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Jacquelyn Argueta

Grace Postlewate

Marisela Sierra

Rim Solomon

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Sensitive Content

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Overview

During the Fall semester of 2023, our Health Communication class was tasked with designing a health campaign for the Relational Violence and Sexual Assault Prevention (RVSP) program on the University of Texas at Arlington's (UTA) campus. The maintained demographic of our team's desired target audience consisted of minority women. Our original plan for a health campaign included creating a resource for survivors of domestic violence (DV) and sexual assault (SA). However, after surveying attendees of RVSP's Empower Hour, we shifted our focus to also providing resources for support systems of DV survivors, as well as the survivors themselves.

There were limitations presented during survey distribution, which led to non-probability sampling and potential bias in our response set. Our team looked to audience considerations, such as attitudes and theoretical foundations, to make the focal shift of who the resource would be for. While looking at survey responses, it was discovered our resource would be more effective if it also included information for survivors' support systems.

We created a content piece for RVSP's social media page and a Linktree. Our persuasive strategy is based on measured and theoretical ties to what would appeal to our target audience. Our team went through several content design edits, with feedback considerations from Dr. Grace Brannon, to create content that is unbiased, navigable, and welcoming to all survivors.

Target Audience and Sampling

The desire to focus on a resource for minority women and their support systems is rooted in acknowledging research where it has been discovered minority women are more likely to have their situations of domestic violence minimized, stigmatized, and overlooked (Hulley et al., 2022). Stockman et al. indicate that "ethnic minority women [have] higher rates of depression, post-traumatic stress disorder (PTSD), low self-esteem, and suicidality" in situations of Intimate Partner Violence (IPV), especially in similar circumstances measured to white women (2015). Due to this negative trend discussed at length in our Field Research Project, we wanted our resource to be easy to use for both survivors and their support systems.

A limitation we faced in sampling included time and resource restrictions. When surveying our audience at RVSP's Empower Hour, we needed to resort to a convenient non-probability method. A better recommendation for future surveys like this might include stratified probability sampling, where representative demographics are equally represented and elected in a random order, compared to simply walking up to anyone we saw, without a pattern, and asking them to take our survey. Our participants were chosen due to accessibility and were not chosen to represent an accurate strata of the population's demographics.

The main criteria of the project were to create the resource within the time frame of 9 weeks, with our team being created on September 27, 2023, to complete work for final submission on December 5, 2023. Due to this limitation, our group was unable to gather a greater, more accurate sample of the student population. The research/surveying we conducted also faced the limitation of not being supported by UTA's infrastructural designs, such as the Institutional Review Board (IRB), limiting the pathways of distribution.

We physically sought respondents by presenting the questionnaire to them via QR codes. This method may have also caused a participant bias and could have positively skewed our data towards social desirability. Further, our team handed out candy to incentivize response rates, due to limitations in collecting a sizable response, which potentially skews data further.

Many survivors of DV are diagnosed with PTSD after escaping their abuser (Thompson, 2018). Without institutions, such as IRB, we were limited to verbally expressing warnings and using an introduction page on our survey to warn respondents of its potential to trigger negative emotions and thoughts.

Finally, our surveying was limited in its assumption that respondents knew what DV is. We created our questions with an unconscious bias that respondents knew how to identify abusive situations for themselves. Future considerations include adding dimensional questions to our survey to gauge knowledge of what DV and SA constitute. This consideration could help gather accurate data from UTA students to craft a more specific and appealing message.

Theoretical Foundation

After identifying our target audience and learning about the attitudes of the audience via surveying at Empower Hour, we took the first work day to review the results. In review, we found over 70% of participants know someone who is a survivor of domestic violence, while only 30% of participants faced domestic violence themselves. The smallest metrical standard deviation in our data set (4.6) relates to believing there is a negative stigma associated with reaching out for help. We derived that there were more even quantities of responses spread across a scale of *Strongly Agree* to *Strongly Disagree*.

It was learned through supporting sources during our field research assignment that "ethnic minorities [have] higher rates of depression, post-traumatic stress disorder (PTSD), low self-esteem, and suicidality" (Stockman et al., 2015). To better understand the source we wanted to create, it may be useful to look at the source through the lens of theoretical foundations surrounding the resource with the gathered consideration of stigma hindering outreach.

The dialectic of internal and external loci, combined with the health images we see portrayed and cultivated in media, could describe barriers in discussing the topic of abuse and relational violence. According to Pré and Overton, the internal locus of control is most popular in North America (2020, p. 161). Internal locus of control includes orientations of frustration with failure and reluctance to ask for help (Pré & Overton, 2020, p. 161). Further, Pré and Overton posit that in a situation of health management, the orientation limits one in a dangerous health situation because "people who believe they control their fate … believe they are responsible for what happens" (Pré & Overton, 2020, p. 161). Because of the responsibility North Americans may feel they have to protect themselves and their health, the stigma of seeking support is enhanced and explained.

Types of media one consumes can also codify how we believe about certain topics and the ways culture is perceived. Cultivation theory operates on the principle that media's influence is not uniform or automatic, according to Gerbner and colleagues (1994). Three factors contribute to moments when cultivation is most profound, which includes the following: "a. media images are highly consistent, b. people are exposed to large amounts of media, and c. people have a limited basis for evaluating what they see and hear" (Gerbner et al., 1994).

Compared to the rest of the world, America specifically "consume[s] more media than most", with "an average of 11 hours and 27 minutes every day" for the typical adult (Pré & Overton, 2020, p. 239). The Cultivation Theory's criteria of consuming media in both highconsistency and large amounts are easily satisfied, with room for a limited basis for evaluation to be determined. In a world of social media, the basis for knowledge about a topic surely varies individually.

Sex and violence are pervasive themes in the media violence is the focus of study for cultivation theory enthusiasts. Through the years, numerous studies have been conducted to analyze the impacts of violent media on human behavior. According to Pré & Overton, despite differing results on behavior, "researchers agree that there is an association between violence in the media and violence in real life" (2020, p. 260). Our media also rarely depicts safe sexual practices, which include wearing condoms and consent, with one study revealing that "1 out of every 200 sexual references in popular media mentioned safe sex" (Pré & Overton, 2020, p. 259). With the heavy consumption of media and a heavy manifestation of unsafe and violent depictions of relationships in media, one can easily conclude efficacy in seeking secure options to leave violent situations may be low. Moreover, minority women are more often likely to be objectified and dehumanized in the media than white women (Pré & Overton, 2020, p. 259).

Factors of self-responsibility, combined with continuous exposure to desensitizing media, can lead to perpetual discouragement of seeking help or reaching out to support systems. According to the Theory of Reasoned Action (TRA), "we make decisions and deliberate choices based on two primary considerations: (1) how strongly we believe a behavior will lead to positive outcomes, and (2) the perceived social implications of performing that behavior" (Pré & Overton, 2020, p. 322). Therefore, if we are to form our beliefs on cultivated media, and that cultivated media depicts violence and unsafe sex, particularly in disproportionate images for minority women, then one may not believe there is a positive outcome in coming forward, and the criteria is not met. Further, if the perceived social implications are derived from cultivated media, and cultivated media trivializes sexual violence, then the criteria of TRA are also not met. These are the conditions we considered in crafting content. As a result, we turned to a pathway an individual could take privately, to minimize social implications, for coming forward.

Persuasive Strategies and Campaign Creation

As mentioned in Target Audience and Sampling, above, a survivor of DV is more likely to express symptoms of depression, and the likelihood of such expression is heightened when the person is a minority (Stockman et al., 2015). While TRA does not satisfy audience conditions, perhaps the Elaboration Likelihood Model (ELM) might. In the ELM, "people are more likely to pay closer attention when using high-involvement channels, such as reading and talking" (Pré & Overton, 2020, p. 313). Though we acknowledge a digital divide, it was decided early on it would be inappropriate to assume minority groups on campus would be affected by such a divide because (a) students on campus are paying for school somehow and (b). it is now nearly impossible to achieve an academic semester without technological competence. Through ELM, we operated through principles of tailored messaging by soliciting input and looking towards "cultural values, beliefs, attitudes and behaviors to contextualize health messages" (Pré & Overton, 2020, p. 314). We looked towards peripheral considerations for what materials would appeal to our target audience. A flaw in our design might include a lack of material language translation.

A piece of peripheral consideration for students includes navigational ease. Our team created a Linktree due to its popularity on social media among young users and its ability to put multiple sources in one hub. Linktree is a fully customizable website that allows for the organization of topics with section headers and provides engagement analytics. Because DV feels different in every case, we wanted to be inclusive with the information offered. We looked towards including relevant RVSP materials, hotlines, and contact pathways (and what to expect when using such pathways), so the material was multifaceted and durable through time.

A QR code is an easy shortcut for sharing links and piques the curiosity in people. Creating curiosity is an important factor in persuading an audience to pay closer attention to what one is asking of them. We utilized QR codes consistently for the duration of this project for distributing our survey to respondents. We also created a QR code on our content piece that guides audiences to our Linktree. The strategy of embedding the QR code in our carousel post comes from its success in gathering high response and viewing rates during surveying at Empower Hour. The survey's analytics demonstrate a total of 108 individuals scanned the code, 53 individuals responded, and 46 participants completed the survey with an 87% completion rate.

Because we discovered that 70% of our respondents knew of someone who experienced DV, we believed survivors needed to be well informed in understanding how they could help before making failed attempts that may do more harm than good. We pulled resources from the National Domestic Violence Hotline website that discussed power and control, why people stay, and ways to support them. We felt these resources were particularly relevant to the attitudes learned in our survey. We also pulled sources from the Washington State Department of Social and Health Services for definitions and signs of abuse to look out for as a support person. After collecting these resources, we reached out to Dr. Brannon for feedback, and received accolades for "finding reputable sources and integrating them." Our team's Linktree can be found at the following website: https://linktr.ee/safe-homes23

Originally, the carousel post draft we submitted as a check-point throughout the duration of our project had a light purple background because we believed it to be soft and inviting. Dr. Brannon recommended we "use teal [Sexual Assault Awareness Month] colors instead" because the light shade of purple was irrelevant to our cause. We also added faces to the carousel post of Dawn Burch, Confidential Student Advocate for RVSP, and Kendra Zellen, Assistant Director of Student Advocacy Services, to make the post more personable and familiar. In soliciting feedback from Dawn Burch, she also stated we had "amazing work on [our] graphics."

Acknowledgements

Appendix A: Survey Analytics

Have you experienced a domestic violence situation?
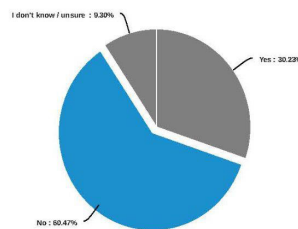
Answer	Count	Percent	20%	40%	60%	80%	100%
Yes	13	30.23%					
No	26	60.47%					
I don't know / unsure	4	9.3%					
Total	43	100 %					

Do you know anyone who has survived domestic violence?
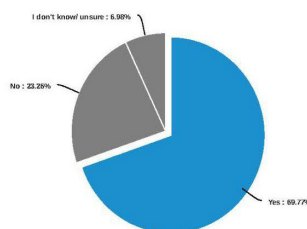
Answer	Count	Percent	20%	40%	60%	80%	100%
Yes	30	69.77%					
No	10	23.26%					
I don't know/ unsure	3	6.98%					
Total	43	100 %					

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