perfectly okay	It's sort of okay	It's sort of wrong	It's really wrong
1. Do you think it is okay for a man to hit his wife if HE says he is sorry afterwards?	0	0	1	13
2. Do you think it is okay for a woman to hit her husband if SHE says he is sorry afterwards?	0	0	1	13
3. Suppose a woman cheats on her husband, do you think it is wrong for HER to hit HIM?	0	0	3	11
4. Suppose a man cheats on his wife, do you think it is wrong for HIM to hit HER?	0	0	3	11

	It's perfectly okay	It's sort of okay	It's sort of wrong	It's really wrong
5. Suppose a woman really embarrasses her husband, do you think it is wrong for HIM to hit HER?	0	0	0	14
6. Suppose a man really embarrasses her wife, do you think it is wrong for HER to hit HIM?	0	0	0	14
7. Do you think it is okay for a man to hit his wife if HE thinks SHE deserves it?	0	0	2	12
8. Do you think it is okay for a woman to hit her husband if SHE thinks HIM deserves it?	0	0	2	12
9. Suppose a woman hits her husband, do you think it is wrong for HIM to hit HER?	0	1	6	7
10. Suppose a man hits her wife, do you think it is wrong for Her to hit HIM?	0	1	6	7
11. Do you think it is okay for a man to hit his wife if He is Drunk?	0	0	0	14
12. Do you think it is okay for a woman to hit his husband if SHE is Drunk?	0	0	0	14

Table Q11(2):

Q11: Attitude towards intimate partner violence	Frequency of responses (post-test) Total n: 14			
	It's perfectly okay	It's sort of okay	It's sort of wrong	It's really wrong
1. Do you think it is okay for a man to hit his wife if HE says he is sorry afterwards?	0	0	0	14
2. Do you think it is okay for a woman to hit her husband if SHE says he is sorry afterwards?	0	0	0	14
3. Suppose a woman cheats on her husband, do you think it is wrong for HER to hit HIM?	0	0	0	14
4. Suppose a man cheats on his wife, do you think it is wrong for HIM to hit HER?	0	0	0	14
5. Suppose a woman really embarrasses her husband, do you think it is wrong for HIM to hit HER?	0	0	0	14
6. Suppose a man really embarrasses her wife, do you think it is wrong for HER to hit HIM?	0	0	0	14
7. Do you think it is okay for a man to hit his wife if HE thinks SHE deserves it?	0	0	0	14

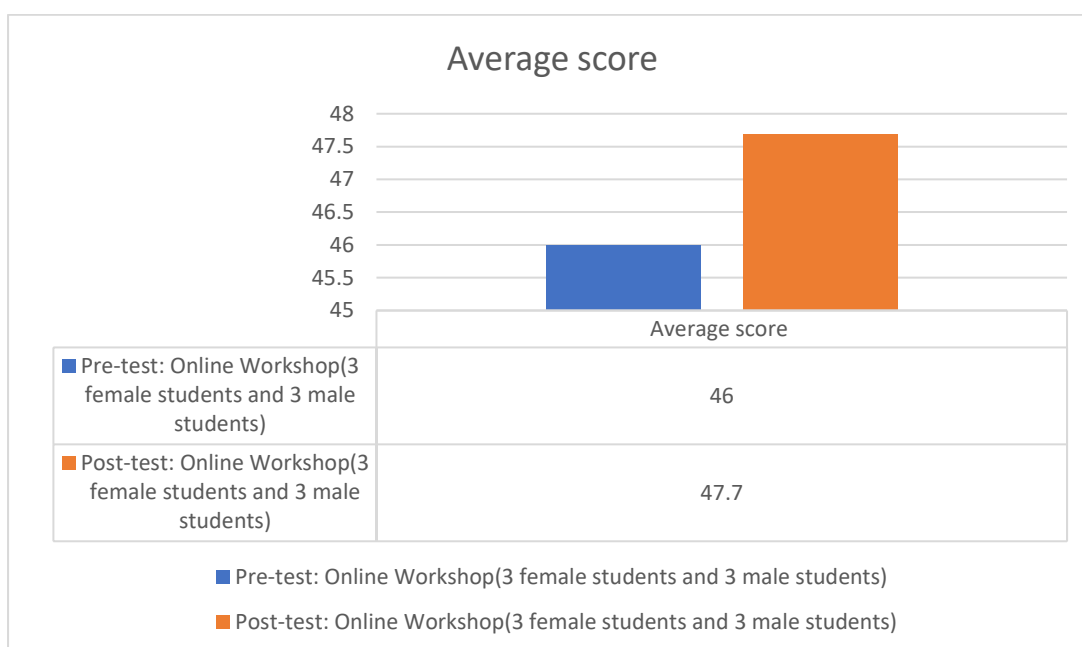|				
8. Do you think it is okay for a woman to hit her husband if SHE thinks HIM deserves it?	0	0	0	14
9. Suppose a woman hits her husband, do you think it is wrong for HIM to hit HER?	0	1	2	11
10. Suppose a man hits her wife, do you think it is wrong for Her to hit HIM?	0	1	2	11
11. Do you think it is okay for a man to hit his wife if He is Drunk?	0	0	0	14
12. Do you think it is okay for a woman to hit his husband if SHE is Drunk?	0	0	0	14

Diagram Q11:

Average score	
Pre-test: Online Workshop(3 female students and 3 male students)	46
Post-test: Online Workshop(3 female students and 3 male students)	47.7

■ Pre-test: Online Workshop(3 female students and 3 male students)
■ Post-test: Online Workshop(3 female students and 3 male students)

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Average score

	Average score
■ Pre-test: Department of Hair, Beauty and Makeup (8 female students)	46.3
■ Post-test: Department of Hair, Beauty and Makeup (8 female students)	47.7

■ Pre-test: Department of Hair, Beauty and Makeup (8 female students)

■ Post-test: Department of Hair, Beauty and Makeup (8 female students)

Section two

In the second section, students were expected to demonstrate their knowledge of IPV by choosing a position on a scale, from strongly agree to strongly disagree, thereby reflecting what they felt. To ensure greater clarity, reduce ambiguity and produce more useable results, this study used a seven-point scale (1=strongly disagree; 2=disagree; 3=lightly disagree; 4=neutral; 5=slightly agree; 6 agree and 7=strongly agree) to answer the five self-assessment questions (see Appendix 19). As evidenced in Diagram Q12 (1), in the pre-test stage, one respondent strongly disagreed that they had a clear understanding of what constitutes a healthy and unhealthy intimate relationship and that IPV is a serious issue. Further, one student disagreed or slightly disagreed that they were aware of warning signs in an IPV relationship, various types of IPV behaviours and help-seeking strategies. Additionally, one student held a neutral attitude toward distinguishing between a healthy or an unhealthy intimate relationship, with four of them unsure about help-seeking matters. By contrast, post-test (see Diagram Q12 (2)),

all respondents slightly agreed, agreed and – with a dominant majority – strongly agreed that they had acquired knowledge of IPV, including its definition, warning signs and an increased awareness of it as a serious issue. However, although an increased number of students knew who to report or turn to help when facing IPV-related issues, it seemed that some were still not completely confident regarding the effective ways to deal with the problem.

Diagram Q12 (1): Pre-test (14 matched pairs)
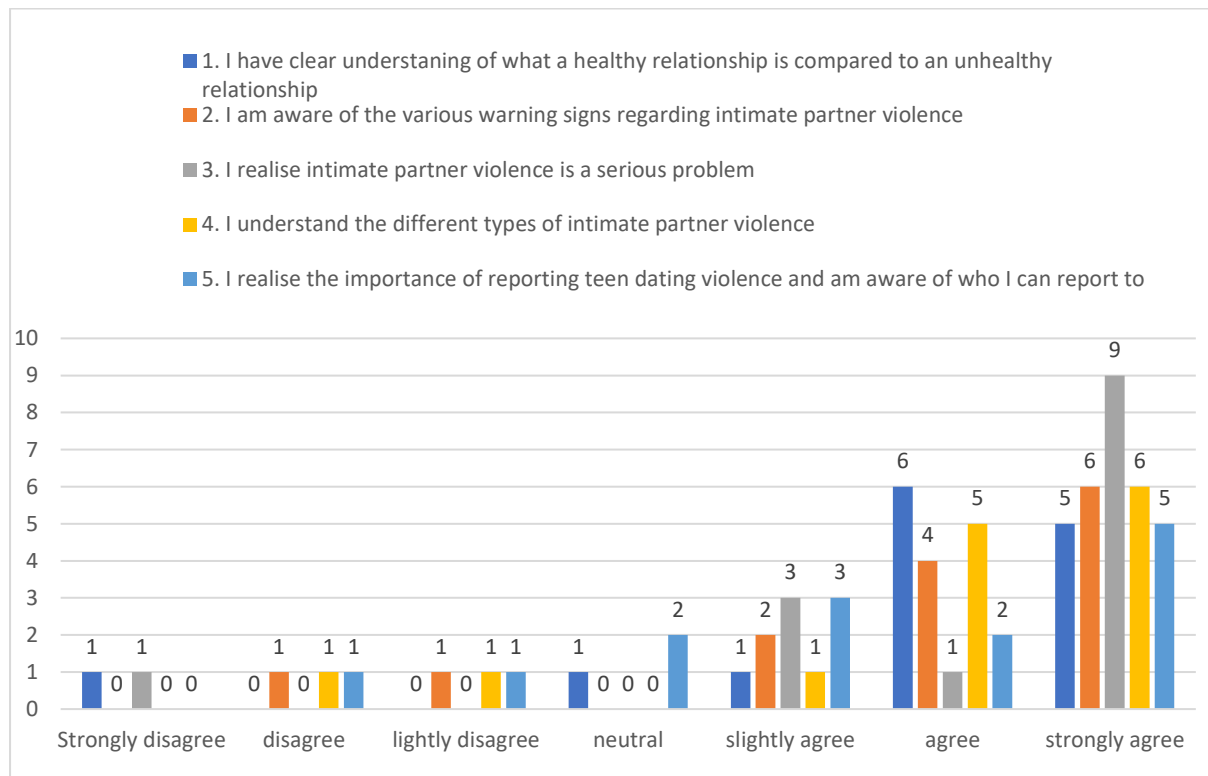
Diagram Q12 (2): Post-test (14 matched pairs)
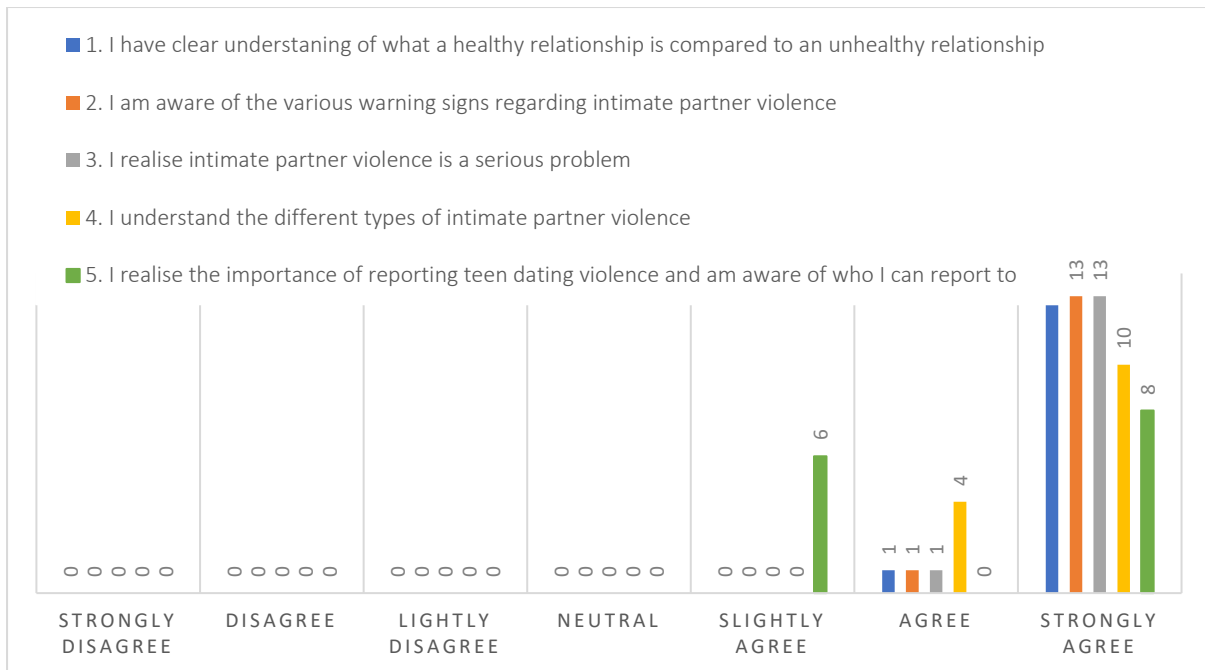
Open-ended questions

As shown in Tables Q13-Q14, students' overall feelings on the IPV-based online lesson were positive. Four students (ID5827, ID 2101, ID21022 and 170702) mentioned it was a very good lesson, and four other students (ID 3627, ID 21022, ID 520 and ID 170702) considered it informative. For example, one student (ID 170702) wrote down that it covered a range of really important topics concerning IPV. Moreover, three students commented that the lesson was interesting (ID 21022), engaging (ID 520) and helpful (ID 170702). However, one student suggested to list more examples of healthy behaviours in an intimate relationship instead of talking predominantly about abusive ones.

As for the fourteenth question, four students mentioned that they knew more about IPV-based knowledge regarding the definition, warning signs and help-seeking strategies after attending the online workshop (ID 3672, ID 5287, ID 21022 and ID 520). Furthermore, four students commented that they learnt more about what to do concerning dealing with IPV-related

matters, including the skills to recognise abuse, strategies to be ensure safety and offering useful advice to people (ID 3672, ID 2101, ID 21022, ID 520 and ID 170702).

Table Q13-Q14:

Q13: How do you feel about the lesson on intimate partner violence?	
ID 3672	*The lesson was really informative.*
ID 5287	*Very good session.*
ID 2101	*Very good*
ID 21022	*I think it was a very good lesson, informative and interesting*
ID 520	*I feel that it was very informative and engaging*
ID 170702	*It covered a range of really important topics in regard to IPV, was really helpful and informative and I liked the different ways of presenting information. The lesson was overall really educational, my only suggestion would be to discuss healthier examples of behaviours as alternatives to the abusive behaviours.*
Q 14: In what ways have you benefited from having lessons regarding intimate partner violence?	
ID 3672	*I now know the safe places that I can go and contact for help*
ID 5287	*I now know what it is.*
ID 2101	*I know what to do*
ID 21022	*I have more knowledge about IPV and how to stay safe in a relationship*
ID 520	*I know more about IPV, and I know the signs to look for now which didn't before the lesson*
ID 170702	*I feel more personally equipped to recognise abuse in my own relationship and especially relationships around me, where I would feel more confident giving advice and directing people towards help.*

In summary, on the whole and after their participation, the participating students saw an increase in their knowledge, attitude and understanding regarding the acceptability of behaviours in various IPV-related situations. Also, a dominant number of students indicated that they strongly agreed with obtaining more knowledge of IPV, acquiring the skills to ask for

help and gaining the confidence to address these issues. Additionally, the students had positive thoughts and feelings regarding the online sessions, which were mentioned by them as covering a wide range of interesting topics. However, one student suggested that more examples of healthy acts should be included rather than focusing dominantly on unhealthy or abusive IPV traits.

6.7.2 Interviews

In this section, data were collected from separate interviews with two teachers (see Appendix 2) and a group interview with four students (see Appendix 3). Both sets of interviews were developed to gain deep insights into their experience of being part of the research, and to facilitate an overall evaluation of the curriculum intervention. To do so, they were invited to share their thoughts and feelings on IPV-based issues before delivering and after having taught the sessions. Findings elicited from the interviews are presented in the three sub-sections below: pre-intervention, while-intervention and post-intervention.

Pre-intervention

Interview data from the first and second phases suggested that college students acquired inadequate knowledge of IPV from previous education, and they did not realise that it could be a big issue before taking part in the intervention. Similarly, findings from the group interviews with students in the third phase re-confirmed that prior to being part of the intervention, they were unaware of the seriousness and pervasiveness of IPV issues among them:

"*I didn't realise it's such a big thing.*" (Student A)

"*It's more popular than I thought.*" (Student B)

"*I didn't realise this much goes on.*" (Student C)

"*I don't know, I thought it's more relevant to physical.*" (Student D)

A possible explanation for students not realising the prevalence of IPV issues could be that they had received limited knowledge on the subject from previous education. This notion is in line with an Ofsted report which indicated that 40% of schools were 'inadequate' in terms of providing PSHE or RSE education involving IPV-based knowledge to students on account of the topic's non-statutory status (Davies & Matley, 2020; Willis et al., 2013). Additionally, a study conducted by Formby and Wolstenholme (2012) showed that, since sensitive topics like IPV issues in PSHE tend to cause discomfort and embarrassment among subject teachers, they preferred to stay within their comfort zones and avoid teaching about these issues. Moreover, Sanders-McDonagh et al. (2015, p. 10) stressed that many competing issues were indeed covered in PSHE education (see Section 3.3.2), but schools struggled to devote time to teaching IPV-based knowledge, and generally such content was delivered by external organisations. Although a number of primary preventive programmes were conducted in the UK (see Section 3.4.1), most of them were carried out within a limited period of time and involved a small population; therefore, it was difficult to promote nationwide awareness of IPV issues among young people. To change this situation, Bronfenbrenner's PPCT theory could be used to bring about a sustainable and systematic change to enhance students' awareness of IPV on a national level (Bronfenbrenner, 1994; Espelage, 2014; Little & Kaufman Kantor, 2002; Pittenger et al., 2016). By adopting the context element of PPCT theory, a holistic and multi-level intervention could be developed with the support of a friendly school and community environment. Additionally, a range of relevant stakeholders, e.g. parents, relatives and neighbours, could be involved, and the local community and legal response systems and frameworks could be reinforced (Bronfenbrenner & Morris, 1998; Fulu et al., 2014).

Compared with students, teachers indicated that they were aware of IPV issues existing among young people and highlighted the necessity to educate them accordingly:

"I think it's really important topic and can make them aware of IPV. Because it can raise an awareness and make them more cautious once they are in a relationship. And they will know warning signs, what to look out for if they are in an unhealthy relationship." (Teacher B)

Although the teachers acknowledged the existence of IPV as a phenomenon, and the value of teaching this subject, they expressed concerns about how to design and deliver such a sensitive subject, on account of students' reactions or personal experience in relation to the topic. As one teacher remarked:

"At the beginning, I was a little bit concerned about what the content might be and how, because I think, automatically, when you hear intimate partner violence, you know straight away that it can rang alarm bells, that you do question is this subject going to be appropriate learners, how to deal with this subject and how much detail are we going to go into. Because, obviously, we don't know what learners' backgrounds are, what they have already experienced and what they have seen. It is kind of private to us, it can be a quite sensitive subject." (Teacher A)

According to Bronfenbrenner's theory, a student's past experience of IPV (see Section 4.4.1), can hinder the operation of their proximal process and active engagement in IPV-based learning (Bronfenbrenner, 1986; Rosa & Tudge, 2013). In the newest version of the RSE statutory guidance (2019), it suggests that schools should be aware of students who may have experienced unhealthy or abusive relationships themselves, or witnessed it at home or socially, when designing the curriculum. Furthermore, it is important to have a good understanding of students' faith and religious background, in order to create constructive and appropriate content for them (Bryan & Revell, 2011; Department for Education, 2019b; Youde, 2020b). Additionally, parents should be given the right to withdraw their children from certain parts or

the entire sex education provision (Department for Education, 2019b). Accordingly, in this study, participants, ranging from 16- to 19-year-old college students, had the right to withdraw from the research at any time and without giving a reason. They were informed of the background, purpose and process of research through a detailed information sheet, and it was compulsory to sign the informed consent if they voluntarily agreed to take part in the research (see Appendix 8 and 9).

In addition, both of the interviewed teachers mentioned considering students' ability to absorb and digest the knowledge points when designing a curriculum on IPV:

> "*Because for some of them, it might be a hard subject for them to take on board, it also depends on what level of learner you deliver it to as well.*" (Teacher A)

> "*Because you will get all different views from students, won't you? I think this subject is suitable to this level, but for the second lesson, it would be interesting if we delivered to a level one group, because I wonder how they would react to that video, since it's 12 min long, how many of them could sit focus for that length of time.*" (Teacher B)

According to the RSE guidance (2019), although schools are free to determine how to deliver the content set out in this guidance in the context of a broad and balanced curriculum, it is important to check what students have learnt from their prior education and build it into a developmental process to ensure a smooth transition from learners at a lower level to a higher level (Department for Education, 2019b). This is consistent with the argument of the *content,* one of the forces employed to set the proximal process in motion, proposed in Bronfenbrenner's theory (see Section 4.4.2), which refers to checking that the variability of students' applicable knowledge and learning capabilities is necessary to the success of the intervention. Therefore, when designing an IPV-based curriculum, it is of vital importance to acknowledge what the students have learnt previously, although this step has been undervalued by most of the existing

primary preventive interventions on IPV in the UK (Bell & Stanley, 2006; Fox et al., 2014; Gadd et al., 2014). Hence, this study attempted to fill this knowledge and methodology gap by adopting action research following a three-phase cycle process to check the extent of students' prior knowledge regarding IPV in the first phase (see Section 6.2), build it into the curriculum design in the second phase and then evaluate the curriculum in the third phase.

Moreover, cooperation with professionals in this area can provide resources, materials, knowledge and experience for designing potential programme content that is suitable for various levels of learners (Department for Education, 2019b, p. 18). Jørgensen et al. (2019) also suggest that support from experienced professional practitioners can empower inexperienced teachers to develop effective IPV education. Additionally, expert training can offer teachers suggestions on how to incorporate IPV education better into their existing curriculum. This is in accordance with the first proposition of Bronfenbrenner's bioecological theory (Bronfenbrenner & Morris, 2007, p. 797): "Human development happens through progresses of progressively more complex reciprocal interaction between an active, evolving biopsychological individual and the persons, objects and symbols in its immediate environment." Accordingly, gaining the involvement of experienced professionals can served as a powerful factor to strengthen the reciprocal interaction between participating students and an effective intervention. This research is connected to the work carried out by the Ni3 global research centre, which is a professional organisation addressing GBV-based issue. As the researcher, I have successfully completed an Ni3 training course on implementing interventions with the aim of preventing GVB (see certificate in Appendix 7).

When it comes to the duration of the average session, the results of several systematic reviews of IPV-based primary interventions show that one session should generally be between 40 and 60 minutes (Fellmeth et al., 2015; Stanley, Ellis, Farrelly, Hollinghurst, & Downe, 2015;

Wilson et al., 2019). In this study, teacher A also expressed her concern regarding students' concentration and advised that allocating 40 to 50 minutes to each session would be enough:

> "*I think there was enough in it…I think if the lessons were longer, you may lose them, I wouldn't be doing an hour and half on the session. I think it should be 40 or 50 minutes.*" (Teacher A)

Teacher B worried about students' attention spans:

> "*…because I wonder how they would react to that video, since it's 12 min long, how many of them could sit focus for that length of time.*" (Teacher B)

She did admit that using videos was effective in assisting in delivering the session:

> "*I think they were actually listening and watching, you know, where it was before, back to the screen, and they did turn around and I know they were engaged, and the video could hold them, hold their concentration, I felt that it was a really good video.*" (Teacher B)

Using video clips to assist in IPV content delivery is prevalent among curriculum-based interventions (Edwards & Hinsz, 2014; Stanley, Ellis, Farrelly, Hollinghurst, & Downe, 2015; Wan & Bateman, 2007; Youde, 2020a). Berk (2009) argues that videos are especially useful for teaching about deviant behaviours, for example IPV, since students can connect a real-life situation to what they have learnt in class. Furthermore, videos have the strength to present IPV acts in a vivid and graphic way, which can snap students' attention and hold their concentration when teachers try to illustrate or convey particular knowledge points (Berk, 2009; Youde, 2020a; Youde, 2016).

In conclusion, when designing a curriculum for IPV intervention, it is essential to consider students' personal experiences of IPV and their faith or religious background. Furthermore,

acquiring good knowledge of their prior IPV-based knowledge and their learning ability can enhance the efficacy of intervention delivery. Also, a good average session length and the use of video clips are suggested by participating teachers as a useful approach to maintaining students' concentration.

While-intervention

While delivering this IPV curriculum-based programme, there was always emphasis at the heart of the intervention on keeping the participants mentally safe, well and healthy. This is in line with the DfE RSE guidance (2019) that good practice should allow students an open forum to discuss potentially sensitive issues, and staff should know how to deal with a situation where a student tells them their experience of being abused or witnessing abuse in an intimate relationship (Department for Education, 2019b, p. 42). This is of critical importance when implementing an IPV-based intervention. One interviewed teacher described how some students felt uncomfortable and unwilling to take part in her IPV lesson:

> "*In one of my sessions, just the actual title, some students didn't want to participate, you know, just through hearing the topic area that we were going to cover. So, we can't say we can deliver it to everybody…you have got to set ground rules about what you are going to talk about, also give them the opportunities to walk out if the subject may upset them about bringing up memories things like that.*" (teacher B)

This remark made me aware that since the sensitive nature of IPV issues can elicit uncomfortable thoughts and feelings among students, staff need to be experienced in providing timely and appropriate responses to students' concerns. Also, as mentioned in Reid Howie Associates (2001, p. 26), it is vital that staff are never forced to deliver this type of content, since they may have experienced IPV themselves or have extreme thoughts that may affect in on passing the correct values or beliefs that need to be communicated to students. Moreover,

additional support, in the form of regular meetings, could be useful and allow teachers to share their views regarding how to deal with IPV issues themselves and how to deliver the curriculum and support students better (Reid Howie Associates, 2001).

In this study, the participating teachers showed good awareness of the importance of school supports for vulnerable students in term of their mental well-being throughout the intervention. As Teacher A remarked:

> "*At the end of the first lesson… there needs to be some helplines at the end. Because with the first one, we talked about intimate partner violence, consent, and it might be at that stage, you got some vulnerable young people, that are already in a relationship or have realised, 'Oh actually, I didn't give consent to someone'….so I think in the interim, we need to give them something where we can signpost them to, even if like we may within college, you can go to well-being drop if you get issues, that's also something for me to take on board as well.*" (Teacher A)

According to Bronfenbrenner's theory, microsystems involve settings such as schools and communities that can have a direct impact on individuals' development (Bronfenbrenner, 1994; Shelton, 2018). Similarly, studies on IPV-based educational intervention indicate that these microsystems, as supportive environments, can encourage students' feelings of connectedness to schools and increase their belongingness to the point where they feel they can seek support from teachers and peers when the encounter IPV issues (Capaldi et al., 2012; Edwards & Neal, 2017). Additionally, as mentioned in the guidance for RSE education (2019), IPV-related education should be set in accordance with a school's broader ethos of developing students socially, morally, spiritually and culturally – and within its pastoral care system (Bryan & Burstow, 2018; Department for Education, 2019b). Also, education on IPV should

complement, and be supported by, the school's wider policies on behaviour, well-being, inclusion, respect for equality and diversity (Department for Education, 2019b).

When it comes to delivering the content, the 'one size fits all' method was argued as being inappropriate for teaching personalised IPV issues; staff in charge of delivering the content should be able to respond to various students' needs, and student-centred learning works better than the teacher-centred approach in IPV-related education (Fox et al., 2014). As one teacher reflected:

> "*I think as long as you discuss things with them, it quite a bit reading into the slides, that's why sometimes you find students switch off…because what we tend to do is when we got a PowerPoint, it's a bullet list, you tend to read through, don't you? So, maybe trying to make it a little bit more interactive, that could be done by looking through activities you give them to do…you might ask them to do these in pairs to do something…giving them a subject, just maybe, try to get it a little bit more interesting.*"
> (Teacher B)

A similar phenomenon can be seen in the RwF programme, as mentioned in Fox et al. (2014), in that some participants showed their unease and dislike regarding being part of these interventions. For example, participants easily became bored, noting "the lesson was not to do with us, we were just listening" (Fox et al., 2014, p. 33). Hence, in IPV education, students' active engagements require varied content and a variety of interactive activities, which highlights the importance of catering to students' preferences when designing content.

Teacher A also commented that it was normally challenging to get students to engage actively in a class, and it was even more so when it came to a sensitive topic like IPV:

> "*You always get stronger women, don't you? Like for example, xxx, she spoke every time, but she is quite confident in speaking. It can be difficult to get every student to*

actually speak or engage, and I think it is even more so when it is a sensitive subject…the only way to get all students' engagement is by questioning techniques, but without making them feel uncomfortable." (Teacher A)

It was highlighted in the comments getting students to engage, without making them feel uneasy or uncomfortable, can be a challenge for teachers delivering IPV-related subjects. Teaching techniques, such as questioning to incite discussions among students, were mentioned by the participating teacher as an effective method to deliver a sensitive subject.

Additionally, in terms of how to deliver the material better, Teacher A suggested:

"*I think maybe around the ten warning signs, I think the discussion doesn't need to take place around, some of the things and can be deemed to be healthy. Like for example, checking where somebody is, that is okay, if it is not taking to the extreme…it's knowing when it's being controlling and when it's being healthy.*" (Teacher A)

A similar situation was identified during my observations in the second phase (see Section 6.6.2), when the students questioned why slapping one's face belongs to physical violence and pointed out that it should be defined according to the extent of harm. On account of complexities surrounding the personal, private nature of IPV and IPV issues, they are generally interpreted or understood subjectively (Brown et al., 2009; Foshee et al., 2007), and some concepts still remain ambiguous, controversial and thus difficult to define (for more details, see Section 2.2) (Ali et al., 2016; Coker, 2007; Eshelman & Levendosky, 2012). Therefore, when delivering an IPV topic, effective training provided by professionals and specialists is of paramount importance, to equip teachers with IPV-based knowledge and avoid misleading students (Bryan, 2012; Department for Education, 2018; Wilson et al., 2019).

As a result, while delivering the curriculum, it is important to keep in mind students' mental health and well-being throughout. Teachers should pay special attention to vulnerable students

or those who have witnessed or experienced IPV, and they should equip themselves with the knowledge and skills necessary to provide students with help, should they require it. Additionally, this curriculum-based intervention should be fitted into the pastoral system and the broader school cultural environment. Also, the student-centred approach, interactive activities and questioning techniques were suggested as effective ways to encourage students' active involvement in the class.

Post-intervention

After the intervention, both students and teachers were questioned about their feelings regarding delivering or having sessions on this topic. All students expressed their surprise about IPV being more commonly found among young people. Also, they mentioned that they had gained IPV-based knowledge from the intervention, including various forms of IPV behaviours and help-seeking strategies. Sample responses derived from the students are outlined as follows:

> "*I don't think it as common as it is. I don't think it happens a lot. But it seems more common as I think.*" (student A)

> "*I quite surprised that it happens a lot, I don't think it happened so often before.*" (student B)

> "*I don't think that many categories of different things could go on. I just thought they were all physical.*" (student C)

> "*I have learned who to call and turn to for help.*" (student D)

The students also mentioned that they had benefited from having lessons on intimate partner violence, and almost all of them felt that they knew how to identify unhealthy and abusive signs. Some responses in this regard were as follows:

"You know what to look out for, you will be able to spot it." (Student B)

"So, when you spot it, like someone says what you can or can't wear, you know to stop it before it goes more violent." (Student D)

"You will spot it quicker, like even the small things." (Student C)

"I felt I have learnt that something you don't see it as violence at first, you think it's normal, but it can become very bad, there's no way to get out of it and people stay in the relationship longer, it will be more difficult, and they don't know how to get out." (Student A)

Additionally, some students stressed that the intervention provided detailed knowledge about IPV issues, including controlling behaviour (Student B) and blaming strategy (Student D). Also, student A expressed her preference for the embedded videos in the session:

"If they want to control you who you spend time with, then it's not right either." (Student B)

"It's not right when the other makes it like everything is your fault." (Student D)

"The lesson has covered everything, all the video is good, I liked the video." (Student A)

The responses presented here appear to support the argument that the students were positive about participating in the intervention, since it substantially promoted their awareness and enhanced their knowledge of IPV. Based on the students' comments, they suggested that, more or less, they liked and were positive about being part of the intervention. Moreover, to some extent, the intervention successfully promoted their awareness and mitigated the risk of potential future IPV. This is in agreement with findings from other existing IPV-based preventative programmes in the UK, i.e. that a predominant number of students conveyed their

appreciation for being part of the intervention, as they had learnt a lot from participating (Bell & Stanley, 2006; Fox et al., 2016; Fox et al., 2014; Gadd et al., 2014; Reid Howie Associates, 2001). Additionally, considerable evidence from global practice also suggests that IPV-based educational programmes engender significant improvements in altering students' attitudes, including being less accepting of abusive and violent acts, increased awareness of gender equality and enhanced knowledge of IPV (De Koker et al., 2014; Edwards & Hinsz, 2014; Foshee et al., 1998; Foshee et al., 1996; Jones, 1991; Wilson et al., 2019)

Remarks from Teacher B suggested that, initially, the students questioned the value of attending the intervention, as they were unaware of the prevalence and importance of IPV issues and did not deem them important, but they changed this view after attending the sessions:

> "*I think students are interested in this topic…I think maybe when they see the subject matter, they may think what I am doing here, why I am doing this, and then they realise how important it is. You know, this is a massive area, it's a massive issue. And we have said, a lot of people having this reflected on them without realising it. I think, it's to make sure if they think* "oh dear, it sounds like I have run into these relationships, how do I go about doing something about it." *It feels they got support.*" (Teacher B)

Similarly, Teacher A also agreed that the intervention was effective in promoting awareness and enhancing knowledge of IPV:

> "*I think they are more aware; they got a great awareness now of the signs of intimate partner violence, and where to go to get help as we have said. And it just made them think twice now, about things that could happen in a relationship and rather think that is normal, that's what it is like in a relationship, especially somebody might be in their first relationship, because they won't know possibly what the differences between a healthy and unhealthy relationship is. So, at least, they can make informed choices*

because they have learnt about it. And I hope, they would pick up those warning signs."

(Teacher A)

Similar to the students, teachers also witnessed growth in their own knowledge of IPV as a result of delivering the lessons. One teacher stated:

"*As far as my knowledge goes, I would be able to recognise the signs, but I just felt it brought everything together, it did cover everything and more concise, I would never have thought that intimate partner violence can be associated with so many things. I can see how it comes out under the heading, you may say it as domestic abuse, rather than see it specific to intimate partner violence.*" (teacher A)

Apart from knowledge growth, the other teacher also expressed that after delivering the subject on IPV several times, she was gaining more confidence in teaching it:

"*I would say I will be more confident in delivering it now, because we have gone through it a couple of times…I think what we tried to get across has been made clear.*"

(Teacher B)

From the participating teachers' remarks, it appeared that they were generally positive about being part of the project, as it enhanced their confidence, skills, and knowledge regarding teaching sensitive subjects, especially IPV.

In summary, in accordance with the findings from the third-phase questionnaires, the results of the interviews also saw an overall enhancement of students' knowledge of IPV, and they started to become aware after participating in the intervention that IPV is a prevalent issue. Similarly, teachers also expressed that their own IPV-based knowledge had improved, as well as their confidence in delivering an IPV-related lesson.

6.7.3 Reflections

"Reflection may be seen as an active and deliberative cognitive process, involving sequences of interconnected ideas which take account of underlying beliefs and knowledge." (Hatton & Smith, 1995, p. 34) In this research, reflections involved participating students, teachers, and the researcher, to look back at their experiences after the intervention with the intention to make changes for further practice.

Students were invited to engage in a reflection discussion at the end of each session in relation to two questions (see the last slide in Appendix 15):

- How you feel differently as a result of what you have seen and heard in the session?

- Has anything surprised or shocked you after participating in the programme?

In the reflection discussion, females from the Department of Hair, Beauty and Makeup expressed that they had learnt more about IPV and realised that they had underestimated and overlooked it prior to the intervention. When the male students were asked if they had learnt anything different from what they know previously, most said nothing had surprised or shocked them after attending the lesson. This phenomenon seemed to indicate that the male students were more confident about having sufficient IPV-based knowledge than the females before attending the sessions. However, this result was contradicted by the findings presented earlier in this research, i.e. that most of the male students from the Department of Engineering had poorer knowledge and worse awareness of IPV, both before and after the sessions, than the female Department of Hair, Beauty and Makeup students.

Additionally, two teachers were asked to email their written feedback on the ways that they had benefited from being part of the IPV-based curriculum intervention. One participating teacher mentioned that she had witnessed growth in her own knowledge:

> "*I did not realise that IPV can cover so many issues, my own knowledge also increased after teaching the subject*" (Teacher A)

The other teacher emphasised that she was more confident and skilful in teaching IPV and talking about the issue openly with students after participating in the research:

> "*After going through the subject several times, I am now more confidence in delivering and discussing this issue with students…Now I can see how I could teach the subject in a positive way and not trigger upset emotions among students. I am more skilful in providing supports to students who are unwilling to participate in this topic*" (Teacher B)

The reflection notes by me, the researcher, is provided at the end of the thesis (see Section 7.5).

6.8 CONCLUSION

This chapter has presented the cyclical process of participatory mixed methods research, drawing on components of a three-phases action research framework, involving planning, action/observation, evaluation and, finally, reflection. The planning phase aimed to provide evidence for the first research question on identifying students' prior knowledge of IPV and offer insights into the curriculum's development. Based on the analysis of the students' interview data in the planning phase, a possible conclusion could be drawn that the students were equipped with inadequate or partial knowledge regarding IPV from previous education. In addition, they showed an interest in being taught about IPV and suggested schools as the best place to provide such education and reach a large group of young people in need of this essential knowledge. These insights led to the development of an IPV-focused curriculum as a possible solution. During action implementation, questionnaires were adopted to gather students' thoughts about changes taking place after the intervention, and to provide evidence

mainly to answer the second research question. Furthermore, observation data were collected to capture any unexpected occurrences while delivering the curriculum, in order to add contextual information to enrich the data. The results indicated that the IPV-based curriculum was effective in promoting awareness, increasing knowledge, altering attitudes, and mitigating the risk of IPV among students. However, female students seemed to have progressed more on the whole than male students as a result of being part of this intervention. In the third phase of evaluation, the evidence elicited from both questionnaire and group interview data with students established that they showed different degrees of positivity towards having such a curriculum educating them on IPV-related matters. Male students tended to be more sensitive on the subject, since they automatically identified themselves as perpetrators. Moreover, the teachers' interview data showed that they agreed on the necessity of having an IPV-based curriculum taught to students, and the positive effects it had on them. However, they were concerned about students' reactions, because they might have had some experience of being a victim or a perpetrator. Furthermore, teacher training was of paramount importance for delivering such sensitive content, as it would equip teachers with the knowledge and skills to engage students effectively. Furthermore, subject teachers were expected to have the capability to protect vulnerable students from victim- or perpetrator-blaming and correcting misconceptions regarding harmful gender norms and stereotypes. Finally, all of the participants, namely the teachers, students and the researcher, reflected on their experience of conducting and completing the cycle of action research, which turned the intervention of IPV issue into a mutually beneficial component of the students', teachers' and the researcher's life-worlds.

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CHAPTER VII

DISCUSSION AND CONCLUSION

7.1 INTRODUCTION

This chapter starts with a summary of the key findings, by listing the overall main points and major arguments regarding results taken from the data analysis. This is followed by a statement on the current situation for IPV primary preventive programmes in English schools, especially the lack of knowledge and understanding in the field, including research and theoretical gaps. Next, the chapter discusses the contributions made by this study to narrow these gaps. In addition, principal implications for future practice in IPV prevention are provided, including an introduction to the potential limitations inherent in this study and suggestions to avoid these weaknesses regarding developing robust and effective interventions. Finally, as the researcher, I reflect on my experience of conducting the research, as well as the ways it has contributed to my continuing personal growth and professional development.

7.2 SUMMARY OF THE KEY FINDINGS

This doctoral project was a part of an overall research within the Ni3 global research centre (see the organisation's website for more information: http://www.noneinthree.org/), and it was carried out with the intention of contributing to the centre's dedication to make the global GBV statistic 'none in three'. To contribute to achieving this goal, this research developed a curriculum-based intervention to educate young people with essential knowledge on IPV. In this regard, it sought to address two research aims:

- Identify what prior knowledge 16- to 19-year-old college students have regarding IPV and deepen their current understanding about IPV through a targeted curriculum intervention.

- Critically analyse the extent to which a curriculum-based intervention can influence and change attitudes about IPV among 16- to 19-year-old college students.

And in response to three research questions:

- What prior knowledge do 16- to 19-year-old college students have regarding IPV?

- To what extent can 16- to 19-year-old college students' understanding of IPV be increased by following curriculum intervention?

- Is this curriculum-based intervention effective in promoting awareness and mitigating the risk of IPV among 16- to 19-year-old college students?

In order to address the presented research aims and answer the listed research questions, themes were elicited and categorised under seven headings: knowledge of content, students' background, content delivery methods, teacher training, evaluation strategies and the school, community, policy environment and intervention effectiveness. The following subsections explain and evaluate what was found regarding each aspect, and overall conclusions are supported by comparisons with exiting literature.

7.2.1 Content knowledge

This project was designed to identify what prior knowledge students obtained from their previous schooling, and to what extent this intervention was able to increase their knowledge of IPV on the basis of certain unknowns. The first data analysis phase established that English students appeared to have received inadequate information on IPV from their previous PSHE and RSE education. Several participating students mentioned that they had some previous

teaching about domestic violence from high schools, but it was not really set within the context of an intimate relationship, and their teacher did not go into too much detail or depth. These findings appear to be similar with those found in a report by Ofsted, which highlighted inconsistent quality in PSHE education delivered in schools, with 40% of students being dissatisfied with the provision (Formby & Wolstenholme, 2012). The students further indicated that some topics, especially those of a sensitive nature, were avoided in RSE education, perhaps due to teachers preferring to stay in their "comfort zone" and not wishing to cause discomfort or anxiety among their students (Formby et al., 2010; Formby & Wolstenholme, 2012). Furthermore, a survey conducted by the Sex Education Forum claimed that one in three students had not had a single lesson on sexual consent, or on the ways to define a healthy relationship and distinguish it from an abusive one (Davies & Matley, 2020). The results from the students' interviews and questionnaires also suggested that before the interventions, they seemed to think it was okay to hit another person if they had been hit first, there was a good enough reason, or they thought that the other deserved it. The findings from this research indicated that students had not developed sufficient awareness regarding various forms of IPV abuse occurring in intimate relationships before the intervention. Some students in the group interviews expressed that they were not even aware IPV could be so significant, and they thought only physical violence was involved.

Therefore, to remedy this issue, and to improve the current situation regarding IPV primary prevention, this doctoral project was developed to complement existing RSE education and to help students learn more essential knowledge within an educational context. This was also in accordance with the new DfE guidance that schools must teach the RSE curriculum, including a variety of IPV matters, to students from September 2020 (Department for Education, 2019b).

Hence, a programme involving a variety of topics – the meaning of the term 'intimate partner violence'; different types of IPV abuse; IPV statistics among young people; situations in which

sexual consent is given, or not; the strategies to recognise the warning signs of abusive relationships and perpetrators' behaviours and the strategies to ask for help and support – was developed to expand students' knowledge of IPV (see Appendix 15 and 16). Both teachers and students indicated that their knowledge of IPV had expanded, and they never thought that it could involve such a comprehensive range of matters. Additionally, observational data suggested that female students were more curious about who should be considered an intimate partner, how they could distinguish controlling or caring acts in intimate relationships and what strategies could be taken to discard an abuser. In contrast, the male students challenged the IPV statistics presented to them, suggesting that the surveys were not large enough and did not therefore represent everyone. In addition, they showed more interests in defining sexual abuse and seeking sexual consent. A possible similar phenomenon was suggested by Wood and Barter (2015, p. 61), in that "males were more interested in the sexual aspects of relationships that did not always value the emotional intimacy that relationships provide." Additionally, several students suggested including in the content more positive examples of what healthy intimate relationships look like, instead of talking predominantly about negative and abusive elements. However, considering the small sample involved in this research and high drop-out of male participants, caution must be applied when interpreting the results, as the findings of this study may not be generalisable or reflect many English college students' experiences.

7.2.2 Students' background

In curriculum based IPV primary intervention, it is critically important to gear the programme to participating students' backgrounds in terms of age, gender, learning capability, IPV experience, religious beliefs and faith.

As for age, this research was conducted among college students aged 16 to 19 years old, on account of a limited number of UK-based programmes targeting this particular age group. A

substantial number of studies indicated that adolescents, especially aged 16 to 19 years old, faced the highest risk of experiencing or perpetrating IPV (Decker et al., 2014; Humphrey & White, 2000; Smith et al., 2003; Ybarra & Thompson, 2018). Before participating in the intervention, the majority of students indicated that 24- to 34-year-olds were most likely to suffer IPV; they then seemed to realise that IPV was not only an issue for marital or parental relationships, but also could be prevalent in their own relationships as well. While the findings from the literature suggested that IPV education was more effective when delivered to younger students, for example those in middle school (Edwards & Hinsz, 2014; Stanley, Ellis, et al., 2015a), this study examined whether students younger than 16 years of age were physically and psychologically mature enough to personalise the learnt information. Therefore, students aged 16 to 19 were considered at an appropriate stage to participate in the intervention, since they may already have experienced an intimate relationship.

As for gender, special attention was placed on its importance for IPV prevention, since gender inequality, harmful norms and stereotypes are considered deep-rooted causes of IPV issues (Krug et al., 2002; Edwards and Hinesz, 2014; Pacifici et al., 2001; Stanley et al., 2015). This research was conducted among different gendered groups, including all males, all females and both males and females. The findings of this study indicated that the all-female group obtained overall better knowledge and understanding of IPV, both before and after the intervention, than the all-male group. Furthermore, females in the mixed group appeared to obtain overall better scores in IPV education than males in the same group. Similarly, the RwF project also claimed that male students were more likely to treat certain IPV abuse as acceptable when compared with females (Fox et al., 2015). Hence, it could be understood that females performed better than male students in relation to learning IPV-based knowledge and distinguishing whether a relationship is healthy, unhealthy or abusive. However, the greater numbers of studies in the field of IPV primary prevention have adopted a gender-neutral approach rather than a gender-

specific one (Leen et al., 2013; Stanley, Ellis, et al., 2015a; Ting, 2009; Whitaker et al., 2006). Based on the identified gender variances in learning IPV-based knowledge, this study seemed to suggest that an IPV-based curriculum would be more effective if it were designed and delivered separately for males and females. Moreover, the nature of content that meets different gender needs in the tailored curricula, especially for the males, to increase their motivation in IPV learning and avoid being gender discrimination, needed to be considered further. However, these findings may not be extrapolated to all English college student since they were drawn from a small sample, which had retention issues amongst males.

As for students' learning capability, one teacher participating in this study mentioned that although the curriculum was suitable for their students, she was worried if it would be applicable to other students from a lower level. Therefore, to avoid creating a curriculum for an inappropriate group of students, it appeared essential to check their prior knowledge and learning ability, in order to ensure a smooth transition from learners at a lower level to a higher level. Moreover, the teacher also mentioned that it was critical to ensure that the embedded video clips were not too long for lower-level students to sit through and concentrate on; in regard to this study's video content, she indicated that the lengths of the included videos were good for her students.

Additionally, it is majorly important to be aware that participating students may have experienced IPV, or they may feel uncomfortable learning about an IPV-related subject because of their faith and religious beliefs. Therefore, as suggested by teachers participating in this study, at the beginning of an IPV class, it was necessary to make sure that all students were aware of the topic prior to going through the session. In this research, an information sheet was given to the students before their participation (see Appendix 8), and they were required to sign an informed consent form prior to participating (see Appendix 9). Furthermore, participating teachers also mentioned that they were aware of some of their students who might have already

experienced or witnessed IPV; hence, they would do their best avoid causing any further trauma. Also, for research in the future, self-care and help-seeking strategies should be provided not only at the end of the session, but also throughout the session and signposting students to seek support whenever needed.

7.2.3 Delivery approach

When it comes to approaches to delivering the intervention, a one-size-fits-all design appears not appropriate (Fox et al., 2014); research suggests the best approach is to adopt a combination of strategies that suit teachers' teaching style and the characteristics of the participating students (Kirby & Laris, 2009). This notion is in accordance with the findings of this research to some extent, i.e. the participating teachers' advocacy of an instructional approach, through which multiple activities and various teaching methods could be employed to arouse students' interest and secure their active engagement in class. The teachers further mentioned that a student-centred approach could work better than a teacher-centred style in delivering this type of education. Additionally, interactive instruction, such as discussions, questioning skills and group tasks, should be applied to avoid students feeling bored or switching off. Furthermore, a gender-specific approach appeared to be favoured when adopted throughout the intervention to avoid gender biased comments, concepts or speech, which was suggested as a way of easing students' discomfort aroused by the sensitive nature of the IPV subject, especially for males. However, it is important to bear in mind the possible bias in this finding due to the limited number of male participants completing the intervention.

7.2.4 Teacher training

Teacher training is a critical element in the success or failure of the prevention. There are many constraints around a public discussion of IPV issues, on account of its sensitive and emotional nature, and it could be more so when teaching within classroom settings among young people

(Wight & Buston, 2003). Teachers who deliver such subjects may feel somewhat unconfident about their inadequate knowledge of IPV. They may also lack self-assurance around imposing false concepts or values, as well as the absence of skills to deal with students' feelings (Fox et al., 2014; Fox et al., 2015; Wight & Buston, 2003). Similarly, in this study, the observation data showed that students could ask questions for which the teachers were unable to provide satisfactory answers, because there are still many myths and contentious concepts around the subject. Therefore, teacher training and professional support provided by appropriate authorities, such as DfE, PSHE associations and community or charity organisations, would be of great help. Cooperation with such authorities has the advantage of bringing in specialist knowledge, resources, materials and experience to increase the efficacy of an intervention. Also, training by experts would offer teachers suggestions on how to incorporate IPV education better into their existing lessons. However, it is poorly documented in the literature regarding how well the implementers of the programme were trained, on account of a lack of training content (Whitaker et al., 2006, p. 159), which should be strengthened by this study and studies in the future.

7.2.5 Evaluation strategy

In the literature, an IPV-based primary programme is likely to be considered a success if it has developed a comprehensive intervention involving, for example, multiple-settings and a longer programme and follow-up period, facilitated by multi-component content and tailored to particular ages, genders and ethnicities (Bowring, Wright, Douglass, Gold, & Lim, 2018; Ting, 2009). Literature suggests the most frequently adopted assessment strategies examining the effectiveness of intervention among studies is the Conflict Tactic Scale 2 (De Koker, Mathews, Zuch, Bastien, & Mason-Jones, 2014; De La Rue et al., 2017; Edwards & Hinsz, 2014; Fellmeth et al., 2015; Leen et al., 2013), followed by the Rape Myth Acceptance Scale (De La

Rue et al., 2017; Edwards & Hinsz, 2014; Storer, Casey, & Herrenkohl, 2016). In the UK, PSHE and RSE education is generally delivered via informal assessments such as verbal feedback, teacher observation and student self-assessment. Measures used by UK-based primary programmes were questionnaires following a pre-test and post-test design (Fox et al., 2015; Wan & Bateman, 2007), interviews and focus groups (Bell & Stanley, 2006; Reid Howie Associates, 2001; Sanders-McDonagh et al., 2015).

This study adopted a mixed methods strategy drawing on elements of action research, supported by various quantitative and qualitative data collection instruments, questionnaires, interviews, observations and reflections, to assess students' knowledge, understandings awareness and attitude changes regarding IPV. It reported some measure of effectiveness in terms of altering students' attitudes, boosting their knowledge and understanding, promoting awareness and mitigating risks among this cohort. Furthermore, teachers also reported an increase in their knowledge of IPV, and they acquired the confidence, skills and experience to deliver a curriculum-based intervention. On the other hand, this study identified several negative effects that this intervention may have on participating students. For example, female students started to worry about getting into a relationship with abusive partners, and male students felt they were automatically labelled 'perpetrators', leading to them disliking or withdrawing from the intervention. However, these results of this intervention need to be interpreted with caution due to the limited number of participants involved. Moreover, some of the literature also noted negative impacts on young people participating in their programmes (Edwards & Hinsz, 2014; Fox et al., 2014). Fox et al. (2014), for instance, reported that after the intervention, females developed negative feelings, such as fears and worries, relating to encountering an IPV partner, while males were more inclined to dislike participating and felt that such education discriminated against them. Hence, this study suggests that caution should be applied, in order to avoid unwanted repercussions of running these primary preventive

programmes. To prevent the intervention from causing undesired impacts, Edwards and Hinsz (2014) suggested exploring factors with the potential to engender unpleasant knock-on effects.

7.2.6 Schools, communities and policies

As suggested in the literature, the developed curriculum should not stand alone but be consistent with school, community, and societal values, as well as available resources (De Koker et al., 2014; De La Rue et al., 2017; Stanley, Ellis, et al., 2015a; Ting, 2009). In the case of schools, the curriculum should be supported by the school's safeguarding system, policies and culture. School and staff should be able to provide appropriate responses to students disclosing witnessing or experiencing IPV. Students should also be encouraged to do the right thing and disclose their experience, which would in turn increase their feeling of connectedness to the school and their confidence in seeking support from teachers and peers (Capaldi et al., 2012; Edwards & Neal, 2017; Ellsberg, Ullman, Blackwell, Hill, & Contreras, 2018). As mentioned in the teachers' interviews, students should be signposted to seek help whenever they feel upset regarding what they have been taught. Also, this study provided students with information about available organisations where they could seek help in an IPV situation outside of the school setting, including counselling centres, telephone hotlines or legal aid offices in the community. At the policy level, this curriculum was designed in accordance with the new statutory guidance on RSE education (2019) (Department for Education, 2019b). In the guidance, general forms of IPV, cyber and sext violence, healthy and safe relationships are advised to be delivered (Department for Education, 2019b), and so they were added to the IPV curriculum developed as part of this research.

7.2.7 Intervention effectiveness

As indicated in the literature review, it is a challenge to straightforwardly compare or clearly state what contributors/characteristics determine the success of an intervention, due to the

variations and heterogeneities among report findings. However, this review identified 11 contributory factors in a number of reviews that could have positive influences on improving the efficacy of IPV-related interventions, including longer intervention and follow-up durations, larger samples, tailored samples (i.e. age, gender and faith background), multiple settings, multi-components content and delivery methods, implementer training, skill building components, attendance retention rates and cooperation among teachers, specialists and researchers (Graham et al., 2019; Jennings et al., 2017; Edwards & Hinsz, 2014; Lundgren & Amin, 2015; Stanley et al., 2015a; Whitaker et al., 2006) (see Section 3.4.1).

Similarly, this study also found a number of factors linked to producing positive intervention effects. Taking gender as an example, the findings of this intervention suggested that all-female groups performed better in terms of their understanding and knowledge of IPV-related issues, both before and after the intervention, than the all-male group. Additionally, the participating teachers indicated that it was essential to have a good understanding of students' backgrounds, i.e. IPV experience, age and religion, and check their prior IPV-based knowledge and learning ability, thereby ensuring the smooth transition of teaching for students from a lower level to a higher level. Additionally, they were likely to support the usage of multiple contents and methods when delivering the curriculum, thus preventing students from becoming bored in learning. Moreover, teacher training is a critical element in improving intervention efficacy, while cooperation from the wider community can foster an environment that secures the effective delivery of IPV-preventive programmes. Therefore, this intervention tentatively suggests additional understanding to the following factors identified in the literature review regarding intervention effectiveness within a UK College context, i.e. longer intervention, larger/tailored sample, multiple settings, multi-delivery methods etc.

7.3 THE CURRENT SITUATION WITH IPV EDUCATION IN ENGLAND

Global effort has been expended to prevent IPV issues through primary programme or educational intervention within school settings since the 1990s; however, the majority of well-established practices have been carried out in the US (Leen et al., 2013; Lundgren & Amin, 2015). In contrast, a limited number of UK-based programmes could be identified in the literature. Therefore, to obtain an overall review of UK-based programmes addressing IPV issues through an educational approach, this study investigated PSHE and RSE education in English schools, as well as some existing primary preventive programmes conducted internationally and also within the UK context (see Chapter III). PSHE and SRE education were introduced to teach a wide range of pressing issues children and young people face today; however, due to its non-statutory status (before 2020) and school, possibly, pressure to enhance students' academic performance in compulsory subjects, IPV-related education seems to have long been undervalued within the school curriculum (Sanders-McDonagh et al., 2015; Whitaker et al., 2006). Therefore, a number of external organisations with a specific focus on violence prevention carried out several interventions to close these gaps (Bell & Stanley, 2006; Ellis et al., 2015; Sanders-McDonagh et al., 2015; Whitaker et al., 2006). Nevertheless, most of these interventions were small-scale and short-term, on account of their operations' reliance on funding to grow and expand, which could pose a challenge to students' continuing progress, teachers' professional development and schools' cultural environments (Sanders-McDonagh et al., 2015). Also, varied content and inconsistent approaches were identified (see Section 3.4.2), with the absence of direction from the government to guide such practices a major cause in this regard. In 2019, the DfE published guidance to make RSE (previously named 'SRE') compulsory in schools; hence, it seems now the time to overcome the drawbacks of existing IPV-based primary programmes and develop interventions that would effectively promote students' awareness and enhance their knowledge and understanding of IPV issues.

7.3.1 Research gap

As argued in Breiding, Basile, Smith, Black, and Mahendra (2015, p. 1), "inconsistent definitions of IPV limit the ability of the field to prevent and respond to the problem in a number of ways." Therefore, when discussing the research gap in the field of IPV prevention, it appears vital to achieve an agreed-upon definition about what should be count as IPV; if not, one may not gauge the magnitude of the problem or determine the resources needed for prevention and response (Breiding et al., 2015, p. 1), let alone develop an intervention to educate young people. Consequently, this study took the definition of IPV developed by the WHO (World Health Organization, 2002) and with reference to IPV-based terminologies provided by Breiding et al. (2015). Five forms of IPV acts were taught to participating students, namely acts of physical aggression, physical abuse, forced intercourse and sexual coercion, controlling abuse and cyber violence. Findings from the data analysis indicated that students, before attending the intervention, tended to think that IPV could only involve violent acts in physical form. Furthermore, there were some misunderstandings, inadequate knowledge, ambiguities and uncertainties regarding what should be counted as IPV abuse in intimate relationships. For example, the students questioned how to detect the boundary between care and control, whether it is acceptable to hit back when hit first and if a light slap on another person's face should be considered an act of physical abuse. After attending the intervention, most students appeared able to distinguish between healthy, unhealthy and abusive acts in intimate relationships and were able to provide answers to the questions asked above. However, one student suggested that instead of talking predominantly about unhealthy and abusive acts, more examples of positive and healthy intimate relationships, aligned with the right way to behave, should be provided. Additionally, after taking part in the intervention, more students were likely to realise that IPV can not only happen in current or formal intimate relationships, but also in previous or casual connections.

A number of studies have argued that it is important to consider gender differences when developing an effective intervention addressing IPV-based issues (De Koker et al., 2014; Ellsberg et al., 2018; Lundgren & Amin, 2015); however, virtually it seems no UK-based programme currently employs a gender-specific approach, and all of them exclusively target male and female participants in mixed groups. In contrast, this study was carried out in three groups with different gender focuses: one with all males, one with all females and a mixed online group. In doing so, the effects that gender variances could have on student performance were more easily recognised. This research identified a number of ways in which the different responses to the implemented intervention. The results indicated that female students were more willing to accept what had been taught to them, and they showed more interest in self-protection skills and help-seeking strategies to deal with IPV situations. In contrast, male students were more likely to see IPV issues from a perpetrator's perspective, and they tended to debate and question certain IPV issues, in order to defend themselves. Furthermore, they appeared to be more interested in the sexual aspects of an intimate relationship and more curious about the ways to seek sexual consent. Therefore, this study indicated that various gender perspectives were important to consider throughout developing interventions for preventing IPV-related issues, especially with respect to how differently male and female students would react to various IPV phenomena. Moreover, because of the small sample and low retention rate in this intervention, further research with large samples is needed, to confirm whether a gender-neutral approach is more effective than a gender-focused one.

7.3.2 Theoretical gap

Over the past decades, a number of theories have been put forward to explain the IPV phenomenon, but limited numbers of primary preventive programmes have been discussed in great depth regarding their applied theory (Ali & Naylor, 2013; Bell & Naugle, 2008). Ali and

Naylor (2013, p. 617) argue that every theoretical perspective has contributed to explaining violence in intimate relationships, but none of them can fully explain IPV. Also, Bell and Naugle (2008, p. 1097) determined that existing theories limit the ability to explain issues of IPV from two points of view. First, they fail to adequately capture and address the complexity of variables implicated in IPV, and second, they restrict abilities to significantly affect the efficacy of IPV preventive programmes.

The majority of programmes in the field are oriented more toward a feminist theoretical understanding of IPV. Feminist concepts such as gender-norms, gender-based coercion, power and control imbalances have been considered deep-rooted contributors to the occurrence of IPV issues (Whitaker et al., 2006). Instead of seeing gender inequality and power imbalance as the central underpinning pillars of IPV, a number of sociological theories have sought to understand IPV as a function of social structures, such as resources theory, social learning theory and nested ecological theory (Lawson, 2012) (see Section 4.2). This study identified a number of interventions that adopted a nested ecological model to test a variety of environmental factors, from the micro to the macro level, to highlight the determinants of IPV and its prevention (Alaggia et al., 2012; Ali & Naylor, 2013; Banyard & Cross, 2008; Little & Kaufman Kantor, 2002). However, almost none of the studies in the literature used Bronfenbrenner's PPCT theory to conceptualise primary IPV preventive programmes. Therefore, regarding the theoretical gap in the field, this study adopted Bronfenbrenner's PPCT theory to incorporate IPV issues into a more mature ecological perspective for conceptualising the causes of IPV, and then built them into a more comprehensive intervention plan (see Figure 7.3.2).
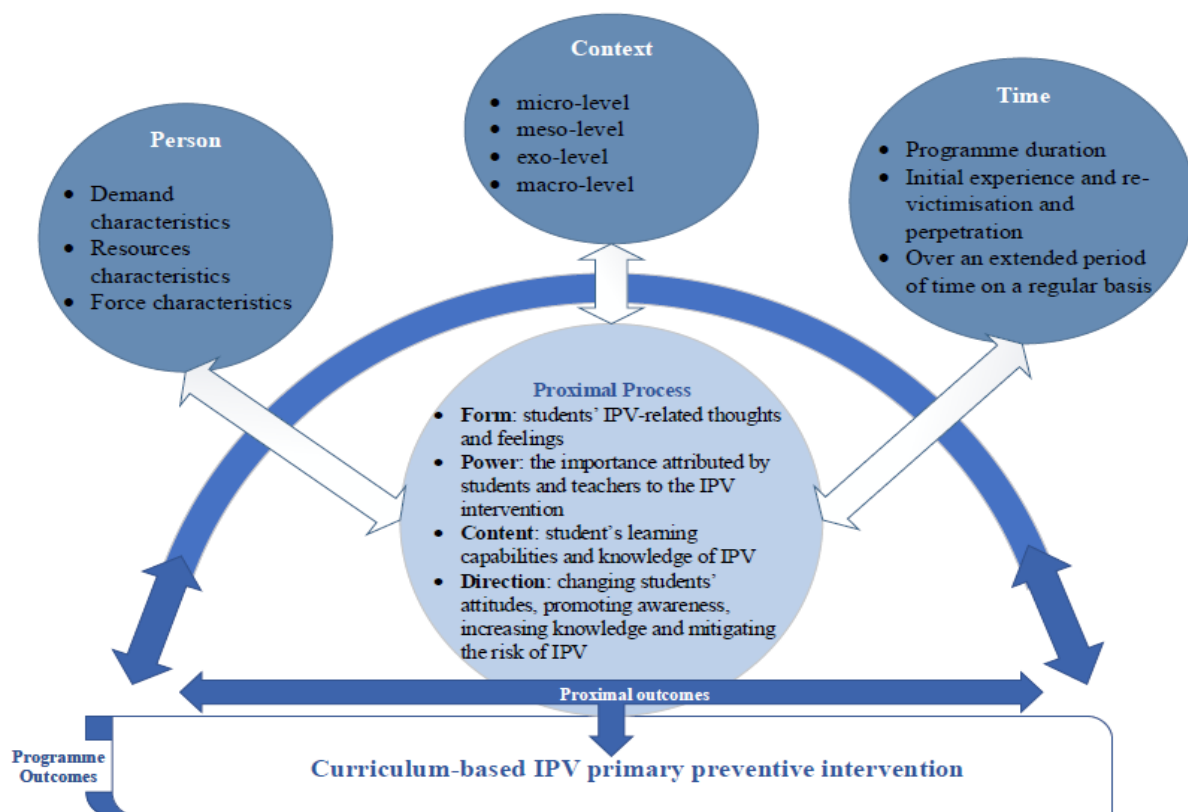
Figure 7.3.2 PPCT model of curriculum-based IPV primary preventive intervention

According to Bronfenbrenner's PPCT model (for more information, see Section 4.4), the proximal process is the primary engine of human development; therefore, in order to develop an IPV curriculum-based intervention with suitable efficacy, it is important to set the proximal process in motion. To do so, a joint operation of four dynamic forces mentioned in the second proposition of the proximal process were considered: the form, the power, the content and the direction. In this intervention, the form was regarded as participating students' IPV-related thoughts and feelings. The findings of this research indicated that some students who had witnessed, experienced or perpetrated IPV may be unwilling to participate in the programme. Therefore, it was necessary to be aware that some students might go through unhealthy or abusive relationships or witness it at home or among peers. Furthermore, it was important to recognise that those following a faith or religious belief may be uncomfortable learning about this topic. Also, gender variances in perceiving IPV issues should be built into the curriculum.

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Power refers to the importance attributed by students to the IPV intervention; in this research, it involved teachers and students. This study determined that students were aware of the existence of IPV issues in intimate relationships, but they were surprised to discover its prevalence among their age group. Almost all of them expressed that they could benefit from having classes on IPV, as they would equip them with knowledge about what is acceptable and unacceptable. The subject teachers also expressed that they acknowledged the existence of IPV issues amongst their students, and they believed that IPV education could raise awareness in this regard. Furthermore, they added that IPV-based subjects made their students more cautious about starting a relationship, and they were more aware of how to react to and protect themselves if they found themselves in an IPV relationship. Additionally, an announcement by the DfE made RSE education, including some IPV-based content, compulsory in all schools from September 2020; therefore, it is expected that school administrators and staff will have started to place more importance on the delivery of the IPV-based knowledge within the school curriculum.

Content is understood in this study as a student's learning capabilities and knowledge of IPV. In this study, students' prior knowledge of IPV, as well as their learning preferences and capabilities, were examined and clarified in the first phase of the intervention. Evidence gathered during this first phase was then built into curriculum development in the second phase and its evaluation in the third phase. The three-phase design of this research is in accordance with the proposed suggestions made in the RSE guidance (2019), namely that when developing a curriculum, teachers should have a good understanding of what students have learnt previously, and then plug any gaps to ensure a smooth transition from lower- to higher-level learning (Department for Education, 2019b). Also, the findings of this study indicated the importance of developing a curriculum that is suitable for participating students' learning ability. The teachers who participated in this study mentioned that this curriculum was indeed

suitable for their students, but they were concerned it may be too difficult a subject for students from a lower level. Furthermore, the curriculum included a 12-minute-long video, which could be a challenge for lower-level students to sit through and focus on. Therefore, this research argued that having a good understanding of students' applicable knowledge and learning capabilities to take part in the intervention should be considered a contributor to the success of developing an effective programme.

Direction in this study is about changing students' attitudes, promoting awareness, increasing knowledge and mitigating the risk of IPV. The study recorded an increase in how the students distinguished between various forms of IPV abuse. Furthermore, their understanding regarding the warning signs of unhealthy and abusive IPV relationships was also enhanced. Additionally, they were more confident about how to deal with IPV issues, using non-conflict resolutions, communication and negotiation skills, and they also revealed that they had acquired help-seeking strategies to discard abusers in an IPV situation.

Moreover, to maximise the power of the above four dynamic forces of the proximal process mentioned above, they should not be considered independently but within the whole PPCT model, interacting with the other three elements: person, context and time. As for the person element, this study identified that students' demand characteristics, especially gender, were a crucial factor in the efficacy of programmes. Special attention should be placed on designing an intervention tailored to different gender needs. Also, further studies are needed to consider whether IPV-based education should be applied universally to students within mixed-gender groups, or if it would be more effective in gender-focused groups whereby female and male students are taught separately. Also, some existing studies have also noted that age, i.e. one of the demand characteristics, could be considered an important factor when designing a primary prevention. This study aimed at 16- to 19-year-old college students, not only because they were at an age where they might experience an intimate relationship, but they were also most likely

to experience IPV. Different from middle school students, college students are more mature, both physically and psychologically, to discuss these IPV-based matters in greater depth. In addition, a limited number of UK-based programmes particularly investigated IPV issues among young people among 16 to 19 years of age. Hence, this study contributes a new understanding of teaching this nuanced topic to English students in this particular age range.

As for context, it has been widely applied in the literature to explain and address IPV issues. Since IPV is considered a socially-learned act, negative factors from four (micro-, meso-, exo- and macro-level) interrelated environmental systems can trigger the problem (see Section 2.2 and section 4.4.3). Therefore, to prevent IPV, various strategies within the nested ecological systems should be considered as a collective whole, in order to combat IPV issues. For example, findings from this study argued that a supportive school environment at the micro level is essential for students who might have had an IPV experience before attending the intervention, or for participants who may be upset by the sessions. Therefore, to develop a friendly and supportive school environment for these potentially vulnerable students, the curriculum should be set in accordance with a school's broader ethos to develop students socially, morally, spiritually and culturally. Additionally, support from external organisations and community professionals at the exo level can provide schools with the resources, materials and experience to develop a school-based intervention. Training of inexperienced teachers by specialists is of crucial importance in delivering a successful IPV-based programme. At the macro level, RSE guidance (2019) issued by the DfE made RSE education compulsory in all schools in 2020, thus ensuring IPV education for young people. Therefore, interventions conducted through the efforts of multiple sources are associated with improved effectiveness and success (Bowring et al., 2018; De Koker et al., 2014; Ting, 2009).

As for the time element cited above, studies have argued that the initial experience of IPV, which generally starts in the teenage years, can have some loose connections with re-

perpetration and re-victimisation in later stages of life (Humphrey & White, 2000; Ybarra & Thompson, 2018). Although this study did not explore students' personal experiences of IPV, delivering an IPV-based educational intervention has the potential to protect them from being abused in current and future IPV relationships (Pittenger et al., 2016). Additionally, a number of studies indicate that the duration of an intervention can influence its efficacy. It appears that interventions with multiple sessions, carried out over a longer term and equipped with a longer follow-up period, are more likely to be considered successful (Bowring et al., 2018; Ting, 2009). Similarly, Bronfenbrenner also mentioned that, for the proximal process to occur, activities that engage individuals should happen on a fairly regular basis and over an extended period of time (Bronfenbrenner, 2005; Merçon‐Vargas, Lima, Rosa, & Tudge, 2020; Tudge et al., 2009). Although this intervention was about six months long, the findings showed an enhancement in students' knowledge and their understanding of IPV, and it promoted their awareness, to some extent, of IPV issues. However, further research with a longer intervention duration and follow-up length are needed in the UK, to establish whether or not they are more effective than short- or middle-term programmes.

In summary, this section conceptualised IPV issues and prevention by analysing various aspects in relation to different components of Bronfenbrenner's PPCT theory, including the four power forces of the proximal process, i.e. the form, the power, the content and the direction, and associated them with the other three elements person, context and time. Using the PPCT theory, the empirical findings from this research, as well as arguments in the literature, were built into one cohesive and comprehensive theoretical framework. To my knowledge, this is one of the first studies to adopt Bronfenbrenner's PPCT theory, with special attention paid to the proximal process, to construct a curriculum-based primary preventive intervention and to address issues of IPV.

7.4 IMPLICATIONS FOR A CURRICULUM-BASED IPV INTERVENTION

This section outlines the implications for an IPV curriculum-based intervention by introducing the limitations of the study and providing recommendations for future programmes.

7.4.1 Limitations of this intervention

Although this doctoral project makes several contributions to the field, it is not without its limitations. First, it measured intervention outcomes by examining changes in students' knowledge, understanding and attitudes regarding IPV, albeit with a lack of consideration of behavioural change and lowering the incidence of IPV victimisation and perpetration. Due to limits in relation to completing the project, not enough time could be devoted to undertaking the intervention as desired. The intervention was about six months long, and the follow-up period was cut short because of Covid-19; therefore, it was neither clear nor well-established during such a limited duration whether changes in attitudes to IPV would lead to corresponding changes in behaviour. Furthermore, researching changing behaviours would be challenging and present certain additional ethical considerations.

Second, this intervention discussed a definition, warning signs, perpetrators' harmful acts, sexual consent and self-protection skills, but most of the included components taught were around what abusive and unhealthy relationships look like, with very few examples provided on positive and healthy ones. As suggested by a student participating in this study, more information regarding positive and healthy intimate relationships should be presented. Further, content regarding bystander intervention, to prevent IPV issues, is absent from this curriculum.

Third, gender differences were vital factors in the success of the intervention, but almost all current UK-based programmes focus on mixed student groups and pay little attention to gender

variances; in contrast, this study was conducted in two gender-specific groups and one mixed group. Although this study saw some discrepancies in the efficacy of the intervention among varied gender groups, the small sample reduced the power of the study and challenged the validity of the intervention effect. Additionally, this study did not consider other potentially relevant and influential aspects, such as a discussion of IPV issues on population diversity, e.g. racial, ethnic minority, religious and LGBTQ considerations.

Fourth, teacher training is critical in delivering IPV education, as effective communication of the subject will determine whether or not the intervention is successful (Whitaker et al., 2006). This study did indeed provide training to teachers implementing the intervention before taking the classes; however, it was brief and informal. Therefore, participating teachers' values or attitudes regarding IPV issues, and the proficiency of their IPV-based knowledge and skills in implementing the curriculum, were not well known or developed.

Finally, this study developed virtual sessions to teach IPV issues in response to the outbreak of Covid-19 and the closure of colleges. However, findings from this study indicated that IPV education seemed more effective when taught in person than online. Since this study was based on findings from a small-sale and short-term intervention, web-based programmes on IPV on a larger scale and over a longer period are needed, in order to examine the effectiveness of a virtual approach.

7.4.2 Recommendations for future intervention

First, this study suggested that an IPV-based education should abide by the statutory guidance of RSE education and be scheduled into the wider PSHE curriculum; however, most existing UK-based primary programmes are independent from the PSHE and RSE education. Also, it was argued that it is important to check students' previously learnt knowledge of IPV, perhaps from an RSE subject, and build complementary understanding into a developmental curriculum

to help improve future teaching and learning. In addition, IPV education should be set within a school's safeguarding or pastoral system, as well as within a supportive environment, to nurture students' sense of belongingness and connectedness and help them seek help or report issues if they are in or have experienced an IPV situation.

Bronfenbrenner's PPCT theory argues that interactions between the individual and the environment are not unidirectional but run in both directions (Bronfenbrenner, 2005). That is to say, in order to examine the intervention's effects on addressing IPV issues, factors from both sides should be considered. The majority of studies in this field assume that experiencing DV or witnessing IPV among peers can lead young people to engage in related activities in their current or future relationships (Alaggia et al., 2012; Ali & Naylor, 2013; Campbell, 2002; Capaldi et al., 2012; Pittenger et al., 2016). However, a limited number of studies has explored if changes in individuals' IPV-related acts could have promising positive impacts on reducing other relevant deviant acts, such as bullying, gang fighting, gender discrimination and IPV at home.

Although this IPV curriculum-based primary intervention was reported as a promising way of increasing students' knowledge, understanding and awareness of IPV, as well as changing their attitudes and values, it was less known if this type of intervention could have an impact on reducing the incidence of IPV perpetration and victimisation and change students' behaviours. Furthermore, instead of looking at the effectiveness of the intervention on preventing IPV, there is a need for rigorous, evaluative evidence to uncover the negative effects that such education can have on participants. Some literature-based evidence also indicates that programmes with certain contents and approaches appear to precipitate or worsen intervention effects (Edwards & Hinsz, 2014; Leen et al., 2013).

Although both males and females can be IPV perpetrators and victims, most global research statistics reported that males are more likely to perpetrate IPV against females in intimate relationships (see Section 2.2). However, most of the IPV curriculum-based interventions delivered the same content to participating males and females. A number of studies in the field state that a gender-specific approach seems more promising than teaching males and females with IPV issues from the same perspective (see Section 7.2.2 and 7.3.1). Therefore, this study suggest that two curricula should be developed, to educate males and females separately. These should be developed with tailored content on the basis of different gender needs. For example, for females, the content should place more emphasis on identifying violent acts, the warning signs of an abusive relationship, the skills to protect themselves and strategies to seek help. For males, content should be more geared toward seeking sexual consent properly and in what situation sexual consent is given – or not – as well as gender equality, communication and negotiation skills.

Also, this study acknowledges the intersectionality, namely in the form of race, gender, sexual orientation, religion, ethnicity, disability and social economic status, is a critical element to be considered in IPV-related preventive programmes (see Section 2.3). However, this study's focus was around developing an IPV-based curriculum to promote awareness and minimise risk among English 16- to 19-year-old college students in general, therefore, a number of issues in relation to intersectionality are beyond the scope of this research. Although this study recognised that gender appears a crucial contributory factor to the efficacy of an intervention, it mainly discussed intimate relationships within a binary category, namely heterosexual relationships between males and females. Therefore, it would be valuable to see future studies with larger samples considering these potentially relevant and influential factors in terms of population diversity, for example ethnic minority, racial, sexuality, religion and LGBTQ elements.

Most of the existing primary preventive programmes of IPV were conducted by outside voluntary organisations, who get into schools purely as external implementers (Cleaver et al., 2019; Graham et al., 2019; Stanley, Ellis, et al., 2015a; Whitaker et al., 2006). Also, their operations depend on funding to maintain, grow and expand, which has placed a challenge on instigating continuing changes on students' IPV-related performances and schools' cultural environments (Cleaver et al., 2019; Sanders-McDonagh et al., 2015). Therefore, it would be more promising to see subject teachers as insider practitioner-researchers to initiate such programmes and investigate their own practice from a first-person perspective within their own educational institutions.

Also, when the Covid-19 pandemic broke, the educational landscape changed, and classes were virtually delivered. In response to the situation, an online curriculum was developed by this project to complement classroom data collection and remedy the challenges caused by colleges locking down. However, the results of this study indicated that IPV education seemed more effective when delivered face-to-face than virtually. However, almost no Web-based IPV-based education programme can be identified in the field, so more evidence is needed to confirm if IPV-based education is appropriate for teaching remotely, and, if so, how to develop effective virtual teaching and learning in IPV education.

7.5 CLOSING THOUGHTS FROM THE RESEARCHER

Maintaining the validity of 'participatory research for research' and 'participatory research for participation' highlights the essential features of the participatory mixed methods research I expected and pursued as the researcher in this project. I lent my support to the statement in McNiff (2016, p. 9) that "doing participatory research implies two domains: 1) in the mental world, taking action to improve the quality of your thinking; 1) in the social world, to improve the quality of your interaction with others, who you hope are doing the same as you." This is

true of the project presented in this thesis, which I started in the belief that IPV-based curriculum development is one of the most effective approaches to combating deep-rooted gender norms and stereotypes regarding IPV, as well as eliminating widespread IPV issues in society. This belief then developed into a focused project promoting students' awareness regarding IPV and working with teachers to equip students with essential knowledge on the subject. In doing so, it turned the development of an effective curriculum to deal with IPV issues into a mutual concern and allowed both teachers and students to reflect on improving their practice in the teaching and learning process. Therefore, knowledge generated in participatory mixed methods research is the theory of practice, that is to say, as the researcher in this study, apart from concentrating on gathering mixed research data and eliciting research findings, I also interacted with and intervened in the researched to ensure the two cohorts benefited from these findings as they lived it, experienced it and constructed it in the development of their own resulting theory.

Participation in participatory mixed methods research is purposefully researched using mixed approaches and developed to remedy a problematic situation, leading to action taken for change in the next stage, and then again intentionally designed for further continuous modifications as the main components of the research itself (Vaccarino et al., 2007). Each stage at which action is implemented adds to the developing theory of practice; hence, in this way, it is more likely that a practical framework will be forthcoming that is suitable for fixing a problem in various settings (Avison et al., 1999). This was the case when conducting a project in which modifications were made to improve action implementation after each stage of the curriculum intervention. The initial stage of the intervention was conducted in a classroom with students from the Department of Engineering. Changes were made on account of male students' discomfort and unease regarding being cited as perpetrators, due to several examples of ambiguous wording and misinterpretation. After the second stage, Bronfenbrenner's nested

ecological theory and Akers social learning theory on educating students was deleted from the content, due to the complexity of presenting this knowledge concisely for students with learning abilities, attention spans and class durations. Additionally, to cope with and adapt to colleges locking down, due to the outbreak of Covid-19 pandemic, I took actions to create a Web-based IPV curriculum, which divided the sessions into five small sections of around 10 minutes each. Participatory research is not an approach for identifying what is wrong but a quest for knowledge that facilitates personal, professional development and ultimate change in the wider surrounding environment (Leitch & Day, 2000; Vaccarino et al., 2007).

Additionally, participatory research is distinctive in terms of the researcher being involved as an essential part of the study, instead of a completely detached outsider observing the process in a cold, distant manner (Quigley & Kuhne, 1997). In participatory mixed methods research, researchers learn from themselves and the influence their own knowledge, intentions and values has on the knowledge, intentions and values of other participants in their study, and vice versa (Quigley & Kuhne, 1997, p. 66). Moreover, participants are what make participatory mixed methods research so unique, vivid and complex, and they are far different in nature from the data and processes. They have agreeable or supporting, disagreeable or conflicting thoughts on a phenomenon, and their attitudes and perceptions are not static but in a change manner (Robertson, 2000). The project enabled me to actively involve 16- to 19-year-old college students in learning about IPV issues affecting not only their own lives, but the lives of others, thereby contributing to a process of community development based on promoting awareness, decreasing risk and developing knowledge and skills in terms of IPV for each individual. The project in this thesis sought to enable individuals and communities to grow and change according to their own needs and priorities – and at their own pace.

Participatory mixed methods research is a way through which people learn from their own and other people's experiences, by employing any number and variety of modes of systematic

inquiry (Avison et al., 1999; Robertson, 2000). It also represents a way of thinking about what constitutes knowledge, to whom it belongs and how it is created (Robertson, 2000). Initially, I came into the research as an outsider providing teachers with my views and knowledge of the relevant literature, into gain insights into their practices and those of their students. As time progressed, it became clear that an external perspective enabled the teachers to research and reflect automatically on their own practice. I also provided links to the literature, ideas and evaluative feedback to assist the teachers in reaching their own desired goals in relation to their own practice. My knowledge was also constantly transformed by keeping reflection notes, sifting through the data and re-reading the literature to make new decisions in relation to the next action throughout the research.

I therefore consider the process of conducting this project an important stepping-stone in my own continuing personal growth and professional development, as well as in fighting against IPV issues in society. This research has also given me a fresh insight into the significance of action research in remodelling teaching-learning practice to improve IPV awareness and mitigate risk factors amongst the younger generation. However, I feel this process has only just begun and that I am still at the start of what could become a truly collaborative journey if time is still available. It has been a valuable opportunity to carry out this project, and it has been an equally fruitful learning experience.

7.6 CONCLUSION

This final chapter has provided a summary of the key findings elicited from the data analysis, including the content, approach, students' background, teacher training and surrounding environment.

This study stressed the importance of checking students' prior knowledge and their learning ability when designing course content. Importantly, special attention should be paid to students

who may have witnessed or experienced IPV. Teacher training is thus essential to this type of education, due to the myths and ambiguity surrounding IPV, as well as equipping them with the skills to deal with students' feelings. Also, gender clearly played a critical role throughout the intervention's development, especially in terms of male students' reactions to the topic and avoiding the generalised and sexist notion of them as perpetrators. In order to provide students with a safe and friendly learning environment, such education should be supported by a school's policies, culture, norms and pastoral system.

Additionally, several contributions made by this doctoral project to fill in the gaps were presented, especially the research gap and the theoretical gap. As for the research gap, this study discussed the definitions of IPV and various forms of related abuse, as well as cyber violence. It also contributed insights into gender variances in curriculum development and taking a virtual approach to delivering IPV education. As for the theoretical gap, this study is one of the first to apply Bronfenbrenner's PPCT theory to conceptualise the determinants of developing an effective IPV intervention. It also paid special attention to the proximal process, i.e. the primary engine of PPCT theory, in actualising an effective intervention development.

Finally, this chapter provided several implications for IPV curriculum-based primary preventive programmes in the future. The study mainly focused on investigating the effectiveness of a curriculum-based intervention in improving students' knowledge of IPV, carried out with the intention to complement existing PSHE and SRE education. It suggested future studies, including those conducted by external organisations, to develop interventions abiding to statutory RSE guidance (2019). Additionally, future interventions over longer periods are needed to clarify whether changes in attitude can bring about corresponding changes in behaviours in the long term. Also, they may need to look at the impacts that population diversity and intersectionality could have for curriculum development, for example LGBTQ or religious students, or in terms of their ethnic minority background and racial

identity. Furthermore, it would be worth investigating in what way knowledge acquired by the participating students could influence their surrounding environment and reduce violence-related phenomena, including gang fighting, bullying, child maltreatment and IPV in intimate parental relationships.

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APPENDIX

APPENDIX 1 INTERVIEW SCHEDULE-STUDENT

First phase interview with students

This interview schedule mainly aims to answer the first research question:

- *What prior knowledge do college students have regarding IPV?*

Topic	Key questions	Prompts	Probes
Prior knowledge regarding intimate partner violence (IPV)	What do you understand the terms: physical violent behaviour, emotional violent behaviour, sexual violent behaviour, controlling violent behaviour and cyber violent behaviour?	Four forms of violent behaviours: • Physical violence: slapping, hitting, beating, tripping, poking, punching, kicking or throwing objects • Emotional violence: humiliating, spreading rumours, threatening, shaming, embarrassing or name-calling • Sexual violence: forced sexual intercourse, unwanted sexual contact, sexual assault, rape, or drug, money alcohol assisted rape/sexual assault • Controlling violent behaviours: stalking, following, staring, monitoring movement or isolating from friends and family • Cyber violent behaviour: repeatedly sending unwanted e-mails, pictures or text messages, posting or distributing sexually graphic images or videos online without a person´s permission	• Can you describe more about physical violent behaviour? (or emotional violent behaviour or sexual violent behaviour or controlling violent behaviours or cyber violent behaviours) • Can you give me an /more examples of …? • What do you mean by saying…?

	Have you ever heard the term Intimate Partner Violence?	How about • Dating Violence • Violence against Women and Girls? • Domestic Violence? • Gender-based Violence?	• If yes, what do you think it means, and who does it affect? • If no, what you think it could mean, and who it could affect? • What are differences between IPV and DV, VAWG, Domestic Violence or GBV? • Can you give more examples of…? Or could you please describe… in more detail?
	Where did/should you come to know about IPV/ DV/ VAWG/ GBV/ Domestic Violence?	• From school: teachers, classmates, assembly or school subjects, • From parents, relatives, neighbour's or friends? • From books or Internet?	• Can you tell me how school/college teach you this knowledge? / How you learn it from your parents/ friends? / How you learn it from Internet/books? • Who do you think should be responsible for teaching young people about IPV/DV…?

	In what ways do you think IPV/DV can be taught at school?	• PSHE, SRE curriculum? • Drop-down, assemblies or themed day? • From other subjects? • Tutorial time? • On its Own?	• If yes, should it be delivered as part of a subject or on its own? If as a part of a subject, which subject would you suggest? /If on its own, how you suggest it to be taught? • If no, where should students learn IPV/DV from?
Perception of having an IPV related curriculum	Do you think students could benefit from having classes on IPV?	• Heathy and respectful relationship? • Gender norms: equality? Gender stereotypes? • Attitude, behaviours, skills to be less violent/ protect yourself away from violence? • Marital relationship? Domestic violence?	• If yes, in what ways can students get benefits? • If not, why can't students benefit from it? • Can you clarify what you mean by…? / can you give me more examples of …?
Expectation of what to learn from an IPV-based curriculum	Are there specific topics you'd like to see included in a curriculum on IPV?	• Definitions: IPV, GBV? • Policy? Law? • Prevalence? Statistics? • Skills? How to get help?	• Can you give me more examples of…? / could you please give me more details in…? What do you mean by saying…? • Why do you want to learn this topic? What benefits can you get by learning this topics?

APPENDIX 2 INTERVIEW SCHEDULE-TEACHER

Third phase interview with teachers

This interview schedule mainly aims to answer the third research question:

- Is this curriculum-based intervention effective in promoting awareness and mitigating the risk of IPV among 16- to 19-year-old college students?

Topic	Key questions	Prompts	Probes
• Effectiveness of the IPV-based curriculum intervention	1. What are your initial thoughts about delivering IPV based lessons to students?	• Difficulties: Confidence? Shyness? Skills? • Values: Is it necessary for students to learn? • Expectations: Worried? Excited?	• Can you tell me why you think that way/ what lead you to think that way…? • Can you give me an example of …? • What do you mean by saying…?
	2. Are there any changes in your opinions after delivering the lessons?	• More confident? Still worried? Earned some skills? • Useful or not?	• If the answer is 'yes': what causes the changes in your thoughts? More details or examples… • If the answer is 'no': can you tell me why you still…about delivering it?
	3. How do you think about the lessons we co-taught?	• Content • Structure • The way of delivery	• If the answer is positive: what are the good aspects of it? • If the answer is negative: how do you think it can be improved?

	4. How do you think about students' performance during the sessions?	• Interested? Bored? • Engaged? Indifferent? • Excited? Awkward?	• In what ways do you mean by…can you give more details about… can you explain more about….
	5. Do you think students have benefited from having classes on IPV?	• Knowledge learned • Skilled obtained • Awareness promoted • Risk mitigated	• If the answer is 'yes': can you give me more examples how students have benefited from these lessons. • If the answer is 'no': why students can't learn from these lessons. What should be done to improve it?
• Expectation of how to improve the intervention in future practice	6. Are there any suggestions you would like to provide to improve the future practice?	• Skills in delivery • Time arrangement • Teacher training • Sensitive issues	Why you suggest about …can you give me some reasons…?

APPENDIX 3 GROUP INTERVIEW WITH STUDENTS

Third phase focus group with students finalising the session

This focus group schedule mainly aims to answer the third research questions:

- *Is this curriculum-based intervention effective in promoting awareness and mitigating the risk of IPV among 16- to 19-year-old college students?*

Types of questions	Key questions	Probes
Introductory question	1. How do you feel about the lessons on intimate partner violence?	• Can you tell me a bit more about…? • I am not quite sure what you mean…
Transition question	2. What are your first thoughts about intimate partner violence before you have had the sessions? 3. Is there anything surprised/shocked/ impressed you after you have had the sessions?	• Could you explain a bit more…? • Can you give me an example…? • Is there anything we've missed? • Do you have anything to add to this question?

Key question	4. In what ways have you benefited from having lessons regarding intimate partner violence	
Ending question	5. Is there anything you would like to say about how to better deliver these sessions	

APPENDIX 4 QUESTIONNAIRE

Survey for students' understanding of intimate partner violence 1

Pre-questionnaire

Introduction

This questionnaire gathers information from sixth form students about how a curriculum-based intervention can promote awareness and mitigate the risk of intimate partner violence among them.

You are invited to participate in this survey because of you:
1. Are between the ages of 16-19;
2. Study in a sixth form college, which has participated in None in Three global research;
3. Will attend or have attended lessons about preventing intimate partner violence and promoting healthy relationships;

This survey will take about 15 min to complete. Information collected from this survey will remain anonymous and confidential. Your real name and any information could reveal your identity will not be used in this survey. Your participation is voluntary, and you can withdraw the research at any point. However, your participation is greatly appreciated, which will contribute to promote healthy relationship and prevent intimate partner violence in an unhealthy relationship among young people.

After the completion of this research, all collected data will be archived or destroyed as required to the policy of the University of Huddersfield and the UK Data Protection Act (1998). The collected data will be summarised in the researcher's PhD thesis or published in papers authored by the researcher.

If you have any queries about the survey or want an explanation of a question, please talk to the researcher of this study. If you would like a copy of the report after the research, please contact the researcher at Xiaomin.sheng@hud.ac.uk

Setting up an ID number

Before you start to answer the questionnaire, I need you to create a unique ID number, which can be REMEMBERED by you. This ID number will be used to match up your responses before the session with your responses after you have had the sessions.

1. Please write down your ID number:

   _____

2. What is your gender?

   Mark only one oval.

   ◯ Female

   ◯ Male

   ◯ Prefer not to say

3. How old are you?

Mark only one oval.

⬭ Under 16 years old

⬭ Between 16 and 19 years old

⬭ Over 19 years old

Definition, consent and warning signs

4. Who do you think are intimate partners?

Tick all that apply.

☐ Friends

☐ Current boyfriend or girlfriend

☐ Former boyfriend or girlfriend

☐ Partners in a marital relationship

☐ Partners in an open relationship

☐ Partners in a sexual relationship

☐ Parents

☐ Don't know

Other: ☐ _____

5. Which type of violent behaviours CAN happen in an intimate relationship?

Tick all that apply.

☐ Physical violence

☐ Emotional violence

☐ Sexual violence

☐ Controlling violence

☐ Cyber violence

☐ Don't know

Other: ☐ _____

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6. What age range experience the HIGHEST rates of intimate partner violence?

Mark only one oval.

◯ Under 16 years old
◯ the age of 16 and 19
◯ the age of 20 and 24
◯ the age of 25 and 34
◯ the age of 35 and 44
◯ Above 45 years old
◯ Don't know

7. Which of the following behaviours would you consider to be intimate partner violence?

Tick all that apply.

☐ Your partner beat you and left a bruise
☐ Your partner hit you without leaving a bruise
☐ Your partner wants to know who you hang out with
☐ You need permission from your partner when you hang out with friends
☐ Your partner constantly asks you to send nude images while you don't want to
☐ Your partner wants to have sex with you while you can refuse if you are not ready
☐ Your partner makes you feel guilty about wanting to leave the relationship
☐ Your partner sends you text-messages to check up on you
☐ Your partner checks up on you all the time and everywhere
Other: ☐ _____

8. Which of the following CAN be found in a HEALTHY intimate relationship?

Tick all that apply.

☐ Your partner wants to know your feelings and thoughts
☐ Your partner makes all the decisions according to what he/she prefers
☐ Your partner wants to know where you are and who you are with
☐ Your partner requires you to 'check in' and need to know what you are doing all the time
☐ Your partner makes you feel pressure into doing things you may not want to do
☐ Your partner wants you to do what he/she likes while you can say no if you disagree
Other: ☐ _____

9. Which of the following CAN happen in an UNHEALTHY relationship?

Tick all that apply.

- ☐ Your partner wants you to do sexual favor because she/he buys you a gift
- ☐ You have the right to stop a sexual activity at anytime, even if you consent to it earlier
- ☐ Your partner request you to share the passwords of your phone even though you are uncomfortable with it
- ☐ Your partner tries to make all the decisions and wants you to do it with him/her together
- ☐ Your partner listens to your ideas and is able to compromise with your decision

Other: ☐ _____

10. Which statement regarding 'consent' is CORRECT?

Mark only one oval.

- ◯ If two people have had sex before, it is always okay to have sex again
- ◯ When it comes to sex, 'saying no' sometimes means 'yes'
- ◯ Going home with someone is not giving consent to have sex with that person
- ◯ He/she doesn't usually mean to force sex on anyone but sometimes it is okay if it gets carried away
- ◯ Don't know

11. Which of the following are the warning signs in an abusive relationship

Tick all that apply.

- ☐ Your partner wants to follow you everywhere online and offline
- ☐ You partner makes you feel small in front of his or her friends
- ☐ You partner requires you to take responsibility for his or her feelings
- ☐ You partner asks you to stay in a relationship by saying ' if you leave me, I will kill myself'
- ☐ Don't know

Other: ☐ _____

12. Which steps can you take to increase safety if you are in an abusive relationship

Tick all that apply.

- [ ] Talk with a trustworthy adult (parents, teachers or counselor)
- [ ] Be obedient to abuser's words
- [ ] Call the police
- [ ] Argue and fight against abuser
- [ ] Create a dating safety plan
- [ ] Don't know

Other: [ ] _____

13. Please decide whether the statement regarding intimate partner violence is TRUE or FALSE

Mark only one oval per row.

	True	False
Intimate partner violence can happen between young people in partner relationships whether they live together or separately	⬭	⬭
Intimate partner violence can't happen after a partner relationship has ended	⬭	⬭
People can use physical, emotional, sexual and cyber abuse to control others in partner relationships	⬭	⬭
Female are victims of intimate partner violence while men can only be perpetrators	⬭	⬭
Intimate partner violence can't happen in same-sex relationships and in relationships involving a trans person	⬭	⬭
Intimate partner violence within relationships is often a repeated pattern of behaviour	⬭	⬭
Intimate partner violence often involves several different types of abusive behaviour, including physical, emotional, sexual, controlling and cyber abuse	⬭	⬭

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14. Attitude towards intimate partner violence

Mark only one oval per row.

	It's perfectly ok	It's sort of ok	It's sort of wrong	It's really wrong
Do you think it is OK for a man to hit his partner/wife if HE says he is sorry afterward?	○	○	○	○
Do you think it is OK for a woman to hit her partner/husband if SHE says she is sorry afterward?	○	○	○	○
Suppose a woman cheats on her partner/husband, do you think it is wrong for HIM to hit HER?	○	○	○	○
Suppose a man cheats on his partner/wife, do you think it is wrong for HER to hit HIM?	○	○	○	○
Suppose a woman really embarrasses her partner/husband, do you think it is wrong for HIM to hit HER?	○	○	○	○
Suppose a man really embarrasses his partner/wife, do you think it is wrong for HER to hit HIM?	○	○	○	○
Do you think it is OK for a man to hit his partner/ wife if HE thinks SHE deserves it?	○	○	○	○
Do you think it is OK for a woman to hit her partner/husband if SHE thinks HE deserves it?	○	○	○	○
Suppose a woman hits her partner/husband, do you think it is wrong for HIM to hit HER?	○	○	○	○
Suppose a man hits his partner/wife, do you think it is wrong for HER to hit HIM?	○	○	○	○
Do you think it is OK for a man to hit his partner/ wife if HE is	○	○	○	○

drunk?

Do you think it is OK for a woman to hit her partner/husband if SHE is drunk?	○	○	○	○

Evaluation

On scale from 1-7 rate the following statements.
1 as 'strongly disagree'
2 as 'disagree'
3 as 'lightly disagree'
4 as 'neutral'
5 as 'slightly agree'
6 as 'agree'
7 as ' strongly agree'

15. I have clear understanding of what a healthy relationship is compared to an unhealthy relationship

Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

16. I am aware of the various warning signs regarding intimate partner violence

Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

17. I realise intimate partner violence is a serious problem

Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

18. I understand the different types of intimate partner violence. (Physical, emotional, sexual, controlling and cyber)

Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

19. I realise the importance of reporting teen dating violence and am aware of who I can report to

Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	○	○	○	○	○	○	○	Strongly agree

Post-test:

Survey for students' understanding of intimate partner violence 2

Post-questionnaire

Introduction

This questionnaire gathers information from sixth form students about how a curriculum-based intervention can promote awareness and mitigate the risk of intimate partner violence among them.

You are invited to participate in this survey because of you:
1. Are between the ages of 16-19;
2. Study in a sixth form college, which has participated in None in Three global research;
3. Will attend or have attended lessons about preventing intimate partner violence and promoting healthy relationships;

This survey will take about 15 min to complete. Information collected from this survey will remain anonymous and confidential. Your real name and any information could reveal your identity will not be used in this survey. Your participation is voluntary, and you can withdraw the research at any point. However, your participation is greatly appreciated, which will contribute to promote healthy relationship and prevent intimate partner violence in an unhealthy relationship among young people.

After the completion of this research, all collected data will be archived or destroyed as required to the policy of the University of Huddersfield and the UK Data Protection Act (1998). The collected data will be summarised in the researcher's PhD thesis or published in papers authored by the researcher.

If you have any queries about the survey or want an explanation of a question, please talk to the researcher of this study. If you would like a copy of the report after the research, please contact the researcher at Xiaomin.sheng@hud.ac.uk

Setting up an ID number

Before you start to answer the survey, I need you to write down the ID number you have created in the previous survey

1. Please write down your ID number:

    _____

2. What is your gender?

    Mark only one oval.

    ◯ Female
    ◯ Male
    ◯ Prefer not to say

3. How old are you?

Mark only one oval.

( ) Under 16 years old

( ) Between 16 and 19 years old

( ) Over 19 years old

Definition, consent and warning signs

4. Who do you think are intimate partners?

Tick all that apply.

- [ ] Friends
- [ ] Current boyfriend or girlfriend
- [ ] Former boyfriend or girlfriend
- [ ] Partners in a marital relationship
- [ ] Partners in an open relationship
- [ ] Partners in a sexual relationship
- [ ] Parents
- [ ] Don't know

Other: [ ] _____

5. Which type of violent behaviours CAN happen in an intimate relationship?

Tick all that apply.

- [ ] Physical violence
- [ ] Emotional violence
- [ ] Sexual violence
- [ ] Controlling violence
- [ ] Cyber violence
- [ ] Don't know

Other: [ ] _____

6. What age range experience the HIGHEST rates of intimate partner violence?

Mark only one oval.

◯ Under 16 years old
◯ the age of 16 and 19
◯ the age of 20 and 24
◯ the age of 25 and 34
◯ the age of 35 and 44
◯ Above 45 years old
◯ Don't know

7. Which of the following behaviours would you consider to be intimate partner violence?

Tick all that apply.

☐ Your partner beat you and left a bruise
☐ Your partner hit you without leaving a bruise
☐ Your partner wants to know who you hang out with
☐ You need permission from your partner when you hang out with friends
☐ Your partner constantly asks you to send nude images while you don't want to
☐ Your partner wants to have sex with you while you can refuse if you are not ready
☐ Your partner makes you feel guilty about wanting to leave the relationship
☐ Your partner sends you text-messages to check up on you
☐ Your partner checks up on you all the time and everywhere
Other: ☐ _____

8. Which of the following CAN be found in a HEALTHY intimate relationship?

Tick all that apply.

☐ Your partner wants to know your feelings and thoughts
☐ Your partner makes all the decisions according to what he/she prefers
☐ Your partner wants to know where you are and who you are with
☐ Your partner requires you to 'check in' and need to know what you are doing all the time
☐ Your partner makes you feel pressure into doing things you may not want to do
☐ Your partner wants you to do what he/she likes while you can say no if you disagree
Other: ☐ _____

9. Which of the following CAN happen in an UNHEALTHY relationship?

Tick all that apply.

☐ Your partner wants you to do sexual favor because she/he buys you a gift
☐ You have the right to stop a sexual activity at anytime, even if you consent to it earlier
☐ Your partner request you to share the passwords of your phone even though you are uncomfortable with it
☐ Your partner tries to make all the decisions and wants you to do it with him/her together
☐ Your partner listens to your ideas and is able to compromise with your decision
Other: ☐ _____

10. Which statement regarding 'consent' is CORRECT?

Mark only one oval.

◯ If two people have had sex before, it is always okay to have sex again
◯ When it comes to sex, 'saying no' sometimes means 'yes'
◯ Going home with someone is not giving consent to have sex with that person
◯ He/she doesn't usually mean to force sex on anyone but sometimes it is okay if it gets carried away
◯ Don't know

11. Which of the following are the warning signs in an abusive relationship

Tick all that apply.

☐ Your partner wants to follow you everywhere online and offline
☐ You partner makes you feel small in front of his or her friends
☐ You partner requires you to take responsibility for his or her feelings
☐ You partner asks you to stay in a relationship by saying ' if you leave me, I will kill myself'
☐ Don't know
Other: ☐ _____

12. Which steps can you take to increase safety if you are in an abusive relationship

Tick all that apply.

- [ ] Talk with a trustworthy adult (parents, teachers or counselor)
- [ ] Be obedient to abuser's words
- [ ] Call the police
- [ ] Argue and fight against abuser
- [ ] Create a dating safety plan
- [ ] Don't know

Other: [ ] _____

13. Please decide whether the statement regarding intimate partner violence is TRUE or FALSE

Mark only one oval per row.

	True	False
Intimate partner violence can happen between young people in partner relationships whether they live together or separately	◯	◯
Intimate partner violence can't happen after a partner relationship has ended	◯	◯
People can use physical, emotional, sexual and cyber abuse to control others in partner relationships	◯	◯
Female are victims of intimate partner violence while men can only be perpetrators	◯	◯
Intimate partner violence can't happen in same-sex relationships and in relationships involving a trans person	◯	◯
Intimate partner violence within relationships is often a repeated pattern of behaviour	◯	◯
Intimate partner violence often involves several different types of abusive behaviour, including physical, emotional, sexual, controlling and cyber abuse	◯	◯

14. Attitude towards intimate partner violence

Mark only one oval per row.

	It's perfectly ok	It's sort of ok	It's sort of wrong	It's really wrong
Do you think it is OK for a man to hit his partner/wife if HE says he is sorry afterward?	◯	◯	◯	◯
Do you think it is OK for a woman to hit her partner/husband if SHE says she is sorry afterward?	◯	◯	◯	◯
Suppose a woman cheats on her partner/husband, do you think it is wrong for HIM to hit HER?	◯	◯	◯	◯
Suppose a man cheats on his partner/wife, do you think it is wrong for HER to hit HIM?	◯	◯	◯	◯
Suppose a woman really embarrasses her partner/husband, do you think it is wrong for HIM to hit HER?	◯	◯	◯	◯
Suppose a man really embarrasses his partner/wife, do you think it is wrong for HER to hit HIM?	◯	◯	◯	◯
Do you think it is OK for a man to hit his partner/ wife if HE thinks SHE deserves it?	◯	◯	◯	◯
Do you think it is OK for a woman to hit her partner/husband if SHE thinks HE deserves it?	◯	◯	◯	◯
Suppose a woman hits her partner/husband, do you think it is wrong for HIM to hit HER?	◯	◯	◯	◯
Suppose a man hits his partner/wife, do you think it is wrong for HER to hit HIM?	◯	◯	◯	◯
Do you think it is OK for a man to hit his partner/ wife if HE is	◯	◯	◯	◯

drunk?

Do you think it is OK for a woman to hit her partner/husband if SHE is drunk?	⬭	⬭	⬭	⬭

Evaluation

On scale from 1-7 rate the following statements.
1 as 'strongly disagree'
2 as 'disagree'
3 as 'lightly disagree'
4 as 'neutral'
5 as 'slightly agree'
6 as 'agree'
7 as ' strongly agree'

15. I have clear understanding of what a healthy relationship is compared to an unhealthy relationship

   Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	⬭	⬭	⬭	⬭	⬭	⬭	⬭	Strongly agree

16. I am aware of the various warning signs regarding intimate partner violence

   Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	⬭	⬭	⬭	⬭	⬭	⬭	⬭	Strongly agree

17. I realise intimate partner violence is a serious problem

   Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	⬭	⬭	⬭	⬭	⬭	⬭	⬭	Strongly agree

18. I understand the different types of intimate partner violence. (Physical, emotional, sexual, controlling and cyber)

Mark only one oval.

	1	2	3	4	5	6	7	
Strongly disagree	◯	◯	◯	◯	◯	◯	◯	Strongly agree

19. I realise the importance of reporting teen dating violence and am aware of who I can report to

Mark only one oval.

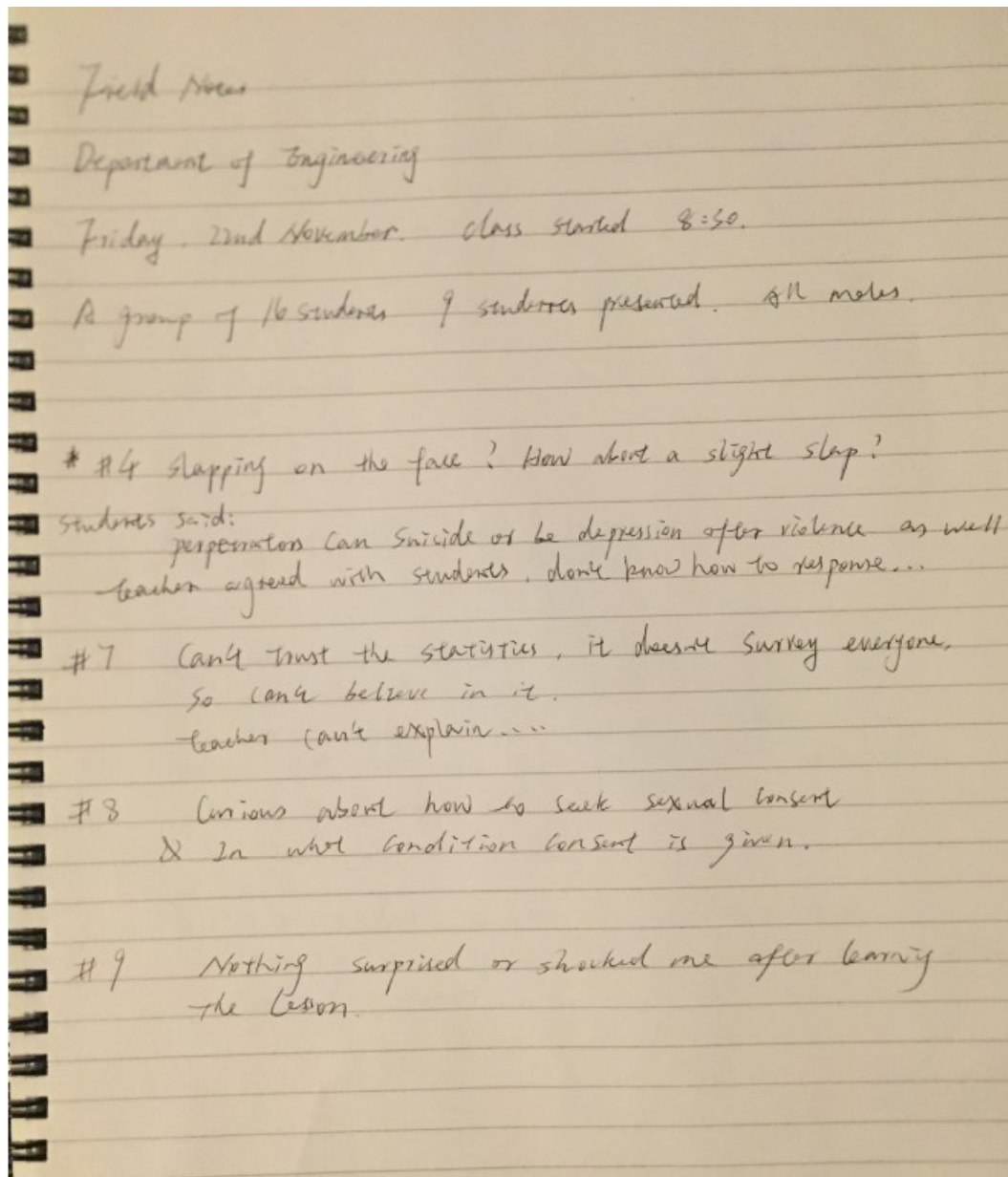|	1	2	3	4	5	6	7	
Strongly disagree	◯	◯	◯	◯	◯	◯	◯	Strongly agree

20. How do you feel about the lesson on intimate partner violence?

_____

21. In what ways have you benefited from having lessons regarding intimate partner violence?

_____

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APPENDIX 5 FIELD NOTES

Field Notes

Department of Engineering

Friday, 22nd November. Class started 8:50.

A group of 16 students. 9 students presented. All males.

* #4 Slapping on the face? How about a slight slap?
students said:
    perpetrators can suicide or be depression after violence as well
    ~teacher agreed with students, don't know how to response...

#7   Can't trust the statistics, it doesn't survey everyone,
      so can't believe in it.
      ~teacher can't explain....

#8   Curious about how to seek sexual consent
      & In what condition consent is given.

#9   Nothing surprised or shocked me after learning
      the lesson.

Field Notes.

Wednesday 23/10/19 11:30→12:50 A 118

L2 Beauty therapy students

Amanda → pastoral manager Hair Beauty and Media Makeup.

9 students presented.

#1 doubting friend & parents are intimate partners.

#2 Surprised by the prevalent idea of IPV.
        Concentration & following the slides.
        Not so much discussion among students.
#3 realised that there are five forms of IPV behaviors
    IPV is a serious issue

Lesson 2. #12 students caught by the Ted talk.
    Listening the victim of IPV telling her experience
    3 yes → screen.

APPENDIX 6 A SUMMARY OF PARTICIPANTS

First phase (Planning)	• Interview: 4 males Department of Engineering • Interview: 4 females Department of Hair, Beauty and Makeup

Second phase
(Action implementing and observation)
	• Pre-test session & questionnaire:
	  ○ 9 male students Department of females Engineering
	  ○ 9 females Department of Hair, Beauty and Makeup
	  ○ 9 students from the online session (5 females; 4 males)
	• Post-test session & questionnaire :
	  ○ 8 females Department of Hair, Beauty and Makeup
	  ○ 6 students from the online session (3 females; 3 males)

Third phase (Evaluation and Reflection)	• Questionnaire with 8 females Department of Hair, Beauty and Makeup and 6 students from the online session (3 females; 3 males) • Group interviews with 4 students Department of Hair, Beauty and Makeup (4 females) • Individual interview with 2 teachers (2 females)

APPENDIX 7 NI3 CERTIFICATE

Funded by:

GCRF
Global Challenges Research Fund

University of HUDDERSFIELD
Inspiring tomorrow's professionals

NONE in 3 Research Centre

This is to certify that:

Xiaomin Sheng

has successfully completed training in implementing the Ni3 Model for the Prevention of Gender-based Violence April 9th to 27th 2018

Professor Adele Jones & Professor Dan Boduszek
Directors, None in Three Research Centre

APPENDIX 8 INFORMATION SHEET

INFORMATION SHEET FOR STUDENTS

You are being invited to take part in an important study. Before you decide to take part, it is important you understand why this research is being done and what it will involve. Please read the following information carefully.

What is the None in Three project?

None in Three is a project which aims using prosocial games to reduce and prevent the gender-based and domestic violence in our society. It draws its name from the global statistic that one in three women and girls will be subjected to sexual and physical violence in their lifetime; None in three in dedicated to changing this reality.

The None in Three (Ni3) Centre is pioneering new ways to tackle gender-based violence (GBV) across the globe. Our aims are to:

- Investigate gender-based violence (GBV) in the study countries (India, Jamaica, Uganda and the UK).
- Develop serious prosocial computer games to change attitudes and behaviours relating to GBV.
- Evaluate the games' effectiveness as an educational intervention to prevent GBV.
- Develop a policy hub to inform and guide actions at the strategic and operational levels across the four countries.
- Underpin and reinforce social and behavioural change.

What is the purpose of this research?

A substantial number of studies argue that adolescents, especially the age range from 14 to 18, are regarded as the riskiest life stage for suffering intimate partner violence (IPV) (Smith, White & Holland, 2003 and Humphrey & White, 2000; Ybarra & Thompson, 2018). Half of the IPV victims are aged 14 to 24 often suffer violence as serious as rape according to an American national data on IPV cited by Smith, White & Holland (2003, p1104). The initial IPV perpetration starts between the average age of 15 and 16 and the adolescents suffering first IPV violence around or after the age of 14 are more likely to be victims again in young adulthood (Humphrey & White, 2000 and Ybarra & Thompson, 2018). Adolescents who have prior experience of being IPV violence perpetrators and victims are prone to consider violence as a normal part of a relationship and allow violent behaviours in later relationships (Cui, Ueno, Gordon, M & Fincham, 2013; Cornelius & Resseguie, 2007). IPV in adolescents have close associations with IPV in a married relationship, which can lead to domestic violence at home such as parent-child violence.

Therefore, adolescent groups consist of a risky sub-sample of the IPV population, while are a prospectively fruitful target sub-sample for IPV prevention programs (Cui et al., 2013; Cornelius & Resseguie, 2007). Considering sixth form college are at the critical period and early stage of starting relationships and dealing with relationship problems, more guidance should be given to them to avoid the risk of IPV. The demand for prevention programs to recognise and prevent IPV within sixth form students is indubitable (Barter et al., 2009). If preventions for IPV can be adopted to 6th Form students, it is more likely to lower the risk of IPV violence and the occurrence of IPV victims and perpetrators in later stages of life (Smith, White & Holland, 2003; Cornelius & Resseguie, 2007).

This research seeks to provide evidence on the need to develop a curriculum to promote awareness and mitigate the risk of IPV among sixth form students. Students are expected to complete an interview or a questionnaire about their perceptions of having a curriculum covering IPV as well as evaluating the effectiveness of a need based on IPV curriculum intervention.

This research is being conducted alongside research on gender-based violence (GBV) in NI3 Research Centre. This study is about passing on knowledge about Intimate partner violence (IPV) to sixth form students to promote their awareness of IPV and mitigate the risk of IPV. **As a result, students' experience of IPV will not be discussed.**

So, what will happen?

We have joined together with selected sixth form college to do two things:

- To identify the perceptions of sixth form students towards having a curriculum to support their IPV understanding, to deepen the current understanding about IPV among sixth form students through a targeted curricular programme.

- To critically analyse the extent to which a curriculum-based programme can influence and change attitudes about IPV among sixth form students.

Why am I being asked to take part?

Your college has agreed to be a partner in the project and so we are asking all the students in your class if they are willing to take part, you have not been especially singled out.

Do I have to take part?

No, it is up to you to decide whether or not to take part in the project and there will be no adverse consequences if you decide not to participate. Moreover, you have the right to withdrawal this research without a reason at any time.

What is required of me if I do take part?

This IPV curriculum-based intervention consists of three phases:

Phase 1: identify what prior knowledge students have regarding IPV. Five students will be involved to share what they have learned about IPV.

Phase 2: curriculum will be delivered at this stage

- Pre-study: ten students are needed to fill a questionnaire before learning the curriculum.
- Post-study: the same ten participants from the pre-study will fill the questionnaire again after learning the curriculum; another ten students who didn't participate in the pre-study will be ask to answer the questionnaire.

Phase 3: evaluate the effectiveness of the curriculum. Teachers and five students are expected to share your thoughts and feelings about this curriculum intervention.

I want to take part but I am worried about who will see my answers

The research will be aided by BERA (2018) and participants will be given the following rights as anonymity and confidentiality. Your answers will **NEVER** be given to other people (only the researchers will have the information), so do **NOT** write your name anywhere. No one will ever know who filled in the questionnaire because there will be no name on it.

Who is in charge of this project?

The project is managed by None in three Research Centre but is being carried out PhD researcher Xiaomin Sheng with the support of the University of Huddersfield Department of Education and Professional Development.

Will I be affected by taking part?

This study is about passing on knowledge about IPV to sixth form students. **As a result, students' experience of IPV will not be discussed.** This research however aware that answering questions about IPV can be very upsetting. If you would like to receive guidance and counselling, please contact the Social Workers on the team. If you wish to speak to a counsellor in future, you could contact the people responsible for the work, their contact details are at the end of this sheet.

Further Questions?

If you are interested in taking part but have further questions, please contact one of the research team.

None in Three Project Contact Details:

Noneinthree@hud.ac.uk

PhD researcher's Contact Details:

Xiaomin. sheng@hud.ac.uk

APPENDIX 9 INFORMED CONSENT

Participant's Consent

1. I confirm that I have been given the information sheet for the None in Three research Centre. I understand the purpose and nature of the study, have had the opportunity to ask questions and have had these answered to my satisfaction.

2. I agree to take part in the study. I know that my participation is voluntary and that I have the right to withdraw at any time without giving any reason and without facing any adverse consequences.

3. I understand that the study is confidential and my real name will not be used at any stage.

4. I understand that I can refuse to answer any questions.

5. I give permission for interviews discussions to be audio-recorded and transcribed.

6. If I am uncomfortable with the session being recorded, I can ask for the recording to be stopped at any time.

7. If I am distressed as a result of taking part in the study, I will be given help to access counselling or support from an appropriate agency.

8. I agree to inform the researcher if I am unsafe because of my participation in the research.

9. I give permission for anonymised quotes to be used in any publications.

10. I understand that all information gathered in this study will be kept confidential and I give permission for appropriate authorities to be informed.

Name of participant   Date   Signature

Name of researcher   Date   Signature

APPENDIX 10 ETHICAL APPROVAL-NI3

University of HUDDERSFIELD
Inspiring tomorrow's professionals

8 January 2018

TO WHOM IT MAY CONCERN

2013 THE AWARDS
AWARD WINNER
UNIVERSITY OF THE YEAR

Research Project Name: None in Three – Preventing Domestic Violence
Ref: SREP/2016/070

The None in Three Research Centre has been granted outright ethics approval by the School of Human and Health Sciences Research Ethics Panel to conduct research in support of the prevention of domestic violence in China, Jamaica, India, Uganda and the UK. This approval covers and is confined to the following:

1. Qualitative research in each country with victims and perpetrators of gender-based violence
2. A psychosocial survey in each country with children and young people (10-18 years) on exposure and attitudes to violence
3. The implementation of serious games trials in each country within education settings comprising of:

     i. Training for staff on games usage and evaluation procedures
     ii. Games implementation
     iii. Pre-games exposure completion of questionnaire
     iv. Post-games exposure completion of questionnaire at three time points (to be completed within 6 months of game exposure)
     v. Evaluation of implementation process involving focus groups and interviews with stakeholders

This approval is given based on the prior approval of None in Three research documents which **must** be applied in all countries and translated into local languages as appropriate. These include:

1. Ni3 Ethics Protocol for Conducting Qualitative Research and related documents:
     i. Information sheets
     ii. Consent forms
     iii. Interview guides
     iv. Information about the National Response Teams
2. Ni3 Procedures for Administering the Psychosocial Survey and related documents:
     i. Information sheets
     ii. Consent forms
     iii. Questionnaire
     iv. Information about accessing support
3. Ni3 Procedures for Conducting Games Trials and Evaluation and related documents:
     i. Information sheets
     ii. Consent forms
     iii. Questionnaire
     iv. Interview/focus group guides

In addition, the None in Three Centre must ensure that all country partners establish National Response Teams to provide support to research participants and that effective measures are put in place for the protection, storage and archiving of data from all countries.

W P Gillibrand

Dr Warren Gillibrand
Deputy Chair of School of Human and Health Sciences Research Ethics Panel
Direct Tel: +44 (0)1484 473689
Email: W.P.Gillibrand@hud.ac.uk

APPENDIX 11 ETHICAL APPROVAL-SEPD

The University of Huddersfield
School of Education and Professional Development

Minutes of the School Graduate Education Group Meeting
9 October 2018

Present: Dr L Bennett, Dr G Jones, Prof James Avis

In attendance: Virtual Meeting

<div align="right">

Action
</div>

SEPD-SGEG-9Oct-1718-M17 RESEARCH PROPOSAL SUBMISSION

17.1   STUDENT NAME/AWARD -   Xiaomin Sheng   1672361

Main Supervisor: Prof P Miller

Title: Using Curriculum to Promote Awareness and Mitigate
Risk of Intimate Partner Violence among 6th Form Students in the UK

17.1.   Advice

In response to the submitted proposal, and in preparation for the first
Progress Report, the reviewers offer the following advice:

In addition to the earlier recommendations. In the main body of the proposal
mention is made of potential risks that flow from the project. Some elaboration
here would be helpful together with the way in which these could be handled.
Interesting we were provided various appendices but not the consent form.
Participants should be informed that their responses will be treated with
confidence etc., but a proviso should be given that this is based on their legality.
Consideration should be given to the way in which this could be handled

17.1.   Ethics

Reviewers' comments on how adequately ethical issues have been
addressed in the proposal, and advice (if any):

**Ethical approval is granted on the condition that the above points are
address and approved by Prof Paul Miller and his confirmation that
these have been addressed to his satisfaction**

**It is the responsibility of the researcher to continually review the ethical
position of their research in agreement with their supervisor.**

17.1.   Recommended action: (reviewers please tick relevant action)

X The proposal is approved in full and should be stored in the Student Record.

The proposal plan should be amended as per advice then sent to Carolyn Newton, within 6 weeks, for storage in your Student Record

The proposal ethics should be amended as per advice, within 6 weeks, and then sent to Carolyn Newton for submission to the School Research Integrity Committee for approval. Fieldwork cannot be commenced until ethics has been formally approved.

Any amendments should be completed and submitted within the indicated timescales from the date of this document. Use the submission form and annotate accordingly re the focus of your amendments.

Carolyn Newton
Research and Marketing Administrator
Date: 9 October 18

Appendix 3 Ni3 school's letter

University of HUDDERSFIELD
Inspiring tomorrow's professionals

GCRF Global Challenges Research Fund

UK Research and Innovation

NONE in 3 Research Centre

None in Three Research Centre
Country Director: Ms. Gill Kirkman
Queensgate, Huddersfield HD1 3DH
01484 422288
g.e.kirkman@hud.ac.uk
http://noneinthree.hud.ac.uk

For the attention of: The Head of the School

Dear Sir/Madam
I am writing to you on behalf of the None inThree (Ni3) Research Centre to invite your school to take part in an important global research project.

Who are we?

The Ni3 Research Centre, takes its name from the global statistic that 1 in 3 women and girls will be subjected to physical or sexual assault in their lifetime. For us this is unacceptable and only 'none in three' will do. Our global and interdisciplinary centre is developing and evaluating serious, immersive computer games for use in schools and other institutions to prevent gender based violence (GBV). Our aim in the UK is specifically to prevent dating abuse and violence within adolescent relationships. The abuse of girls and to some extent boys, has reached epidemic proportions in the UK with 41% of girls aged 14-17 years old experiencing some form of sexual violence from their partner (University of Central Lancashire, 2015). There is undoubtedly a substantial need for an effective, educative intervention to address the problems highlighted by the alarming statistics.

What do we do?

With the support of funding from the UK government (specifically, the UK Global Challenges Research Fund) and importantly in consultation with young people, Ni3 is developing an interactive computer game exploring the complex and multi-layered nature of adolescent dating violence and abuse. Research shows that prosocial computer games can be instrumental in changing attitude and behaviour, helping young people to increase their empathy, conflict resolution skills and emotional intelligence. The computer game will enable

young people to reflect on their intimate relationships, helping them to recognise manipulative, coercive and abusive behaviours whilst understanding what healthy relationships are. A teaching pack will be provided with the game.
Our hope is that our research findings will convince the Department for Education, to incorporate the game into the national curriculum.

Why this matters

Research evidence clearly indicates that young people suffering from dating abuse/violence can:
☐ experience emotional and psychological harm
☐ engage in alcohol and substance misuse
☐ have poor concentration, truancy and poor educational attainment
☐ self-harm
☐ experience early pregnancy

The consequences of such an experience can continue into adult life so it is vital that we tackle this child welfare issue now.

Why we need you and your school

This ground breaking research in the UK (our work is also being conducted in China, Jamaica, India and Uganda) needs the support and collaboration of schools, teachers and young people to ensure we make a real difference to the lives of young people and prevent adolescent dating violence.

We will be conducting a survey in many primary and secondary schools which will provide us with valuable data offering us real insight into how young people **(aged 10-18)** witness or experience abuse and violence in their everyday lives. The findings from the survey will influence the development of the game and accompanying curricular content. Once the computer game has been developed we will ask some schools to trial it with young people aged **14-18 years.** Further smaller, targeted surveys both pre and post-game play will be carried out to examine the impact of interactive game play and whether young people's attitudes and behaviour has changed.
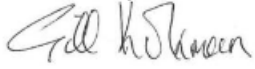
What's in it for schools?

The findings from our research will be shared with you. We hope to provide you with valuable insights that will help to improve attendance, behaviour and completion rates among students. You will appreciate better than most the potential, through reducing issues around abusive relationships, to improve the lives of young people, thereby reducing strain on your resources, including referrals to social services and the need for exclusions, for example. Schools who participate in the game trial will be able to keep the educative computer game and the accompanying curriculum and teaching pack that supports it. We will update you on any pivotal engagement with government ministers and committees regarding policy or curriculum development that we hope to achieve through our research recommendations. We would also love to see you at our public engagement events and conferences.

Members of the research team will be in touch shortly to answer any queries you may have and hopefully discuss your involvement in this trailblazing and globally significant research. If you would like to contact us please call the research admin centre on 01484 472745 or email

Professor Paul Miller, p.miller@hud.ac.uk Educational Leadership/ Curriculum Lead or Gill Kirkman, UK Country Director, g.e.kirkman@hud.ac.uk,
We look forward to following up with you soon.

Yours sincerely,

Gill Kirkman,
UK Ni3 Country Director.

APPENDIX 14 N<small>I</small>3 CURRICULUM

Draft Version 3

University of HUDDERSFIELD
Inspiring tomorrow's professionals

UK Research and Innovation

UK NONE in three

INTIMATE PARTNER VIOLENCE CURRICULUM

UNITED KINGDOM

A Curriculum Framework for the None in Three Research Centre,
University of Huddersfield, UK

Priti Chopra
Paul Miller
Xiaomin Sheng

All of the None in Three Research Centre, University of Huddersfield, UK

ACKNOWLEDGEMENTS

The following individuals gave invaluable support and feedback for developing and framing the curriculum design.

Professor Adele Jones
Dr. Gill Kirkman

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CONTENTS

Intimate Partner Violence (IPV). It is not designed to replace, but instead to complement existing provisions in Sex and Relationships Education (SRE) and Personal, Social and Health Education (PSHE). This programme of study can be used independently and/or in conjunction with None-in-Three anti-GBV game.

This programme of study identifies the key concepts and skills that support students' spiritual, moral, cultural, mental and physical development and prepare them for the opportunities, responsibilities and experiences of life as set out in Section 78 of the Education Act 2002. It is based on the theme of: Relationships.

It is important that schools do not attempt to cover all of the suggested content contained in this document in a linear manner as doing so would lead to a series of superficial experiences that would most likely be restricted to providing information. Instead, it is advised that schools select content that is relevant to their students and use/adapt these as a context through which to explore the overarching concepts and to develop the essential skills and attributes set out below.

Purpose of study

This programme of study on GBV is a planned, developmental programme of learning through which children and young people acquire important knowledge, understanding and skills about healthy relationships. This programme of study provides knowledge to students on a range of issues related to Intimate Partner Violence (IPV). This programme of study will also assist the development of qualities and attributes students need to thrive as individuals, family members and members of society, and can make an invaluable contribution to the spiritual, moral, social and cultural (SMSC) development of students, their behaviour and safety, and their wellbeing and the wellbeing of others.

This programme of study contributes to personal development by helping students to develop their awareness of IPV, to build confidence, resilience and self-esteem, and to identify and manage risk, make informed choices and understand what influences their decisions and actions. It enables them to recognise, accept and shape their identities, to understand and accommodate difference and change, to manage emotions and to communicate constructively in a variety of settings. Developing an understanding of themselves, empathy and the ability to enjoy harmonious relationships with others will help students to form and maintain good relationships.

Student age range

14 – 18 years old.

Aims

Overarching aim
1. Accurate and relevant knowledge;
2. Opportunities to turn that knowledge into personal understanding;
3. Opportunities to explore, clarify and if necessary challenge, their own and others' values, attitudes, beliefs, rights and responsibilities;
4. The skills, language and strategies they need to live healthy, safe, fulfilling, responsible and balanced lives.

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Attainment targets

There are no attainment targets for this programme of study. Opportunities for formative assessment for learning should be built into provision. Baseline assessment, in order to understand students' prior learning, is essential to ensure new learning is relevant and progress can be assessed. Providing students with opportunities to reflect on and assess their learning in the context of their everyday occurrences is important.

Subject content

The theme of relationships is important to this programme of study on IPV. It is important to provide knowledge, understanding and the development of language, skills and strategies to support students' in seeking to change attitudes and behaviours towards women and girls, and relationships. It is important to recognise that many decisions made in a social context are influenced by the attitudes, values and beliefs of significant others. A programme of study on IPV should respect and take account of students' prior learning and experiences, and should reflect the universal needs shared by all students as well as the specific needs of students in a school. This programme of study should be taught through a spiral approach, revisiting themes, whilst increasing the challenge, broadening the scope, and deepening students' thinking. This programme of study prepares students for both their future and their present day-to-day lives, and well as provide opportunities for them to recognise and reflect on how learning about IPV is relevant to them and can be applied in their own lives, currently or in the future.

Overarching concepts
1. Identity (their personal qualities, attitudes, skills, attributes and achievements and what influences these)
2. Relationships (including different types and in different settings)
3. A healthy (including physically, emotionally and socially) balanced lifestyle (including within relationships)
4. Risk (identification, assessment and how to manage risk rather than simply the avoidance of risk for self and others) and safety (including behaviour and strategies to employ in different settings)
5. Diversity and equality (in all its forms)
6. Rights (including the notion of universal human rights), responsibilities (including fairness and justice), consent (in different contexts) and respect (in the context of relationships)
7. Change (as something to be managed) and resilience (the skills, strategies and 'inner resources' we can draw on when faced with challenging change or circumstance)
8. Power (how it is used and encountered in a variety of relationships including persuasion, bullying, negotiation and 'win-win' outcomes)

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Skills development		
Intrapersonal skills for self-management	**Interpersonal skills for positive relationships**	**Skills of inquiry**
1. Critical, constructive self-reflection (including being aware of own needs, motivations and learning, strengths and next steps for development, how we are influenced by our perception of peers' behaviour) 2. Learning from experience to seek out and make use of constructive feedback 3. Setting challenging personal goals (including developing strategies to achieve them and knowing when to change them) 4. Making decisions (including knowing when to be flexible) 5. Recognising how unhelpful thinking and behaviour can influence relationships with others (including generalisation, distortion of events, deletion of information, misconceptions or misperceptions) 6. Resilience (including self-motivation, adaptability, constructively managing change including setbacks and stress) 7. Self-regulation (including managing strong emotions e.g. negativity and impulse) 8. Recognising and managing the need for peer approval 9. Self-organisation (including time management)	1. Active listening 2. Empathy 3. Communication (non-verbal and verbal including assertiveness and recognising how this differs from aggressive and passive behaviour; being able to present and communicate ideas, arguments and thoughts effectively) 4. Team working (including agreeing clear and challenging outcomes, facilitation, co-operation, networking and the ability to provide, receive and respond to, constructive feedback and take on different roles; the ability to recognise and learn from others' experience) 5. Negotiation (including flexibility, self-advocacy and compromise) 6. Recognising and utilising strategies for managing pressure, persuasion and coercion 7. Responding to the need for positive affirmation for self and others	1. Formulating questions 2. Gathering and using data (including assessing the validity and reliability of sources of data and using a variety of sources) 3. Analysis (including separating fact from opinion) 4. Drawing and defending conclusions using evidence and not just assertion 5. Identification, assessment (including prediction) and management of risk 6. Evaluating social norms

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Building your programme of study

The framework below, combined with the skills and concepts identified above is intended to support teachers and students in getting the most from this programme of study on IPV. Knowledge and understanding are interlinked and learning from one area may be pertinent to others (for example, how peer pressure and coercion can lead to lasting impact of self and others).

This framework is not definitive and teachers can adapt and enrich it as they feel appropriate based on the needs of students and/or the readiness. This programme of study on address GBV in direct and indirect ways through a spiral programme of knowledge, skills and attitudinal development, where prior learning is revisited, reinforced and extended in age- and stage-appropriate contexts. This programme of study complements existing school policies and DfE guidance documents including those relating to Sex and Relationships Education (SRE), preventing and tackling bullying (including online bullying), safeguarding and equality.

Programme of study for relationships: Core content

Students should be taught
1. To develop healthy attitudes and behaviours within their intimate relationships (in order to reduce prevalence in the long-term and to facilitate help-seeking by those affected by abuse and by those perpetrating it).
2. To increase their knowledge about intimate partner violence in relationships.
3. To be empowered and develop their agency and resilience.

Suggested areas of focus/ outcomes
1. Educating and informing young people about the characteristics within unhealthy relationships to prevent normalisation.
2. Increasing empathy with those young people who have been victims of intimate partner abuse.
3. Helping young people understand that their behaviours can have far reaching consequences for the other person in the relationship, for example, failing grades at college, isolation from friends and declining mental health.
4. Demonstrating the importance of mutual respect and equality within relationships. Helping young people to understand that the inability to regulate emotions such as jealousy and, controlling behaviours are features of abuse and should not be confused with love.
5. Depicting the subtleties and complexities of grooming, coercion and manipulation that can be evident in intimate relationships, including the use of real world technologies to control and abuse.
6. Ensuring that young people see the consequences of their decision making. Providing information about the links between gender-based violence and sexual coercion/abuse.
7. Helping young people to recognise that anybody can be a victim and/or perpetrator, they are not 'others'.
8. The legal position around young people's relationships is examined, for example, the consequences of sending and distributing explicit photos over social media and the impact this can have on the victim and perpetrator, affecting mental health and wellbeing, education, self-esteem and impact on the wider family. Also the issue of consent is examined enabling young people to consider their own current behaviours and the law, for example is it acceptable to persuade/coerce someone to have sex with you? Consider the legal age of consent.
9. Helping young people to recognise their own agency within relationships, which is increased once the knowledge about unhealthy relationships is embedded.

Page **7** of **25**

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10. Demonstrating the importance of seeking help and support to overcome difficulties. Real world posters decorate the walls of the college environment and a college assignment is to make a poster to elicit such help seeking behaviours.
11. Helping young people recognise that they are not just passive observers and that bystander intervention is important in tackling intimate partner violence and abuse. Peer interventions can be very powerful and young people are helped to recognise that this is everybody's business.
12. Providing real world information to help young people know about the law, their rights and where to seek help.
13. Demonstrating the importance of disclosure and the sharing of emotions in ending intimate partner violence and building resilience.
14. Demonstrating that a supportive environment such as a college (or family home) can provide constructive help and that speaking openly is to be encouraged.
15. Enabling young people to appreciate the long term benefits of staying in school and the supportive environment school can provide.

Duty of care: Applying best practice principles in session activities[1]

1. Ensure that all students are aware prior to the session that you will be discussing violence and abuse. Be mindful of the impact re-traumatization in sessions on children who have been abused or are living in situations of abuse. Build in self-care and help-seeking in each session.
2. Agree values, expectations, behaviour and boundaries to create a safe and supportive space prior to starting session activities.
3. Confidentiality: Let young people know at the start of a session that you will not share their personal information. Make sure others in the group agree to this as well! Discuss the importance of mutual trust, positive regard and respect during the session.
4. Responding to personal stories: do not force anyone to share personal experiences. If they choose to share, respect and appreciate what they have to say. Group support can help with constructive reinforcement and generating thoughts about new ways in how they can keep themselves safe.
5. Be familiar with the School's safeguarding procedures and policy to respond appropriately if a child/young person discloses experiencing violence. Ensure that the child/ young person knows that s/he has done the right thing in disclosing his/her experience.
6. Know where to get help: Before working with students, find out what individuals or organisations are available to provide support, in case a student needs help with a violent situation within and/or outside the School. There may be counselling centres, telephone hotlines, or legal aid offices in your community - let the class know about where to get help before you start and provide them with a list of organisations and phone numbers from the onset.
7. Clarity: Set up and explain activities, facilitate discussion and check learning.
8. Student voice: Elicit and record student evaluation of activities.

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[1] Source: Jones, A. (2018) Engaging children and adults in violence prevention: JESSE. Huddersfield: None in Three Research Centre, pp.14-18.

Suggested implementation responsibilities[2]

The Teacher/Facilitator's role during each activity:

- Encourage and facilitate open and respectful age-appropriate discussion for the activity
- Create an accepting, safe and supportive environment to maximise sharing and learning when talking about sensitive topics such as IPV
- Help young people to think about how they and others might feel
- Provide accurate and factual information
- Direct any children to the relevant support services if they seem distressed or reveal that they may be at risk of violence or abuse
- Set class rules to help students understand from the start what behaviour is expected of them. If possible, encourage students to draw up their own rules, then post the rules in a prominent place and remind students of them if you need to.
- Introduce the activity and check understanding of instructions
- Facilitate and monitor the activity

Example of class rules:

- We value and respect one another's questions and opinions
- We do not talk about personal matters discussed in class with people outside the classroom, that is, we keep personal matters confidential
- We do not interrupt one another
- We do not put down or criticise other people in class
- We do not laugh at someone who is clearly making a serious point
- We have a right to pass if we do not want to answer a question
- We can choose to not do an activity if we are uncomfortable with it
- If we do not want to ask a question in front of everyone, we can write it down and give it to the teacher
- An activity may make us sad or think about someone we know who is going through similar things – this is OK

Handling questions when the answer is not known:

You may not know the answer to all questions but as there are many myths about IPV, it is important to provide accurate information. If you are not sure, it is better to say something like "I do not know the answer, but I can find out for you." You could also encourage the student to do their own research. The None in Three website (http://noneinthree.hud.ac.uk/original/ni3k/index.html) has a lot of useful information for students and for teachers, and can also signpost you to additional resources.

What is essential is that you find appropriate ways to correct negative beliefs such as that victims are in some way to blame, beliefs that shift the focus of responsibility away from the perpetrator or that leave children feeling as if they are at fault.

Developing your lesson/session plan:

How you develop your lesson/session plan will be determined by the age, levels of understanding and stage of development of the students. It is important to select activities that students can handle and to think about the themes, differentiated learning outcomes and key learning points (mapped to games plotline objectives in associated chapters) for each activity. You can prioritise and select the most pertinent and relevant key learning outcomes and points that can be effectively shape focus and be discussed in allocated time.

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[2] Source: Jones, A. (2018) Engaging children and adults in violence prevention: JESSE. Huddersfield: None in Three Research Centre, pp.7-8.

Topic: Gender inequality

Aims

1. Explore how females are viewed and valued;
2. Reflect on why females can be viewed as legitimate targets for sexual conquest;
3. Examine ways in which masculine identities can be linked to perceptions of dominance, control and conquest.

Differentiated learning outcomes

Students:

- Must become familiar with reasons for gender inequality in perceptions of gendered identities and its negative impact on intimate relationships;
- Should reflect on their learning related to their lived experience;
- Could examine shifts in their understanding and identify implications for change in their attitudes and behaviours regarding gender based perceptions in intimate relationships.

Mapped to games plotline objectives and the key learning points of chapters 1 & 2

1. To change young people's attitudes and behaviours within their intimate relationships.
i.)Educating and informing young people about the characteristics within unhealthy relationships to prevent normalisation.
ii.)Demonstrating the importance of mutual respect and equality within relationships.
2. To increase young people's knowledge about intimate partner violence in their relationships.
i.)Helping young people to recognise that anybody can be a victim and/or perpetrator, they are not 'others'.
3. To empower young people.
i.)Helping young people to recognise their own agency within relationships.
ii.)Demonstrating the importance of disclosure and the sharing of emotions in ending intimate partner violence and building resilience.
iii.)Demonstrating that a supportive environment such as a college (or family home) can provide constructive help and that speaking openly is to be encouraged.

Ni3 qualitative research findings exploring contributing factors

1. Normalisation of violence and vulnerability
- Witnessing domestic violence during childhood
- Early experience of witnessing or experiencing violence in a relationship
- Young age
- Inexperience
2. Notion of masculinity
- Unhealthy and toxic ideas about masculinity
- Misogyny, gender bias and discriminatory beliefs

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Teaching and learning activities

Individually: Consider the questions: How do you perceive your gendered identity-yourself as a male/female/transgender person? How are you viewed as a female/male/transgender person by other people around you in your everyday life?

Imagine your identity as a dish that you may like and feel comfortable with e.g. cake, pizza, biryani, soup, hot chocolate, jollof rice, jerk chicken. Add 5 toppings to the dish that you create that represent 5 things people notice about you that shapes how you are viewed as a female/male/ transgender person.

In pairs: Explain how your dish represents your gendered identity and how the 5 toppings represent the ways you notice people view you as a female/ male/ transgender. In accordance with how comfortable and safe you feel, share your thoughts, feelings and ways in which you respond to other people's perceptions of you as a female/ male/ transgender related to the dish and toppings that you created. Consider what makes you feel valued/not valued. Consider your feelings if not valued e.g. anger/rage, guilt, shame, disassociation with self and others and denial.

As a whole class: display your artwork in the centre of the class. Position it as and where you want it to be. Share your thoughts/feelings about how females are viewed/valued.

Discuss whether females are viewed as legitimate targets for sexual conquest. Consider why? Discuss whether masculine identities are linked to perceptions of dominance, control and conquest. Consider why? Scaffolding: Whole class discussion should be facilitated by the tutor to cover key learning points and explore norms, values, culture, family lifestyles and communication patterns that influence perceptions of gendered identity. It would be useful to connect this with how values and attitudes get transmitted drawing on character, dialogue and experience examples from the game chapters 1 & 2.

Extension activity

In small groups: discuss and create a poster/paper (A3 size) 'think tank' with your key points in response to one of the following 4 questions:

1. What kinds of gender inequalities exist in society and in relationships?
2. What are the roots of gender inequality in society and in relationships?
3. Why are females viewed as legitimate targets for sexual conquest?
4. Why are masculine identities linked to perceptions of dominance, control and conquest?

As a whole class: Present your 'think tank' poster key points to the whole class.

Scaffolding: Whole class discussion, facilitated by the tutor, should follow each 'think tank' poster presentation.

Formative assessment for learning

- Completion of activity.
- Q & A during discussion.
- Feedback on key learning and reflections on any changes/shifts in understanding, attitudes and behaviours regarding intimate relationships.

Suggested resources

- Coloured paper with different textures e.g. white paper, brown cardboard, black, white and other coloured poster paper.
- A variety of artwork material for cutting, gluing and making things e.g. scissors, glue.
- A variety of coloured writing, drawing, colouring material with different textures.
- Culturally diverse media images portraying women as sexualised objects.
- Culturally diverse media images of men linked to perceptions of dominance, control and conquest.

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Topic: Abuse

Aims

- Explore the multi-layered nature of abuse and violence;
- Reflect on how unhealthy relationships can begin and rapidly develop;
- Examine forms of abuse.

Differentiated learning outcomes

Students:

- Must demonstrate an understanding of different forms of abuse and its multi-layered nature.
- Should consider implications for how unhealthy relationships can begin and rapidly develop.
- Could reflect on learning related to the lived experience of self and others.

Mapped to games plotline objectives and the key learning points of chapter 3

1. To change young people's attitudes and behaviours within their intimate relationships.

i.) Educating and informing young people about the characteristics within unhealthy relationships to prevent normalisation.

ii.) Increasing empathy with those young people who have been victims of intimate partner abuse

iii.) Demonstrating the importance of mutual respect and equality within relationships.

2. To increase young people's knowledge about intimate partner violence in their relationships.

i.) Depicting the subtleties and complexities of grooming, coercion and manipulation that can be evident in intimate relationships, including the use of real world technologies to control and abuse.

ii.) Providing information about the links between gender-based violence and sexual coercion / abuse.

iii.) Helping young people to recognise that anybody can be a victim and/or perpetrator, they are not 'others'.

3. To empower young people.

i.) Helping young people to recognise their own agency within relationships, which is increased once the knowledge about unhealthy relationships is embedded.

ii.) Demonstrating the importance of disclosure and the sharing of emotions in ending intimate partner violence and building resilience.

Ni3 qualitative research findings defining key concepts

1. Different forms of IPV
- Physical, psychological (grooming, controlling), sexual (rape), economic, cyber/ technology;
- Coexistence/co-occurrence/ continuum of abusive behaviours.
2. Severity of abuse
- Degree: minor; moderate; severe;
- Frequency and duration (e.g. a long term pattern of abuse).
3. Issues of informed consent
- Consent definition
- Context specific exploration of when consent is given or not given

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Teaching and learning activities

In small groups: You will be provided with two sets of cards with: a) definitions of different forms of abuse and; b) quotes from people about the lived experience of these different forms of abuse. Around the room you will see titles for different types of abuse placed such as: emotional/psychological/verbal abuse, physical abuse, sexual abuse, financial abuse, online/social media abuse. Work together as a small group to discuss and match: a) the definitions and examples on the two sets of cards and; b) place the matched definitions and examples under the connected title for different types.

As a whole class: discuss reasons for the matched cards and its placement. *Scaffolding:* Whole class discussion should be facilitated by the tutor to cover key learning points, how consent is understood and explore examples of situations when consent is/is not given. Characters, dialogue and examples can be drawn from the game chapter 3.

In small groups: You will be provided a set of cards with statements related to the multi-layered nature of abuse and violence in intimate relationships. On one A3 poster paper sheet draw an archery target board with 6 concentric circles with a figure of Danielle from the game (or an abstract symbol for a figure) in the middle. The image of Danielle/ abstract figure represents a figure experiencing abuse. In small groups discuss and stick each card with BlueTack in the circles, far or near the figure, according to group perceptions of the severity of abuse and violence. The further the card is placed from the figure the less severe the abuse and violence is considered. In group discussion consider reasons for placing the card e.g. socio-cultural norms and gendered roles.

As a whole class: present the poster and group's placement of cards. Discuss reasons for why card placement and what would make the cards shift closer or farther from the figure.

Discuss how the points made relate to understanding of how unhealthy relationships can begin and rapidly develop. *Scaffolding:* Whole class discussion should be facilitated by the tutor to cover prioritised key learning points.

Extension activity

- Imagine the lived experience of Danielle, as Danielle or Danielle's friend, in games chapter 3. Create a brief 2 mins description of the character's experience of being treated in a hurtful/abusive way in an intimate relationship.
- Each person takes turns to act like Danielle or a friend of Danielle and sits on a chair in the middle of the group- supported and surrounded by others in the group including the tutor (sitting in chairs in a supportive 'circle of love/care' around him/her).
- The protagonist presents the imagined experience of the character being treated in a hurtful/ abusive way in an intimate relationship.
- The tutor facilitates the protagonist's reflections by asking the protagonist what makes the performed character stay in the relationship.
- The protagonist moves to join the circle and shares how she/he felt and what could create change in such a relationship.

The group discusses and reflects on the felt experience of abuse and how it develops in a relationship; what can make it difficult to leave and how change can be made possible. *Scaffolding:* Whole class discussion should be facilitated by the tutor to cover key learning points.

It is important to be mindful of the impact of possible re-traumatization through this session on children who have been abused or may be living in situations of abuse. It would be useful to build in self-care and help-seeking guidance and exercises in each activity. Please see links for suggestions under 'Additional resources'.

Formative assessment for learning

- Completion of activity.
- Q & A during discussion.
- Feedback on key learning and reflections on any changes/shifts in understanding, attitudes and behaviours regarding intimate relationships.

Suggested resources

- Tutor-generated learner-centred cards for the activities.
- Learner –generated materials
- A3 paper
- Marker pens
- BlueTack

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Topic: Perpetrator behaviours

Aims

- Become familiar with different perpetrator behaviours such as: Unpredictable variations in mood; gaslighting; masking abuse; false remorse; normalisation of domination and aggression as masculine traits reinforced through socialisation; victim blaming; self-victimisation; failure to take responsibility for own actions; cognitive distortion and projection; lack of empathy; inability to regulate own emotions; insecurities and jealousy as a trigger; and escalation.

Differentiated learning outcomes

Students:

- Must become familiar with different types of perpetrator behaviours.
- Should reflect on learning related to the lived experience of self and others.
- Could examine self-protecting and self-caring ways of setting boundaries, responding to and coping with perpetrator behaviours in order to be or become safe.

Mapped to games plotline objectives and the key learning points of chapter 3

1.To change young people's attitudes and behaviours within their intimate relationships.

i.)Educating and informing young people about the characteristics within unhealthy relationships to prevent normalisation.

ii.)Increasing empathy with those young people who have been victims of intimate partner abuse.

iii.)Demonstrating the importance of mutual respect and equality within relationships. Helping young people to understand that the inability to regulate emotions such as jealousy and, controlling behaviours are features of abuse and should not be confused with love.

2.To increase young people's knowledge about intimate partner violence in their relationships.

i.)Depicting the subtleties and complexities of grooming, coercion and manipulation that can be evident in intimate relationships, including the use of real world technologies to control and abuse.

ii.)Providing information about the links between gender-based violence and sexual coercion/ abuse.

iii.)Helping young people to recognise that anybody can be a victim and/or perpetrator, they are not 'others'.

3.To empower young people.

i.)Helping young people to recognise their own agency within relationships, which is increased once the knowledge about unhealthy relationships is embedded.

iii.)Helping young people recognise that they are not just passive observers and that bystander intervention is important in tackling intimate partner violence and abuse.

v.)Demonstrating the importance of disclosure.

vi.)Demonstrating that a supportive environment can provide constructive help and that speaking openly is to be encouraged.

Ni3 qualitative research findings exploring warning signs

1. What is a heathy relationship
2. Warning signs for an unhealthy/abusive relationship

Teaching and learning activities

<u>In small groups:</u> Read one shared case study presenting a perpetrator behaviour and in your group prepare a brief whole class presentation in response to the following questions:

1. What type of behaviour is demonstrated in the case study?
2. What are the characteristics of the behaviour?
3. How is abuse and control taking place in the intimate relationship?
4. What are your thoughts/feelings about what a person would be experiencing in the case study?
5. What are your thoughts about what a person should/ shouldn't do to be or become safe? What would /wouldn't you do?

Scaffolding: Whole class discussion should be facilitated by the tutor to cover key learning points.

Extension activity

In small groups:

- Bearing in mind a particular type of behaviour write the script for a short 5 mins play with a sad ending resulting from perpetrator behaviour. This could also be based on retelling the story of James' behaviour in chapter 3. Consider the following points:

  – Where is story taking place? What is the setting?
  – Who are the characters in the play?
  – What is the situation?
  – What are the characters doing at the start of the play?
  – What do the characters say/do to each other during the play?
  – What do the characters say/do to each other at the end of the play?

Scaffolding: Tutor circulates and provides feedback and support with script development.

- Each group takes turns to perform their play. The rest of the class watches. At the end of the play the tutor asks the audience to consider how the ending could be changed to a positive outcome? What could the characters' do to be and become safe and/or support others in feeling and being safe? The tutor invites members of the audience to participate in the play and change the ending.

Scaffolding: Whole class discussion and audience participation in the play should be facilitated and supported by the tutor to invite reflections on key learning points.

During whole group discussion for activities it would be helpful to draw attention to awareness and encourage reflections that a person can also be victim and perpetrator move from one state to the other by drawing on the example of James and his background presented in the game.

Formative assessment of learning

- Completion of activity.
- Q & A during discussion.
- Feedback on key learning and reflections on any changes/shifts in understanding, attitudes and behaviours regarding intimate relationships.

Suggested resources

- Tutor-generated brief learner-centred and differentiated culturally diverse age appropriate case studies, of approximately one or two paragraphs, collectively presenting a variety of perpetrator behaviours. Each case study is based on different young people's lived experience of a type of perpetrator behaviour.
- Learner –generated materials.
- A3 paper, marker pens, BlueTack.

<div style="background-color:purple; color:white; text-align:center;">**Topic: Help-seeking barriers**</div>

Aims

- To explore help-seeking barriers such as: feelings of guilt; fear of stigma and public shame; minimising perpetrator behaviour – belief in change; self-doubt and self-blame; peer collusion; victim blaming; emotional dependency on perpetrator; fear of reprisals and recrimination; normalisation of abuse behaviours; lack of family/peer-support; and isolation.

Differentiated learning outcomes

Students:
- Must become familiar with help-seeking barriers.
- Should reflect on learning related to the lived experience of self and others.
- Could examine ways of addressing/ responding to help-seeking barriers.

Mapped to games plotline objectives and the key learning points of chapter 4

1. To change young people's attitudes and behaviours within their intimate relationships.
i.) Increasing empathy with those young people who have been victims of intimate partner abuse.

2. To increase young people's knowledge about intimate partner violence in their relationships.
i.) Helping young people to recognise that anybody can be a victim and/or perpetrator, they are not 'others'

3. To empower young people by developing their agency and resilience.
i.) Helping young people to recognise their own agency within relationships, which is increased once the knowledge about unhealthy relationships is embedded.

ii.) Demonstrating the importance of seeking help and support to overcome difficulties.
iii.) Helping young people recognise that they are not just passive observers and that bystander intervention is important in tackling intimate partner violence and abuse. Peer interventions can be very powerful in encouraging young people to recognise that this is everybody's business

iv.) Demonstrating the importance of disclosure and the sharing of emotions in ending intimate partner violence and building resilience

v.) Demonstrating that a supportive environment such as a college (or family home) can provide constructive help and that speaking openly is to be encouraged.

Ni3 qualitative research findings exploring consequences

- Low self-esteem, self-worth, self-confidence

Teaching and learning activities

In small groups: Read one shared case study presenting a help-seeking barrier and in your group prepare a brief whole class presentation in response to the following questions:

1. What type of help-seeking barrier is demonstrated in the case study?
2. What are the characteristics of the help-seeking barrier?
3. What are your thoughts/feelings about what the person is experiencing in the case study?
4. What are your thoughts about what the person should/ shouldn't do to be or become safe? What would /wouldn't you do?

Scaffolding: Whole class discussion should be facilitated by the tutor to cover key learning points.

Alternative option: the case study could be replaced by one or more short films or documentary films on the session topic portraying the help-seeking barriers for young people experiencing intimate partner violence in their relationship. The whole class could observe this and the above mentioned questions could be adapted for observation notes and discussion.

Extension activity

Individually: imagine that the stream of paper across the room is a river that represents your life journey. The start of the stream is the past (who you were being), the middle of the stream is the present (who you are being) and beyond that is your future (who you are becoming).

Imagine yourself experiencing intimate partner violence in a relationship. Notice the negative feelings and thoughts that you have. Consider feelings and thoughts that may prevent you from seeking help. Write these thoughts on pieces of paper and scrunch it up and throw it on the river. These are the pollutants.

Think about the positives in your past experiences that gave you happiness, support, strength and encouragement. Note three main thoughts on post-it notes in a few words or a couple of sentences and add them on the river of your past. Think about how this shapes how you are being in the present. On post it notes write down three positive things you carry in you that you like about yourself in the present and add this on the river for your present. Think about how you would like to be in the future- what you would like to become. Record three main thoughts and add post-it notes to river for your future. The post-it notes nurture and help your river of life to thrive, grow, and enrich it.

Once everyone one has completed this activity. Walk down the river and read the positive post-it notes and pollutants.

As a whole class: drawing on what you read to discuss ways of addressing/responding to help-seeking barriers.

Scaffolding: Whole class discussion should be facilitated by the tutor to cover key learning points.

Formative assessment for learning

- Completion of activity.
- Q & A during discussion.
- Feedback on key learning and reflections on any changes/shifts in understanding, attitudes and behaviours regarding intimate relationships.

Suggested resources

- White Drawing Paper Roll 20m by 30cm- tutor rolls out the paper in one stream or more streams across the room with adequate gap between the streams. Each stream represents a river.
- Multi-coloured large post-it notes and white paper sheets (half of A4).
- Marker pens.

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Topic: Mental health problems and other effects

Aims

- To explore mental health problems and other effects such as: Depression; perceived powerlessness; self-blame; low self-esteem and feelings of worthlessness; impact on functioning (education, work etc.); psychological entrapment; fear; living on high alert; physical injuries; sexual health problems, and social isolation.

Differentiated learning outcomes

Students:

- Must become familiar with the mental health problems and other effects of intimate partner violence and abuse in relationships.
- Should reflect on learning.
- Could examine coping strategies and providing/ accessing support.

Mapped to games plotline objectives and the key learning points of chapter 4

1.To change young people's attitudes and behaviours within their intimate relationships.

i.)Educating and informing young people about the characteristics within unhealthy relationships to prevent normalisation.

ii.)Increasing empathy with those young people who have been victims of intimate partner abuse.

iii.)Helping young people understand that their behaviours can have far reaching consequences for the other person in the relationship, for example, failing grades at college, isolation from friends, declining mental health.

2.To increase young people's knowledge about intimate partner violence in their relationships.

i.)Ensuring that young people see the consequences of decision -making. Providing information about the links between gender-based violence and sexual coercion/abuse.

3.To empower young people.

i.)Helping young people to recognise their own agency within relationships, which is increased once the knowledge about unhealthy relationships is embedded.

ii.)Demonstrating the importance of seeking help and support to overcome difficulties.

Ni3 qualitative research findings exploring consequences

- Mental health issues (depression and/ or anxiety, bipolar, borderline personality disorder, Post Traumatic Stress Disorder (PTSD), Continuous Traumatic Stress (CTS)
- Self-harm, suicidal ideation

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Teaching and learning activities

<u>In small groups:</u> undertake and complete a webquest activity exploring a mental health problem or other effect for a young person experiencing intimate partner violence and abuse.

Scaffolding: tutor introduces the content focus and key areas to consider for the webquest. This involves providing background information, key vocabulary and concepts which learners will need to understand in order to complete the tasks involved. Learners are provided with information about what they will have to do as they work their way through the webquest activity which should be firmly anchored in lived experiences.

The tutor guides the learners through a set of research tasks with each group exploring a mental health problem or other effect, using a set of predefined web-based resources presented in a clickable form within an online activity instruction sheet.

<u>As a whole class:</u> Each groups engages in and presents self-evaluation regarding what was learned through the webquest activity.

Extension activity

Learners can work individually, in pairs or small groups online to create an academic research poster on examining coping strategies and support access/ provision. Learners upload their research poster for display and discussion on a group forum for the class.

Scaffolding: tutor guidance and support for designing an academic research poster containing visuals, text and references.

Formative assessment for learning

• Completion of activity.
• Q & A during discussion.
• Feedback on key learning and reflections on any changes/shifts in understanding, attitudes and behaviours regarding intimate relationships.

Suggested resources

- Access to the internet.
- Desktop computers, laptops or iPads.
- Online access to tutor designed variety of webquest activity sheets. One activity sheet for each of the content listed mental health problems and other effects.

Topic: Protective factors & resilience

Aims

- To develop awareness of protective factors such as: Education; strong pro-gender equality networks (friends); awareness of rights or services (knowledge); supportive adults; and the law.
- To explore strategies for building resilience.

Differentiated learning outcomes

Students:

- Must become familiar with all protective factors.
- Should reflect on how protective factors may benefit resilience to move forward in a life enhancing manner.
- Could examine how lived experience could be drawn on as one's own power to survive and contribute to the survival of others.

Mapped to games plotline objectives and the key learning points of chapter 5

1.To change young people's attitudes and behaviours within their intimate relationships.
i.)Educating and informing young people about the characteristics within unhealthy relationships to prevent normalisation.

2. To increase young people's knowledge about intimate partner violence.
i.)The legal position around young people's relationships is examined, for example, the consequences of sending and distributing explicit photos over social media and the impact this can have on the victim and perpetrator, affecting mental health and wellbeing, education, self-esteem and impact on the wider family. Also the issue of consent is examined enabling young people to consider their own current behaviours and the law, for example is it acceptable to persuade/coerce someone to have sex with you? What is the legal age of consent? in their relationships.

3.To empower young people.
i.)Helping young people to recognise their own agency within relationships, which is increased once the knowledge about unhealthy relationships is embedded
ii.)Demonstrating the importance of seeking help and support to overcome difficulties. Real world posters decorate the walls of the college environment and a college assignment is to make a poster to elicit such help seeking behaviours.
iii.)Providing real world information to help young people know about the law, their rights and where to seek help.
iv.)Demonstrating that a supportive environment provide constructive help and that speaking openly is to be encouraged.
vi.)Enabling young people to appreciate the long term benefits of staying in school and the supportive environment school can provide.

Ni3 qualitative research findings exploring coping strategies

- Difficulties in leaving the abuser and the continuation of abuse, separation and reuniting.
- Professional support from social services, the local council and the police
- Rebuild self-value; enhancing self-esteem, self-worth and self-confidence

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Teaching and learning activities

In small groups: each group chooses one of the topics in the contents section. Each group creates a tree on A3 poster paper.

For the selected topic the group works together to identify the key components that facilitates the chosen topic e.g. education, law, rights etc. These are used to label the roots of the tree. The group considers the benefits of the roots for the tree- what can grow with the roots. The group labels the leaves and fruits on the tree with the key words of the benefits.

Scaffolding: Whole class display and presentation of tree posters and discussion should be facilitated by the tutor to cover key learning points.

In small groups: undertake and complete a webquest activity exploring one of the topics in the contents section. As a whole the class should cover all the topics.

Scaffolding: tutor introduces the content focus and key areas to consider for the webquest. This involves providing background information, key vocabulary and concepts which learners will need to understand in order to complete the tasks involved. Learners are provided with information about what they will have to do as they work their way through the webquest activity which should be firmly anchored real life context.

The tutor guides the learners through a set of research tasks with each group exploring the chosen topic.

As a whole class: Each groups engages in and presents self-evaluation regarding what was learned through the webquest activity.

Extension activity

Learners make real world posters on the importance of seeking help and support to overcome difficulties related to the researched topic in their webquest as way forward to develop help seeking behaviours).

Formative assessment for learning

• Completion of activity.

• Q & A during discussion.

• Feedback on key learning and reflections on any changes/shifts in understanding, attitudes and behaviours regarding intimate relationships.

Suggested resources

• Access to the internet.

• Desktop computers, laptops or iPads.

• Online access to tutor designed variety of webquest activity sheets. One activity sheet for each of the content listed mental health problems and other effects.

- A3 poster paper
- Coloured marker pens.

Post-it notes in a variety of colours and sizes.

Please refer to 'Additional resources' for exercises, information and activities about resilience that comes from within the child/ young person and how this can be strengthened.

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Topic: Bystander intervention

Aims

- To understand that tackling IPV is everyone's business.
- To reflect on bystander apathy and complicity.
- To explore how peers can play an important role in challenging and deterring abusive behaviour.

Differentiated learning outcomes

Students:

- Must become understand that bystander intervention (or lack of it) has powerful consequences.
- Should reflect on how peer relationships may support the victim and challenge the perpetrator's behaviour, or to condone it.
- Could examine how peer pressure can change attitudes and behaviours to IPV.

Mapped to games plotline objectives and the key learning points of chapters 2, 4- 5

1. To change young people's attitudes and behaviours within their intimate relationships.
2. To increase young people's knowledge about intimate partner violence in their relationships.
3. To empower young people by:

iii.) Helping young people recognise that they are not just passive observers and that bystander intervention is important in tackling intimate partner violence and abuse. Peer interventions can be very powerful and ...is everybody's business

Ni3 qualitative research findings exploring bystander intervention

- Enable young people to feel more confident about recognising the signs and about intervening when safe to do so.

Teaching and learning activities

In small groups: Read one shared case study presenting a bystander behaviour and in your group prepare a brief whole class presentation in response to the following questions:

1. What type of bystander behaviour is demonstrated in the case study?
2. What are the characteristics of bystander intervention/ apathy/ complicity?
3. What are your thoughts/feelings about what the bystander is experiencing in the case study?
4. What are your thoughts about what the bystander should/ shouldn't do to? What would /wouldn't you do?

Scaffolding: Whole class discussion should be facilitated by the tutor to cover key learning points.

Alternative option: the case study could be replaced by one or more short films or documentary films on the session topic portraying the bystander behaviour for young people experiencing IPV in their relationship. The whole class could observe this and the above mentioned questions could be adapted for observation notes and discussion.

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Formative assessment for learning

- Completion of activity.
- Q & A during discussion.
- Feedback on key learning and reflections on any changes/shifts in understanding, attitudes and behaviours regarding bystander intervention.

Suggested resources

- Marker pens and paper.
- Bystander behaviour case study rewriting and reconstructing chapter 2 or chapter 4 interaction between James, Logan and Kiran in the college cafeteria or college corridor regarding the relationship between Danielle and James.
- Bystander behaviour case study rewriting and reconstructing chapter 4 social media app and IM interaction between Danielle, Emily, James, and Connor regarding the impact of IPV on Danielle's behaviour.
- Bystander behaviour case study rewriting and reconstructing chapter 5 Hannah's interaction with Danielle regarding Danielle's nude photos that James posted on social media.
- Short films or documentary films on the session topic portraying the bystander behaviour for young people experiencing IPV in their relationship

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Icebreaker activities

http://teentalk.ca/wp-content/uploads/2014/05/Ice-Breakers-Energizers-and-Other-Activities-Web-2012.pdf

Bystander intervention toolkit

https://www.health.ny.gov/publications/2040.pdf

Resilience activities

https://positivepsychology.com/resilience-activities-worksheets/

Self-care activities for young people

https://www.annafreud.org/on-my-mind/self-care/

Evaluation activities

https://woodcraft.org.uk/sites/default/files/Evaluation%20and%20reflection%20activities.pdf

Websites

UNESCO: Connect with respect: preventing gender-based violence in schools; classroom programme for students in early secondary school (ages 11-14)

https://unesdoc.unesco.org/ark:/48223/pf0000243252

UNICEF resource to help young people:

https://www.unicef.org/violencestudy/pdf/Our%20Right%20to%20be%20Protected%20fr om%20Violence.pdf

Ni3 website document on tackling violence in schools –this link is an excellent resource of inspiration and practical suggestions:

http://noneinthree.hud.ac.uk/original/ni3k/docs/global_guidance_school_related_gender_based_violence.pdf

A none-threatening way of children acknowledging problems and being empowered to tackle them in the JESSE game. In one of the Ni3 YouTube videos, the young person who played JESSE in the game talks about the superhero he would be:

https://www.youtube.com/watch?v=enkYlkB75zw

UK government resources on teaching about relationships, sex and health

https://www.gov.uk/guidance/teaching-about-relationships-sex-and-health

Safeguarding children in education: types and indicators of abuse

https://www.scie.org.uk/safeguarding/children/education/types-indicators-abuse

Voices against Violence Curriculum

https://www.unwomen.org/en/digital-library/publications/2013/10/voices-against-violence-curriculum#view

APPENDIX 15 CURRICULUM I

Classroom curriculum

Session One
Intimate partner violence

Learning objectives and outcomes

Objectives
To learn:
- how to identify intimate partner violence (IPV)
- what are the facts about the prevalence of IPV
- what we mean by consent in an intimate partner relationship

Learning outcomes
Students will be able to:
- explain what is the meaning of 'intimate partner violence'
- identify the different types of violent behaviours that can affect an intimate relationship
- Demonstrate an awareness that intimate partner violence is prevalent among young people
- explain what is meant by consent and what this means within a healthy relationship

Activity 1: Who is an Intimate Partner?

Decide if the items listed are intimate partners?

Parents	Former boyfriend/ girlfriend	
Boyfriend/girlfriend	Friend	Sexual partner
Classmate	Open relationship partner	Teacher

An Intimate Partner is a person with whom you have or had a close personal, loving or sexual relationship

Activity 2: What are intimate partner violent behaviours?

In pairs/groups: decide if the listed items belong to the category of IPV behaviours?

Physical violence	Emotional violence	Sexual violence	Controlling violence	Cyber violence
Beating	Depression	Forced sexual intercourse without consent	Isolating from friends/families	Forcing to share passwords
Putting hand on the shoulder	Insulting his/her family or friends	Kissing and touching with permission	Checking up on you all the time	Stalking online and offline
Hitting and leaving a bruise	Humiliation	Restricting access to birth control	Advising to do something	Sending greeting or caring messages
Hitting without leaving a bruise	Name-calling and put-downs	Date rape	Controlling what to do, what to wear	Forcing to share nude pictures
punching	Suicide	Participating in watching sexual video	Wanting to know where you are and who you are with	

Definition of intimate partner violence

Intimate Partner Violence (IPV) is violence by a current or former intimate partner in an intimate relationship against the other partner, including physical, emotional, sexual, cyber and controlling behaviours

True or false

- IPV **can** happen between young people in intimate relationships whether they live together or separately T

- IPV **can't** happen after an intimate relationship has finished F

- People **can** use physical, emotional, sexual and cyber abuse to control others in intimate relationships T

- Female are victims in intimate relationships, while men are perpetrators F

- IPV **can't** happen in same-sex relationships and in relationships involving a trans person F

- IPV within relationships is often a repeated pattern of behaviour T

- IPV often involves several different types of abusive behaviour, including physical, emotional, sexual, controlling and cyber abuse T

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Understanding the prevalence of IPV

According to the report of SafeLives, Young people, especially aged 16 to 19 experience the highest rates of intimate partner violence of any age group.

In March 2015, the Crime Survey for England and Wales identified that 6.6% of men and 12.6% of women aged 16 to 19 had experienced domestic abuse in the past year.

% experiencing domestic abuse in the last year, by age
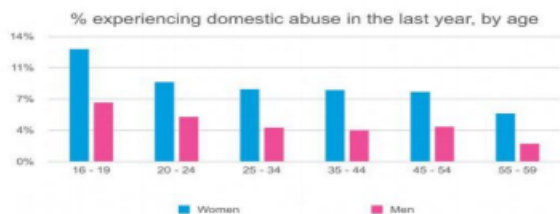
Understanding the prevalence of IPV

A study of 13 to 17 year olds by NSPCC suggests that a quarter (25%) of girls and 18% of boys in the study reported having experienced some form of physical violence from an intimate partner.

Additionally one in three girls (31%) and 16% of boys reported some form of sexual abuse within their relationships.

Two-thirds of girls and a third of boys reported experiencing emotional abuse, most often controlling behaviour
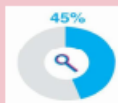
SafeLives' Children's Insights data shows that less than half (45%) of young people in an abusive intimate relationship were known to children's social services

Activity

Discuss in pairs/groups:
- What are your initial thoughts of the prevalence of IPV among young people?
- Which statistics shocked you most?
- What have you learnt from the statistics regarding IPV?

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Understanding 'consent'

CONSENT

Activity: watch a video and discuss in pairs/groups:

- which form of violent behaviours happened in the video?
- Do you think the character (Amy) in the film has been given the consent to what he wants to do?

https://www.youtube.com/watch?v=RzDr18UYQ18

'consent'

- People typically talk about *consent* in the context of some kind of *sexual* or *physical* activity with a partner. In a healthy relationship, all partners are able to *openly talk about* and *agree* on what kind of activity they want to engage in. Whether it's holding hands, kissing, touching, or anything else, it's really important for *everyone* in a relationship to feel *comfortable* with what's happening.

- British law says that *both people* need to give their consent before sex or any physical closeness. Consent is defined in law as *an agreement made by someone with the freedom and ability to decide something*. The law also says that to consent to sex *a person must be 16 or over and have the ability to make informed decisions for themselves* (i.e. they have to be mature enough to make the decision and not be impaired by e.g. drugs or alcohol).

- To give your consent you should be sure that it is *your decision* and *not one* you have been *pressured* to make. Under the law, it is *the person seeking consent* who is *responsible* for ensuring that these conditions are met.

Activity

Watch a video: after viewing the film, discuss in pairs/groups:

- what are your initial thoughts of consent?
- Using definitions of consent, discuss where or how in the video consent was or was not given?

https://www.youtube.com/watch?v=lSmohHSkg30&list=PLHcv-FcNhTE43BWfu2FqWIyrmSxSZxJfK&index=6

Activity: Yes or No

- If two people have had sex before, it is always ok to have sex again

No! Even if two people have had sex before, they should both be consenting each time they subsequently have sex.

- When it comes to sex, 'no response' could mean 'yes'?

No! If two people want to have sex with each other it should be something that they both agree and consent to. Consent is a clear and enthusiastic 'yes'. They show this through their words and through their body language. If someone seems unsure, stays silent, doesn't respond, or says maybe, then they are not saying yes. The absence of 'No' does not equal 'Yes'.

- If he/she goes back to someone's house, it means he/she wants to have sex with that person.

No! Going home with someone is not giving consent to have sex with that person. Consent must be sought and given, never assumed. Misplaced assumptions are no excuse, neither ethically, nor in the eyes of the law.

- He/she didn't mean to force sex on someone but sometimes it gets carried away.

No! Consent to a sexual activity is not consent to another activity. Consent should not be assumed or treated as a 'one off' but rather as a continual process of checking if a partner is happy to proceed. Withdrawal of consent at any point must always be respected and acted upon.

Reflection on the learning

- Can you describe what is 'intimate partner violence'?
- Can you explain what is meant by consent in an intimate relationship?
- Do you feel differently about anything as a result of what you have seen and heard in this session?
- Has anything surprised or shocked you?
- How can someone end an abusive relationship? What could happen if they didn't?

Session Two
Ending intimate partner violence

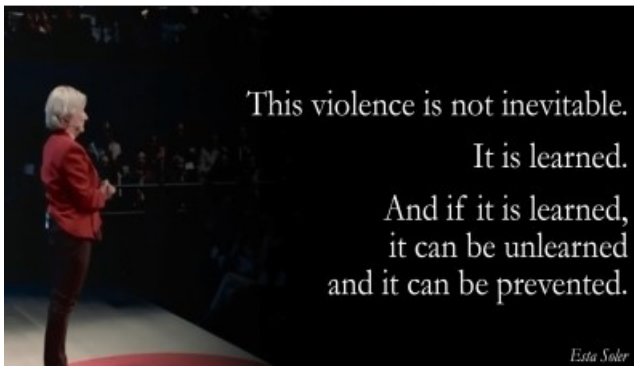## Learning objectives and outcomes

Objectives
To learn:
- how to mitigate the risk of IPV and unlearn it
- how to recognise the warning signs of IPV in an unhealthy relationship and ask for help

**Learning outcomes**
Students will be able to:
- describe how and from where IPV is learnt, and how to unlearn it
- explain what are the warning signs in an unhealthy intimate relationship and how to seek help

Unlearn IPV behaviours

This violence is not inevitable.

It is learned.

And if it is learned,
it can be unlearned
and it can be prevented.

Esta Soler

Multiple factors that influence the learning of IPV

As it is shown in the diagram, IPV Behaviours are learnt from observing the environment
Individual's interactions with the environment influence how he or she grows and develops
When that IPV behaviour is observed to be rewarded or punished, it can alter the attitude
towards certain behaviours and be served as a role model to be followed.
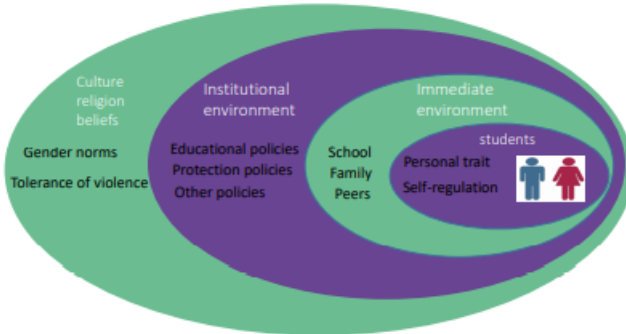
Question: based on what we have learnt, think about which *three* of the following has *the most influence* on how young people act in an intimate relationship?

- 😶 Families
- Social media, TV programme, movies and internet
- Cultural norms such as traditions or the way things are done in your culture
- Gender norms such as expectations about how male and female are supposed to behave
- Laws regarding violent behaviours
- Neighbourhoods, communities
- 😶 Peers and friends
- Religion and beliefs
- 😶 School and college including teachers, students, learning environment and subjects

Activity-scenario

Predict how the girl will behave in her intimate
relationship when she grows up in scene 3?

Scene 1

A girl witnessed her
parents violent
against each other

Scene 2

She observed the
results that her mother
obtained the dominant
status in her family and
her dad started to be
obedient to her mother

Scene 3

She is more likely to
model her mother's
behaviour and violent
against her boyfriend
in her relationship

Activity-scenario

Predict how Brown will behave in his relationship when he grows up in scene 4?

Scene 1

Grey (boy in grey) and Brown (boy in brown) were good friends

Scene 2

Grey started his first relationship, he was extremely controlling and violent against his girlfriend

Scene 3

Grey's girlfriend reported Grey's violent behaviour to police. Finally, Grey was put into jail. Brown was sad for Grey's violent behaviour

Scene 4:

Brown has learnt the lesson from his best friend Grey and he maintains a healthy relationship

Understanding 'warning signs' in a relationship with IPV

Understanding the 'warning signs' in an intimate partner relationship

After viewing the video, discuss:

- what are your initial thoughts?
- what do you think about the 10 red flags of abuse which are mentioned in the video?
- what kinds of abusive or disrespectful (unhealthy) behaviours does the video show?

https://www.youtube.com/watch?v=_RqXZL93kyQ

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Warning signs and seeking for help

Watch a Ted talk by the victim of IPV and discuss questions :
- what stops her asking for help in an abusive relationship?
- why might a target of abuse find it difficult to leave an abusive partner or take other action to protect themselves?

https://www.youtube.com/watch?v=hWlN6Jf0WzQ

Safety strategies for victims of IPV

- Remember you have the right to live without fear and violence
- Take pictures of physical injuries resulting from the abuse as soon as possible
- Talk with a trustworthy adult
- Creating a dating safety plan
- Call the police
- Get a restraining order or protective order
- A shelter is a safe place

Reflection on the learning

- Describe how someone forms violent behaviours in a relationship and how they can unlearn it?
- Do you know what are the warning signs in an unhealthy intimate relationship?
- Do you feel differently about anything as a result of what you have seen and heard in this session?
- Has anything surprised or shocked you?
- How can someone end an abusive relationship? What could happen if they didn't?
- What might stop someone seeking help with an abusive relationship? If someone you knew was experiencing any form of abuse would you know how to get help?

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APPENDIX 16 CURRICULUM II

Online curriculum

Dear student:

Thanks so much for your interest in being part of an important study. My name is Xiaomin sheng, a PhD research from the University of Huddersfield. I have designed this lesson for you to learn a wide range of issues regarding Intimate Partner Violence (IPV). This lesson will take you around 40 min, you can access the lesson with five short sections or the full version one through the links provided (see below). I sincerely hope that you will benefit from learning this lesson in your current or future relationships.

Three phases IPV curriculum-based intervention:

- **Phase 1**: Before you start the lesson, please fill in a questionnaire through the link: https://forms.gle/aEh8Tob8gcVX6CsT9

- **Phase 2**: Watch the lessons on IPV through the links below

1. Introduction (1: 43 min)
   https://youtu.be/N865Fy-P3j4

2. Definition (6:54 min)
   https://youtu.be/vFdHiaTpZrU

3. Consent (5:18 min)
   https://youtu.be/jS-OHih-bh0

4. Warning signs (10:15 min)
   https://youtu.be/JTKoSzUjhpl

5. Seeking help (16:45min)
   https://youtu.be/FGwPfnRzVRM

Or You can get the full version of the session through the link

https://youtu.be/o8urKU2DL68

• **Phase 3**: Please fill in a post-questionnaire through the link:
https://forms.gle/jvNPGDt1V7FqFWdc8

Please talk to your teachers or parents if you are feeling unease or uncomfortable after having lessons on this topic.

Here are some more organisations you can turn to if you are in an abusive relationship:

1) Childline: www. childline.org.uk   Tel: 0800 1111

2) Rape crisis: www. rapecrisis.org.uk   Tel: 0808 8029999

3) Women aid: www. nationaldomesticviolencehelpline.org.uk

Tel: 0808 2000 247

helpline@womensaid.org.uk

Best regards,

Xiaomin Sheng

APPENDIX 17 THEMES-INTERVIEW WITH STUDENTS (FIRST PHASE)

Codes categorised under three themes:

Theme 1.Prior IPV-related knowledge

Codes:

- Knowledge level: partial knowledge/ misunderstanding/ never heard/don't know

- Gender-bias issues

- Violence not in intimate relationships

- Ineffectively delivered /Learned a little/ not in depth

Theme 2. Perception of having an IPV-related curriculum

Codes:

- Benefits: interested/important

- Cognitive-level: Knowledge improving/Awareness promoting/confidence

- Behaviour/skills: Safety strategy/help-seeking skills/conflicts skills

Theme 3. Expectation of what/how to learn

Codes:

- Forms of delivery: inviting guests/having sessions

- What to teach: warning signs/skills

APPENDIX 18 THEMES-INTERVIEW WITH TEACHER AND STUDENTS GROUP INTERVIEW (THIRD PHASE)

Codes categorised under two themes:

Theme1: Effectiveness of the IPV-based curriculum intervention

Codes:

- Improved/enhanced

- Important

- Visual aids

- Professional supports/cooperation

- Session length

- Students' ability/prior knowledge

- Students' active engagement

Theme 2. Expectation of how to improve the intervention in future practice

Codes:

- Supportive school environment

- Students' personal background i.e., IPV experience, race, and faith

- Students' level

- Professional supports/cooperation/training

- Participatory activities

APPENDIX 19 CODEBOOK

Codebook	
Question	Code
1	ID-Note down the identification number students assigned to themselves
2	Gender: 1=male, 2=female, 3=prefer not to say, 4= other
3	Age: 0=under 16 years old, 1=between 16 and 19 years old, 0=over 19 years old
4	Intimate partner: 0=Friends, 1=Current boyfriend or girlfriend, 1=Former boyfriend or girlfriend, 1=Partners in a marital relationship, 1=Partners in an open relationship, 1=Partners in a sexual relationship, 0=Parents, 0=Don't know, 1 or 0=other If the response is correct, assigned '1' point; if the response is wrong, assigned '0' point
5	Violence Forms : 1=Physical violence, 1=Emotional violence, 1=Sexual violence, 1=Controlling violence, 1=Cyber violence, 0=Don't know, 1 or 0=other
6	Age: 0=Under 16 years old, 1= the age of 16 and 19, 0=the age of 20 and 24, 0=the age of 25 and 34, 0=the age of 35 and 44, 0=Above 45 years old, 0= Don't know
7	IPV behaviours: 1=Your partner beat you and left a bruise 1=Your partner hit you without leaving a bruise 1=Your partner wants to know who you hang out with 1=You need permission from your partner when you hang out with friends 1=Your partner constantly asks you to send nude images while you don't want to 0=Your partner wants to have sex with you while you can refuse if you are not ready 1=Your partner makes you feel guilty about wanting to leave the relationship 0=Your partner sends you text-messages to check up on you 1=Your partner checks up on you all the time and everywhere 1 or 0=other
8	Healthy relationship: 1=Your partner wants to know your feelings and thoughts 0=Your partner makes all the decisions according to what he/she prefers 1=Your partner wants to know where you are and who you are with 0=Your partner requires you to 'check in' and need to know what you are doing all the time 0=Your partner makes you feel pressure into doing things you may not want to do 1=Your partner wants you to do what he/she likes while you can say no if you disagree
9	Unhealthy relationship: 1=Your partner wants you to do sexual favour because she/he buys you a gift 0=You have the right to stop a sexual activity at any time, even if you consent to it earlier

	1=Your partner request you to share the passwords of your phone even though you are uncomfortable with it 1=Your partner tries to make all the decisions and wants you to do it with him/her together 0=Your partner listens to your ideas and is able to compromise with your decision 1 or 0=other
10	Correct statement: 0=If two people have had sex before, it is always okay to have sex again 0=When it comes to sex, 'saying no' sometimes means 'yes' 1=Going home with someone is not giving consent to have sex with that person 0=He/she doesn't usually mean to force sex on anyone but sometimes it is okay if it gets carried away
11	Sign of abusive relationship: 1=Your partner wants to follow you everywhere online and offline 1=Your partner makes you feel small in front of his or her friends 1=Your partner requires you to take responsibility for his or her feelings 1=Your partner asks you to stay in a relationship by saying ' if you leave me, I will kill myself' 0=Don't know 1 or 0=other
12	Safety skills: 1=Talk with a trustworthy adult (parents, teachers or counsellor) 0=Be obedient to abuser's words 1=Call the police 0=Argue and fight against abuser 1=Create a dating safety plan 0=Don't know 1 or 0=other
13	True or False statement: 1=Intimate partner violence can happen between young people in partner relationships whether they live together or separately 0=Intimate partner violence can't happen after a partner relationship has ended 1=People can use physical, emotional, sexual and cyber abuse to control others in partner relationships 0=Females are victims of intimate partner violence while men can only be perpetrators 0=Intimate partner violence can't happen in same-sex relationships and in relationships involving a trans person 1=Intimate partner violence within relationships is often a repeated pattern of behaviour 1=Intimate partner violence often involves several different types of abusive behaviour, including physical, emotional, sexual, controlling and cyber abuse
14	Attitude: 1=It's perfectly ok, 2=It's sort of ok, 3=It's sort of wrong, 4= It's really wrong
15	Evaluation: 1= strongly disagree, 2= disagree 3= lightly disagree 4=neutral 5=slightly agree 6=agree, 7=strongly agree

Note: from Q4 to 13, '1' means 'correct answer'; '0' refers to the wrong answer. If the correct answer is ticked, '1' point assigned; if the wrong answer is unticked, '1' point assigned; Otherwise, '0' point assigned.

For Q6 and Q10, '1' point assigned when the right answer ticked

For Q14, point '1' to '4' were assigned to the four categories respectively

For Q15, point '1' to '7' were assigned to the seven categories accordingly

Q4 to Q6

Answer options to questions	TICKED (score)	UNTICKED (score)
Q 4: Which of the following behaviours would you consider to be intimate partner violence ?		
Your partner beat you and left a bruise	1	0
Your partner hit you without leaving a bruise	1	0
Your partner wants to know who you hang out with	0	1
You need permission from your partner when you hang out with friends	1	0
Your partner constantly asks you to send nude images while you do not want to	1	0
Your partner wants to have sex with you while you can refuse if you are not ready	0	1
Your partner makes you feel guilty about wanting to leave the relationship	1	0
Your partner sends you text messages to check up on you	0	1
Your partner checks up on you all the time and everywhere	1	0

Q 5: Which of the following CAN be found in a HEALTHY intimate relationship?		
Your partner wants to know your feelings and thoughts	1	0
Your partner makes all the decisions according to what he/she prefers	0	1
Your partner wants to know where you are and who you are with	1	0
Your partner requires you to 'check in' and need to know what you are doing all the time	0	1
Your partner makes you feel pressure into doing things you may not want to do	0	1
Your partner wants to do what he/she likes while you can say no if you disagree	1	0
Q 6: Which of the following CAN be found in an UNHEALTHY intimate relationship?		
Your partner wants you to do sexual favour because he or she buys you a gift	1	0
You have the right to stop a sexual activity at any time, even if you consent to it earlier	0	1
Your partner requests you to share the passwords of your phone even though you are uncomfortable with it	1	0
Your partner tries to make all the decisions and wants you to do it with him/her together	1	0
Your partner listens to your ideas and is able to compromise with your decision	0	1
Total score	12	8

Q8 to Q9

Answer options to question	TICKED (score)	UNTICKED (score)
Q 8: Which of the following are the warning signs in an abusive relationship?		
Your partner wants to follow you everywhere online and offline	1	0

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Your partner makes you feel small in front of his/her friends	1	0
Your partner requires you to take responsibility for his or her feelings	1	0
Your partner asks you to stay in a relationship by saying "if you leave me, I will kill myself"	1	0

Q 9: Which steps can you take to increase safety if you are in an abusive relationship?

Talk to a trustworthy adult (e.g. parents, teachers or counsellors)	1	0
Be obedient to abuser's words	0	1
Call the police	1	0
Argue and fight against abusers	0	1
Creating a dating safety plan	1	0
Total score	**7**	**2**

APPENDIX 20 SYSTEMATIC REVIEW SEARCH PROCESS

The PICOS Framework and Search Term

Searched Databases

Cochrane Database of Systematic Reviews, the Campbell Collaboration, Education Resources Information Centre (ERIC), PsycINFO, Criminal Justice Abstract, British Education Index (BEI), and Scopus. A manual search journals and grey literature.

An Example of Search Terms Used in ERIC

	ERIC-search terms	**Results**
#S1	"young people" OR adolescent* OR Juvenil* OR teen* OR youth* OR "young person"	146,472
#S2	Intervent* OR prevent* OR educat* OR curriculum OR evaluat* OR assess* OR program* OR campaign* OR project OR teach* OR train*	1,617,700
#S3	"middle school*" OR "high school*" OR college OR "secondary education" OR "secondary school*" OR classroom OR educat* OR school* OR school-based	1,515,045
#S4	improv* OR increas* OR enhanc* OR promot* OR reduc* OR decreas* OR prevent* OR mitigat* OR chang* OR effective* OR accept*	849,445
#S5	attitud* OR percept* OR opinion* OR belief* OR thought* OR aware* OR knowledge OR understand* OR behav?r* OR "help seeking" OR help-seeking	662,452
#S6	#S4 AND #S5	356,617
#S7	("intimate partner*" OR intimate OR partner*) OR (emotional OR psycholog* OR physical OR online OR cyber OR control*) OR (spouses OR marri* OR marital OR couples OR cohabitant) OR dating OR relation* OR (perpetrator OR abuser OR offender) OR victim* OR bystander OR (gender OR sex OR male OR female OR man OR woman OR boy OR girl) OR (domestic OR house OR home OR family)	1,110,283
#S8	violen* OR abus* OR aggress* OR harassment OR batter* OR assault OR (harm or harmful) OR crim* OR exploit* OR coerci*	79,965
#S9	#S7 AND #S8	64,669
#S10	#S6 AND #S9	15,345
#S11	#S1 AND #S2 AND #S3 AND #S10	3,724
#S12	"systematic review*" OR review* OR "review of literature" OR "literature review*" OR meta-analys* OR analys* OR meta-synthes* OR synthes*	600,865

#S13	#S11 AND #S12	1,364
#S14	Limiters - Date Published: 20000101-20201231	983

The Eligibility Criteria

Criteria	Inclusion	Exclusion
1	Paper published in English language	Paper published not in English language
2	Paper published between 2000 to September 2020	Paper published before the year of 2000
3	Study aims at adolescents aged from 11 to 19 years old	Study aims at children and young people under 11 years old or over 19 years old
4	Study has an analysis on both intimate relationship as well as addressing violence	Study focuses on addressing violence without discussing intimate partner relationship. e.g. children maltreatment
5	Study evaluates intervention, prevention program or curriculum development in educational field or within educational institution	Study does not include any intervention e.g. research about risk factors or causations of IPV

Or

Study includes intervention but not within educational institution, e.g., treatment for sexual offenders or screening programs |
| 6 | Systematic reviews are included if they specify a search strategy in at least one literature database and include primary research | Studies do not have a defined research question, search strategy or defined process of selecting articles |