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PROMOTING COURAGE: AN EVALUATION OF HARBOR HOUSE OF CENTRAL FLORIDA'S DOMESTIC VIOLENCE PRIMARY PREVENTION INITIATIVE *PROJECT COURAGE*

by

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M.S. University of Central Florida, 2007

A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in the Department of Sociology
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Major Professor: Jana L. Jasinski

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ABSTRACT

While the old adage of "it takes a village…" is often stated in reference to raising children, this statement is also extremely applicable in combating social problems such as intimate partner abuse (IPA). All too often society members turn a "blind eye" to abuse occurring within our homes between intimate partners. Although recent research has shown improvement in attitudes condemning IPA, other research has identified that many individuals continue to perceive IPA as largely a private problem (Bethke & DeJoy, 1993; Straus, Kaufman Kantor, & Moore, 1997). This commonplace belief stands in stark contrast to the vast amount of research that shows IPA is anything *but* a private problem. In order to halt these occurrences, various intervention programs have been implemented (i.e. batterer intervention programs, mandatory arrest policies, etc.). However, less effort has gone into creating programs to *prevent* abuse in the first place (Harvey, Garcia-Moreno, & Butchart, 2007). In order to fulfill this need, Harbor House of Central Florida (Orlando, FL) created one notable primary prevention initiative referred to as Project Courage. Launched in 2010, Project Courage staff flooded an Orlando neighborhood (Pine Castle, FL) with IPA services. The following evaluation details Project Courage's successes, challenges, and provides recommendations for the future. The data used in this evaluation were made available by Harbor House of Central Florida, and have been used with permission from the agency and from the University of Central Florida's Institutional Review Board. Data from Project Courage were originally collected by the agency's Prevention Department. First-year funding for the project was provided by the 100 Women Strong giving circle located in Orlando, Florida. The collector(s) of the original data, the funder(s), and their agents or employees bear no responsibility for the analyses or interpretations presented here.

This dissertation is dedicated to the survivors of intimate partner abuse and their families.

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I would like to thank my family for their support. I would especially like to thank my parents (Jeff and Margherita), sister (Vicki), brother (Anthony), my wonderful godparents (Vito and Lilly), and many aunts and uncles. In addition, I would like to acknowledge the support from my wonderful in-laws (James Sr., Janice, James Jr., Sarah, Jennie, and Kent). Last but not least, I want to acknowledge my goddaughter. My wish for Sabine is for her to grow up in a safer world than what it is today.

Behind every successful graduate student there are faculty members that made the achievements possible. As a result, I extend the deepest gratitude to those that have assisted me through the years, but especially to Dr. Jana Jasinski. At the close of my graduate career at UCF, words cannot express how much I have benefited from her tutelage. She is not only my advisor, but is (and will always remain) a role-model. I would also like to thank my doctoral committee: Dr. Eileen Abel, Dr. Amy Reckdenwald, and Dr. James Wright. Finally, I would be remiss if I failed to mention appreciation for Dr. John Schultz's candid advice that I frequently solicited.

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LIST OF ACRONYMS

Domestic Abuse (DA)

Dating Violence (DV)

Hurt, Insulted, Threatened with Harm, and Screamed Assessment (HITS)

Intimate Partner Abuse (IPA)

Leaders of Courage (LOC)

Orlando Regional Medical Center (ORMC)

Recognize, Respond, and Refer Training (RRR)

CHAPTER ONE: INTRODUCTION

In 2009, Rihanna and Chris Brown, two famous music artists, were making headlines for something other than their music. In an event that shocked their fans and the entertainment industry, Chris Brown violently beat his girlfriend. After the incident, Rihanna gave several poignant interviews about her experiences with intimate partner abuse (IPA), in which she said the following:

> Domestic violence is a big secret. No kid goes around and lets people know their parents fight. Teenage girls cannot tell their parents that their boyfriend beat them up. You do not dare let your neighbor know that you fight. It is one of the things we [women] will hide (Michaels, 2009).

Rihanna's statement supports numerous research studies that indicate IPA remains a persistent *global* social problem (Dulmus, Ely, & Wodarski, 2004; El-Mouelhy, 2004; Harvey et al., 2007; Michau, 2007). Findings from the National Violence against Women (NVAW) survey indicate that 1.5 million women and approximately 835,000 men are raped and/or physically assaulted by an intimate partner annually in the United States (Tjaden & Thoennes, 2000). More recent data emphasize the unrelenting persistence of this social problem as findings from the National Intimate Partner and Sexual Violence Survey (NISVS) indicate that approximately one in three women (and one in four men) have experienced a form of IPA in their lifetime (e.g. rape, physical violence, and/or stalking; Black, Basile, Breiding, Smith, Walters, Merrick, Chen, et al. 2011). Unfortunately, these research findings mirror those found internationally (Dulmus et al., 2004; El-Mouelhy, 2004).

According to Corso (2009), IPA results in substantial *social* costs in addition to direct consequences suffered by victims, such as the following: increased criminal justice system costs,

increased medical costs, and loss of productivity days to employers. The aforementioned not only affects victims, but abusers and children exposed to violence as well (Corso, 2009). Indeed, research has found that witnessing IPA has lasting consequences for the physical and psychological well-being of children (Hamby, Finkelhor, Turner, & Ormrod, 2011; Miller, Howell, & Graham-Berman, 2011) and may result in exposed children "repeating the cycle" in their own relationships or towards parents later in life (Coogan, 2011; Kaufman Kantor & Jasinski, 1998). Moreover, research has found that violence affects communities through the following: (increasing…) alienation among residents, risk of physical harm, and stigmatization (Bowen, Gwiasda, & Brown, 2004). Because of the aforementioned impacts, intervention programs have attempted to address IPA. However, intervention programs typically only focus on changing violent individuals post-abuse rather than addressing all the complexities leading to the violence upfront (Hamby, 1998; Harvey et al., 2007). Therefore, IPA is likely to continue unless substantial efforts to prevent occurrences from the start take place (Smithey & Straus, 2004).

One such primary prevention program recently launched by Harbor House of Central Florida (Orlando, FL) in May 2010 - referred to as Project Courage – may fulfill this need. Modeled after similar programs utilized in health care outreach (i.e. *Promotoras*), Project Courage staff members flooded residents of Pine Castle, FL (in Orlando, FL) with IPA information. Specifically, Project Courage staff trained "partners" on how to recognize IPA, respond to occurrences with sensitivity, and have the necessary information to refer victims (referred to as "Triple R" training). Utilizing the socio-ecological model (see Bronfenbrenner, 1979) as a theoretical framework, Project Courage staff members have reached out to everyone exposed to Pine Castle residents (business owners, community members, educators, first

responders, medical personnel, and religious leaders) to spread awareness about IPA. Following the year anniversary of the program's deployment, agency leaders requested an evaluation of Project Courage's impact on Pine Castle (FL). However, before describing the evaluation process, the following provides a brief overview of IPA and the effects of IPA on society.

CHAPTER TWO: INTIMATE PARTNER ABUSE

Definition and Scope of the Problem

Intimate partner abuse (IPA) continues to be a *global* social problem (Dulmus et al., 2004; El-Mouelhy, 2004; Harvey, 2007). One quarter of women have reported being victims of IPA at some point in their lifetime (Saltzman & Houry, 2009); in contrast to men, women are also at greater risk of being beaten, killed, raped, or stalked by an intimate partner compared to an unknown person (Mahoney, Williams, & West, 2001; Tjaden & Thoennes, 2000). In considering types of abuse, research has long identified the following as forms of abuse: physical, emotional, and sexual (El-Mouelhy, 2004; Nicolaidis & Paranjape, 2009; Saltzman & Houry, 2009). However, several other forms of abuse have recently gained attention in the literature (e.g. abuse by employment (Bowlus & Seitz, 2006), cyberstalking (Department of Justice, 2001), economic abuse (Corso, 2009)). In addition, marginalized victims may experience additional forms of violence depending on where they are socially situated (i.e. (abuse using…) victim's immigration status, sexual orientation, and race/ethnicity background; Kelly, Lesser, Peralez-Dieckmann, & Castilla, 2007; Mahoney et al., 2001; West, 1998a, 1998b). Despite the social position of each particular victim, IPA has devastating consequences for *all* (victims and society).

In order to illustrate the sheer magnitude of harm caused by IPA, Kelly et al. (2007) compared the number of injuries stemming from interpersonal violence to other causes of injury/death among women in Chicago during 1995, "...the city of Chicago counted 1,773 cases of breast cancer, 257 cases of cervical cancer, and 271 cases of AIDS in women in 1995. In that same year, there were 36,628 reported cases of domestic violence…" (p.242). Specifically, victims of IPA have reported the following: bruises, fatigue, heightened risk for sexually

transmitted diseases, loss of teeth, physical/psychological illness, shortened life expectancy, tumors, and unwanted pregnancies (Dulmus et al., 2004). Other research has also identified that experiencing IPA is correlated with alcoholism, poor health, repeat injury, and smoking (Mahoney et al., 2001). Regarding psychological impacts, victims of IPA have reported experiencing the following: anger, anxiety, depression, dissociation, lowered self-esteem, nightmares, PTSD, sexual problems, and shame (Giles-Sims, 1998). Aside from the impacts to individual victims, IPA also has *social* consequences.

IPA impacts work environments in various ways. Studies have found that IPA costs associated with lost work range from five billion to ten billion in the United States (Mahoney et al., 2001). Moreover, employers face additional risk liability as abusers typically know where victims work (Lindquist, Clinton-Sherrod, Pollack, Lasater, & Hardison Walters, 2010; Park, 2003). Therefore, not only does IPA pose a physical security threat to victims, but unrelated employees as well (Lindquist et al., 2010). Aside from costs associated with lost work and additional risk, employers may experience "hidden" costs of IPA as well. Hidden costs can be any of the following: (victim's…) emotional volatility, excessive absenteeism/tardiness, frequent illness, substance abuse, and turnover costs to fill unexpectedly vacated positions (Crowne, Juon, Ensminger, & Burrell, 2010; Johnson & Gardner, 1999; Lindquist et al., 2010; Swanberg & Logan, 2005).

In addition to costs affecting work environments, research has identified the following as additional social costs incurred because of IPA: increased cycling on/off welfare and increased risk for homelessness (Danziger & Seefeldt, 2002; Lindhorst et al., 2007; Lloyd, 1997; Lloyd & Taluc, 1995). Despite advocacy efforts to raise awareness about IPA, most agree that the actual prevalence of the problem remains vastly underreported (Mitchell & Vanya, 2009). One cause of

underreporting – and goal of any primary prevention program to overcome – is combatting the historical context in which IPA was (and arguably still is) considered a largely private problem.

Historical Considerations

Since the inception of the battered women's movement, activists have tried to re-frame IPA from an apolitical individual problem to a pervasive social problem (Lehrner & Allen, 2008). However, efforts have been hampered by largely held beliefs equating "family" (typically controlled by "fathers") with love and sanctity that began during the industrialization era and continues to this day (Garcia & McManimon, 2011; Mitchell & Vanya, 2009). The aforementioned belief persists despite research studies that have repeatedly found that the family home is more dangerous than violent streets for women (Mahoney et al., 2001; Mitchell & Vanya, 2009). As a result of these largely held beliefs and persisting cultural pressures, violent families are encouraged to maintain the appearance of a loving unit at the "front stage" (i.e. or the outsider's perception) and keep IPA hidden "backstage" (Kelly et al., 2007; Mitchell & Vanya, 2009).

Due to the resistance of laypersons to acknowledge conflict within the family, many victims hide abuse or refuse to label abusive actions as such to avoid the "social stigma" attached to IPA (Garcia & McManimon, 2011; Mitchell & Vanya, 2009). In addition to the stigma associated with IPA, victims may hesitate in seeking assistance due to the risk of re-victimization by society through "victim-blaming" attitudes that attribute responsibility for abuse to victims instead of abusers (Garcia & McManimon, 2011; Mitchell & Vanya, 2009). Indeed, despite advancements in thinking, relatively recent research has found the aforementioned cultural pressure and victim-blaming attitudes continue today (see Garcia & McManimon, 2011; Nabors, Dietz, & Jasinski, 2006; Worden & Carlson, 2005). As a result, an overall goal of any primary

prevention program is not only to change the environment in which the problem is occurring, but also to encourage social change through education (Smithey & Straus, 2004). In order to achieve this widespread social change, many primary prevention programs use the social-ecological framework developed by Bronfenbrenner (1979) that accounts for all "levels" of society affecting social problems.

CHAPTER THREE: SOCIO-ECOLOGICAL MODEL

The previous discussion illustrates how intimate partner abuse (IPA) affects individuals *and* society thereby demonstrating the importance of preventing occurrences before onset. However, to achieve a complete eradication of violence, each member of society has a role to fulfill. As expressed through the socio-ecological perspective, humans are constantly developing through everyday interactions with others and surrounding environments (Bronfenbrenner, 1979). As a result, each new interaction provides the opportunity to promote messages of non-violence and contribute to IPA prevention.

The original conceptualization of the social-ecology theory is traced back to Bronfenbrenner (1979; Lounsbury & Mitchell, 2009). As Bronfenbrenner (1979) theorized, individuals are constantly acting upon and being shaped by their surrounding environments (comprised of the microsystem (e.g. home of individual), mesosystem (e.g. interaction of two microsystems), exosystem (e.g. external environment; workplace), and macrosystem (e.g. larger culture; Lounsbury & Mitchell, 2009). Therefore, to study social behavior, Bronfenbrenner (1979) argued that "persons in environment" (PIE) must always be taken into account rather than simply relying on experiments conducted in laboratories. Indeed, since its conceptualization, the social-ecological perspective has been used to explain IPA (see White & Kowalski, 1998), sexual revictimization (see Grauerholz, 2000), the effects of sexual assault on women's mental health (see Campbell, Dworkin, & Cabral, 2009), and is a prevention model used by the Centers for Disease Control and World Health Organization.

Scholars have applied the social-ecological perspective to IPA in order to provide a theoretical understanding of the multitude of complexities contributing to this social problem. According to Mitchell and Vanya (2009), the socio-ecological perspective frames IPA risk

factors as follows: individual (or microsystem; e.g. witnessing marital violence, stimulant use, etc.), family/primary (or mesosystem; e.g. male dominance, economic dependence on men, etc.), community (or exosystem; e.g. lower socioeconomic status, isolation, etc.), and society (or macrosystem; e.g. laws describing wives as property, cultural norms supporting violence, etc.). By identifying risk factors found at each level, the socio-ecological framework assists advocates in creating holistic primary prevention programs (Harvey et al., 2007). Moreover, by demonstrating how IPA comprises a variety of factors (individual and macro), commonsense myths regarding IPA (i.e. that it is a problem resulting from issues at the individual level) are challenged (Harvey et al., 2007).

Scholars have advocated that the best primary prevention programs are those grounded in scientific theories of how problems develop and persist (Harvey et al., 2007). Therefore, by understanding - through the socio-ecological perspective - how IPA develops, advocates can create effective prevention strategies. For example, primary prevention at the individual level - using the socio ecological perspective - may entail education and job training (Mitchell & Vanya, 2009). At the family level, mentoring programs for children may be instituted (Mitchell & Vanya, 2009). The aforementioned may than be coupled with public education and training seminars on IPA risk and consequences at the community level (Mitchell & Vanya, 2009). Finally, challenging risk factors at the societal level may entail promoting media messages that advocate for equality among all people regardless of race, gender, ethnicity, etc. (Mitchell & Vanya, 2009). Ultimately, by combatting IPA risk factors found at all the previously noted levels, a complete eradication of violence should take place. Unfortunately, most current prevention and intervention programs utilize a more specific focus in combatting IPA, which has limited results.

CHAPTER FOUR: PREVENTION VERSUS INTERVENTION

Although many use the terms "prevention" and "intervention" interchangeably, the two have very important distinctions. Prevention encompasses three separate types: primary prevention, secondary prevention, and tertiary prevention (Hamby, 1998; Howe & Alpert, 2009). Overall, prevention defines *proactive* actions taken to prevent violence before it occurs (Harvey et al., 2007; Michau, 2007; Whitaker et al., 2006), typically accomplished by a concurrent change in environment, and increased education (Hamby, 1998; Howe & Alpert, 2009; Smithey & Straus, 2004). In contrast, intervention defines *reactive* response efforts to violence that has already occurred (Hamby, 1998; Howe & Alpert, 2009). While much work has gone into developing intervention policies/programs (e.g. mandatory arrest, batterer treatment programs, etc.), some believe that these intervention efforts could not sustain the actual amount of violence occurring within homes if all intimate partner abuse (IPA) was reported (Smithey & Straus, 2004).

Some scholars estimate intervention occurs in less than one percent of marital assaults within the United States (Smithey & Straus, 2004). Therefore, if the remaining ninety-nine percent of cases entered the system, intervention programs would be quickly overwhelmed (Smithey & Straus, 2004). As a result, these scholars emphasize developing sustainable prevention programs instead of focusing on intervention (Smithey & Straus, 2004). Specifically, primary prevention programs (or education and similarly focused programs) are needed in communities to prevent violence before it occurs (Hamby, 1998). Secondary prevention, or targeted resource distribution to "at risk" individuals (e.g. safety planning services, risk reduction tactics, self-defense courses), is also vastly important for curbing violence before events happen but does not have the same level of effectiveness as primary prevention (Hamby, 1998; Harvey

et al., 2007). Finally, tertiary prevention, or focusing on individuals experiencing problems (e.g. working with known perpetrators to stop violence), can assist in curbing the propensity to engage in further violence but is akin to a *reactive* form of addressing violence (Hamby, 1998; Harvey et al., 2007).

While all forms of prevention are important, only primary prevention entails fostering the increased education and resistance to cultural norms accepting of violence between intimates that is necessary for broad social change to occur. Unfortunately, the quantity of primary prevention programs compared to secondary or tertiary programs remains substantially unbalanced (Harvey et al., 2007; Michau, 2007). In a review by Bowen and colleagues (2004), most anti-violence programs were engaged in secondary or tertiary prevention that focused on the individual level rather than a broader audience (Bowen, Gwiasda, & Brown, 2004). As a result, insufficient attention to community and societal factors contributing to IPA occurred, which compromised the overall effectiveness of the programs (Bowen et al., 2004). The current lack of primary prevention programs is somewhat surprising given the growing body of literature that has found broader engagement among community members (i.e. business leaders, educators, faith institutions, residents, youth, etc.) greatly impacts overall prevention/intervention efforts (see Bowen et al., 2004; Fortune, 2001; Hamby, 1998; O'Brien, 2001; Zeldin, 2004). Indeed, although not strictly primary prevention in focus, a type of program that has readily demonstrated the importance of community in addressing social problems is the coordinated community action model.

The coordinated community action model developed initially from the work of advocates in combatting IPA from a holistic perspective (Hamby, 1998). Meaning, advocates reached out to the following agencies/individuals - that were all impacted by IPA - to assist in combatting

occurrences, such as: clergy, community residents, criminal justice agencies, educators, employers, other social services agencies/programs (i.e. batterer intervention programs, surrounding shelters), and the media to coordinate anti-violence efforts (Hamby, 1998). By coordinating intervention efforts and building collaborations, the coordinated community action model addressed IPA from a systemic level rather than an individual level, which is very similar in focus to Project Courage's design and composition. Although relatively few evaluations exist on coordinated community action models, Hamby (1998) reports several available evaluations have produced positive results indicating the viability of these programs. Due to the similarity between the coordinated community action model and Project Courage, a discussion of each component typically found within this model and its importance follows this section.

The Role of "Community" in Prevention: Collaborating with Business Owners

The role of businesses in preventing violence is vital for several reasons. First, aside from home life, victims spend considerable time at work. As a result, victims bring problems occurring at home to their place of employment. For example, according to a recent report by the Centers for Disease Control and Prevention (2003), IPA costs to employers exceeded $8.3 billion, of which included $1.2 billion resulting from fatalities. Moreover, an estimated 13,000 acts of violence take place annually at workplaces (Swanberg & Logan, 2005), obviously placing victims at risk but fellow employees as well. Unfortunately, instead of attempting to assist victims, research has found that employers sometimes react to violent events by issuing poor evaluations or engaging in other behaviors to justify terminating employment of victims (Park, 2003). However, the aforementioned practice only further isolates victims and results in additional *social* costs to society as a whole.

Researchers have found that when employees disclose abuse to employers in a supportive environment, both can benefit. According to Swanberg and Logan (2005), employees that disclosed IPA to employers in a supportive environment were very grateful and became progressively loyal. Moreover, victims with employer support also had increased motivation to excel at work, which ultimately benefited the employer (Swanberg & Logan, 2005). Unfortunately, researchers have also identified that many employers remain unaware of the impact IPA has on the workplace or are unaware of how to assist victims appropriately (Lindquist et al., 2010).

According to research by Lindquist et al. (2010), established employee assistance programs (EAPs) were limited in service delivery, because employers were largely unaware of the impacts of IPA in the workplace. Moreover, employers expressed feelings of discomfort in addressing IPA, lacked company policies regarding perpetration/experiencing violence, and were lacking in time devoted to meaningful prevention of IPA (Lindquist et al., 2010). The overall lack of knowledge in addressing IPA in the workplace is unfortunate, because researchers have found that employers' responses to IPA affects not only victims, but perpetrators as well. For example, in an investigation on the relationship between different law enforcement responses and recidivism, arrest had a significant deterrent effect for employed abusers that was not present for unemployed offenders (Pate & Hamilton, 1992). In their discussion, the researchers suspected the deterrence really stemmed from informal sanctions implicit in employment status (Pate & Hamilton, 1992). Aside from changes within the workplace, employers have a role in fostering macro level change as well.

According to Smithey and Straus (2004), in order to prevent IPA, employers must also work towards elimination of all forms of gender inequity in the workplace that implicitly assign

less value to women compared to men. One of the most apparent forms of inequitable treatment by gender is the lack of economic equality between men and women (Smithey & Straus, 2004). However, another serious problem – which shares many commonalities with IPA – is sexual harassment in the workplace (Morgan, 2001). Indeed, although most employers and educational institutions have sexual harassment policies, many women (and some men) continue to experience incidents at work (Morgan, 2001).

As defined by the Equal Employment Opportunity Commission (EEOC), sexual harassment entails any uninvited sexual attention that becomes either explicitly or implicitly part of one's work - often resulting in a hostile working environment (Morgan, 2001). While a small percentage of men experience sexual harassment, women are typically victims with males representing the majority of offenders (Morgan, 2001). Although sexual harassment describes an unwanted interaction between two non-domestic individuals, the failure of employers to address occurrences impacts prevention efforts targeted at IPA. For example, every time employers permit sexual harassment in the workplace, they allow gender inequality to persist by supporting male privilege over the needs of females (Morgan, 2001). As a result, by supporting male privilege and attributing less value to women through failure to address sexual harassment, employers may (inadvertently so) continue cultural norms supporting gender inequality (see Garcia & McManimon, 2011; Ylló & Bograd, 1988). In addition to the importance of employers, community members are equally critical in preventing IPA.

The Role of "Community" in Prevention: Raising Community Members' Consciousness

In order to encourage the social change necessary to achieve primary prevention of IPA, community mobilization must occur (Michau, 2007; Harvey et al., 2007). According to Whitaker and colleagues, community responses to IPA have been essential in the prevention movement

(Whitaker, Hall, & Coker, 2009). However, most programs have focused on secondary or tertiary prevention levels rather than implementing primary prevention initiatives involving communities (Whitaker et al., 2009). Although, a growing body of research is providing increasing empirical support emphasizing the importance of communities in combating violence before onset (Bowen et al., 2004). One such program occurs in Ecuadorian communities where close friends or relatives (referred to as *compadres*) are identified to monitor newlywed couples over a period of time, which includes assistance with marital conflict (Smithey & Straus, 2004). In other programs, not only did community members become educated on IPA, but also went on to train fellow residents themselves (Kugel et al., 2009). In addition to the efforts of adults, a vital component to achieving sustainability of non-violent prevention efforts over time was involving the youth (Bowen et al., 20004).

According to Zeldin (2004), past research has consistently found that youth were less violent towards others when a strong sense of connectedness to school and family existed within the community. Moreover, other research on the impact of community connectedness has found that parents who perceived their neighborhoods as dangerous and disorganized were at increased risk for engaging in child maltreatment (Godenzi & De Puy, 2001). Aside from the impact on IPA prevalence, the role of community engagement has been vital in the primary prevention of HIV/AIDS (see Beeker, Guenther-Grey, & Raj, 1998) as well as sexual violence perpetration (see Banyard, Plante, & Moynihan, 2004). However, the one field that has achieved perhaps the greatest success with community engagement is the health services area in the utilization of the *promotoras de saludes* (translates to "health promoter") framework – hereafter referred to as promotoras.

Promotoras typically defines similarly situated (compared to target audience) community leaders that engage in advocacy on behalf of the larger community (Ingram, Sabo, Rothers, Wennerstorm, & de Zapien, 2008). According to Kelly et al. (2007), promotoras successfully engaged communities through programs targeting a variety of health problems, including but not limited to: access to primary care, maternal health, prenatal care, and tuberculosis. Due to their level of connection, Ingram et al. (2008) notes that promotoras have achieved great success in obtaining resources for communities, have served as vital members of prevention efforts, and have the potential to address larger structural issues to bring about wider social change. In fact, Ingram et al. (2008) notes that due to the success of "promotoras," the program is now widely recognized as a viable method to address broad inequalities. Overall, researchers have found that community-based approaches are perhaps most successful when residents take ownership of the problem at focus, which includes youth educators as well (Harvey et al., 2007).

The Role of "Community" in Prevention: Collaborating with Educators

According to Smithey and Straus (2004), education programs are vital components of primary prevention, because targeted youth learn non-violent conflict resolution and interpersonal skills necessary to stop the cycle of violence. Indeed, researchers have largely supported the relationship between exposure to violence and a higher likelihood of engagement in IPA – thereby necessitating youth involvement in primary prevention programs (Harvey et al., 2007). Therefore, educational components are essential to not only increase knowledge about IPA among teens, but to prevent youth from engaging in incidents later in life (Harvey et al., 2007; O'Brien, 2001).

Fostering non-violent attitudes in youth is vastly important; because scholars have identified dating violence as a risk factor for IPA as well as serious social problem on its own

(see Harned, 2001, 2002; Makepeace, 1981, 1986; O'Keefe, 1997; Riggs & O'Leary, 1996). Furthermore, research on violence prevention programs targeting youth has found that youth were less accepting of violence/abuse and were more knowledgeable regarding consequences stemming from violence/abuse at completion of programs (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995; Smithey & Straus, 2004). However, change is unlikely to occur unless social environments of youth also support non-violent behaviors (O'Brien, 2001). In reviewing the various forms of educational violence prevention programs, scholars have identified four different levels (Powell, Dahlberg, Friday, Mercy, Thorton, & Crawford, 1996), which is important to note for later discussions on Project Courage components.

The first and most commonly used level entails programming directed at students, such as teaching sessions (Powell et al., 1996). The second level involves parents and peers in the prevention process in order to reinforce non-violent messages inside the classroom (through peer group) and outside the classroom through parents (Powell et al., 1996). The third level of prevention requires working with social groups, such as neighborhoods, to promote non-violent behaviors inside school and in the surrounding community (Powell et al., 1996). Finally, the fourth level of prevention targets economic opportunities, firearm availability, media exposure, and similar policy/legislative matters in order to promote broader social change that will address violence in general (Powell et al., 1996). Unfortunately, despite several notable violence prevention programs, a dearth of evaluative information exists (Harvey et al., 2007; Powell et al., 1996).

Taking into account the wide range of topics falling within youth violence prevention programs, several important age distinctions are noted as school based anti-violence programs effects are greatest when the intervention is age appropriate (Harvey et al., 2007). In considering

elementary school programs, the overall approach remains targeting general interpersonal violence rather than DV or IPA (O'Brien, 2001). O'Brien (2001) notes that students in this young group are not old enough to fully comprehend IPA or DV, yet experience it and need strategies for coping with experiences. As students mature in middle school, program focus should target direct dating behavior (O'Brien, 2001). By the time students are in high school, violence prevention programs comprise of several key components, such as the following: group discussions, integrated curricula, and violence-awareness events (O'Brien, 2001). Moreover, in reaching out to high school students, violence prevention programs typically entail a partnership among various stakeholders (i.e. students, teachers, support staff, parents, administrators, survivors, and community agents; O'Brien, 2001). Overall, O'Brien (2001) emphasizes that school violence prevention initiatives are essential to primary prevention efforts, but that more evaluation is necessary to understand long-term impacts. Another service area that is critical to primary prevention efforts are those interacting with victims on a daily basis – first responders and the general medical community.

The Role of "Community" in Prevention: First Responders and the "First Line of Defense"

According to Smithey and Straus (2004), the medical community has advanced in awareness about IPA considerably over the last several decades. For example, IPA is now part of medical school curricula and the US Public Health Service frequently funds research of IPA (Smithey & Straus, 2004). Medical personnel and first responders are vastly important to IPA prevention as these individuals provide tertiary prevention responses *daily* to victims of IPA (i.e. crisis hotline, emergency room attendants, etc.; Howe & Alpert, 2009). Moreover, medical personnel are often the first individuals to meet abused persons in rural communities – further emphasizing the importance of their role in primary prevention programs (Hyman et al., 2000).

The before mentioned convergence of victim and medical personnel has the potential to play a significant role in violence prevention as an estimated ten percent of IPA victims seek medical treatment for injuries (Larkin & Parks, 2009). Moreover, researchers have found that an estimated seventeen percent of IPA victims seeking emergency assistance disclose abuse to personnel (Larkin & Parks, 2009). Finally, and perhaps most importantly, an estimated fifty percent of femicide victims had visited an emergency room within two years prior to their murder (Larkin & Parks, 2009). However, despite the potentiality to save lives as well as thousands of dollars in social costs through these interactions; researchers have found that an overwhelming majority of medical personnel decline asking about IPA in consultations (see Hyman et al., 2000; Moskovic et al., 2008; Rodriguez, Sheldon, Bauer, & Perez-Stable, 2001).

Scholars estimate only ten percent of physicians discuss IPA with patients, despite that many women reported favoring direct questioning (Rodriguez et al., 2001). Some scholars suggest this failure is due to a general lack of training among physicians on how to recognize, treat, and/or refer patients to IPA support services (Moskovic et al., 2008). This failure is unfortunate given that researchers have found that IPA victims would likely discuss their experiences if asked directly by physicians (Rodriguez et al., 2001). However, there is hope; relatively recent research has found that medical students did become more comfortable in responding to IPA after attending training on the topic (Moskovic et al., 2008). Regrettably, the lack of direct questioning by physicians is not the only barrier to disclosure.

In addition to the perception of physicians' discomfort with discussing IPA, researchers have found several additional barriers that have hindered women in disclosing IPA to medical personnel. Researchers have found that victims of IPA also reported the following as communication barriers in disclosing IPA to medical personnel: concerns about confidentially,

perception of disinterest among medical personnel, and fear of involving the criminal justice system (Rodriguez et al., 2001). This lack of dialogue and perception of disinterest regarding IPA may stem from the following: societal misconceptions, personal bias, psychological impact of abuse on medical personnel, structural constrains, and lack of peer support (Hyman et al., 2000). The desire of victims to disclose IPA highlights the importance of medical personnel in combatting IPA, which necessitates increasing education in order to address the overall lack of knowledge as well as other barriers noted. While victims typically seek out first responders and medical personnel to help "physically" heal them, many seek out religious leaders to assist in "spiritual" healing. Therefore, religious leaders are critically important to primary prevention efforts.

The Role of "Community" in Prevention: Collaborating with Religious Leaders

According to Fortune (2001), religious affiliation provides a significant context for victims in understanding IPA. Indeed, researchers have found that many victims seek out religious leaders in times of crises for support and guidance (Fortune, 2001; Strickland, Welshimer, & Sarvela, 1998). As a result, religious leaders have tremendous influence on the type of context assigned to incidents, which can either be supportive or further damaging to victims of violence (Fortune, 2001; Strickland et al., 1998). In non-supportive situations, victims have experienced the following: abandonment by their faith communities, "shaming" and blaming for *their* abuse, and otherwise held responsible for their own victimization (Fortune, 2001). Because of the potential consequences of *not* accounting for faith backgrounds, primary prevention programs need to build meaningful partnerships with religious leaders.

In addition to providing context to life events, religion is an important influence on cultural norms (Fortune, 2001; Strickland et al., 1998). For example, in reviewing the religious

text of every faith (i.e. Christian, Judaism, Muslim, etc.) one finds story after story of violence against women (Fortune, 2001; Garcia & McManimon, 2011). Moreover, a persistent theme of devaluing women, while upholding men as the preferred gender is repeatedly reiterated (Garcia & McManimon, 2011; Fortune, 2001; Strickland et al., 1998). Aside from the blatant gender inequality, stories found in many religious texts often excuse violent behavior by men.

As a result, religious leaders heavily affect surrounding cultural norms and values (Fortune, 2001). Therefore, in order to prevent further violence, seminaries and similar religious educational facilities should assist faith leaders in understanding the complexities of IPA. Following the increase in education, (the hope is) religious leaders will then be able to assist in the fostering of social change by promoting an atmosphere of peace (Fortune, 2001). Moreover, through raising awareness, religious leaders can halt the misconstruction of scripture to justify abuse within the home. Aside from helping specific congregations, Fortune (2001) notes religious leaders can spread the message of non-violence and zero-tolerance for IPA to local programs in surrounding communities as well.

Putting it all Together

As noted by Harvey et al. (2007), no single factor can directly predict engagement/risk of IPA, as it often results from the interplay of factors at various levels. As a result, to achieve total prevention of IPA, individuals interacting with victims within the various settings just discussed (i.e. business leaders, community members, educators, first responders/medical, and religious leaders) must be involved to reinforce non-violent messages. Unfortunately, there remains a dearth of primary prevention programs utilizing these components in combatting IPA, as most programs are secondary or tertiary in nature (Harvey et al., 2007). Indeed, although gains have occurred, widespread social change regarding IPA has remained an elusive goal (Harvey et al.,

2007). However, an innovative primary prevention program launched by Harbor House of Central Florida in 2010 may begin to address this outstanding gap.

CHAPTER FIVE: HARBOR HOUSE OF CENTRAL FLORIDA, PINE CASTLE, AND PROJECT COURAGE

Harbor House of Central Florida

Harbor House of Central Florida is the only certified domestic violence shelter in Orange County (Orlando, FL) and serves over 20,000 victims from the Central Florida area annually, including victims of human trafficking (J. Navarro, Project Courage Town Hall Meeting personal notes, May 6, 2010). In addition to protecting victims of intimate partner abuse (IPA), the shelter is involved in a variety of prevention and outreach services (e.g. "Coaching Boys into Men") and assists victims through a courthouse program. In May 2010, Harbor House of Central Florida launched Project Courage after securing startup funds from 100 Women Strong. Unlike most initiatives combatting IPA – which are secondary or tertiary prevention in nature – Project Courage is the first primary prevention program of its kind.

Pine Castle Demographic Composition

Data indicate that Pine Castle is a relatively diverse community with 10,805 residents comprising of mostly Caucasian residents (61.8%) followed by African American residents (16.9%) and Hispanic residents (48.6%) compared to national statistics (Caucasian=72.4%; African American=12.6%; Hispanic=16.3%; U.S. Census Bureau, 2010). Although diverse, the gender composition in Pine Castle mirrors national figures with nearly equal representation between males and females (U.S. Census Bureau, 2010). However, there are more female-headed households in Pine Castle (21.1%) in contrast to national data (13.1%; U.S. Census Berau, 2010). Finally, the average household income of Pine Castle residences is approximately $34,990, which is lower than the national average of $50,831 (U.S. Census Bureau, 2010).

Project Courage: Program Development, Initial Goals, and Key Components

According to Dr. Mónica Méndez, Project Courage's first Community Engagement Manger, program development began in late 2009 following a review of Harbor House of Central Florida's strategic plan by agency leaders (interview communication, December 2, 2011). During the review, agency leaders decided that – in order to minimize deaths stemming from IPA – more resources towards preventing abuse rather than intervention were needed (M. Méndez, interview communication, December 2, 2011). As a result, agency leaders set out to develop a primary prevention project, which later became Project Courage - currently the agency's main prevention component.

During approximately the same time as Harbor House of Central Florida was revisiting the agency's strategic plan, a local giving circle - referred to as 100 Women Strong – sent out a call for proposals to fund a new and innovative primary prevention program in the Central Florida area (S. Barto, interview communication, December 7, 2011). According to Star Barto, a current member, 100 Women Strong is comprised of 100 women who donate $1,100 from their own personal resources annually to propel social change in a variety of areas within the Central Florida region (S. Barto, interview communication, December 7, 2011). In late 2009, 100 Women Strong members decided to focus resources on prevention programs targeting IPA, mental health of women and children, and teen pregnancy (S. Barto, interview communication, December 7, 2011). However, after meeting with various agencies specific to each problem, 100 Women Strong members realized that IPA affected all their areas of interest (S. Barto, interview communication, December 7, 2011). As a result, 100 Women Strong selected Harbor House of Central Florida to receive start-up funds and development of Project Courage formally began.

The ultimate goals envisioned for Project Courage are for individuals to be able to recognize IPA, know how to respond, and be able to refer victims as well as to halt IPA occurrences overall. In order to achieve the main goals of Project Courage, the following six primary components were identified by Harbor House of Central Florida utilizing a social-ecological theoretical perspective: (1) strengthening individual knowledge and skills, (2) promoting community education, (3) educating providers, (4) fostering coalitions and networks, (5) changing organizational practices, and (6) influencing policy and legislation (Harbor House of Central Florida, personal communication, December 2, 2011). After identifying goals and components of Project Courage, agency leaders established a tentative launch date of mid-2010, which still allowed considerable time in 2009 to adequately plan and recruit key staff members.

Before the program's launch date, Harbor House of Central Florida underwent a search for a Community Engagement Manager to coordinate Project Courage. After conducting an expansive search, Dr. Mónica Méndez was hired on March 15, 2010 and immediately began researching three potential pilot sites for Project Courage (Azalea Park, Pine Castle, and Union Park; M. Méndez, interview communication, December 2, 2011). The three pilot sites (i.e. Azalea Park, Pine Castle, and Union Park) identified were based on the following: the moderate level of IPA compared to other Orlando neighborhoods, the diversity of the target population, and the close proximity to surrounding resources (i.e. community centers, schools, etc.; M. Méndez, interview communication, December 2, 2011). Ultimately, agency leaders selected Pine Castle based on the compactness of the neighborhood and the strong sense of community exhibited by residents (M. Méndez, interview communication, December 2, 2011).

In order to secure community support for Project Courage, Dr. Méndez spent considerable time in the Pine Castle community speaking with members from the following

organizations: commissioners, community service centers, day cares, faith communities, Head Start leaders, little league teams, local schools (elementary, middle, and high school), Safe Neighborhoods leaders, the GLBT Center, and the Islamic Society Center (Harbor House of Central Florida, personal communication, December 2, 2011). On May 6, 2010, the Pine Castle community was formally invited to be the pilot site for Project Courage during a town hall meeting and residents agreed (Harbor House of Central Florida, personal communication, December 2, 2011). Shortly thereafter on May 12th, the launching of Project Courage was formally announced to the media with Pine Castle serving as the pilot site (Harbor House of Central Florida, personal communication, December 2, 2011). After official announcement of Project Courage took place, staff members continued to build relationships within the community.

During preparation months (May-August 2010) before full program implementation in September 2010, staff members collected the following baseline data: (1) IPA cases in Pine Castle area (zip=32809), (2) school incidences[1], and (3) locations of all businesses in the area (Harbor House of Central Florida, personal communication, December 2, 2011). In addition to building relationships and collecting baseline data, staff members also began conducting "door knocking" campaigns to inform residents about the project and conducted focus groups with marginalized populations (Haitian and GLBT community) to acquire greater understandings of IPA within those particular communities (Harbor House of Central Florida, personal

[1] Incidents related to the following: alcohol, arson, battery, breaking and entering, bullying/harassment, disruption on campus, drugs, fighting, homicide, kidnapping, larceny, robbery, sex offenses, threats and intimidation, tobacco, trespassing, vandalism, and weapons possession.

communication, December 2, 2011). After collecting baseline data, Project Courage formally began in September 2010 (Harbor House of Central Florida, personal communication, December 2, 2011). As mentioned, Project Courage utilized the social-ecological perspective in combatting IPA from various levels (i.e. microsystem, mesosystem, exosystem, and macrosystem). While the project has six components overall, various activities are associated with each component as described in the following sections.

Component one through three: Increasing individual, community, and provider knowledge about IPA.

Raising awareness: "Triple R" training.

The primary tool utilized to strengthen individual knowledge and skills' regarding IPA is Harbor House of Central Florida's triple "R" training (hereafter referred to as RRR training), which focuses on recognizing signs of abuse, responding to instances appropriately, and providing survivors with information on available resources (Harbor House of Central Florida, personal communication, December 2, 2011). The training is approximately an hour to two hours in length and is presented to the following: businesses, childcare providers, community members, faith institutions, first responders, and health providers primarily in the Pine Castle community, but also to areas outside of the pilot site (Harbor House of Central Florida, personal communication, December 2, 2011). While broad content is included, content specific to the occupation of trainees is also included (Harbor House of Central Florida, personal communication, December 2, 2011). For example, the RRR training provided to educators focuses on how IPA affects children and how to respond to abuse within the home (Harbor House of Central Florida, personal communication, December 2, 2011). Regarding health providers, the RRR training focuses on recognizing IPA within a healthcare setting and assisting

patients dealing with abuse in the home (Harbor House of Central Florida, personal communication, December 2, 2011). Business leaders attending the RRR are informed of the ramifications of IPA in the workplace and acquire strategies for assisting employees (Harbor House of Central Florida, personal communication, December 2, 2011). Faith leaders attending RRR training spent time addressing how religious teachings attach meanings to IPA for victims (Harbor House of Central Florida, personal communication, December 2, 2011). Finally, RRR training provided to community members focuses on being engaged in responding to IPA rather than ignoring occurrences (Harbor House of Central Florida, personal communication, December 2, 2011). In addition to conducting RRR trainings, the agency coordinated specialized programs for the youth. In fact, youth from all age levels were involved in Project Courage either through already established prevention programs or through more formalized training through the Orange County Public School System (Harbor House of Central Florida, personal communication, December 2, 2011).

Youth programs to increase individual awareness.

Before Project Courage was officially launched, Harbor House of Central Florida had begun working with a local puppet troop (*MicheLee Puppets*) to develop an age-appropriate anti-violence program – referred to as "Little Heroes" - for elementary school aged children (Harbor House of Central Florida, personal communication, December 2, 2011). Although the program is no longer utilized (see Chapter Thirteen), the puppet show used age-appropriate symbols to educate children on what IPA was, how to respond to occurrences (i.e. report to an adult), and reinforced messages to children to not engage in self-blame (Harbor House of Central Florida, personal communication, December 2, 2011). Following the puppet show, youth were then encouraged to create their own puppet and apply their knowledge of IPA to various scenarios

(Harbor House of Central Florida, personal communication, December 2, 2011). Upon entry to middle school, youth are provided a more advanced prevention program (i.e. DELTA Boys/ DELTA Girls).

Coaching Boys into Men and Coaching Girls into Women (otherwise known as DELTA Boys/DELTA Girls) are primary prevention programs targeted at middle school children and are part of a larger national initiative by the Centers for Disease Control (Harbor House of Central Florida, personal communication, December 2, 2011). According to Harbor House of Central Florida, the program is approximately nine weeks long and focuses on fostering healthy relationship behaviors among boys and girls between the ages of eleven to fourteen. In addition to group discussions, the programs consist of speaker series, joint activities, a sports program, and a social media awareness campaign (Harbor House of Central Florida, personal communication, December 2, 2011). Finally, non-violent messages are continued in older youth populations through Harbor House of Central Florida's Leaders of Courage program.

Harbor House of Central Florida's Leaders of Courage program focuses on raising awareness on teen dating abuse by educating teens on what abuse "looks like," various types of abuse, qualities of healthy relationships compared to unhealthy relationships, positive communication skills, and techniques to safely intervene after witnessing abuse (Harbor House of Central Florida, personal communication, December 2, 2011). The Leaders of Courage program is a crucial part of Project Courage, because not only is dating violence a significant social problem on its own, but research has also established a relationship between dating violence and engagement in IPA (see Harned, 2001, 2002; Makepeace, 1981, 1986; O'Keefe, 1997; Riggs & O'Leary, 1996). Following training, several youth have used their newfound knowledge in the following manner to raise additional awareness about IPA: by coordinating

"flash mobs" to engage other students, rallying at homecoming events, and conducting separate marketing campaigns within each particular school (for example, promoting non-violent messages affixed to lollipops; M. Méndez, interview communication, December 2, 2011). Because of the reception of Leaders of Courage among high school students, the program was expanded to include middle school aged youth as well – in addition to the DELTA Boys/DELTA Girls programs.

Public speaking and media exposure.

Finally, Project Courage staff members regularly engage community members through door knocking campaigns in which volunteers go from door-to-door discussing the program with community members (M. Méndez, interview communication, December 2, 2011). In addition to door knocking, Project Courage staff members are continuing to work on saturating the community with flyers, posters, and other visual reminders to respond to IPA occurrences (M. Méndez, interview communication, December 2, 2011).

Component four: Fostering coalitions and networks.

Recognizing that IPA victims and perpetrators travel outside the Pine Castle area regularly, Project Courage staff have endeavored to reach agencies likely to interact with residents despite being outside the target area of 32809. For example, numerous staff members at the two main "feeder" hospitals (i.e. Florida Hospital and Orlando Regional Medical Center) have completed RRR training as well as first responders at Orange County Fire Rescue (Harbor House of Central Florida, personal communication, December 2, 2011). In addition, staff members at the Department of Corrections have completed RRR training. Moreover, deployment of RRR training is ongoing within the following agencies: Department of Children and Families, law enforcement, nurses, and therapists (M. Méndez, interview communication, December 2,

2011). Aside from deployment of the RRR training, Project Courage staff members are developing relationships with Health Care for the Homeless and University of Central Florida students (M. Méndez, interview communication, December 2, 2011). Through the broadening of Project Courage's "reach," the overall goal is that Pine Castle residents will be engulfed in a supportive network much larger than the original target area of zip code 32809 (M. Méndez, interview communication, December 2, 2011).

Component five: Changing organizational practices.

Purple Key Business Initiative[2].

In addition to attending RRR training, businesses also have the opportunity to become part of Harbor House of Central Florida's Purple Key program, which formally recognizes companies for being "survivor-friendly" and "abuse-intolerant" (Harbor House of Central Florida, personal communication, December 2, 2011). In order to become a "Purple Key Business," companies must complete the RRR training, implement an IPA policy and incorporate the policy into the employee handbook, assign a point person within the organization to assist employees in times of crisis, and take part in raising awareness (e.g. including pamphlets in new employee packets, post tear-sheets in restrooms, and participate in community events; Harbor House of Central Florida, personal communication, December 2, 2011). These services are offered at no cost to businesses, including the IPA policy formation. In fact, Project Courage has established a relationship with a local business leader – Mr. Johnny Duncan of

[2] Although referred to as a "business" initiative, some organizations that completed the Purple Key Business program were not businesses per se (e.g. church, social service agency).

Duncan Consulting, Inc. – to assist companies in formulating IPA policies free-of-charge (Harbor House of Central Florida, personal communication, December 2, 2011).

Leaders of faith communities.

Project Courage has also consisted of working with local faith institutional leaders through "meetings of the faith," to discuss revisiting policies on IPA within their respective organizations (M. Méndez, interview communication, December 2, 2011). In addition to building collaboration among faith leaders, religious leaders also attended RRR trainings and are encouraged to become agents of macro level change as well (M. Méndez, interview communication, December 2, 2011). For example, the leader of the Seventh Day Adventist Church recently became a member of Orlando's Domestic Violence Task Force (M. Méndez, interview communication, December 2, 2011).

Screening of IPA by first responders.

As mentioned, RRR training of first responders is ongoing. In addition to RRR training, Project Courage staff members recently concluded developing an IPA screening tool to be used by the Orlando Police Department at domestic violence calls for service (M. Méndez, interview communication, December 2, 2011). This electronic tool, referred to as "R^3," utilizes the "Hurt, Insulted, Threatened with harm, and Screamed" (HITS) assessment to help providers easily screen for domestic violence (M. Méndez, interview communication, December 2, 2011; Sherin, Sinacore, Li, Zitter, & Shakil, 1998). Finally, Project Courage staff members are continuing to work with local agencies to improve evidence collection and training as well as injunction practices (M. Méndez, interview communication, December 2, 2011).

Component six: Influencing policy and legislation.

The final component of Project Courage comprises the broadest indicators of social change, which entails altering pro-arrest and other institutional policies affecting IPA. Along with changing policies, a broad goal of Project Courage is to revisit prosecution rates. However, due to this level of change and relative infancy of the program, very little effort has gone into influencing policy and legislation yet.

The "Ideal": The Ultimate Vision for the First Phase of Project Courage

Given the infancy of Project Courage, more time is required to achieve the level of macro change necessary to halt IPA occurrences. However, in the years to come, agency leaders hope the following results from their efforts: (1) community members are RRR trained and feel comfortable using their RRR skills to intervene in IPA situations, (2) youth are not exposed to IPA in their homes or are comfortable enough coming forward to peers and/or administrators, (3) youth are saturated with IPA information at schools and are encouraged to join community organizations (like DELTA Boys/DELTA Girls or Leaders of Courage) to continue non-violent messages, (4) religious leaders are RRR trained and provide support to survivors of abuse by offering referrals to social services, (5) religious leaders encourage other members of the congregation to come forward about IPA and instill a sense of duty to assist IPA victims, and (6) business leaders have IPA policies that empower victims to come forward and seek assistance from employers (Harbor House of Central Florida, personal communication, December 2, 2011; M. Méndez, interview communication, December 2, 2011). While more time is necessary to accomplish the "ideal," an evaluation to assess whether the program was implemented successfully (i.e. was the community reached?) and the type of change early efforts has produced is necessary – which is the purpose of this study.

CHAPTER SIX: EVALUATION METHODOLOGY

In the previous sections, discussion took place about the wide range of impacts intimate partner abuse (IPA) has on individuals *and* society. In addition, discussion also focused on the difference between intervention and prevention. Interestingly, despite the exorbitant costs IPA generates, most programs focus on secondary or tertiary level preventions or interventions rather than attacking the "roots" of the problem to prevent occurrences before onset. To the best of my knowledge, Project Courage is the first primary prevention program of its kind and has the potential to be groundbreaking to the family violence research field. However, before replication of Project Courage occurs elsewhere, an evaluation is necessary to determine the outcome of initiatives in each component outlined in the previous chapter.

An essential part and beginning point of an evaluation is determining the goals of the program at interest (Berk & Rossi, 1999). Moreover, goals should be specific, measurable, and in line with data collection plans (Berk & Rossi, 1999). Therefore, the starting point of this evaluation entailed creating a logic model that outlined specific goals of Project Courage compared to the available data to assess those goals. This evaluation intends to utilize a mixed-methods approach. Meaning, the evaluator supplemented quantitative data collected by the agency with data obtained through interviews, a separate Internet survey, and a content analysis. Therefore, no single conclusion regarding a specific component or the project overall is drawn from a single source of data. In the following section, available data collected by the agency is noted. Following that section, data collected by the evaluator is noted.

Evaluation Data Collected by Harbor House of Central Florida

Recognize, Respond, and Refer (RRR) training data.

The RRR training is the main prevention activity of Project Courage and, as such, serves as the main data source for this evaluation. Pre and post-test data provided by Harbor House of Central Florida indicate 414 individuals from the following sites completed RRR trainings between August 2010 and 2011: 157 employees from various businesses in Pine Castle and surrounding areas, 10 childcare employees, 16 individuals from a partnership agency, 67 individuals from faith institutions, and 69 hospital employees. Pre-test data were collected before the RRR training and post-test data were collected immediately after training concluded (approximately 1 to 2 hour gap in timing).

Youth programs.

Other essential components to Project Courage are youth programs geared towards raising awareness about family violence. Pre and post-test data acquired from the agency indicate that a total of 90 students completed "Little Heroes" trainings during the first year of Project Courage, which were presented to Dr. Phillips Elementary, Riverside Elementary, and Zellwood Elementary. In addition, 252 youth participated in the Leaders of Courage program from the following schools/agencies: Beta Center (N=18), Carver Middle School (N=20), Chancery High School (N=50), Oak Ridge High School (N=70), Saint John Vianney (N=5), West Ridge Middle School (N=84), and YMCA (N=5).

School incidences baseline data.

Incidence data for all Pine Castle schools that occurred during 2009/2010 academic year served as a baseline for the current evaluation and was compared to incidents in the 2010/2011

academic year. The Pine Castle schools included were as follows: Durrance Elementary School, Lancaster Elementary School, Oak Ridge High School, Pine Castle Elementary School, Walker Middle School, and Winegard Elementary School. The data include counts of the following types of incidences: alcohol related, arson, battery, breaking/entering, bullying, disruption, drug sales, drug use/possession, fighting, homicide, kidnapping, larceny, sex offenses, sexual battery, sexual harassment, threating, tobacco related, trespassing, vandalism, and weapons possession.

IPA police calls data.

In addition to baseline data on schools, the agency acquired data on the number of IPA calls for service in the 32809 area for years 2009, 2010, and 2011.

Evaluation Data Collected by Evaluator

Internet survey and interviews.

To supplement agency data, various individuals involved with different parts of Project Courage (i.e. business owners/employees (including Purple Key members), community members, educators, faith leaders, and first responders; N=742) were sent an Internet survey. Survey questions centered on individuals' level of awareness of Project Courage, their perception on how skilled they were at addressing IPA following efforts of the project or gleaned through other sources of information (i.e. media campaigns), and their beliefs on the overall level of success of Project Courage - including perceptions of areas of improvement.

This evaluation entailed attempts to conduct interviews with principals and guidance counselors of Pine Castle schools in order to indirectly assess the impact of the project on the youth. Despite several requests, only one principal responded to the request for an interview. This school principal was asked about the various activities that had taken place within his/her school, how the youth and teachers received these activities, and whether project activities had

affected the skills of the youth and teachers in responding to IPA. In addition, the principal was asked to assess the impact of the project overall – including their perceptions of areas of improvement.

This evaluation also entailed conducting interviews with representatives from Purple Key Businesses in order to assess the impact of the program in the workplace. After two requests, six interviews were conducted. Respondents were asked about the current stage of their company in becoming a Purple Key Business, company policies or awareness activities that occurred (or are still occurring) as a result of the Purple Key Business program, and whether the program has affected employers' responses to IPA in the workplace or overall. In addition, respondents were asked whether they would recommend the Purple Key Business program overall and if there were areas of improvement.

Finally, interviews were conducted with Harbor House of Central Florida's leadership and staff members intimately involved with Project Courage. The focus of the interviews was to assess their opinions on whether the current program matched how they envisioned Project Courage to be upon conception as well as to learn about the barriers faced during the first year of operation. Aside from learning about barriers, interviewees were asked about what they perceived to be the greatest accomplishment of the project thus far and their hopes for Project Courage's future.

Pine Castle business/organization website data.

In order to investigate the initial impact of Project Courage in saturating the Pine Castle community with information about consequences of IPA in and outside of the home, a content analysis was conducted on websites of organizations within Pine Castle (zip code=32809). Initial data collection began in the summer of 2010 by driving the project perimeter and documenting

every organization within the target area. Next, collected data were compared to Orlando's Better Business Bureau to identify gaps in collection and resolve inconsistencies for businesses specifically. The final population was comprised of 441 organizations made up of the following types of agencies: attorneys (1.8%), banks (3.2%), general businesses (40.1%), civic groups/fraternities (2.7%), daycares (3.6%), dentists (5.4%), elementary schools (.9%), gas stations (1.8%), high schools (.7%), hotels/motels (.7%), housing (1.4%), income tax agencies (.9%), medical offices (5.4%), middle schools (.5%), other school (.9%), religious institutions (2.9%), restaurants (24.7%), super markets (.9%), thrift stores (.7%), and veterinarians (.7%).

CHAPTER SEVEN: IMPACT OF "RECOGNIZE, RESPOND, AND REFER" TRAININGS

The core component of Project Courage is Harbor House of Central Florida's "Recognize, Respond, and Refer" training otherwise referred to as the "triple R" training (hereafter denoted as RRR). The training was designed to accomplish the following three objectives: (1) to significantly improve trainees' knowledge in *recognizing* intimate partner abuse (IPA), (2) to significantly improve trainees' ability to *respond* (or willingness to respond) to IPA, and (3) to significantly improve trainees' knowledge in *referring* (or willingness to refer) IPA survivors to community resources. In order to gauge the effectiveness of the RRR training in the first year of Project Courage, the aforementioned three statements served as guiding research questions. The expectation was that Project Courage would significantly improve trainees' knowledge and ability in all three areas.

Before presenting findings, a demographic description of RRR trainees is provided. Following discussion of demographic information, results of the analyses utilizing pre-test and post-test data that are specific to each group of trainees (i.e. businesses, educators, etc.) is presented. In addition to presenting findings specific to each group, results from an aggregated sample encompassing all trainees for the first year of Project Courage is included. Unfortunately, complete[3] RRR data from community residents and first responders were not available in time for this evaluation for reasons that will be noted later (see Chapter 14). Finally, in addition to addressing the three main research questions, differences between age, race/ethnicity, and gender were examined.

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[3] "Complete" is defined as having pre *and* post-test data available for this analysis. For example, while there is pre-test data available for community residents, post-test data is unavailable.

Demographic Background of RRR Trainees

Businesses.

A total of 157 employees from various businesses underwent RRR training during the first year of Project Courage. The company breakdown of these employees were as follows: BBA Aviation (N=22), Department of Health (N=25), Florida Hospital Centra Care (N=18), Foundation for Life Ministries (N=22), Intervention Services (N=2), Manpower Corporation (N=6), Mastercraft of Orlando (N=2), Office Depot (N=7), Quest Diagnostics (N=5), Restoration Ministries (N=6), VS Publishing (N=1), Westgate Resorts (N=20), and Westgate Resorts at Turkey Lake (N=21). Agency data indicate that the average age of trainees was 42 years old (SD=10.74). The racial/ethnic background of trainees was diverse as 9.1% were African-American, 29.5% were Hispanic, 1.5% were of mixed race, 1.5% were another category of race other than the options provided on the survey, and 58.3% were Caucasian. Regarding gender make-up, 61.5% of trainees were female and 38.5% were male.

Childcare.

St. Mary's Preschool.

Ten employees from one childcare agency, St. Mary's Preschool, underwent RRR training during the first year of Project Courage. The average age of the trainees was 40 years old (SD=9.00) and all were women. As far as racial/ethnic composition, 85.7% of trainees were Caucasian and 14.3% were African-American.

Community Partners.

United Way.

Sixteen United Way employees attended the RRR training during the first year of Project Courage. The average age of trainees was 33 years old (SD=18.87) and most were female (93.3%; male=6.7%). Approximately 46.7% of the trainees were Caucasian, 13.3% were African-American, 33.3% were Hispanic, and 6.7% were of mixed race.

Faith Institutions.

Church of God.

Thirty members of the Church of God attended RRR training during the first year of Project Courage. The average age of trainees was 20 years old (SD=6.11) and most were Hispanic (86.7%) while 3.3% were Caucasian, 6.7% were African-American, and 3.3% were another race other than the options provided on the survey. Finally, 51.7% of trainees were female (male=48.3%).

El Calvario Church.

Nine members of the El Calvario Church attended RRR training during the first year of Project Courage. The average age of trainees was 49 years old (SD=10.98) and most were female (88.9%; male=11.1%). Most trainees were Hispanic (62.5%); while 12.5% were Caucasian, 12.5% were African-American, and 12.5% were mixed race/ethnicity.

Esperanza Church Group.

Twenty-eight members of the Esperanza Church Group attended RRR training during the first year of Project Courage. The average age of trainees was 21 years old (SD=6.02) and most

were Hispanic (92.6%), while 3.7% were Caucasian and 3.7% were another race other than the options provided on the survey. Regarding gender, 51.9% of trainees were male, while 48.1% were female.

Hospitals.

Florida Hospital.

Twenty employees from Florida Hospital of various medical departments (i.e. physicians from ICU; pathologist, etc.) underwent RRR training during the first year of Project Courage. The average age of the trainees was 35 years old (SD=9.08) and most trainees were men (70.0%; female=30.0%). The racial/ethnic composition of trainees was as follows: 63.2% were Caucasian, 26.3% were Hispanic, and 10.5% were Asian.

Orlando Regional Medical Center.

Forty-nine employees from the Orlando Regional Medical Center underwent RRR training during the first year of Project Courage. The average age of trainees was 51 years old (SD=12.17) and most were male (78.6%; female=21.4%). The racial/ethnic composition of trainees was as follows: 56.4% were Caucasian, 10.3% were African-American, 12.8% were Hispanic, 15.4% were of mixed race, and 5.1% were another category of race other than the options provided on the survey.

Analyses or RRR Pre-Test and Post-Test Data

Objective one: Improving knowledge in recognizing IPA.

In order to assess whether knowledge in recognizing IPA had improved, a series of bivariate analyses reviewing trainees pre-test and post-test responses to the following questions

were conducted using McNemar Tests[4] (all 1=yes; 0=no): (1) domestic abuse (DA) includes…controlling a person, (2)…putting down/insulting/screaming, (3)…using kids to manipulate, (4)…physical harm, (5)…minimizing negative events, (6)…having power over a person, (7)…controlling money/economic decisions, (8)…threats, (9)…forcing sex, (10)…strictly defining a partner's role. Additionally, when asked, the following were also included: (11)…child maltreatment/neglect, and (12)…animal maltreatment and neglect.

Results by agency.

RRR data indicate a few changes in how *business* trainees defined IPA, but most variables failed to reach significance – likely resulting from trainees already identifying several statements as examples of IPA before undergoing RRR training. However, McNemar Tests indicate significant changes between trainees' pre-test and post-test data defining IPA as using kids to manipulate ($p<.001$), minimizing negative events ($p<.001$), controlling money/economic decisions ($p<.001$), and strictly defining a partner's role ($p<.01$). The cross tabulation shows that a greater proportion of business trainees defined IPA as each of the aforementioned activities following the RRR training (pre % vs. post %): using kids… (87.7% vs. 99.1%), minimizing… (63.6% vs. 83.6%), controlling money… (83.8% vs. 96.4%), strictly defining… (83.2% vs. 93.8%). In addition, frequency analysis indicates that a majority of business trainees considered the training as improving their ability to determine whether an individual has a history of IPA (very much=40.3%; for the most part=34.5%; somewhat=16.8%; only slightly=7.6; not at all=.8%) and a prompt to possibly change their routines regarding recognizing survivors (yes=81.8%; no=18.2%).

[4] McNemar's test requires two binary outcomes and can be used on matched pairs to specifically evaluate pre-test and post-test data in order to assess intervention success/failure (UCLA, n.d.).

Statistical analyses investigating changes in trainees' beliefs from *childcare* and *community partners* (i.e. St. Mary's Preschool; United Way) could largely not be conducted, as most trainees already believed that the noted statements were indicative of IPA. In other words, most trainees believed that the aforementioned statements were signs of IPA before the RRR and *all* believed so after the RRR. However, frequency analyses indicate that most childcare trainees believed the RRR improved their ability to determine whether an individual had a history of IPA (very much=55.6%, for the most part=44.4%) and that the RRR would possibly prompt a change in their routine regarding recognizing survivors (yes=87.5%; no=12.5%). The previously noted questions were not asked of United Way employees.

RRR data indicate several changes in how trainees from *faith institutions* defined IPA. McNemar Tests indicate significant changes between trainees' pre-test and post-test data defining IPA as: controlling a person ($p<.05$), putting down/insulting/screaming ($p<.05$), using kids to manipulate ($p<.001$), minimizing negative events ($p<.01$), controlling money/economic decisions ($p<.001$), and strictly defining a partner's role ($p<.001$). Cross tabulations indicate that a greater proportion of faith trainees identified the aforementioned as signs of IPA following the RRR training (pre % vs. post %); controlling a person…81.6% vs. 95.9%; putdown…83.7% vs. 95.9%; using kids…51.0% vs. 79.6%; minimizing…32.7% vs. 53.1%; controlling money…52.1% vs. 79.2%; strictly defining…44.9% vs. 87.8%). However, changes in trainees' beliefs regarding two statements (i.e. "making threats" and "forcing sex") could not be statistically analyzed as all trainees identified these actions as signs of IPA following the RRR training. In other words, most trainees believed that these two statements were signs of IPA before the RRR and *all* believed so after the RRR training.

Statistical analyses investigating changes in trainees' beliefs from *Florida Hospital* trainees could largely not be conducted, as most trainees already believed that the noted statements were indicative of IPA. For example, before the RRR training, Florida Hospital trainees unanimously agreed that IPA included the following: controlling a person, using physical harm, and forcing sex. After the RRR training, Florida Hospital trainees then unanimously agreed that IPA included the following: controlling a person, using kids to manipulate partners, using physical harm, having power over others, making threats, and forcing sex. In addition, most Florida Hospital trainees noted the RRR improved their ability to determine whether a patient had a history of IPA (very much=68.4%; for the most part=15.8%; somewhat=15.8%). Moreover, most Florida Hospital trainees reported that the RRR might change their routine in treating patients who may be survivors (yes=84.2; no=15.8%).

Among *Orlando Regional Medical Center* (ORMC) employees there was no change in trainees' beliefs regarding "controlling a person" as a sign of IPA from pre-testing to post-testing (93.0% vs. 93.0%). However, *fewer* trainees identified the following as IPA following the RRR training (pre % vs. post %): putting down/insulting/screaming (95.3% vs. 93.0%), using kids to manipulate (93.0% vs. 86.0%), having power over a person (90.7% vs. 88.4%), controlling money/economic decisions (93.0% vs. 86.0%), making threats (97.7% vs. 95.3%), and forcing sex (100% vs. 97.7%). None of these differences were significant.

Aggregated sample findings.

In order to review changes in how trainees defined IPA with a more robust sample, individual data from all groups were aggregated together (N=320). McNemar Tests regarding changes in the definition of IPA as the following were significant: controlling a person ($p<.05$), using kids to manipulate ($p<.001$), minimizing negative events ($p<.001$), controlling

money/economic decisions ($p<.001$), making threats ($p<.05$), and strictly defining a partner's role ($p<.001$). Cross tabulations indicate that a greater proportion of trainees defined the aforementioned activities as IPA following the RRR training (pre % vs. post %; controlling a person…92.9% vs. 97.5%; use kids…81.8% vs. 92.6%; minimizing…60.9% vs. 79.0%; controlling money…80.7% vs. 91.2%; making threats 95.1% vs. 98.8%; define role…75.1% vs. 91.7%).

Objective two: Improving response to IPA or willingness to respond.

In order to assess changes in trainees' beliefs regarding willingness to respond to IPA the following questions were utilized from pre/post-tests: (1) when confronted with a potential IPA survivor, would you now make some attempt to intervene (answers were recoded to consistently represent: 0=no/can't recall/didn't know what to do in the situation; 1=yes), (2) if you would attempt to intervene, how comfortable are you handling the crisis (Likert scale: 1=very uncomfortable to 5=very uncomfortable), (3) if you would attempt to intervene, how competent are you handling the crisis (Likert scale: 1=very incompetent to 5=very competent), and (4) in my role, I believe I have some duty to assist survivors (1=yes; 0=no).

Aside from the previously noted questions, the following statements from post-test (only) instruments from specific agencies[5] were also analyzed: (1) do you believe the training provided you with the tools necessary to assist survivors of IPA (asked of business, childcare, and hospital trainees; 1=yes; 0=no), (2) if you do believe that you were provided with the tools necessary to

[5] Unfortunately, due to the limited questions asked during the pre-tests and post-tests administered to faith institutions (except El Calvario), United Way, and youth trainees, the following results exclude those groups as there were no measures to assess improved ability to respond to IPA.

assist survivors, were they practical, meaning that you could apply them on a daily basis if necessary (asked of business, childcare, and hospital trainees; 1=yes; 0=no), (3) to what extent will this training change your routine when it comes to treating individuals who may be or are survivors of IPA (asked of business and hospital trainees; 4=very much; 3=for the most part; 2=somewhat; 1=only slightly; 0=not at all), (4) before the training, did you feel comfortable assisting a survivor of IPA (asked of childcare trainees and Orlando Regional Medical Center hospital trainees; 1=yes; 0=no), and (5) now, after the training, do you feel comfortable as a professional assisting an IPA survivor (asked of childcare trainees and Orlando Regional Medical Center hospital trainees; 1=yes; 0=no).

Results by agency.

RRR data indicate one notable change in *business* trainees' willingness to respond to IPA. The McNemar Test regarding changes in business trainees' willingness to intervene when confronted with a survivor in the course of their work was significant ($p<.05$). The cross tabulation indicates that more business trainees were willing to intervene after undergoing RRR training (pre=13.6% vs. post=27.1%). However, all other bivariate analyses failed to reach statistical significance. The results of a paired samples t-test indicated business trainees' levels of comfort and competence with handling IPA crises changed marginally from pre-testing to post-testing. Regarding business trainees' beliefs that they have some duty to assist survivors of IPA, this measure likely failed to reach significance due to most agreeing with this statement before undergoing RRR training (pre=92.6%; post=91.6%). Frequency analysis shows that all trainees indicated they had acquired the tools necessary to respond to IPA after attending the RRR. Moreover, an overwhelming majority (98.3%) indicated that the tools provided were practical. Finally, almost half of business trainees indicated that the RRR training would "very much"

(46.9%) change their routine when it came to treating employees who may be survivors of IPA (very much=46.9%; for the most part =31.9%; somewhat=11.5%; only slightly=8.0%; not at all= 1.8%).

RRR data indicate a few notable changes in *childcare* trainees' willingness to respond to IPA. The bivariate analysis reviewing changes in whether childcare trainees would intervene when confronted with a survivor in the course of their work could not be conducted as all respondents unanimously agreed that they would indeed intervene after attending the RRR training. Regarding duty to assist survivors, this measure failed to reach statistical significance – likely the result of all childcare trainees already believing that it was their duty to assist survivors before undergoing the RRR training. Frequency analysis indicates that all trainees felt they acquired the tools necessary to respond to IPA after attending the RRR. Moreover, all trainees also indicated that the tools provided were practical. Finally, a majority of trainees indicated that the RRR training would "very much" change their routine when it came to treating survivors of IPA (very much= 55.6%; for the most part= 44.4).

Due to variation in survey instruments, the only *faith institution* asked the questions under consideration was El Calvario. Bivariate analysis reviewing changes in whether faith trainees would intervene when confronted with a survivor could not be conducted as all respondents unanimously agreed that they would intervene after attending the RRR training. Moreover, faith trainees unanimously agreed that it was their duty to assist survivors after attending the RRR training. While both paired samples t-tests failed to reach statistical significance, frequency analysis indicates that all faith trainees considered the tools provided through the RRR training as necessary to assist survivors. Moreover, an overwhelming majority (88.9%) considered these tools as practical.

RRR data reveals a few substantial changes in *hospital* trainees' willingness to respond to IPA. Bivariate analysis reviewing changes in whether Florida Hospital trainees would intervene when confronted with a survivor in the course of their work could not be conducted as all respondents unanimously agreed that they would indeed intervene after attending the RRR training. However, both measures gauging Florida Hospital trainees' level of comfortableness and competence with intervening to assist an IPA survivor failed to reach significance. Florida Hospital trainees' level of comfort and competence changed marginally from pre-test to post-test with data indicating that respondents were largely neutral regarding their abilities. Regarding duty to assist survivors, this measure also failed to reach statistical significance – likely because of all Florida Hospital trainees already believing that it was their duty to assist survivors before undergoing the RRR training. In addition, frequency analyses indicate that all Florida Hospital trainees considered the tools provided through the RRR training as both necessary and practical to assist survivors. Finally, a slight majority of Florida Hospital trainees noted that the RRR training would "very much" change their routine when it came to treating survivors (very much=52.6%; for the most part=31.6%; somewhat=15.8%).

Bivariate analysis reviewing changes in whether ORMC trainees would intervene when confronted with a survivor in the course of their work was significant ($p<.01$). The cross tabulation indicates that a greater proportion of trainees would intervene after attending the RRR training (pre % vs. post %; 75.0% vs. 97.5%). Additionally, both paired samples t-tests indicated significant changes in trainees' level of comfort ($p<.05$; $t=-2.66$) and competence ($p<.05$; $t=-2.05$) when intervening to assist IPA survivors. Paired samples t-test data indicate a slight increase in trainee comfortableness and competence following the RRR training. Regarding duty to assist survivors, this measure failed to reach statistical significance – likely because a majority

of trainees already believed that it was their duty to assist survivors before undergoing the RRR training. Frequency analyses further support that ORMC trainees responded well to RRR training. For example, a majority of ORMC trainees reported that the RRR training provided the tools necessary to assist survivors (93.5%) and that the tools provided were practical (93.2%).

Aggregated sample findings.

In order to review changes in whether the RRR training improved trainees' willingness to respond to IPA with a more robust sample, individual data from the various groups[6] were aggregated together (N=246). Due to instrument variation, only four questions could be reviewed as they were consistently asked across all groups of trainees. The McNemar's Test revisiting whether trainees were more likely to intervene when confronted with a survivor in their course of their work was significant ($p<.001$). The cross tabulation indicates that a greater proportion of trainees would intervene when confronted with a survivor in the course of their work after undergoing the RRR training (pre % vs. post %; 44.1% vs. 65.4%). Moreover, the paired samples t-test reviewing changes in trainees' level of comfortableness with handling an IPA crises was significant ($p<.05$; $t=-2.26$). Trainees felt slightly more comfortable intervening and assisting IPA survivors following the RRR training (3.0 vs. 3.3). Aside from the noted variables, all other measures failed to reach statistical significance.

[6] Only groups with the questions under consideration were included in the aggregated sample. As a result, the following groups were excluded: faith institutions (except El Calvario), United Way, and youth trainees.

Objective three: Improving knowledge in referring or willingness to refer for IPA services.

In order to assess whether the RRR training improved trainees' ability to refer survivors to IPA services, bivariate analyses[7] reviewing pre-test and post-test responses to the following two questions were conducted: (1) overall, I believe my knowledge of IPA, its causes and prevention is… (3=excellent; 2=good; 1=fair; 0=poor; recoded to 1=good/excellent and 0=poor/fair), and (2) for people in my position, education in IPA detection, initial assessment, and referral skills are…(2=should be required; 1=necessary; 0=are not necessary; recoded to 1=necessary/should be required and 0=are not necessary).

Aside from the previously noted questions, the following statements from post-test instruments from specific agencies were also analyzed: (1) to what extent did the training improve your ability to refer or provide employees with information on resources in the community (asked of hospital trainees and business trainees; 4=very much; 3=for the most part; 2=somewhat; 1=only slightly; 0=not at all), and (2) on what aspects might you change your routine in regard to treating employees who may be or are survivors of abuse…referring of survivors to community agencies (asked of business trainees and Florida Hospital trainees; 1=yes; 0=no).

[7] Unfortunately, due to the limited questions asked during the pre-tests and post-tests administered to faith institutions (except El Calvario), United Way, and youth trainees, the following results excluded those groups as there were no measures to assess improved ability to refer for IPA.

Results by agency.

RRR data from *businesses* were informative; however, only a few comparisons were possible and most data were analyzed from a descriptive level. As to improved knowledge of IPA, a significantly greater proportion of business trainees considered their overall knowledge of IPA (its causes and prevention) as "good/excellent" following the RRR training ($p<.001$; pre=41.9% vs. post=94.3%). Moreover, a majority of business trainees believed education on IPA detection, assessment, and *referral* for people in their position was necessary (44.9%) or should be required (51.5%). In addition, a majority of business trainees noted that the RRR training improved their ability to refer/provide employees with IPA information and resources in the community (very much=62.0%; for the most part=19.8%; somewhat=8.3%; only slightly=9.9%). Finally, a majority of business trainees also reported that the RRR might change their routines regarding referring survivors to local community agencies (80.6% vs. 19.4%).

The McNemar test reviewing changes in *childcare* trainees' knowledge of IPA could not be conducted as all trainees considered their knowledge of IPA to be good/excellent following the RRR training. Moreover, a majority of childcare trainees believed education on IPA detection, assessment, and *referral* for people in their position was necessary (55.6%) or should be required (33.3%). In addition, a majority of child trainees noted that the RRR training improved their ability to refer survivors of IPA to information and resources in the community (very much=55.6%; for the most part=44.4%). Regarding changes in trainees' routines, only one individual responded and, thus, there are not enough data to draw a conclusion.

Due to variation in survey instruments, the only *faith institution* asked the questions under consideration was El Calvario. One notable finding was that all El Calvario trainees agreed

that education in IPA detection, initial assessment, and *referral* skills for people in their position was necessary/should be required.

Data from *Florida Hospital* trainees indicate an overall favorable response to the RRR training. The McNemar test reviewing changes in Florida Hospital trainees' knowledge of IPA was significant ($p<.01$). The cross tabulation indicates that a greater proportion of Florida Hospital trainees considered their knowledge of IPA (its causes and prevention) as "good/excellent" following the RRR training (50.0% vs. 94.4%). A majority of Florida Hospital trainees also believed education on IPA detection, assessment, and *referral* for people in their position was necessary (35.0%) or should be required (60.0%). Following the RRR training, a majority of Florida Hospital trainees indicated that the information improved their ability to refer patients to IPA resources in the community (very much=84.2%; for the most part=10.5%; somewhat=5.3%) and that the training would prompt a change in their routines with referring survivors to local community agencies (84.2%).

Data from *ORMC* trainees was equally positive. The McNemar test reviewing changes in ORMC trainees' knowledge of IPA was significant ($p<.05$). The cross tabulation indicates that a greater proportion of ORMC trainees considered their knowledge of IPA (its causes and prevention) as "good/excellent" following the RRR training (55.3% vs. 78.9%). However, the McNemar test reviewing changes in trainees' beliefs regarding the necessity for education in IPA detection, assessment, and referral skills for people in their position failed to reach statistical significance – likely the result of most trainees already identifying the aforementioned as either necessary or required before undergoing the RRR training. Finally, an overwhelming majority of trainees noted that the RRR training would prompt a change in their routines with referring survivors to local community agencies (95.0%).

Aggregated sample findings.

In order to review changes in whether the RRR training improved trainees' ability to refer survivors to IPA resources with a more robust sample, individual data from the various groups[8] were aggregated together (N=246). Due to variation in instruments, bivariate analysis was possible only on one question. The McNemar test reviewing changes in trainee's knowledge of IPA was significant ($p<.001$). The cross tabulation indicates that a greater proportion of trainees considered their knowledge of IPA (its causes and prevention) as "good/excellent" following the RRR training (pre % vs. post %; 50.6% vs. 89.5%). Overall, there were several important changes in trainees' beliefs following the RRR training. However, before concluding on the effectiveness of the RRR training, a final review was conducted using the aggregated sample with the goal of discerning any patterns in responses among the main questions used to assess each objective by trainee demographic groups (gender, age, and race/ethnicity).

[8] Only groups with the questions under consideration were included in the aggregated sample. As a result, the following groups were excluded: faith institutions (except El Calvario), United Way, and youth trainees.

CHAPTER EIGHT: IMPACT OF "RECOGNIZE, RESPOND, AND REFER" TRAININGS AMONG DIFFERENT DEMOGRAPHIC GROUPS

Reviewing RRR Data by Different Demographic Groups Using Aggregated Sample

Objective one: Improving knowledge in recognizing intimate partner abuse.

In order to review changes in how trainees of different demographic backgrounds (i.e. age, gender, race/ethnicity) defined intimate partner abuse (IPA), several additional bivariate analyses were conducted using the following questions: (1) domestic abuse (DA) includes…controlling a person, (2)…putting down/insulting/screaming, (3)…using kids to manipulate, (4)…physical harm, (5)…minimizing negative events, (6)…having power over a person, (7)…controlling money/economic decisions, (8)…threats, (9)…forcing sex, (10)…strictly defining a partner's role. Additionally, when asked, the following were also included: (11)…child maltreatment/neglect, and (12)…animal maltreatment and neglect. The test statistic utilized in this investigation was Pearson's chi-square instead of McNemar, because the focus was on differences among demographic groups. In cases of low cell frequencies, the test statistic utilized was Fisher's Exact Test[9].

Differences between genders.

Overall, there were only two differences in how men and women identified the aforementioned actions as IPA. There was a significant difference between men and women in identifying "minimizing of negative events" as IPA ($p<.05$; $X^2=5.90$). The cross tabulation

[9] Fisher's Exact test is used when an investigator would otherwise conduct a chi-square analysis, but has expected cell frequencies of five or less (UCLA, n.d.). Fisher's Exact Test does not have assumptions regarding cell frequencies.

indicates that a greater proportion of women identified "minimizing negative events" as IPA *before* undergoing the RRR training (M=56.8% vs. F=70.9%); however, this relationship failed to reach significance following the RRR training. Finally, there was a significant difference between men and women in identifying "controlling a person" as IPA ($p<.05$, Fisher's Exact Test). The cross tabulation indicates that a greater proportion of women, compared to men, identified "controlling a person" as IPA after undergoing the RRR training (M=95.7 vs. F=100.0).

Differences between Caucasians and minorities.

Before conducting the bivariate analyses, the race/ethnicity variable was dichotomized into Caucasian (45.8%) and minority (54.2%). Overall, there were several significant differences in what actions Caucasian trainees' defined as IPA before and after undergoing the RRR training compared to minority trainees. Before completing the RRR training, there were significant differences between these two groups and defining IPA as the following: controlling a person ($p<.05$; $X^2=4.70$), using physical harm ($p<.001$; Fisher's Exact Test), and forcing sex ($p<.001$; Fisher's Exact Test). Cross tabulations indicate that a greater proportion of Caucasian trainees identified these as IPA before completing the RRR training (controlling a person…96.1% vs. 89.0%; using physical harm: 100% vs. 92.1%; forcing sex: 100% vs. 91.4%) compared to minority trainees. However, these failed to reach significance after the RRR training. Interestingly, there were several significant differences between Caucasian and minority trainees present both *before* and *after* the RRR training.

The following significant differences remained (after the RRR training) between Caucasian and minority trainees: using kids…(pre=$p<.001$; $X^2=14.19$; post=$p<.01$; Fisher's Exact Test), minimizing…(pre=$p<.001$; $X^2=14.41$; post=$p<.001$; $X^2=22.15$); controlling

money…(pre=p<.001; X^2=11.64; post=p<.001; Fisher's Exact Test); and strictly defining…(pre=p<.001; X^2=19.41; post=p<.05; Fisher's Exact Test). In all instances, a greater proportion of Caucasian trainees identified these as IPA during pre-testing and post-testing (see Table 14 for full listing). Finally, one significant difference emerged during post-testing only. After the RRR training, there was a significant difference between Caucasian and minority trainees in identifying "having power over a person" as IPA (p<.001; Fisher's Exact Test). The cross tabulation indicates that a greater proportion of Caucasian trainees identified this behavior as IPA compared to minority trainees (99.1% vs. 88.7%).

Differences by trainee age.

Independent samples t-tests indicate several significant differences in the average age of trainees who identified IPA as the following (before completing the RRR training): putting down… (p<.001; T=-4.23), physical harm (p<.001; -4.81), threats… (p<.05; T=-2.02), forcing sex (p<.001; T=-4.00), and strictly defining… (p<.001; T=-4.12). In all instances, trainees who identified these activities as IPA were older (putting down…40.1 vs. 26.4; physical harm…39.9 vs. 19.0; threats…39.6 vs. 32.1; forcing sex: 39.9 vs. 23.0; and strictly defining… 41.2 vs. 33.3); however, these relationships failed to reach significance in examining post-test data. In several analyses, significant differences in the average age of trainees who identified IPA as the following existed both *before* and *after* the RRR training: using kids…(pre=p<.001; T=-4.95; post=p<.05; T=-2.48), minimizing…(pre=p<.001; T=-3.96; post=p<.001; T=-5.33), controlling money…(pre=p<.001; T=-4.49; post=p<.001; T=-4.22), and child maltreatment…(pre=p<.01; T=-3.25; post=p<.05; T=-2.19). In all instances, the average age of trainees that identified these as IPA in both the pre-test and post-test was greater than those that did not (see Table 15 for full listing). Finally, one notable difference emerged only in post-testing. The independent samples t-

test reviewing the difference in the average age of trainees that identified animal maltreatment/neglect as IPA was significant ($p<.05$; $T=-2.55$). The independent samples t-test indicates that – following the RRR training - the average age of trainees that identified animal maltreatment/neglect as IPA was greater (23.1 vs. 16.6).

Objective two: Improving response to IPA or willingness to respond.

In order to review differences in how trainees of various demographic backgrounds (i.e. age, gender, race/ethnicity) would respond to IPA, several additional bivariate analyses were conducted using the following questions from pre/post-tests: (1) when confronted with a potential IPA survivor, would you now make some attempt to intervene (answers were recoded to consistently represent: 0=no/can't recall/didn't know what to do in the situation; 1=yes), (2) if you would attempt to intervene, how comfortable are you handling the crisis (Likert scale: 1=very uncomfortable to 5=very uncomfortable), (3) if you would attempt to intervene, how competent are you handling the crisis (Likert scale: 1=very incompetent to 5=very competent), and (4) in my role, I believe I have some duty to assist survivors (1=yes; 0=no). The test statistic utilized in this investigation was Pearson's chi-square instead of McNemar, because the focus was on differences among demographic groups. In cases of low cell frequencies, the test statistic utilized was Fisher's Exact Test[10].

The bivariate analysis examining differences by gender in whether trainees would intervene to assist a survivor of IPA was significant ($p<.01$; $X^2=6.66$) when examining pre-test data only. The cross tabulation indicates that a greater proportion of males would intervene to

[10] Fisher's Exact test is used when an investigator would otherwise conduct a chi-square analysis, but has expected cell frequencies of five or less (UCLA, n.d.). Fisher's Exact Test does not have assumptions regarding cell frequencies.

assist a survivor of IPA compared to females (49.3% vs. 27.7%). As mentioned, this measure failed to reach statistical significance when examining post-test data as both genders were as likely to intervene, perhaps suggesting a greater confidence among female employees because of the RRR training. Moreover, an independent samples t-test reviewing the mean difference between male and female trainees on how competent they perceived themselves to be if intervening to assist a survivor of IPA was significant ($p<.05$; $t=2.27$). During pre-testing, male trainees perceived themselves to be more competent at handling IPA crises compared to female trainees (3.4 vs. 3.0). Post-test data regarding the same question failed to reach statistical significance potentially indicating a greater self-perception of competency among female trainees after attending the RRR training. All other measures failed to reach statistical significance. Regarding differences among trainees of different race/ethnicity backgrounds and age groups, no statistically significant differences were found when reviewing the questions of interest.

Objective Three: Improving Knowledge in Referring or Willingness to Refer for IPA Services.

In order to review differences in how trainees of various demographic backgrounds (i.e. age, gender, race/ethnicity) would refer for IPA, several additional bivariate analyses were conducted. Due to variation in instruments, bivariate analysis was possible only on one question (overall, I believe my knowledge of IPA, its causes and prevention is…3=excellent; 2=good; 1=fair; 0=poor; recoded to 1=good/excellent and 0=poor/fair). The test statistic utilized in this investigation was Pearson's chi-square instead of McNemar, because the focus was differences among demographic groups. In cases of low cell frequencies, the test statistic utilized was

Fisher's Exact Test.[11,12] After conducting the investigation, no statistically significant differences were found among trainees of different demographic backgrounds.

[11] Fisher's Exact test is used when an investigator would otherwise conduct a chi-square analysis, but has expected cell frequencies of five or less (UCLA, n.d.). Fisher's Exact Test does not have assumptions regarding cell frequencies.

[12] Results not shown.

CHAPTER NINE: PROJECT COURAGE AND THE "HEROES" OF PINE CASTLE

In order to engage Pine Castle youth in combatting intimate partner abuse (IPA), Project Courage was comprised of several programs specially designed for each particular age group (from elementary school aged children to high school teenagers). Due to the developmental level of each group, prevention messages differed slightly depending on the target audience. For example, prevention team members focused on raising a general awareness of "right/wrong" behaviors from parents/guardians among elementary school aged youth, whereas more in depth and graphic information was presented to middle and high school teenagers. These two programs - evaluated in this chapter - are named "Little Heroes" and "Leaders of Courage" respectively.

Qualitative Data Coding

While a majority of data collected in conjunction with the Little Heroes program was quantitative, several questions did invite open-ended responses. Therefore, in order to conduct the analysis, the various answers were recoded after general themes were identified (i.e. "tell them if you want to play with them" and "I would confort *(sic)* them" were both recoded to "be nice to them").

Little Heroes – Raising IPA Awareness in Elementary Schools

Due to the nature of the subject matter, Project Courage prevention team members collaborated with a local puppeteer group, MicheLee Puppets, on developing a puppet show to educate Pine Castle youth on recognizing and surviving IPA events (for a video clip showing a segment of Little Heroes, click here). Overall, Little Heroes was presented to 90 youth in January 2011 (participating schools: Dr. Phillips, Riverside Elementary, Spring Lake Elementary, and Zellwood Elementary).

In order to organize these data, results were grouped according to the following general objectives for Project Courage overall (i.e. to encourage individuals to "recognize, respond, and refer" when confronted with IPA): (1) did youth recognize the actions they watched in the puppet show as harmful (i.e. did they "recognize" IPA or that something was "wrong" in general), (2) did youth indicate a willingness to assist "friends" experiencing violence at home (i.e. did they express some willingness to "respond" to friends experiencing IPA) or know how to acquire assistance if the IPA was occurring in their own home, (3) were youth able to recall safety strategies depicted in the show, and (4) did answers suggest youth understood that IPA is a complex social problem which is not due to the fault of any one single individual (i.e. that it is not their fault or the fault of their friends for IPA incidents).

In reviewing the first objective, several questions indicate that youth understood when a family dynamic was "wrong" (i.e. marked by IPA) following their viewing of Little Heroes. For example, youth unanimously agreed that the father depicted in Little Heroes was being hurtful at home and an overwhelming majority concurred that the behavior "was really wrong" (95.4%) as well as "scary" (83.1%). Moreover, the youth acknowledged the problems occurring at home affected the main characters at school. Indeed, a majority of youth reported that one character started bullying others because of IPA (92.0%), while the other character isolated herself from her friends (93.2%). By learning about the ramifications of IPA, both within the home and elsewhere, youth were also encouraged to help "their friends" (or themselves) through several strategies.

In reviewing the second objective, survey data indicate some willingness to help their friends or –at the very least – notify an adult when a peer may be experiencing IPA in the home. For example, most youth reported that they would either directly engage a distressed friend

(22.7%) or get an adult for assistance (63.6%). Additionally, some youth expressed empathy in that they would simply "be nice" (12.1%) to a classmate appearing troubled. Regarding seeking assistance from an adult, youth noted the following as specific sources of guidance: family member(s) (1.5%), friend(s) (1.5%), parent(s) (26.5%; second most reported answer), principal (2.9%), and teacher(s) (64.7%; most reported answer).

Aside from seeking assistance from adults, youth also recalled several safety strategies to minimize risk of harm during an episode of IPA. In reviewing the third objective, youth recalled a number of places to hide in their homes such as the: basement (9.1%), bathroom (7.3%), bedroom (9.1%), closet (7.3%), garage (1.8%), and their room (most reported answer; 52.7%). Moreover, youth recalled that the characters in Little Heroes had engaged in the following to "stay safe" during an IPA event: called 911 (1.9%), found a trusted adult/got a neighbor (second most reported answer; 13.2%), hid in a safe area (7.5%), and stayed in the bedroom (most reported answer; 67.9%). Finally, youth answers to the following questions indicated that most had an understanding of IPA as a problem that is not due to the fault of any one individual's actions or inactions –addressing the fourth objective.

For example, a majority of youth responded that IPA was not the result of either character's actions (72.6%) and that IPA was *never* the fault of the child (91.7%). A majority of youth also supported non-violent conflict resolution skills as 91.8% reported that "fighting, hitting, or hurting someone" was not a good way to deal with a problem. Finally, a majority of youth concurred that it was a good idea for the main characters to seek help from their teacher (98.8%) due to the following: because… they could trust him/her (18.9%), they needed help from another adult (73.6%), and so they could be safe (7.5%). Unfortunately, due to the

unavailability of demographic data, any analysis on differing results by gender or age of respondent is not possible at this time.

Leaders of Courage – Engaging Older Youth

At the time of this evaluation, data from 252 youth involved in the Leaders of Courage (LOC) program from the following schools/organizations were available: Beta (N=18), Oak Ridge High School (N=70), West Ridge Middle School (N=84), YMCA (N=5), Chancery High School (N=50), Saint John Vianney (N=5), and Carver Middle School (N=20). Data consisted of pre-test and post-test responses from youth after attending an IPA educational session similar to the RRR training previously discussed. Aside from information related to IPA and dating violence, survey instruments also included measures assessing the youths' perspectives on the appropriateness of certain relationship behaviors and potential responses if they should witness an episode of abuse unfold. In order to assess the impact of the LOC program from a holistic perspective, the analyses first focused on the changes in youths' beliefs as a whole. Following the general analysis, changes in beliefs among youth of different demographic backgrounds (age, race/ethnicity, gender) are presented. The first set of analyses used the McNemar test statistic, because the focus was on the impact of the intervention (i.e. LOC). The second set of analyses used the Pearson's chi-square statistic instead of McNemar, because the focus was not on the answers given among different demographic groups. In cases of low cell frequencies, the test statistic utilized was Fisher's Exact Test.[13,14]

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[13] Fisher's Exact test is used when an investigator would otherwise conduct a chi-square analysis, but has expected cell frequencies of five or less (UCLA, n.d.). Fisher's Exact Test does not have assumptions regarding cell frequencies.

McNemar tests reveal several significant changes in youths' beliefs regarding IPA and dating violence (DV), cultural norms, and appropriate responses to abuse. Regarding IPA and DV, after participating in the LOC program, statistically significant differences in youths' beliefs from pre-test to post-test were found regarding the following: (1) abuse only happens if you hit someone ($p<.01$); abuse between couples is their business ($p<01$); in dating relationships, people have the right to know where their partner is at all times ($p<.01$); acting jealous in a relationship shows you care ($p<.001$); and it is okay for someone to decide who their partner is allowed to hang out with ($p<.001$). In all cases, a greater proportion of youth either disagreed or strongly disagreed with these statements after participating in the LOC program (pre % vs. post %): abuse only happens if you hit someone (85.0% vs. 93.3%); abuse between couples is their business (73.0% vs. 83.7%); in dating relationships, people have the right to know where their partner is at all times (60.9% vs. 72.1%); acting jealous in a relationship shows you care (46.4% vs. 62.4%); and it is okay for someone to decide who their partner is allowed to hang out with (78.9% vs. 90.3%). Aside from the noted variables, all other measures failed to reach statistical significance. Next, response differences among different demographic groups were assessed. The test statistic utilized in this investigation was Pearson's chi-square instead of McNemar, because

[14] Due to inconsistencies in survey tools used from school to school, the analyses only report on questions were a majority of the sample was responded (approximately 195).

the focus was on the answers given among genders and different age groups[15]. In cases of low cell frequencies, the test statistic utilized was Fisher's Exact Test.[16]

Nearly all chi-square analyses failed to reach statistical significance when investigating responses by gender and various questions regarding IPA and DV with the exception of two statements. Chi-square analysis indicates a significant difference in boys and girls disagreement with the following statement during pre-testing: "abuse between couples is their business" ($p<.01$; $X^2=6.73$). Cross tabulations indicate that a greater proportion of girls "disagreed/strongly disagreed" with this statement compared to boys (boys=64.9% vs. girls=81.4%). However, the same statement failed to reach statistical significance in post-testing, potentially due information contained within the LOC program. In addition, while the following statement failed to reach statistical significance during pre-testing, a significant difference ($p<.01$; $X^2=9.19$) between boys and girls was uncovered in post-testing regarding whether the youth had "a trusted adult to help him/her learn about healthy relationships." Cross tabulations indicate that a greater proportion of girls "agreed/strongly agreed" with this statement in post-testing compared to boys (boys=23.7% vs. girls=44.3%), potentially indicating that girls looked to LOC mentors as "trusted adults."

While most measures failed to reach statistical significance, the overall result seemed positive in that a majority of youth – regardless of gender - "disagreed/strongly disagreed" with the following in pre and post-testing: (1) it is impossible to prevent abuse; (2) it is only abuse if you hit someone; (3) in a dating relationship, people have the right to know where their partner is

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[15] Differences among different race/ethnicities could not be examined due to missing data.

[16] Fisher's Exact test is used when an investigator would otherwise conduct a chi-square analysis, but has expected cell frequencies of five or less (UCLA, n.d.). Fisher's Exact Test does not have assumptions regarding cell frequencies.

at all times; and (4) it is okay for someone to decide who their partner is allowed to hang out with. Although less than a majority disagreed/strongly disagreed that "acting jealous in a relationship shows you care" in pre-testing, a majority either disagreed/strongly disagreed with the aforementioned statement during post-testing.

Before assessing changes in LOC youths' attitudes and beliefs regarding IPA and DV among age groups, age was recoded to represent a scaled variable instead of a categorical measure. This was accomplished by taking the middle point of each category as follows: "10-12" was recoded to 11, "13-14" was recoded to 13.5, "15-16" was recoded to 15.5, "17-18" was recoded to 17.5, and "19-20" was recoded to 19.5. Independent samples t-tests indicate several significant differences in the average age of LOC youth and attitudes regarding IPA and DV in pre-testing and post-testing. There was a significant ($p<.01$; $T=3.21$) difference in the average age of LOC youth and beliefs regarding whether it was "impossible to prevent abuse," but only during pre-testing. LOC youth that "disagreed/strongly disagreed" were younger than those that "agreed/strongly agreed" with this statement (13.5 vs. 14.6). However, this difference was not present upon examination of post-test data, perhaps due to information contained within the LOC program.

Significant differences in the average age of LOC youth and beliefs regarding whether "it is only abuse if you hit someone" were found during the examination of pre-test ($p<.05$; $T=-2.26$) and post-test ($p<.05$; $T=-2.20$) data. In both the pre and post-test, LOC youth who "disagreed/strongly disagreed" with the aforementioned statement were older than those that "agreed/strongly agreed" (pre=13.0 vs. 13.9; post=12.6 vs. 13.9). Finally, significant differences in the average age of LOC youth and beliefs regarding whether "a trusted adult [was available] to help [the youth] learn about healthy relationships" were found during examination of pre-test

($p<.001$; $T=-3.42$) and post-test data ($p<.05$; $T=-2.17$). In both the pre and post-test, LOC youth who "agreed/strongly agreed" with the aforementioned statement were older than those that "disagreed/strongly disagreed" (pre=13.4 vs. 14.5; post=13.5 vs. 14.2).

CHAPTER TEN: A LASTING IMPACT? COMPARING BASELINE DATA TO RECENT DATA

Content Analysis of Pine Castle Organization Websites

In order to investigate the initial impact of Project Courage in saturating the Pine Castle community with information about consequences of intimate partner abuse (IPA) in and outside of the home, a content analysis was conducted on websites of organizations within Pine Castle (zip code=32809). Initial data collection began in the summer of 2010 by driving the project perimeter and documenting every organization within the target area. Next, collected data were compared to Orlando's Better Business Bureau to identify gaps in collection and resolve inconsistencies for businesses specifically. The final population was comprised of 441 organizations made up of the following types of agencies: attorneys (1.8%), banks (3.2%), general businesses (40.1%), civic groups/fraternities (2.7%), daycares (3.6%), dentists (5.4%), elementary schools (.9%), gas stations (1.8%), high schools (.7%), hotels/motels (.7%), housing (1.4%), income tax agencies (.9%), medical offices (5.4%), middle schools (.5%), other school (.9%), religious institutions (2.9%), restaurants (24.7%), super markets (.9%), thrift stores (.7%), and veterinarians (.7%). After compiling a list of Pine Castle organizations, past literature was reviewed to locate studies similarly focused. Although this study appeared to be the first of its kind, one study with a similar focus was located and served as the model for this analysis (Westbrook, 2008).

In Westbrook's (2008) content analysis, over a hundred police websites were examined to discern whether vital IPA information was posted to assist victims in crucial points of time. The coding scheme Westbrook (2008) utilized was grouped by the four stages an IPA victim may experience in attempting to leave the relationship: (1) considering leaving the abuser, (2)

considering contacting the police, (3) establishing a viable life post-escape, and (4) achieving stabilization for long-term independence post-escape. Using the aforementioned groupings, a coding scheme to evaluate Pine Castle organizational websites was created.

After creating the coding sheet, a search was conducted for each organization's website utilizing Google. If a website could not be located on the first page of results, the search was extended to another page before moving on to the next agency. Only publically available websites were considered valid. Therefore, organizations that used Facebook or similar social media were not counted, because victims would be required to have a Facebook login to access those sites. Finally, only search boxes that examined websites for key terms (e.g. "intimate partner abuse") were considered valid for this analysis. Search boxes that required zip codes were not considered valid, because the purpose of these boxes was to locate the nearest business location and not to assist a visitor in searching the actual site. After all searches were completed, websites for approximately half of the population were located (49.4%) or 209 websites.

Taking into account the mission of Project Courage (i.e. to eradicate IPA by encouraging community members to "recognize, respond, and refer" such incidents), this content analysis focused on whether information was available on the following: (1) warning signs of IPA, (2) safety tips, (3) escape planning, (4) police referral information, (5) definition of IPA, (6) protection order information, (7) victim services referral, (8) shelter referral, (9) legal referral, (10) medical referral, (11) job referral, (12) substance abuse referral, (13) suicide prevention referral, (14) counseling referral (modeled from Westbrook, 2008). The aforementioned topics were selected as these areas encompass the stages victims typically go through when exiting an abusive relationship or seeking help. In addition to the areas mentioned, accessibility of the information was vital and assessed by reviewing the ability to translate a website's content into

other languages, “speech-to-text” enabling, and the extent of navigation necessary to reach the desired information (i.e. the number of “clicks” and embedded pages). Finally, since the population consists of organizations located within Project Courage’s target area, any reference to Harbor House of Central Florida or Project Courage was recorded. Comparison data was gathered by re-checking every organization evaluated in 2010 utilizing the same methodology. These data were collected in late 2011 to early 2012 (denoted as “2011/12”) and resulted in a total of 216 websites.

Overall, an overwhelming majority of Pine Castle organizational websites had little to no information on IPA available in both years, although there was a slight improvement in the amount of referral information posted online. Specifically, there was an increase in organization websites having the following information posted from 2010 to 2011/12: warning signs of IPA (2010=.5%; 2011/12=1.4%; +.9% change), victim services contact/referral information (2010=1.4%; 2011/12=3.2%; +1.8% change), legal contact/referral information (2010=2.4%; 2011/12=3.2%; +.8% change), medical contact/referral information (2010=2.4%; 2011/12=3.2%; +.8% change), job placement contact/referral information (2010=1.4%; 2011/12=4.6%; +3.2% change), substance abuse contact/referral information (2010=6.7%; 2011/12=8.3%; +1.6% change), suicide prevention contact/referral information (2010=1.0; 2011/12=3.2%; +2.2% change), and counseling contact/referral information (2010=10.0%; 2011/12=11.9%; +1.9% change). While there is no way to state for certain that the increase in information is due to the efforts of Project Courage, part of the mission of the program is to encourage community members to “refer” individuals in need of assistance to the appropriate resources – specifically in situations of IPA. Therefore, the increase in information on organizational websites could be an initial sign of saturation in the community – although impact is still relatively minor thus far.

Ease of navigation to pertinent information also seemed to improve from the baseline year to the comparison year. Specifically, the number of "clicks" to locate the essential information seemed to decrease overall as indicated by the following: no clicks to retrieval (2010=.0%; 2011/12=12.5%; +12.5% change), one click to retrieval (2010=17.9%; 2011/12=15.6%; -2.3% change), two clicks to retrieval (2010=25.0%; 2011/12=34.4%; +9.4% change), three clicks to retrieval (2010=28.6%; 2011/12=25.0; -3.6% change), and four clicks to retrieval (2010=28.6%; 2011/12=12.5%; -16.1% change). The number of "embedded pages" also decreased from the baseline to the comparative year. Finally, there was a slight increase in the presence of search boxes from 2010 to 2011/12 (34.9% vs. 35.3%; +.04% change).

IPA Calls for Service

According to agency baseline data, in the months preceding the launch of Project Courage, 302 IPA calls for service originated from Pine Castle zip code 32809 specifically (Harbor House of Central Florida, personal communication, 2012; J. Jasinski, personal communication, January 22, 2013). During the first year of the project, IPA calls for service from Pine Castle zip code 32809 rose slightly to 330 (J. Jasinski, personal communication, January 22, 2013). The increase in calls for service should be considered a positive event as residents may have felt more comfortable responding to IPA crises by calling for assistance due to the efforts of Project Courage. Following the first year of the program (2011), IPA calls for service from Pine Castle zip code 32809 decreased slightly to 282 (J. Jasinski, personal communication, January 22, 2013). Although the increase and subsequent decrease in IPA calls for service cannot be directly correlated to the efforts of Project Courage, the increase and following decrease in community response to IPA (via calls to law enforcement) is encouraging and may indicate the community response to program efforts.

Pine Castle Education Institutional Data

Baseline and comparative data provided by the agency depicting troubling incidents in Pine Castle schools from the 2009 to 2010 and 2010 to 2011 school years show minimal decline in these activities with the exception of two schools (i.e. Walker Middle and Winegard Elementary). The behaviors tracked by the Department of Education included the following: alcohol, arson, battery, breaking and entering, bullying/harassment, disruption on campus, drug sales (except alcohol), drug use/possession (except alcohol), fighting, homicide, kidnapping, larceny/theft/motor vehicle, other major offenses (undefined), robbery, sexual battery, sexual harassment, sexual offenses, threat/intimidation, tobacco, trespassing, vandalism, and weapons possession. Although there was minimal decline in troubling incidents, two schools under consideration already had low incident rates (i.e. Durrance Elementary and Pine Castle Elementary) before the project launched and retained minimal numbers in the comparison year. Therefore, even though a reduction in incidents did not occur in Durrance Elementary or Pine Castle Elementary, the minimal amount of school incidents was an overall positive finding. In addition to reviewing changes in total incidents between academic years 2009/2010 and 2010/2011, this evaluation also entailed reviewing changes in the number of incidents per each behavior for the following schools: Durrance Elementary, Lancaster Elementary, Oak Ridge High, Pine Castle Elementary, Walker Middle, and Winegard Elementary.

Beginning with Durrance Elementary, total incidents increased from two to three between academic years. Specifically, battery incidents decreased from one to zero, bullying incidents increased from zero to one, disruption on campus incidents remained at one, and weapons possession increased from zero to one. At Lancaster Elementary, total incidents increased from four to 11 between the two academic years. Battery incidents increased from one to seven and

sex offenses along with tobacco incidents both increased from zero to one. However, fighting decreased from two to one incident and threats/intimidation did not change (both years had one incident). At Oak Ridge High School, total incidents decreased from 87 to 86 between the two academic years. Specifically, total incidents of the following behaviors increased between the two academic years: alcohol (one vs. two), fighting (40 vs. 48), larceny/theft/mother vehicle (zero vs. three), robbery (two vs. three), and trespassing (one vs. three). In contrast, total incidents of the following behaviors decreased between the two academic years: arson (two vs. one), battery (six vs. two), disruption on campus (two vs. zero), drug use/possession – except alcohol (eight vs. seven), sex offenses (three vs. two), threat/intimidation (seven vs. four), tobacco (six vs. two), and weapons possession (eight vs. four). At Pine Castle Elementary, total incidents remained unchanged between academic years (both years=two). Between the two academic years, fighting decreased from two to one, whereas harassment increased to one. In contrast, Walker Middle showed substantial decline in total school incidents (from 132 to 53) between the two academic years.

The total incidents of the following behaviors decreased at Walker Middle between the two academic years: battery (six vs. four), bullying/harassment (27 vs. one), disruption on campus (three vs. one), drug sales – except alcohol (two vs. zero), drug use/possession – except alcohol (three vs. one), fighting (53 vs. 33), sex offenses (three vs. two), sexual harassment (25 vs. zero), tobacco (three vs. two), trespassing (two vs. zero), and weapons possession (three vs. one). In contrast, the total incidents of the following behaviors increased between the two academic years: larceny/theft/motor vehicles (zero vs. one), other major offenses – undefined (one vs. two), and threat/intimidation (one vs. five). Finally, there was a considerable decrease in the overall total incidents at Winegard Elementary between the two academic years (32 to 15).

The total incidents of the following behaviors decreased between the two academic years: fighting (30 vs. 10) and sexual harassment (one vs. zero). Although, battery incidents remained unchanged (both years=one), weapons possession incidents increased from zero to four between the two academic years.

CHAPTER ELEVEN: PERCEPTIONS OF IMPACT FROM THE COMMUNITY, EDUCATORS, AND PURPLE KEY BUSINESSES

Internet Survey to Businesses, Community Partners, and RRR Trainees

In order to assess whether Project Courage reached and potentially made a long-term impact on the Pine Castle community, an Internet survey was sent via email to 742 individuals. The pool of respondents was comprised of individuals on record with the agency as having attended/completed Recognize, Respond, and Refer (RRR) trainings and local businesses whose contact information was collected in conjunction with the content analysis discussed earlier (see Chapter Ten). The survey platform utilized was Qualtrics and responses were collected from August to October of 2012.

The survey took an estimated ten minutes to complete if all contingencies were met. After three requests, 71 individuals responded (approximately 10%) and – of the 71 individuals – 66 began the survey, but only 60 actually finished (approximately 8% completed survey). Upon reviewing respondents' demographic data[17], most primary residences and places of employment were not located within any zip codes corresponding to Pine Castle. Most respondents were female (77.4%) and Caucasian (33.8%). Finally, most respondents identified themselves in the "adult" age group (81.5%), compared to "young adult" (14.8%) or "senior citizen" (3.7%) age groups. Given the relatively low completion rate, it is not possible to draw firm conclusions from these data. However, these findings – coupled with information uncovered through more robust sources of data – add to the overall evaluation results.

[17] Results not shown.

Awareness and opinions of Project Courage.

Although most respondents had heard of Project Courage before completing the Internet survey (N=42), a sizable minority had not heard of the program before (N=23). Free response data indicate that a majority of respondents who had heard of Project Courage before understood the program's mission and goals; however, a small number of respondents indicated that they were still unsure of what the program was or noted incorrect information (such as the pilot location being Pine Hills). Some respondents that had not heard of the program before seemed perplexed on how project information had been missed. One respondent noted, "I am on the Internet every day, but have not seen anything about it [Project Courage]," while another noted, "I run the [removed for confidentiality], I participate in [removed for confidentiality], I am involved with several of the local churches due to the nature of my business and have not heard about this project."

Awareness of or participation in Project Courage activities[18].

Respondents who reported an awareness of Project Courage were asked a series of follow-up questions regarding various program activities (N=42). In general, a number of respondents aware of Project Courage were also aware of various program activities, but not many had actually participated in these events - with the exception of the RRR training (aware of RRR=14; participated in RRR=24; neither=3). For example, while 17 respondents indicated they were aware of DELTA Boys/DELTA Girls, no respondents indicated they had actually participated in these activities and 15 reported they had never heard of the program. The lack of participation and knowledge regarding DELTA Boys/DELTA Girls is not entirely surprising

[18] Results not shown.

given the target age group of these programs and the adult age group comprising majority of the respondents in the Internet survey. A similar trend was also seen in questions regarding Little Heroes where some respondents were aware of the program (N=8) and one respondent had participated in the activity; however, most respondents had never heard of the program (N=23). Questions assessing familiarity and participation in the Leaders of Courage (LOC) program mirrored results for other youth programming (aware of LOC=17; participated in LOC=1; not aware of LOC=16; or neither=16). Results assessing awareness and participation in other more adult-driven Project Courage activities were mixed throughout the rest of Internet survey. For example, 14 respondents were aware of the Leaders of the Faith roundtables, but only two respondents had participated in sessions and 19 were unfamiliar with this initiative. Finally, although 16 respondents indicated they were aware of the Purple Key Business program, only nine had participated in this activity and 12 were unfamiliar with it altogether.

Effectiveness of Project Courage activities.

In order to assess the success of the various activities, all respondents who reported knowledge of Project Courage activities were asked to rate the effectiveness of each using a Likert scale (1=very ineffective to 5=very effective). In general, all Project Courage activities were rated at least as "effective" in supporting the overall mission of the program. For example, a majority of respondents indicated the RRR was either "very effective" (44.8%) or "effective" (44.8%), while only a small minority noted the RRR was "very ineffective" (10.3%) in supporting the mission of Project Courage. A majority of respondents noted that the DELTA Boys/DELTA Girls program was "effective" (66.7%) in supporting the mission of Project Courage, while a smaller percentage indicated the program was "very ineffective" (11.1%) or "very effective" (22.2%). Similar trends were seen in reviewing data regarding other youth

programing. A greater percentage of respondents considered the Little Heroes program and LOC program as "effective" (71.4% and 61.5% respectively) in supporting the mission of Project Courage. Smaller percentages of respondents indicated the Little Heroes program and LOC program were "very ineffective" (14.3% and 7.7% respectively) or "very effective" (14.3% and 30.8% respectively) in supporting the mission of Project Courage. Most respondents noted the Leaders of the Faith roundtables were "very effective" (50.0%), while 40% of respondents noted the program was "effective" and a small minority of respondents considered this activity as "very ineffective" (10.0%) in supporting the mission of Project Courage. Finally, 71.4% of respondents reported that the Purple Key Business initiative was "very effective" with another 21.4% of respondents noting the program was "effective" at supporting the mission of Project Courage ("very ineffective"=7.1%). After rating each activity's level of success at supporting the mission of Project Courage, respondents were asked what they liked and disliked about each program[19].

Recognize, Respond, and Refer trainings.

Several respondents indicated the RRR trainings were "informative" and "immediately useful." Others appreciated the "frequency [trainings were] offered" and commented on the effectiveness of the trainers in delivering information (i.e. "my speaker was great and very effective"). Although there were a few aspects of the RRR that individual respondents disliked, most respondents emphasized the lack of follow-up (i.e. "needs more follow-up to keep it memorable and on people's minds").

[19] The following are not discussed due to lack of data: DELTA Boys/DELTA Girls, and Little Heroes, Leaders of Courage.

Leaders of the faith roundtables.

Two respondents reported feedback regarding the Leaders of the Faith roundtables and both noted complimentary responses. One respondent referred to the program as an "excellent opportunity" and the other appreciated the involvement of the clergy. There were no dislikes reported by either respondent.

Purple Key Business initiative.

Respondents enjoyed several aspects of the Purple Key Business initiative, such as the: "employee awareness," "[the program was] immediately useful," and "[the program had] an impact." Another respondent noted an appreciation for involving the business community in the effort to combat IPA, while another noted the materials provided through the training "were extremely helpful in delivering information to our leaders." There were no dislikes reported by respondents.

Feedback regarding agency prevention team.

In addition to prompting respondents to report feedback regarding each activity conducted as part of Project Courage, feedback regarding agency employees was solicited. This feedback served a dual-purpose. First (and primarily), to inform the agency and these employees on what they are doing well and – as often seen in this Internet survey – to provide the agency and these employees the opportunity to visibly see (through respondents' comments) the impact they are having in the community as a result of their involvement in Project Courage. Secondly, every employee – regardless of occupation – arguably has room to grow, especially when launching an initiative of the size and scope of Project Courage. Therefore, respondents'

suggestions for improvement are not meant as criticisms, but rather are meant to foster employee growth and to improve the overall project for the future.

Dr. Mónica Méndez, first Prevention Manager.

Respondents noted several pieces of positive feedback regarding Dr. Méndez. Specifically, respondents appreciated that Dr. Méndez was "always available" and was "very passionate and committed to the cause [prevention of IPA]." Finally, one respondent noted, "[I liked Dr. Méndez's] leadership and commitment with the program [as well as her] knowledge and sensitivity to address and resolve the issues and hand." Respondents did not provide any negative feedback or areas of improvement for Dr. Méndez.

Cynthia Valdez, former Youth Coordinator and Current Prevention Manager.

One respondent noted that Ms. Valdez was "very helpful." Respondents did not provide any negative feedback or areas of improvement for Ms. Valdez.

Stephanie Kresl, Business Education Coordinator.

Several respondents commented on the effectiveness of Ms. Kresl. One respondent noted that "[I like Ms. Kresl's] personality, drive, and ambition to connect business leaders with the efforts of Harbor House." Similarly, another respondent indicated that "[Ms. Kresl was] very personable and always willing to help. [She] cares very much about what she does and the organization." Other respondents noted appreciation for the follow-up conducted by Ms. Kresl. Finally, one respondent valued Ms. Kresl's "willingness and eagerness to come to my place of business and meet with me. [She] gave me a ton of information that can be distributed and offered to help with other areas of my job." Respondents did not provide any negative feedback or areas of improvement for Ms. Kresl.

Pre/post assessment of change.

Paired samples t-tests were conducted on three sets of measures comparing respondents' beliefs on their level of effectiveness in recognizing, responding, and referring for IPA as of the beginning of Project Courage to now (i.e. years into program). The measures were Likert scales and were all coded as "1" being considered "very ineffective" to "4" being considered "very effective." The option of "neither" was not provided in an effort to encourage answers from respondents. After conducting the paired samples t-tests, significant differences were found across all three sets of measures.

The paired samples t-test comparing mean differences in respondents' beliefs regarding their own effectiveness in recognizing IPA before Project Courage began to after the first year of the program was significant ($p<.001$; $t=-4.78$). Respondents believed they were more effective in recognizing IPA a year into Project Courage compared to before the program launched (before project mean=2.9; after first project year mean=3.6). The paired samples t-test comparing mean differences in respondents' beliefs regarding their own effectiveness in responding to IPA before Project Courage began to after the first year of the program was significant ($p<.001$; $t=-5.08$). Respondents believed they were more effective in responding to IPA a year into Project Courage compared to before the program launched (before project mean=2.6; after first project year mean=3.4). Finally, the paired samples t-test comparing mean differences in respondents' beliefs regarding their own effectiveness in referring for IPA was significant ($p<.001$; $t=-5.27$). Respondents believed they were more effective in referring for IPA a year into Project Courage compared to before the program launched (before project mean=2.8; after first year project mean=3.5). When respondents were prompted to explain what they attributed their gains or losses in effectiveness too, a variety of themes emerged. Several respondents noted an increased

"awareness" and – as one noted – a "change of mindset" based on the training received. Overall, respondents' comments seemed to validate the positive reception of the RRR training in educating individuals to recognize, respond, and refer for IPA. Other respondents noted the importance of their involvement in the social services field, while a few noted their personal involvement with abuse as impacting how effectively they perceived themselves to be in responding to IPA.

Suggestions for improvement.

Suggestions for improvement to existing programs or to propose ideas for new programming were solicited from respondents. While most respondents indicated a general satisfaction with Project Courage and noted that no improvement was necessary at this time (i.e. "from what I saw and had questions on, the staff was [sic] amazing"), others respondents emphasized the necessity to follow-up with individuals that participate in program activities.

Overall beliefs regarding Project Courage[20].

Several summative questions related to Project Courage and its staff members were asked of respondents. Overall, most respondents noted that Project Courage staff members "exceeded expectations" (40.9%), whereas 31.8% reported staff members "far exceeded" expectations (equals expectations=27.3%). A majority of respondents also reported that Project Courage has had the "about right" level (79.3%) of impact on the community. However, 17.2% of respondents did note that Project Courage has had "too little" impact or "far too much" (3.4%). Finally, a vast majority of respondents indicated that IPA is a serious social problem that requires

[20] Results not shown.

community involvement (96.8%) and 33.3% attribute this belief directly to the efforts to Project Courage.

Interviews with School Principals

Due to the anticipated difficulty in accessing youth directly, interview requests were sent to the principals at each school within the target area (Pine Castle zip code 32809). After three attempts, one principal agreed to provide feedback. A telephone interview was conducted in the late fall of 2012 and was approximately 20 minutes long. In order to maintain confidentiality, all demographic information and specific school information was removed from the respondent's answers.

History of Involvement.

Due to turnover in school leadership and Project Courage already established in the school of interest, the respondent was unable to extensively discuss the history of involvement with the program. However, the respondent noted that Project Courage began through the efforts of the Orange County SAFE Office (Orlando, Florida) and, from the beginning of the respondent's tenure, s/he noticed the presence of Project Courage through participation in events such as pep rallies and parades. The youth would also participate in club meetings after school, engage in mentorship activities, and conduct various smaller activities after school (i.e. speakers). As noted by the respondent, Project Courage was "pretty established." This level of establishment was evidenced by the respondent's ability to discuss the goals of Project Courage, despite his/her relatively recent involvement at the school. According to the respondent, Project Courage is not merely about combatting abuse within the home, but also about fostering respect within and among the youth to reduce their likelihood of repeating the cycle of violence.

School Climate before Project Courage and after Project Courage Year One.

The respondent was asked about the school climate before Project Courage began. The respondent mentioned that there were "a lot of incidents" of IPA and dating violence at the school. S/he suspected the relatively high number of incidents was due to a general lack of awareness and an overall lack of "voice" among the youth. However, since the involvement of Project Courage, the respondent noted there is "zero-tolerance" for violence now. The respondent did emphasize that Project Courage needs to expand peer-to-peer activities in addition to school-wide events. S/he also discussed the general community climate, which is outside of Pine Castle, has "a long way to go." For example, s/he relayed a recent event where a student in need of medical care was left at the school by her father, because "her father was upset she was back with the boyfriend that abuses her."

Effectiveness of Project Activities.

The respondent believed project activities were "really good" at reinforcing messages of non-violence. The respondent noted that youth participated in public service announcements and hung posters around campus inviting conversations regarding violence. According to the respondent, dating violence is a frequent occurrence. Therefore, youth having a point-person to seek out if experiencing/witnessing IPA was particularly valuable to not only the youth themselves, but to school administration. When prompted to discuss the youths' "likes" and "dislikes" of project activities, the respondent emphasized the youths' appreciation in learning to be advocates for their peers and for the chance to assume leadership responsibilities. Per the respondent, the youth have a lot of needs and embraced the opportunity to participate in a mentorship program where they felt valued by adults. As explained by the respondent, "in a

school like this one, we embrace community partnerships that assist us in meeting the basic human needs of our students…we can't do it alone."

In addition to the youth, the respondent stated the importance of raising awareness of IPA and dating violence among teachers, especially due to their [the teachers] lives being often totally counter to what the typical student in the school experiences at home. As the respondent noted, Project Courage was a "conversation starter" on how teachers and school administration can assist youth and meet their basic needs – aside from simply focusing on their educational needs. When prompted to discuss feedback on Project Courage from teachers, the respondent stated that teachers were "really impressed by the maturity fostered in the kids" and "[the school has] some really good leaders." The respondent did not note anything negative directly about the project, but rather expressed concern that due to high-turnover (~40%) training to new teachers is a constant necessity.

Feedback Regarding Agency Prevention Team.

The respondent emphasized appreciation of the agency prevention team, especially in the areas of consistency and continuity of youth meetings. S/he mentioned that s/he was "very satisfied" with the agency's presence on campus and the determination of the staff to "keep the kids on track."

Suggestions for Improvement.

Aside from suggestions previously noted, such as expanding peer-to-peer activities, the respondent did not provide additional areas of improvement. Rather, the respondent noted the project was "doing a great job" and that s/he was "very pleased and hoped to continue working with the youth in order to foster sustainability."

Interviews with Purple Key Businesses

Interviews were conducted with various employers and organization leaders to gather their perceptions of Project Courage's Purple Key Business program. In addition, a main objective of the interview was to assess whether companies and organizations were utilizing the resources provided by the agency as part of Project Courage. After two attempts to 115 organizations, six individuals consented to the interview. The interviews were approximately ten minutes each.

History of Involvement and Current Status in Project Courage's Purple Key Business Program.

Most respondents became aware of the Purple Key Business program through direct contact with the agency – either through email correspondence or through a community event such as a "luncheon at Goodwill" according to one interviewee. Although most respondents indicated their organizations already had an IPA policy in place before involvement in the Purple Key Business program, many reported that the initiative made their organizations' efforts more forthcoming. For example, one respondent noted, "Our organization encouraged survivors to come forward before we became involved in the Purple Key Business program, but not at the same level compared to now. Our organization is now much better regarding awareness of the problem and the response to help has become more natural [as a result of the Purple Key Business program]." Other respondents mentioned that the Purple Key Business program resulted in policies being more visible to employees in an attempt to avoid employees having to "look for our organization's policy." Finally, one respondent noted that the Purple Key Business program was helpful, because the initiative provided information directly to employees about where to acquire help if experiencing IPA.

Since becoming involved in the Purple Key Business initiative, nearly all organizations represented in these interviews have completed the three steps in the program. While most had an IPA policy in place (step one) before becoming involved, most agencies have now also identified point-of-contacts within organizations (step two) for employees experiencing abuse and engaged in efforts to broadly publicize their stance on IPA (step three) either through participation in agency activities or through their own efforts. For example, one respondent noted the organization created a website to promote its position regarding IPA (www.enditnow.org). Although one respondent did note a gap in activities related to the Purple Key Business program that was due to a transition in leadership at that respondent's organization; after training new leadership, the expectation is that the involvement in the Purple Key Business program will continue.

Effectiveness of the Purple Key Business Program.

Respondents unanimously agreed that the Purple Key Business program was effective and still utilized by companies (with the exception of the company in transition). Several respondents commented that information contained within the Purple Key Business program was "eye-opening" and was effective in "educating employers/employees about the impact of intimate partner abuse on the workplace."

Beliefs Regarding Employer's Role in Combatting Intimate Partner Abuse.

A majority of respondents believed that IPA was not merely a private problem, but necessitated the involvement of the community and businesses. As one respondent noted, "My experience is that IPA is largely considered a private problem – which a lot of people are too ashamed to come forward. However, the problem is not something they [victims/survivors] can solve on their own." Other respondents emphasized the role of the community with one

interviewee saying, "[to combat IPA] the community needs to take ownership of the problem." Finally, one respondent mentioned the Purple Key Business program caused a reevaluation of his/her personal beliefs regarding IPA. As the respondent noted, "[the Purple Key Business program] resulted in a personal learning for me. I learned intimate partner abuse is a public problem, despite that the general sentiment is that this is still a private problem."

Suggestions for Improvement.

Respondents had several suggestions to improve the Purple Key Business program. Several respondents suggested the agency consider providing a monthly newsletter to all Purple Key businesses. Respondents noted the newsletter could provide information relevant to IPA directly and recognize new businesses into the program. Thereby, the newsletter can be a vehicle for the transmission of new information and a marketing tool for the agency to promote the Purple Key Business program overall. Another respondent indicated additional literature at trainings would be helpful to employees wanting to take information with them – perhaps if they do not feel comfortable speaking up at the actual session. Although respondents largely reported that the broad information on IPA is useful in trainings, one interviewee did suggest content be tailored specifically to businesses in order to strengthen the overall impact of presentations. Finally, one respondent emphasized that more agency efforts need to be focused on creating a stronger presence in the Pine Castle community. According to the respondent, "maintaining a team effort among the police, the agency, and the community itself is important [for prevention efforts]."

CHAPTER TWELVE: PERCEPTIONS OF IMPACT FROM AGENCY LEADERSHIP AND PROGRAM STAFF

Then and Now: Three Year Update on Program Activities

Taking into account the unique and intimate relationship that agency leadership, specifically the Chief Executive Officer, and other program staff members have to Project Courage; several interviews were conducted with these key personnel. Interviews were conducted in person or via phone and assessed each respondent's beliefs about the overall effectiveness, strengths, and areas of improvement for Project Courage following the first year. After transcribing notes from each interview, answers were summarized along the following several main points of inquiry in order to ensure confidentiality.

Overall, all interviewees spoke highly of Project Courage and emphasized that Project Courage has made a positive impact on the Pine Castle community. However, some of the interviewees discussed that a recent transition in project personnel had interrupted program activities and hampered the agency's overall efforts. For example, interviewees noted that the Leaders of Courage was on "hold," but was expected to start again in the spring of 2013 after new staff were hired and trained. The Little Heroes' program, now renamed to Little Leaders, curriculum was also on hold (as of this writing) pending revisions to the curriculum as was the DELTA Boys/DELTA Girls program. Finally, although meetings are still occurring with the Leaders of the Faith, interviewees noted that meetings are occurring individually as opposed to group sessions.

Project Courage Overall

Interviewees unanimously agreed that Project Courage has achieved success in reaching the Pine Castle community. As noted by one interviewee, "community engagement is about

relationships." Indeed, interviewees described multiple incidents where members of the community sought out staff members to thank them for their efforts and for the visible changes in the community. In addition to community response, interviewees commented on the support of local businesses in recognizing the importance of intimate partner abuse (IPA) prevention and the Orlando community overall. According to one interviewee, Project Courage has succeeded in providing awareness to central Florida about IPA, has educated the public about recognizing IPA, and encouraged individuals to respond to occurrences. Finally, some interviewees emphasized the youth's reception to Project Courage with one interviewee noting that "IPA will end with the youth."

The Effectiveness of Project Courage in Prompting Change

While all interviewees noted that the work of Project Courage is not complete in Pine Castle, they also all agreed that the activities over the past years have been extremely effective. Interviewees were particularly proud of the consistently positive results witnessed following RRR trainings, especially in trainings provided to local businesses. Interviewees noted that the positive impacts are evidenced by employers not relying on overt signs of IPA before offering assistance to employees. Moreover, according to interviewees, employers have recognized that IPA affects the workplace and are changing business practices (i.e. not shaming or terminating victims). As noted by one interviewee, the perception of the agency is changing to be one indicative of a "partner in public safety and not a charity." One interviewee also emphasized the positive impact seen in health care employees, where individuals in these settings realized that the information provided through Project Courage could assist them in their daily routines. Overall, as one interviewee stated, the program has "fostered coalitions of people coming together for the purpose of preventing IPA."

The Response of the Community to Project Courage

While all interviewees agreed that Project Courage had not yet reached the sustainability, each commented on the positive reception from the community to the program. According some interviewees, community engagement was "apparent" and there were "initial signs of impact." The aforementioned is especially impressive given the initial tentativeness of the community to become involved, as one interviewee noted. As the interviewee continued, "however, the community has since really embraced the program and the prevention team has been invited back on several occasions to offer additional trainings to businesses experiencing turnover."

The Effectiveness of Personnel and Agency Leadership in Coordinating Project Courage

Mutual appreciation of program staff and agency leadership was a consistent theme across interviews. Some interviewees discussed that the project staff have been particularly effective at "relationship building," especially among faith leaders. Others discussed the general dedication of staff members involved in the project, referring to employees (former and current) as a "great team" that assists each other "in meeting each other's goals." According to one interviewee, project staff members are "very effective and dedicated" and "all share the same visions and goals" for Project Courage. Staff members unanimously spoke of agency leadership as "being fully supportive of the prevention team," "proactive," and "innovative." Some interviewees did express concern that the agency itself was "stretched thin" given its tremendous growth and the reliance on external funding at times led to a "disconnect between agency goals and funder requirements."

Assessment of Resources Allocated to Project Courage

All interviewees agreed that Project Courage needs additional resources to be "fully operational." In fact, most noted they were doubtful that Project Courage was ever fully staffed

and that these shortages hampered the success of the program – even though impact still occurred in the community. When prompted to describe the additional resources necessary, some employees noted that an employee with "marketing expertise is needed to target local businesses" while others noted that the project needed "more feet on the ground" in the community. According to one interviewee, the "ideal" staffing model would entail an employee dedicated to each area of the project for both Malibu Grooves and Pine Castle. As this interviewee noted, the reliance on volunteers is difficult, because "they cannot commit long term. "Agency leadership also recognized the deficiency in staffing and noted that the agency was "working towards addressing staff concerns and that upper management was assisting in the transition period."

Areas of Improvement

Nearly every interviewee noted concern over the lack of resources dedicated to Project Courage in Pine Castle and this overall concern drove their recommendations for improvements. According to one interviewee, the lack of funding dedicated to Project Courage in Pine Castle impacts staff turnover, which then disrupts services to the community, and has led organizations to stop participating in Project Courage. For example, the interviewee noted that a Pine Castle school withdrew its participation in Project Courage after the staff member assigned to that location was laid-off due to lack of funding. In addition to the call for more funding, some interviewees noted more emphasis needed to be placed on involving individuals in the medical field. Others noted that while the Purple Key program has achieved considerable success, many businesses have not been reached as of yet and additional resources are needed to reach these organizations. Finally, one interviewee noted that each area of Project Courage could be

improved and that the project was sustainable if given the "adequate time and resources" to see the program to fruition.

Future Outlook and Directions for Project Courage

All interviewees were hopeful for the future of Project Courage and acknowledged that the program had "really just scratched the surface" of the Pine Castle community. Some interviewees expressed desires to establish stronger collaborations with first responders and faith institutions, while others noted that many businesses in Pine Castle still needed to be reached. According to one interviewee, an immediate future direction of the project could entail training additional staff members to present RRR information. Others spoke more broadly, suggesting Project Courage expand to additional communities in the coming years and eventually all of Orlando. Although the need for additional resources was echoed throughout these interviews, all interviewees agreed that Project Courage has achieved initial success in the first year.

CHAPTER THIRTEEN: OVERVIEW OF EVALUATION FINDINGS AND RECOMMENDATIONS

Executive Summary

Overall, Project Courage successfully reached a portion of the Pine Castle community during the first year of operation with every indication that – if given adequate resources and time entrenched within the community – the impact of the prevention program will continue to grow and even expand. The following data summaries provide the evidentiary support of this overall impact. To structure these data findings, summations are presented according to each component originally conceptualized as "Project Courage." Following the summary of evaluation findings per each component, recommendations will be noted which could further improve Project Courage for the future. These recommendations stem from the analyses included in this evaluation and may not reflect agency improvements to Project Courage that occurred after year one of the program that are noted at the end of this chapter.

Component one through three: Increasing individual, community, and provider knowledge about IPA.

Raising awareness: "Triple R" training.

Findings.

The primary tool utilized to strengthen individual knowledge and skills' regarding intimate partner abuse (IPA) was Harbor House of Central Florida's "Recognize, Respond, and Refer" (RRR) training; which focused on recognizing signs of abuse, responding to instances appropriately, and providing survivors with information on resources to help victims (Harbor House of Central Florida, personal communication, December 2, 2011). In reviewing analyses of these data, several positive patterns immediately became apparent. Generally, this evaluation

found the RRR to be an effective method to foster immediate impact in strengthening individual knowledge regarding *recognizing* and *responding* to IPA. While assessing changes in trainees' beliefs regarding ability to *refer* for IPA was largely not possible through bivariate analyses, frequency analyses indicate an overall positive reception to this information as well.

Trainees' *recognition* of IPA was broadened through the RRR training to include more *covert* actions used by perpetrators (i.e. using kids to manipulate, minimizing negative events, controlling money/economic decisions) in contrast to overt signs that laypersons have typically relied upon in determining abuse. Indeed, often the only measures that failed to reach significance from pre to post-testing were actions that were physical and *visible* signs of IPA. Trainees also consistently reported the RRR training "very much" or "for the most part" improved their ability to determine whether an individual had a history of IPA. Similarly, trainees also consistently reported the RRR training would prompt a change in their own routines regarding recognizing survivors.

Taking into account the general lack of significant differences in beliefs regarding *recognizing* IPA between men and women following the RRR, the implication is that the training seemed to have a comparable impact on these two groups. However, following the RRR training, there were several significant differences in recognizing IPA between Caucasian and minority trainees. In general, a significantly greater proportion of Caucasian trainees identified several actions as indicative of IPA compared to minority trainees. Finally, significant differences among trainees of various age groups were also present. Following the RRR training, a greater proportion of older trainees defined several actions as IPA compared to younger trainees.

Trainees indicated a greater willingness to *respond* or intervene when confronted with survivors in the course of their work. However, levels of "comfortableness" and "competency"

improved only marginally following RRR trainings for most trainees or failed to reach significance entirely (with the exception of one organization). Despite this finding, a majority of trainees believed the RRR training provided both necessary and practical tools required to respond to survivors. In reviewing differences among trainees of different demographic backgrounds, a few additional patterns became apparent.

Before completing the RRR training, a significantly greater proportion of males would intervene to assist a survivor of IPA compared to females; additionally, males had a greater self-perception of competency compared to females. However, following the RRR training, all measures failed to reach significance. The lack of significance following the RRR implies that females became more willing to intervene to assist survivors of IPA as well as perceived themselves to be more competent in addressing such situations following the training. Percent change data supports this implication and shows greater change among female trainees from pre to post-testing regarding willingness to intervene when confronted with a survivor and believing assisting survivors was part of their duty. Overall, trainees' knowledge of IPA, including its causes and prevention, also significantly improved following the RRR training. In addition, most trainees reported the RRR training "very much" or "for the most part" improved their ability to *refer* individuals to IPA information and resources in the community. Finally, trainees also indicated the RRR training would prompt a change in their routines in referring survivors to local community agencies.

Responses from an Internet survey distributed to previous RRR attendees provide additional supportive evidence on the effectiveness of the training. For example, a majority of respondents rated the RRR program as either "very effective" or "effective" in supporting the mission of Project Courage. Moreover, respondents noted the RRR was "informative,"

"immediately useful," and "frequently offered." However, respondents requested additional follow-up from the agency to stay informed about IPA and prevention activities.

Recommendations.

Although this evaluation found the RRR to be an effective method for fostering changes in individuals' beliefs regarding "recognizing, responding, and referring" for IPA, several issues of concern were identified that led to the following recommendations. These recommendations are ordered according to the researcher's perception of importance and mainly focus on data management that affected RRR training outcomes.

The *first recommendation* to improve RRR training outcomes is to focus on offering more training to community residents and first responders. During the first year of Project Courage, one RRR training session was presented to the community. However, these data could not be utilized, because only pre-test data could be located and not the accompanying post-test data. Taking into account that some interviewees suggested the agency create a greater presence within the Pine Castle community, which encourages future goals of sustainability, hosting additional RRR trainings has several benefits for not only residents but the agency as well. Accessing first responders is also vastly important for the overall goals of Project Courage. As first responders, these individuals potentially interact with a number of IPA survivors on a daily basis. Therefore, engaging this group to "recognize, respond, and refer" IPA survivors appropriately serves to improve Project Courage overall.

The *second recommendation* to improve RRR training outcomes is to increase follow-up with previous attendees. This recommendation stems from feedback gathered through the Internet survey primarily sent to previous RRR trainees. In order to minimize agency cost, one proposed method is to create a newsletter capable of being electronically sent as well as posted to

the agency's website. These electronic newsletters could not only be utilized to follow-up with previous attendees, but also function as a marketing piece for Project Courage overall by highlighting accomplishments of past trainees in the area of prevention of IPA.

The *third recommendation* to improve RRR training outcomes is to establish a consistent survey tool per each organization type. Over the course of the first year of the program, pre and post-test instruments seemed to vary by group without any discernible logic. For example, the two hospitals included in this evaluation used different instruments and each instrument had different questions. Establishing a consistency in survey tools utilized per each organization type will minimize problems with later data analyses. For example, due to variations in instruments, data analyses utilizing the aggregate sample were limited.

The *fourth recommendation* to improve RRR training outcomes is to ensure that pre-tests are matched with post-tests per each trainee. During the course of this evaluation, substantial portions of data were lost due to the inability to match pre-tests with their accompanying post-tests. While every empirical analysis encounters some degree of missing data, missing data in excessive amounts can weaken overall findings. For example, an estimated 50% of data from the youth were lost in this evaluation. A potential strategy to overcome this issue is to pre-label survey instruments for trainees before the actual session. Then staff members could distribute and collect these surveys, already appropriately labeled, in envelopes with both survey instruments inside. As a result, both instruments (pre and post) remain together until data input. After data input, these envelopes could be reused for future trainings to minimize additional agency expenses.

The *fifth recommendation* to improve RRR training outcomes is to ensure that data files are labeled intuitively and consistently. For example, in the course of this evaluation, one data

file was not utilized because it was named as "Childcare with Susan." It was later determined that "Susan" was an employee of the Harbor House of Central Florida, but the childcare organization was never discovered. In another example, a data file named "Fifer" was determined to be a teacher at Oak Ridge High School. Labeling data files in an intuitive and consistent manner can assist in the rapid locating of information for evaluative purposes as well as be used to track dates of training (to ensure alignment with the agency's ALICE system) and track the originator of the file for accountability (i.e. 01_01_2013_Agency Name RRR_JN).

The *sixth recommendation* to improve RRR training outcomes is to create data codebooks that correspond to each survey instrument utilized. Understandably, social service agencies often rely on the assistance of volunteers to manage day-to-day clerical tasks, while full-time employees are engaging clients in the field. However, volunteers by their nature are temporary and can turnover frequently. Therefore, having a reference guide that clearly outlines what each response equates to in Microsoft Excel™ ("yes"=1) for volunteers working with data can minimize incorrect coding and maintain the validity of the overall data for evaluative purposes. For example, in the course of this evaluation, "1" typically meant "yes," but was entered as "applicable" in the youth data.

Youth programs to increase individual awareness.

Little Heroes findings.

Due to the nature of the subject matter, Project Courage prevention team members collaborated with a local puppeteer group, MicheLee Puppets, on developing a puppet show to educate Pine Castle youth on recognizing and surviving IPA events (for a video clip showing a segment of Little Heroes, click here). Overall, Little Heroes was presented to 90 youth in January 2011 (participating schools: Dr. Phillips, Riverside Elementary, Spring Lake Elementary, and

Zellwood Elementary). Frequency analyses indicate that the Little Heroes program effectively communicated to youth how to "recognize" abuse, "respond" to occurrences, and engage in help-seeking activities. This finding is supported by data obtained through an Internet survey in which a majority of respondents rated the Little Heroes program as "effective" in supporting the overall mission of Project Courage.

In general, following the Little Heroes program, most youth recognized when a family dynamic was "wrong" and when the actions of a guardian were "wrong" and "scary." Moreover, a majority of youth recognized when the actions of their peers were troublesome (i.e. bullying others or isolating themselves) and warranted further attention. While most youth noted seeking out an adult for assistance in such situations, a small percentage expressed willingness to intervene themselves as well. Little Heroes also successfully reinforced strategies for youth to utilize to keep themselves safe if experiencing an IPA crisis. For example, youth noted several places to hide in their homes, such as their room or a closet. Finally, a majority of youth reported that IPA was never the fault of the victim or children; thereby addressing widely held macro-level beliefs that affect individuals at the micro level.

Little Heroes recommendations.

The Little Heroes program, now referred to as "Little Leaders," was revised following the first year of Project Courage to include content that focused on bullying as a manifestation of witnessing/experiencing IPA. Taking into account the program included in this evaluation is no longer utilized, the recommendations provided here are broad suggestions applicable to any activity. These recommendations are ordered according to the researcher's perception of importance.

The *first recommendation* to improve outcomes of this project activity is to offer programing specifically in Pine Castle schools. During the first year of Project Courage, the Little Heroes program was provided to four different schools. However, none of these schools were in Pine Castle or the target zip code of 32809. While it is understandable that the agency experienced barriers to access, attempts to build relationships and facilitate access to prevention personnel should be ongoing. Taking into account that some interviewees suggested the agency create a greater presence within the Pine Castle community, which encourages future goals of sustainability, providing youth programing specifically in Pine Castle schools has several benefits for all involved (i.e. residents, children, school administration, and the agency).

The *second recommendation* to improve outcomes of this project activity is to establish a follow-up procedure where previously trained youth are reevaluated to gauge whether information was retained after a period. While this evaluation found that the Little Heroes program was effective at communicating to youth how to "recognize" abuse, "respond" to occurrences, and engage in help-seeking activities immediately after the *MicheLee* puppet show, less is known whether this information had a *lasting* impact on these children.

DELTA Boys/DELTA Girls.

Due to funder restrictions, data from the DELTA Boys/DELTA Girls programs were unavailable for this evaluation. However, a majority of respondents in an Internet survey reported that the DELTA Boys/DELTA Girls program was "effective" in supporting the mission of Project Courage. Therefore, the *primary recommendation* to improve outcomes of this project activity is to establish a procedure where these programs are evaluated internally.

Leaders of Courage findings.

The Leaders of Courage (LOC) program consisted of information related to IPA and dating violence (DV) similar to the "Recognize, Respond, and Refer" training. In addition, positive and supportive relationship behaviors among youth were emphasized through training content. At the time of this evaluation, data from 252 youth involved in the LOC program from the following schools/organizations were available: Beta Center, Oak Ridge High School, West Ridge Middle School, YMCA, Chancery High School, St. John Vianney, and Carver Middle School. In reviewing the analyses of these data, several positive patterns immediately became apparent. Generally, this evaluation found the LOC program to be an effective method to foster immediate impact in strengthening youths' knowledge regarding IPA and DV, which mirrors data acquired through an Internet survey and interviews with school administration. Aside from strengthening youths' knowledge regarding IPA and DV, data indicate the LOC program effectively changed youths' beliefs regarding appropriate relationship behaviors and challenged cultural norms supportive of abuse.

Following the LOC program, a greater proportion of youth disagreed that several *covert* signs of abuse were acceptable in a relationship. For example, a majority of youth disagreed that "abuse only happens if you hit someone," that "acting jealous in a relationship shows you care," and that "it is okay for someone to decide who their partner is allowed to hang out with." In addition, following the LOC program, a greater proportion of youth disagreed with widely held misconceptions that IPA was a private problem. For example, a greater majority of youth disagreed that "abuse between couples is their business." Interviews with school administration support this finding in that youth have developed a "zero-tolerance" for violence because of LOC. Moreover, interviewees indicated that the LOC program fostered a greater awareness of

abuse among youth as well as empowered youth to become their own advocates against IPA and DV. In reviewing differences among trainees of different demographic backgrounds, a few additional patterns became apparent.

Before completing the LOC program, a significantly greater proportion of girls disagreed that "abuse between couples is their business." However, following the LOC program, there was not a significant difference between girls and boys. This lack of significance implies a greater understanding, likely due to the LOC program, among boys that IPA is a *public* problem. Following completion of the LOC program, a significantly greater proportion of girls agreed that "a trusted adult to help him/her learn about healthy relationships" was accessible to them; this finding potentially implies that girls viewed LOC trainees as mentors or "trusted adults."

Before completing the LOC program, a significant difference in attitudes regarding whether it was "impossible to prevent abuse" existed among youth of different age groups. However, this difference disappeared during pre-testing, implying the impact of the LOC program on youth. However, two significant differences in attitudes remained among youth of different age groups after the LOC program. Older youth were less accepting of the statement "it is only abuse if you hit someone" compared to younger respondents. Moreover, youth that reported having "a trusted adult [available] to help [them] learn about healthy relationships" were older than youth that strongly disagreed with this statement. In addition to indications of impact gleaned through RRR training results, interview feedback from school administration was equally positive.

School administration noted that before the LOC program began, there was a general lack of awareness and "voice" among youth. However, after the program began, students and administration alike developed a "zero-tolerance" attitude for violence. The school administrator

attributed this increase in awareness to LOC mentors whom were "really good" at reinforcing non-violent messages and empowering youth to continue promoting change through a variety of school activities (i.e. homecoming parade, hanging posters around school, etc.). In fact, the only suggestion the school administrator had was that additional trainings to teachers were needed given the high turnover in staff this institution experiences annually. While it is noteworthy that older youth responded well to the LOC program, more attention may need to focus on reaching younger youth.

Leaders of Courage recommendations.

Although it was determined that the LOC program was an effective method to foster immediate impact in strengthening youths' knowledge regarding IPA and in reinforcing appropriate relationship behaviors, several recommendations resulted from the evaluation of these data. These recommendations are ordered according to the researcher's perception of importance and mainly focus on data management.

The *first recommendation* to improve LOC outcomes is to develop a procedure in which all the various activities youth engage in are documented for future evaluative purposes. For example, according to school administration, youth engaged in public service announcements and other public awareness events (i.e. hung posters, attended pep rallies, etc.). However, there are no data regarding those activities aside from school administrator feedback. Surveying school administrators on a regular basis and soliciting feedback on all activities occurring as part of LOC, aside from trainings, will strengthen data to assess this program and its overall outcomes.

The *second recommendation* to improve LOC outcomes is to emphasize the involvement of teachers and other school administration in youth activities or, at the very least, training sessions. This recommendation stems from an interview conducted with a school administrator

in which he/she noted the LOC program was a "conversation starter," because the "lives of teachers are often totally counter to what the typical student experiences at home." Therefore, incorporating teachers in LOC training sessions can foster belief shifts in teachers and among the youth. Moreover, by participating in these activities along with the youth, youth may perceive teachers as mentors and "safe adults" to engage if experiencing IPA or DV. Encouraging an environment where teachers are also mentors to the youth would not only facilitate sustainability, but also ensure youth have a number of "safe" adults to seek out if experiencing IPA or DV.

The *third recommendation* to improve LOC outcomes is to establish a contingency plan – in collaboration with school administration - if agency staff assigned to a particular school resigns his/her position. For example, in the course of this evaluation, access to a school was denied after an agency staff member's line was eliminated due to diminished funding. Unfortunately, in an environment where funding to social services agencies fluctuates dramatically depending on client need and the reliance on external funding, staff turnover is an unavoidable reality. Therefore, establishing a contingency plan with school administration in the event of staff turnover may avoid termination of access and lapses in program activity to youth.

The *fourth recommendation* to improve LOC outcomes is to establish a consistent survey tool for all youth. Over the course of the first year of the program, several different pre and post-test instruments were used to assess youth. This inconsistency then affected the ability to assess to impact of LOC on all youth using the aggregated sample as well as presented challenges with drawing conclusions on certain measures in which the sample size was drastically reduced.

The *fifth recommendation* to improve LOC outcomes is to ensure that pre-tests are matched with post-tests per each youth. During the course of this evaluation, substantial portions of data were lost due to the inability to match pre-tests with their accompanying post-tests. While

every empirical analysis encounters some degree of missing data, missing data in excessive amounts can weaken overall findings. For example, an estimated 50% of data from the youth were lost in this evaluation. A potential strategy to overcome this issue is to pre-label LOC instruments for trainees before the actual session. Then staff members could distribute and collect these instruments, already appropriately labeled, in envelopes with both inside. As a result, both instruments (pre and post) remain together until data input. After data input, these envelopes could be reused for future trainings to minimize additional agency expenses.

The *sixth recommendation* to improve LOC outcomes is to ensure that data files are labeled intuitively, consistently, and according to a procedure to track revisions. For example, in the course of this evaluation, the LOC youth data file originally submitted for evaluative purposes was later determined to be an incomplete representation of the amount of LOC youth involved during the first year of Project Courage. This realization occurred after analyses on the first set LOC data were complete and caused a complete revision of results. Establishing a procedure for the labeling of data files can avoid these pitfalls as well as aid in the rapid locating of information, tracking of dates (to ensure alignment with the agency's ALICE system), data input accountability, and ensure the most current data is being utilized (i.e. 01_01_2013_Oak Ridge HS LOC_JN_version1; 01_01_2013_Oak Ridge HS_JN_version2).

The *seventh recommendation* to improve LOC outcomes is to create data codebooks that correspond to each survey instrument utilized. Understandably, social service agencies often rely on the assistance of volunteers to manage day-to-day clerical tasks, while full-time employees are engaging clients in the field. However, volunteers by their nature are temporary and can turnover frequently. Therefore, having a reference guide that clearly outlines what each response equates to in Microsoft Excel ("yes"=1) for volunteers working with data can minimize incorrect

coding and maintain the validity of the overall data for evaluative purposes. For example, in the course of this evaluation, "1" typically meant "yes," but was entered as "applicable" in the youth data.

Public speaking and media exposure.

Findings.

During the first years of Project Courage, the program was highlighted in several news articles from local agencies - indicating initial media exposure (Lhee, 2010; Orlando Sentinel, 2011; Pacheco, 2011; Prieto, 2011, 2012; Santich, 2010). However, after the launch of Harbor House of Central Florida's R3 application, this exposure has arguably increased. According to agency data, the R3 application has been downloaded by users around the world and continues to grow in popularity (Harbor House of Central Florida, personal communication, June 1, 2012). This increase in popularity is evidenced by a recent article in *The New England Journal of Medicine* (see Liebschutz & Rothman, 2012) that cites the R3 application as a potential tool for medical practitioners to use in screening for IPA (Santich, 2013). Although the mention of the R3 application in a prestigious medical journal is a substantial milestone in raising awareness – among physicians in particular – data gathered through an Internet survey indicate a sizable minority (35.4%) of Pine Castle business owners had never heard of the Project Courage. The aforementioned finding supports suggestions from Purple Key Businesses that while certain aspects of Project Courage (i.e. the RRR; the Purple Key Business program) are doing well, more emphasis should be placed on creating a stronger presence within the Pine Castle community overall.

Recommendations.

Although the media exposure of Project Courage during the first year of operation was relatively small, this is not surprising as the efforts of the agency were focused on establishing a presence within the Pine Castle community. Following Bronfenbrenner's (1979) social-ecological perspective, in order to affect change at macro-levels (i.e. cultural norms, changes in legislation, etc.), affect needs to occur at the micro-level (i.e. the individual, community) first. Therefore, the expectation is that media exposure of Project Courage and larger macro-level change will occur as the program grows and expands. The following are a few recommendations, ordered according to the researcher's perception of importance, to aid in that growth.

The *first recommendation* to improve media exposure of Project Courage is to host or attend more community events. By hosting or attending events within the Pine Castle community, the agency can increase media exposure by inviting news agencies as well as strengthen their overall presence among residents.

The *second recommendation* to assess media exposure of Project Courage is gather data at events or during shelter intake sessions on whether individuals have heard of Project Courage and – if so – where they learned about the program. By tracking this information, the agency can assess whether certain sources (i.e. Orlando Sentinel) have more impact at raising awareness about Project Courage compared to others. Additionally, in tracking whether survivors came to the agency because of Project Courage activities, additional data are generated for future evaluations.

Component four: Fostering coalitions and networks.

Findings.

Recognizing that IPA victims and perpetrators travel outside the Pine Castle area regularly, Project Courage staff had endeavored to reach agencies likely to interact with residents despite being outside the target area of 32809 during the first year of the program. For example, numerous staff members at the two main "feeder" hospitals (i.e. Florida Hospital and Orlando Regional Medical Center) underwent RRR training during the first year of Project Courage. However, the following several key agencies were not trained during the first year: the Department of Children and Families, the Department of Corrections, law enforcement serving the Pine Castle Community, Orange County Fire Rescue, nurses, and therapists (Harbor House of Central Florida, personal communication, December 2, 2011). Taking into account that the goals of Project Courage during the first year were to affect micro-level change, the limited ability to establish coalitions and networks (mainly through RRR training) – which is an indicator of macro-level impact - is understandable. Therefore, the following recommendations are suggestions to continue growing coalitions and networks to affect change both at the micro-level and macro-level of society.

Recommendations.

The *first recommendation* to foster coalitions and networks is to continue providing RRR trainings to local feeder hospitals (i.e. Florida Hospital and Orlando Regional Medical Center), but also provide training to hospitals specific to vulnerable populations (i.e. Winnie Palmer for Women & Babies, Arnold Palmer Hospital for Children, and Nemours Children's Hospital) or

teaching hospitals for future practitioners (i.e. University of Central Florida's College of Medicine senior students).

The *second recommendation* to foster coalitions and networks is to engage agencies not yet RRR trained (as of the end of the first year of Project Courage) on attending sessions. Critical organizations already identified by the agency include the Department of Children and Families, the Department of Corrections, law enforcement, Orange County Fire Rescue, nurses, and therapists. However, other important agencies to consider are the following: Orange County Animal Services, Orange County Transportation Services, Lynx, Orlando's GLBT Center, and the United States Postal Services.

The *third recommendation* to foster coalitions and networks is for the agency to consider hosting other activities - aside from RRR trainings – for these organizations. For example, hosting monthly or quarterly meetings with point-people from each agency where prevention activities are discussed, similar to the "Leaders of the Faith" roundtables, would encourage mutually rewarding partnerships as well as a strong collaborative network.

The *fourth recommendation* to foster additional coalitions and networks is to develop an electronic symbol or "badge" for agency websites, which signifies membership in the Project Courage "coalition" or "network." Enabling this symbol to route to the Harbor House of Central Florida website, upon selection by the user, will further "saturate" the Pine Castle community and surrounding Orlando area with Project Courage information.

Component five: Changing organizational practices.

Purple Key Business Initiative.

Findings.

As part of Project Courage, businesses and organizations were given the opportunity to become part of Harbor House of Central Florida's Purple Key Business program, which formally recognized companies for being "survivor-friendly" and "abuse-intolerant" (Harbor House of Central Florida, personal communication, December 2, 2011). In order to become a "Purple Key Business," companies were required to complete the following steps: (1) complete the RRR training, (2) implement an IPA policy and incorporate the policy into the employee handbook, (3) assign a point person within the organization to assist employees in times of crisis, and (4) take part in raising awareness (Harbor House of Central Florida, personal communication, December 2, 2011). These services were offered at no cost to businesses (including the IPA policy formation). In fact, Project Courage established a relationship with a local business leader – Mr. Johnny Duncan of Duncan Consulting, Inc. – to assist companies in formulating IPA policies free-of-charge (Harbor House of Central Florida, personal communication, December 2, 2011).

As of August 2012, 85 businesses were in some stage of becoming a Purple Key Business (Harbor House of Central Florida, personal communication, August 13, 2012). Specifically, 13 businesses located within the target zip code of 32809 have completed all the requisite steps to become a "Purple Key Business." In addition, nine businesses located within 32809 have completed the RRR training portion of the Purple Key Business program and, 10 businesses have identified a point-person that employees experiencing IPA can seek out for assistance (Harbor House of Central Florida, personal communication, August 13, 2012). Data gathered through an

Internet Survey and telephone interviews indicate the Purple Key Business program is an effective method to engage organization leaders in addressing IPA in the workplace and to foster change in organizational practices.

Internet survey respondents enjoyed several aspects of the Purple Key Business initiative, such as the "employee awareness," "[the] immediately useful [content]," and "[the program had] an impact." Increased awareness was a consistent theme uncovered through interviews with Purple Key Business representatives. For example, although many interviewees noted their organization already had an IPA policy in place before involvement in the Purple Key Business initiative, many reported the program made their organizations' efforts more apparent. Aside from prompting organizational change, the Purple Key Business program also resulted in micro-level change among employees. For example, one interviewee referred to content contained within the Purple Key Business program as "eye" opening." In another example, an interviewee noted that the Purple Key Business program resulted in "personal learning" for her that IPA, because she "learned that IPA is a public problem, despite that the general sentiment is that this [IPA] is still largely a private problem."

In order to reinforce the importance of Project Courage and the Purple Key Business initiative, the agency calculated the annual health and productivity costs of IPA per each agency participant using the Texas Health Resources Domestic Violence Cost Calculator (Texas Health Resources). According to Texas Health Resources, the Domestic Violence Cost Calculator takes into account the total number of employees, the percentage of employees that are female, and the company's average wage to compute an estimated cost (Texas Health Resources). The estimated total is derived from information published by the United States Centers for Disease Control regarding the number of female employees expected to experience IPA and the number of times

assaults are expected; which is then used in conjunction with estimated costs associated with medical care, mental health care, and lost productivity (Texas Health Resources). Therefore, because of their involvement in the Purple Key Business program, agency participants are saving an estimated total of $1,919,508 annually (range of $1,438-$881,640 per business). Although there are multiple indications that the Purple Key Business program is an effective component of Project Courage, several suggestions were noted in the course of this evaluation. However, the following suggestions only relate to the Purple Key Business program outside of the RRR training. To avoid unnecessary repetition, suggestions to the RRR training can be referenced in earlier parts of this chapter.

Recommendations.

The *first recommendation* to improve the Purple Key Business program is to increase outreach to Pine Castle agencies specifically. As of August 2012, 32 businesses from Pine Castle were at some stage of becoming a Purple Key Business (approximately 38% of the overall total). Taking into account that Project Courage will be entering the fourth year of operation in August of 2013, 32 businesses are a relatively small number. The indication of a relatively small reach among Pine Castle businesses is also seen in the following survey comment: "I run the [removed for confidentiality], I participate in [removed for confidentiality], I am involved with several of the local churches due to the nature of my business and have not heard about this project."

The *second recommendation* to improve the Purple Key Business initiative stems from feedback gathered through telephone interviews with representatives of agencies currently involved in the program and relates to follow-up with participants. Several interviewees commented that there was minimal contact from Harbor House of Central Florida following their involvement in the Purple Key Business Program. Therefore, to address this concern, several

interviewees suggested a newsletter be distributed to transmit pertinent information to Purple Key Businesses. Aside from distributing relevant information to Purple Key Business members, the newsletter could also function as a marketing tool to promote the overall program and highlight accomplishments of agencies currently involved in the initiative.

Screening of IPA by first responders.

Findings.

In the course of this evaluation, Harbor House of Central Florida launched its electronic R^3 IPA screening tool application that was developed based on the "Hurt, Insulted, Threatened with harm, and Screamed" (HITS) assessment (M. Méndez, interview communication, December 2, 2011; Sherin, Sinacore, Li, Zitter, & Shakil, 1998). The application allows practitioners and victims alike to screen for IPA directly from their smart phones or tablets. Moreover, the application has links to a variety of information, including IPA shelters. According to agency reports, as of May 31, 2012; the application has been download on smart phones and tablets at least 1,126 times around the world and was recently cited in a prestigious journal as a recommended screening tool for professionals (Harbor House of Central Florida, personal communication, May 31, 2012; Liebschutz & Rothman, 2012). The success of the R^3 application is impressive and serves as the motivator for the following recommendations.

Recommendations.

The *first recommendation* to improve this component of Project Courage is to assess whether first responders are utilizing the R^3 application. If the application is utilized, gathering data regarding how often and the outcomes of those screenings would be informative for future evaluations. If the application is not utilized, gathering data on why not would be equally informative and may highlight some additional areas of improvement for future evaluations.

The *second recommendation* to improve this component of Project Courage is for the agency to consider either expanding the R^3 application or developing an entirely new application that assists *youth* in recognizing signs of abuse as well. Recognizing the correlation between dating violence and IPA (Harned, 2001, 2002; Makepeace, 1981, 1986; O'Keefe, 1997; Riggs & O'Leary, 1996), creating a new application or expanding the R^3 application in order to empower youth with immediate feedback on potentially troubling behaviors (i.e. the frequency that a teen partner acts jealous, whether the teen partner dictates whom the victim can hang out with, etc.) may halt violence before onset. Additionally, youths' lives – more so than any other demographic – are increasingly becoming intertwined with technology. As a result, an electronic application that screens for dating violence is particularly suited to this group.

Component six: Influencing policy and legislation.

The final component of Project Courage comprises the broadest indicators of social change, which entails altering pro-arrest and other institutional policies affecting IPA. Along with changing policies, a broad goal of Project Courage is to eventually revisit prosecution rates. However, due to this level of change and relative infancy of the program (less than five years old), very little effort has gone into influencing policy and legislation yet. As a result, there are no recommendations for this component as efforts should focus on the other components outlined in this section.

Project Courage Overall

Multiple data sources indicate Project Courage has successfully had an impact on the Pine Castle community. Although the level of impact is relatively small, the aforementioned should be considered in the context that Project Courage took several months to fully establish itself within the Pine Castle community. Therefore, one would expect the level of impact to

increase substantially as time passes within the community. Interviews conducted with agency staff members, leadership, and community partners revealed several other points of feedback regarding Project Courage overall.

Interviewees unanimously agreed that Project Courage has succeeded in providing awareness about IPA to the Orlando community overall as well as Pine Castle. Several components that interviewees were particularly proud of were the Purple Key Business program and the collaborations that have resulted from Project Courage. According to one interviewee, Harbor House of Central Florida is seen as a "partner in public safety" instead of a "charity." While interviewees unanimously agreed that Project Courage is not sustainable yet – if given adequate resources and time within the community – all believed the program would eventually be a self-sustaining part of the Pine Castle community.

The success of Project Courage is likely due, at least in part, to the agency's team environment and shared investment in the success of the program in Pine Castle. This team environment was evidenced by the mutual appreciation between agency leadership and agency staff members: each spoke highly of the other. The one glaring concern and likely most serious risk to Project Courage overall is the diminishing resources dedicated to program due to losses in external funding. While agency leadership is attempting to address deficiencies were possible, all staff members noted that the lack of resources have hindered the success of the project overall. Moreover, interviewees noted that attempting to provide prevention services to two widely-different communities (Malibu Groves and Pine Castle) has strained available resources even further.

Update Regarding Recommendations

The recommendations presented here stem from Project Courage year one data; however, the program is approaching its fourth year of operation in Pine Castle. Recognizing the substantial time that has passed from year one to four, agency feedback was solicited regarding what improvements occurred following the first year of Project Courage. Per Cynthia Valdez, Harbor House of Central Florida's Community Engagement Manager, the following changes were made after the first year of Project Courage: (1) firm data management procedures were established to preserve information integrity of future evaluations; (2) dialogue began with the community's elementary schools; (3) several agencies recommended in this section have in fact completed the RRR training (e.g. the GLBT center, Department of Children & Families, Department of Corrections, Winnie Palmer Hospital for Women & Babies, and various fire and police departments serving Pine Castle). Although several recommendations noted in this section are still relevant and have not been addressed as of yet, it should be recognized that the agency has taken several steps to improve Project Courage.

CHAPTER FOURTEEN: PROGRAM EVALUATION DIFFICULTIES AND LIMITATIONS

General Reflections on the Challenges in the Conducting Program Evaluations

Although the results of this study are positive, several challenges were encountered in conducting this evaluation. It is important to note, however, that these difficulties were not the result of any one particular source, but mainly stemmed from a compounding effect from a series of negative events – largely out of the agency's control. The first event that occurred was the loss of the only staff member with formal research methodology training. After this vacancy, the remaining staff members of Harbor House of Central Florida's Prevention Department were focused on providing Project Courage services to the community, and data management became a secondary concern – in which they had no formal training. As a result, data was stored incorrectly, inputted/labeled incorrectly, or lost altogether in the struggle to continue trying to establish Project Courage within the Pine Castle community.

In a perfect world, the agency would have recruited an equally qualified research methodologist to collect and input data associated with Project Courage; however, funding typically assigned to social service agencies is anything but idealistic. As a result, after the staff turnover, the agency relied on inexpensive help to input data and the data management faltered. Moreover, due to the loss of external funding, additional staff members were laid off – further adding to the workload of the remaining team members. This second event likely contributed to why an additional staff member resigned her position shortly thereafter, further diminishing the staff devoted to Project Courage in Pine Castle. Currently, only one employee (who was part of the original Project Courage team) remains with the agency. Yet, agency interviews clearly show that the staff and leadership of Harbor House of Central Florida are aware of the pitfalls

encountered during the first year and are taking corrective action moving forward. For example, the current Community Engagement Manager recognized the need for basic research methodology skills, and developed a coding/inputting system to ensure data integrity for future evaluations. Aside from these general pitfalls, several specific limitations affected the results of this program evaluation.

Data Management

The most serious limitation to this program evaluation was the barriers presented through the lack of data management that occurred during the first year of Project Courage. Due to the lack of data management, a substantial amount of records were discarded for incompleteness and unreliability (e.g. nearly 50% of youth data) or unable to be located altogether. Although analyses were still possible, it is unknown whether discarded and lost data would have altered any findings presented in this program evaluation.

Understandably, the priorities of a social service agency are to assist individuals in crises in the field and not to focus efforts on ensuring that proper data management procedures are consistently followed. However, if the goal of Project Courage is to be evidenced-based, there must be additional efforts made to protect the reliability of evaluation data. It is encouraging that the agency has already taken steps to improve data management after the first year of Project Courage and hopefully future evaluations will not be hindered by this limitation.

Staff Transition

During the course of this evaluation, there were a few transitions in staff members whom played a key role in Project Courage. As a result, this evaluation was hindered by the loss of institutional knowledge that departed with those staff members. For example, at certain points in this evaluation, clarifying questions were asked of the agency that simply could not be answered

due to the relative newness of individuals currently involved in the project. Moreover, in one reported instance, the loss of a staff member resulted in the agency losing access to an educational institution. As a result, while staff transitions did not present a serious barrier to this program evaluation, these departures were a limitation.

Lack of Data Specifically from Pine Castle for all Components

Despite the best efforts made in the course of this evaluation, there were several components of Project Courage (specific to Pine Castle) that could not be as adequately investigated as others due to the lack of data. For example, due to disagreements over the content of the Little Heroes program, the elementary schools within Pine Castle did not permit the agency's involvement during the first year of Project Courage (Cynthia Valdez, personal communication, March 13, 2013). As a result, while there were some data available from the Little Heroes program for this evaluation, these data were from schools outside the target zip code of 32809, and comprised of students who may have responded differently to the program versus Pine Castle students. In another example, due to a disagreement outside of the agency's involvement, a critical first responder organization declined to participate in Project Courage during the first year. Consequently, there were no data from first responders to assess for the purposes of this evaluation. Although this agency has since completed the RRR training, these data are outside the evaluation year currently under review and are therefore not utilized in these analyses. Finally, the inability to access data associated with the Delta Boys/Delta Girls program – regardless of location - prevented any type of assessment for that component of Project Courage.

Challenges in Gathering Evaluator Data

This evaluation was limited by the challenges faced during the researcher's data collection – specifically in barriers to acquiring feedback from the community and from individuals involved in some aspect of Project Courage. For example, following the lack of attendance at two focus groups, the researcher conducted an Internet survey; however, this resulted in a relatively low response rate. Similarly, relatively few individuals from schools and Purple Key Businesses responded to requests for interviews despite multiple requests. As a result, while the feedback gathered does indicate several general themes, these data should be interpreted with caution given the relatively low participation.

CHAPTER FIFTEEN: CONCLUDING DISCUSSION AND POLICY IMPLICATIONS

This dissertation presented the results of a program evaluation of Harbor House of Central Florida's primary prevention initiative Project Courage. Multiple sources of data indicate that Project Courage has successfully reached a small portion of the Pine Castle community and created an impact during its first year of operation. This impact was primarily in the area of encouraging greater awareness and recognition of IPA within the Pine Castle community. In addition, there was some improvement among laypersons in their ability to assist victims, both through individual action and through referral to appropriate resources. Aside from individual change, data indicate preliminary impact at the family and community levels through the fostering of coalitions and networks. While there were several recommendations noted as a result of this evaluation, these suggestions can easily be addressed by agency staff to further improve the initiative for the future. Indeed, Project Courage has the possibility to become a model primary prevention program that can assist social service agencies working towards eradicating the cycle of violence.

Raising awareness about IPA is vastly important as research indicates millions of individuals are abused by their intimate partners every year (Garcia & McManimon, 2011; Mitchell & Vanya, 2009). Not only does abuse pose serious consequences for victims, but their families and larger society as well (Goodman, 2009; Jasinski et al., 2010; Miller et al., 2011). However, due to victim-blaming attitudes and the social-stigma associated with IPA, many victims do not seek assistance (Garcia & McManimon, 2011; Mitchell & Vanya, 2009). In fact, some suspect as much as 99% of IPA is not reported (Smithey & Straus, 2004). Therefore, if every incidence of IPA was reported, social service agencies would become quickly overwhelmed (Smithey & Straus, 2004). As a result, academic scholars and practitioners alike

have stressed efforts to increasingly focus on *preventing* IPA before onset instead of *reacting* to violent episodes (Hamby, 1998; Harvey et al., 2007; Smithey & Straus, 2004). Employing a social-ecological perspective and utilizing several different components, Harbor House of Central Florida endeavored to address this need through Project Courage.

The primary component of Project Courage to increase individual awareness of IPA was the "Recognize, Respond, and Refer training," otherwise referred to as the RRR training. The RRR training was presented to several groups of individuals (i.e. employees of various businesses, faith institutions, and medical personnel) over the first year of Project Courage. Overall, the training was very successful at fostering an immediate change in how individuals *recognized* IPA – particularly covert forms of abuse - with some indications of improvement in the ability of individuals to respond and refer for such events. Although there were several significant differences in trainees' beliefs between Caucasian and minority trainees, as well as between older and younger trainees, these divergences in opinion have been witnessed in other studies and are not necessarily unusual (Miller & Bukva, 2001; Straus et al. 1980). However, in moving forward, Project Courage should attempt to resolve these gaps. In addition to the RRR training, youth programming was equally successful.

Throughout the course of this evaluation, the belief that the youth would ultimately be the force to stop the cycle of violence was repeatedly noted. This belief is in accordance with scholars who have stated that teaching youth non-violent conflict resolution skills and interpersonal skills is critical to achieving an eradication of abuse (Harvey et al., 2007; O'Brien, 2001; Smithey & Straus, 2004). However, in order to be as effective as possible, anti-violence programs targeting youth must also be age appropriate (O'Brien, 2001). Taking into account the

aforementioned, the content of the Little Heroes and Leaders of Courage programs were appropriate for each target audience.

According to O'Brien (2001), given the maturity of elementary school children, content for this age group should emphasize the generalities of IPA - which was exactly the focus of the Little Heroes program. Indeed, the content and method of delivery (i.e. *MicheLee* puppet show) of Little Heroes seemed to resonate with youth as they indicated a general understanding of when a family dynamic was "wrong" and were able to recall behaviors that were causes for concern. In contrast, given the development of middle and high school youth, prevention programs targeting these groups are suggested to involve class discussions, integrated curricula, and violence-awareness events (O'Brien, 2001) – all of which were part of the Leaders of Courage program. Although additional efforts targeting younger youth may be necessary, multiple sources of data indicate the LOC program was an effective method to strengthen youths' knowledge regarding IPA and to reinforce appropriate relationship behaviors. Aside from increasing knowledge of IPA, other key components of Project Courage were changing organizational practices – particularly among businesses and organizations within Pine Castle – and fostering networks.

Recognizing the substantial costs that businesses and organizations incur as a result of IPA (~5 to 10 billion annually; Mahoney et al., 2001), Project Courage staff members engaged business leaders through the Purple Key Business program in an overall effort to address violence in the workplace. While a considerable motivating factor in this effort was the costs to businesses and organizations, an equally important factor was the safety of victims and fellow employees. As noted by Swanberg and Logan (2005), an estimated 13,000 acts of violence take place annually at workplaces, which places victims and their coworkers at risk. To mitigate these

risks, scholars have found that employers will sometimes take steps to justify terminating victims (i.e. issuing poor evaluations, Park, 2003) instead of offering assistance. Unfortunately, these actions only reinforce the cycle of abuse through perpetual unemployment, instead of creating an atmosphere of loyalty and trust between victims and employers (Swanberg & Logan, 2005).

Through the Purple Key Business program, Project Courage is effectively encouraging organization leaders to address IPA in the workplace to combat these risks. In fact, several organizations have developed company IPA policies, while others have made existing company IPA policies more accessible to employees. Overall, the approximate savings to Purple Key Businesses located within Pine Castle – as a result of the overall efforts of Project Courage during year one - was nearly two million dollars. Although important, the Purple Key Business program is only one network of the several others under constant development as part of Project Courage. For example, numerous staff at two local feeder hospitals has been RRR trained and management at these locations remain actively engaged in Project Courage.

The importance of first responders and medical personnel cannot be understated as these individuals provide tertiary prevention responses *daily* to victims of IPA (i.e. crisis hotline, emergency room attendants, etc.; Howe & Alpert, 2009). However, despite the importance of their role, research indicates a marginal amount (~10%) of physicians discuss IPA with patients (Rodriguez et al., 2001). Some suggest this failure to screen stems from a lack of training among physicians on how to recognize, treat, and/or refer patients to IPA support services (Moskovic et al., 2008). Recognizing the essential role of first responders and medical personnel, Harbor House of Central Florida developed and released a smart phone and tablet IPA screening tool – referred to as R^3 - that is based on the HITS screening assessment (Sherin et al., 1998). Since the

launch of the R^3 screening tool, the application has been downloaded at least 1,126 times and been cited in a prestigious medical journal as a recommended resource for providers.

While medical personnel assist in the physical healing of victims, religious leaders often provide important context for understanding IPA and are thus extremely important to primary prevention programs targeting IPA (Fortune, 2001). Studies have identified that spiritual leaders are typically either supportive or further damaging to victims (Fortune, 2001; Strickland et al., 1998). Damage to victims may stem from their abandonment by faith communities and/or experiencing victim-blaming attitudes from congregation leaders (Fortune, 2001). Recognizing the importance of religious leaders, Project Courage staff members are continually attempting to establish relationships with these key individuals. These efforts were worthwhile during the first year of the program as a religious leader of a large congregation not only became actively involved in Project Courage, but has also joined the Orange County Domestic Violence Task Force. The aforementioned is in line with previous research that indicates religious leaders heavily affect cultural norms/values and can be utilized as agents of macro-level change (Fortune, 2001).

Taking into account the early success of this program, the policy implications of Project Courage should be readily apparent. Indeed, in contrast to secondary or tertiary prevention programs, Project Courage is the first *evidenced-based* primary prevention program of its kind (as of this writing) that has shown promise in potentially *preventing* IPA before onset. In addition, through these efforts, Project Courage also has the ability to possibly reduce the prevalence of other related social problems (i.e. homelessness, unwanted pregnancies; Goodman, 2009; Jasinski et al., 2010). Taking into account the widespread consensus that IPA is a *global* social problem with serious consequences for victims, their children and families, and society as

a whole (Bowen et al., 2004; Corso, 2009; Danziger & Seefeldt, 2002; Dulmus et al., 2004; Giles-Sims, 1998; Hamby et al., 2011; Harvey et al., 2007; Lindhorst et al., 2007; Lloyd, 1997; Lloyd & Taluc, 1995; Miller et al., 2011) continuing this program and strengthening outcomes by addressing the noted recommendations is vastly important. In the future, after the project has achieved sustainability, potential replication to other communities is warranted before firm conclusions are drawn.

The most serious risk facing Project Courage (as of this writing) is the lack of financial resources dedicated to the program due to dwindling external funding. Although primary prevention programs typically require more financial resources compared to other levels of prevention or intervention; these expenses are minuscule amounts compared to the billions of dollars spent every year by businesses, the criminal justice system, and medical agencies as a result of IPA (Corso, 2009; Mahoney et al., 2001). Moreover, according to some (Smithey & Straus, 2004), the reliance on secondary and tertiary prevention programs is simply unsustainable if the full amount of IPA was actually reported to authorities. Therefore, perhaps the most significant policy implication stemming from this program evaluation of Project Courage is the demonstration – through this evidenced-based research – that the benefits of primary prevention programs far outweigh startup costs. Therefore, policy makers should consider funding more primary prevention programs meant to bring about widespread social change - such as Project Courage - rather than secondary or tertiary prevention initiatives, which are limited in impact and effectiveness (Bowen et al., 2004; Hamby, 1998; Harvey et al., 2007).

APPENDIX A: TABLES AND FIGURES

Table 1

Comparison between Pine Castle and National Demographic Characteristics using 2010 Census Data

	Pine Castle		National	
	Percent	N	Percent	N
Gender				
Men	50.3	5,435	49.2	151,781,326
Women	49.7	5,370	50.8	151,964,212
Total Population	100.0	10,805	100.0	308,745,538
Race and Ethnicity				
Caucasian	61.8	6,673	72.4	223,553,265
African American	16.9	1,831	12.6	38,929,319
American Indian and Alaskan Native	0.8	83	0.9	2,932,248
Asian	4.8	522	4.8	14,674,252
Native Hawaiian and Other Pacific	0.2	17	0.2	540,013
Some Other Race	11.6	1,257	6.2	19,107,368
Two Other Races	3.9	422	2.9	9,009,073
Hispanic or Latino	48.6	5,252	16.3	50,477,594
Not Hispanic or Latino	51.4	5,553	83.7	258,267,944
Household Composition				
Husband/Wife Household	41.1	1,486	48.4	56,510,377
Female Headed Household	21.1	763	13.1	15,250,349
Male Headed Household	8.7	315	5.0	5,777,570
Family Household Total	70.8	2,564	66.4	77,538,296
Average Household Income	34,990	-	50,831	-

Table 2

"Recognize, Respond, Refer" Trainee Demographic Data, Overall and Grouped by Categories

Categories	N	Avg. Age (S.D.)	% Female	% White	% AA	% Hispanic	% Mixed	% Other	% Asian
Businesses	**157**	**41.9 (10.74)**	**61.5**	**58.3**	**9.1**	**29.5**	**1.5**	**1.5**	**-**
BBA Aviation	22	41.5 (8.96)	58.8	73.3	13.3	13.3	-	-	-
Department of Health	25	34.0 (7.21)	80.0	44.0	12.0	36.0	8.0	-	-
Centra Care	18	42.1 (10.30)	82.4	50.0	6.3	37.5	-	6.3	-
Foundation for Life Ministries	22	46.3 (11.77)	4.8	84.2	5.3	10.5	-	-	-
Intervention Services	2	36.0 (5.66)	100.0	50.0	50.0	-	-	-	-
Manpower	6	46.8 (13.35)	33.3	80.0	-	20.0	-	-	-
Mastercraft	2	59.0 (14.14)	50.0	100.0	-	-	-	-	-
Office Depot	7	42.8 (8.98)	33.3	50.0	-	50.0	-	-	-
Quest	5	46.6 (14.24)	100.0	75.0	-	25.0	-	-	-
Restoration Ministries	6	34.3 (5.92)	100.0	100.0	-	-	-	-	-
VS Publishing	1	47.0 (--)	100.0	100.0	-	-	-	-	-
Westgate	20	41.0 (12.68)	81.3	42.9	14.3	42.9	-	-	-
Westgate-Turkey Lake	21	45.6 (7.49)	60.0	29.4	11.8	52.9	-	5.9	-
Childcare									
St. Mary's Preschool	10	39.9 (9.0)	100.0	85.7	14.3	-	-	-	-
Community Partners									
United Way	16	32.9 (18.87)	93.3	46.7	13.3	33.3	6.7	-	-
Faith Institutions	**67**	**24.3 (12.13)**	**55.4**	**4.6**	**4.6**	**86.2**	**1.5**	**3.1**	**-**
Church of God	30	20.2 (6.11)	51.7	3.3	6.7	86.7	3.3	-	-

Categories	N	Avg. Age (S.D.)	% Female	% White	% AA	% Hispanic	% Mixed	% Other	% Asian
El Calvario	9	49.4 (10.98)	88.9	12.5	12.5	62.5	12.5	-	-
Esperanza Church	28	20.6 (6.02)	48.1	3.7	-	92.6	-	3.7	-
Hospitals	**69**	**46.2 (13.41)**	**24.2**	**58.6**	**6.9**	**17.2**	**10.3**	**3.4**	**3.4**
Florida Hospital	20	35.0 (9.08)	30.0	63.2	-	26.3	-	-	10.5
Orlando Health CME	49	50.8 (12.17)	21.4	56.4	10.3	12.8	15.4	5.1	-

Table 3

"Recognize, Respond, Refer" Training Results Assessing Improvement in "Recognition" of Intimate Partner Abuse, Businesses and Childcare

Domestic Abuse includes…	Businesses			Childcare		
	% Yes Pre	% Yes Post	N	% Yes Pre	% Yes Post	N
Controlling a Person	95.6	99.1	113	100.0	100.0[1]	8
Putting Down, Insulting, and/or Screaming	95.7	98.3	116	100.0	100.0[1]	8
Using Kids to Manipulate	87.7	**99.1****	114	75.0	100.0[1]	8
Using Physical Harm	97.4	98.3	115	100.0	100.0[1]	8
Minimizing Negative Events	63.6	**83.6*****	110	75.0	100.0[1]	8
Having Power Over a Person	91.3	97.4	115	100.0	100.0[1]	8
Controlling Money	83.8	**96.4*****	111	87.5	100.0[1]	8
Making Threats	95.7	99.1	115	100.0	100.0[1]	8
Forcing Sex	97.4	98.3	116	100.0	100.0[1]	8
Defining Your Partner's Role	83.2	**93.8****	113	75.0	100.0[1]	8
Training Improved the Ability to Determine Whether an Individual has a History of Intimate Partner Abuse...	Percent			Percent		
Not at All	0.8		119	0.0		9
Only Slightly	7.6		-	0.0		-
Somewhat	16.8		-	0.0		-
For the Most Part	34.5		-	44.4		-
Very Much	40.3		-	55.6		-

	Businesses		Childcare	
	Percent	N	Percent	N
Training Might Change Routine in Recognizing Survivors				
No	18.2	110	12.5	8
Yes	81.8	-	87.5	-

Notes:
[1] Bivariate analysis could not be completed, because there was 100% agreement in trainees' post-test answers.

*p<.05
**p<.01
***p<.001

Table 4

"Recognize, Respond, Refer" Training Results Assessing Improvement in "Recognition" of Intimate Partner Abuse, Community Partners and Faith Institutions

Domestic Abuse includes…	Community Partners			Faith Institutions		
	% Yes Pre	% Yes Post	N	% Yes Pre	% Yes Post	N
Controlling a Person	100.0	100.0[1]	9	81.6	**95.9***	49
Putting Down, Insulting, and/or Screaming	100.0	100.0[1]	9	83.7	**95.9***	49
Using Kids to Manipulate	100.0	100.0[1]	9	51.0	**79.6*****	49
Using Physical Harm	100.0	100.0[1]	9	83.7	93.9	49
Minimizing Negative Events	100.0	100.0[1]	9	32.7	**53.1****	49
Having Power Over a Person	100.0	100.0[1]	9	79.6	85.7	49
Controlling Money	100.0	100.0[1]	9	52.1	**79.2*****	48
Making Threats	100.0	100.0[1]	9	89.8	100.0[1]	49
Forcing Sex	100.0	100.0[1]	9	85.7	100.0[1]	49
Defining Your Partner's Role	100.0	100.0[1]	9	44.9	**87.8*****	49
Animal Maltreatment	-	-[2]		65.0	75.0	40
Child Maltreatment	-	-[2]		77.5	80.0	40

Notes:
[1] Bivariate analysis could not be completed, because there was 100% agreement in trainees' post-test answers.
[2] Questions not asked of this group.

*p<.05
**p<.01
***p<.001

Table 5

"Recognize, Respond, Refer" Training Results Assessing Improvement in "Recognition" of Intimate Partner Abuse, Hospitals

Domestic Abuse includes…	Florida Hospital			Orlando Regional Medical Center		
	% Yes Pre	% Yes Post	N	% Yes Pre	% Yes Post	N
Controlling a Person	100.0	100.0[1]	19	93.0	93.0	43
Putting Down, Insulting, and/or Screaming	94.7	94.7	19	95.3	93.0	43
Using Kids to Manipulate	94.7	100.0[1]	19	93.0	86.0	43
Using Physical Harm	100.0	100.0[1]	19	100.0	100.0[1]	43
Minimizing Negative Events	78.9	94.7	19	67.4	81.4	43
Having Power Over a Person	94.7	100.0[1]	19	90.7	88.4	43
Controlling Money	94.7	94.7	19	93.0	86.0	43
Making Threats	94.7	100.0[1]	19	97.7	95.3	43
Forcing Sex	100.0	100.0[1]	19	100.0	97.7	43
Defining Your Partner's Role	78.9	94.7	19	81.4	86.0	43
Training Improved the Ability to Determine Whether an Individual has a History of Intimate Partner Abuse...	Percent			Percent		
Not at All	0.0	19		-[2]		-
Only Slightly	0.0	-		-		-
Somewhat	15.8	-		-		-
For the Most Part	15.8	-		-		-
Very Much	68.4	-		-		-

	Florida Hospital		Orlando Regional Medical Center	
	Percent	N	Percent	N
Training Might Change Routine in Recognizing Survivors				
No	15.8	19	-[2]	-
Yes	84.2	-	-	-

Notes:
[1] Bivariate analysis could not be completed, because there was 100% agreement in trainees' post-test answers.
[2] Questions not asked of this group.

Table 6

"Recognize, Respond, Refer" Training Results Assessing Improvement in "Recognition" of Intimate Partner Abuse, Youth and Aggregated Sample

Domestic Abuse includes…	Aggregated Sample		
	% Yes Pre	% Yes Post	N
Controlling a Person	92.9	**97.5***	241
Putting Down, Insulting, and/or	93.4	96.3	244
Using Kids to Manipulate	81.8	**92.6*****	242
Using Physical Harm	95.5	97.9	243
Minimizing Negative Events	60.9	**79.0*****	238
Having Power Over a Person	89.7	93.8	243
Controlling Money	80.7	**91.2*****	238
Making Threats	95.1	**98.8***	243
Forcing Sex	95.9	98.8	244
Defining Your Partner's Role	75.1	**91.7*****	241
Animal Maltreatment	71.4	79.6	49
Child Maltreatment	81.6	83.7	49

Notes:
*p<.05
**p<.01
***p<.001

Table 7

"Recognize, Respond, Refer" Training Results Assessing Improvement in "Responding" to Intimate Partner Abuse, Businesses and Childcare

	Businesses				Childcare			
	% Yes Pre	% Yes Post	N		% Yes Pre	% Yes Post	N	
Trainees Would Intervene When Confronted with Survivors	13.6	**27.1***	59		0.0	100.0[1]	4	
Trainees Believe Assisting Survivors is Their Duty	92.6	91.6	95		100.0	100.0[1]		
	Pre Mean (SD)	Post Mean (SD)	T	N	Pre Mean (SD)	Post Mean (SD)	T	N
Trainees' Level of Comfort in Intervening to Assist Survivors	2.9 (1.03)	3.2 (1.44)	-1.25	49	3.0 (0.00)	3.5 (2.12)	-.33	2
Trainees' Level of Competency in Intervening to Assist Survivors	2.9 (0.82)	3.4 (1.41)	-1.78	33	-[2]	-	-	-
	Percent		N		Percent		N	
Tools Provided Through the Training are Necessary to Assist Survivors								
No	0.0		124		0.0		9	
Yes	100.0		-		100.0			
Tools Provided Through the Training are Practical								
No	1.7		121		0.0		9	
Yes	98.3		-		100.0			

	Businesses		Childcare	
	Percent	N	Percent	N
Training Might Change Routine in Treating Survivors				
Not at All	1.8	113	0.0	9
Only Slightly	8.0	-	0.0	-
Somewhat	11.5	-	0.0	-
For the Most Part	31.9	-	44.4	-
Very Much	46.9	-	55.6	-

Notes:
[1] Bivariate analysis could not be completed, because there was 100% agreement in trainees' post-test answers.
[2] Missing data from all respondents.

*p<.05
**p<.01
***p<.001

Table 8

"Recognize, Respond, Refer" Training Results Assessing Improvement in "Responding" to Intimate Partner Abuse, Faith Institutions and Florida Hospital

	Faith Institutions[4]				Florida Hospital			
	% Yes Pre	% Yes Post	N		% Yes Pre	% Yes Post	N	
Trainees Would Intervene When Confronted with Survivors	66.7	100.0[1]	6		77.8	100.0[1]	18	
Trainees Believe Assisting Survivors is Their Duty	83.3	100.0[1]	6		100.0	100.0[1]	19	
	Pre Mean (SD)	Post Mean (SD)	T	N	Pre Mean (SD)	Post Mean (SD)	T	N
Trainees' Level of Comfort in Intervening to Assist Survivors	3.0 (0.82)	3.0 (0.82)	-[2]	4	3.3 (0.88)	3.3 (1.39)	.00	15
Trainees' Level of Competency in Intervening to Assist Survivors	3.0 (1.00)	3.0 (0.00)	-[2]	3	3.3 (0.82)	3.1 (1.41)	.54	15
	Percent		N		Percent		N	
Tools Provided Through the Training are Necessary to Assist Survivors								
No	0.0		9		0.0		19	
Yes	100.0		-		100.0		-	

	Faith Institutions[4]		Florida Hospital	
	Percent	N	Percent	N
Tools Provided Through the Training are Practical				
No	11.1	9	0.0	19
Yes	88.9	-	100.0	-
Training Might Change Routine in Treating Survivors				
Not at All	-[3]	-	0.0	19
Only Slightly	-	-	0.0	-
Somewhat	-	-	15.8	-
For the Most Part	-	-	31.6	-
Very Much	-	-	52.6	-

Notes:
[1] Bivariate analysis could not be completed, because there was 100% agreement in trainees' post-test answers.
[2] T-test could not be computed, because the standard error of the difference.
[3] This question was not consistently asked of this group and, therefore, no results are presented here.
[4] Only El Calvario is represented here, because other faith institutions were not asked these questions.

Table 9

"Recognize, Respond, Refer" Training Results Assessing Improvement in "Responding" to Intimate Partner Abuse, Orlando Regional Medical Center and Aggregated Sample

	Orlando Regional Medical Center				Aggregated Sample			
	% Yes Pre	% Yes Post	N		% Yes Pre	% Yes Post	N	
Trainees Would Intervene When Confronted with Survivors	75.0	**97.5****	40		44.1	**65.4*****	127	
Trainees Believe Assisting Survivors is Their Duty	97.1	97.1	35		94.4	94.4	162	
	Pre Mean (SD)	Post Mean (SD)	T	N	Pre Mean (SD)	Post Mean (SD)	T	N
Trainees' Level of Comfort in Intervening to Assist Survivors	3.0 (1.26)	**3.6*** (0.97)	-2.66	30	3.0 (1.06)	**3.3*** (1.28)	-2.26	100
Trainees' Level of Competency in Intervening to Assist Survivors	3.3 (0.97)	**3.6*** (0.95)	-2.05	29	3.1 (0.89)	3.4 (1.23)	-1.78	80
	Percent				Percent			
Tools Provided Through the Training are Necessary to Assist Survivors								
No	6.5		46		-		-	
Yes	93.5		-		-		-	

	Orlando Regional Medical Center		Aggregated Sample	
	Percent	N	Percent	N
Tools Provided Through the Training are Practical				
No	6.8	44	-	-
Yes	93.2	-	-	-

Notes:
[1]This question was not consistently asked of this group and, therefore, no results are presented here.

*p<.05
**p<.01
***p<.001

Table 10

"Recognize, Respond, Refer" Training Results Assessing Improvement in "Referring" Survivors of Intimate Partner Abuse, Businesses and Childcare

	Businesses			Childcare		
	% Yes Pre	% Yes Post	N	% Yes Pre	% Yes Post	N
Trainees Believe Knowledge of IPA, its Causes and Prevention is Good/Excellent	41.9	**94.3**[***]	105	75.0	100.0[1]	8
	Percent			Percent		
For People in Trainees' Position, Education in IPA Detection, Assessment, and Referral are…						
Not Necessary	3.7		136	11.1		9
Necessary	44.9		-	55.6		-
Should be Required	51.5		-	33.3		-
Training Improved the Ability to Refer/Provide Information on Resources in the Community						
Only Slightly	9.9		121	0.0		9
Somewhat	8.3		-	0.0		-
For the Most Part	19.8		-	44.4		-
Very Much	62.0		-	55.6		-

	Businesses		Childcare	
	Percent	N	Percent	N
Training Might Change Routine in Referring Survivors to Local Community Agencies				
No	19.4	108	0.0	1
Yes	80.6	-	100.0	

Notes:
[1]Bivariate analysis could not be completed, because there was 100% agreement in trainees' post-test answers.

*p<.05
**p<.01
***p<.001

Table 11

"Recognize, Respond, Refer" Training Results Assessing Improvement in "Referring" Survivors of Intimate Partner Abuse, Faith Institutions and Florida Hospital

	Faith Institutions[1]			Florida Hospital		
	% Yes Pre	% Yes Post	N	% Yes Pre	% Yes Post	N
Trainees Believe Knowledge of IPA, its Causes and Prevention is Good/Excellent	50.0	66.7	6	50.0	**94.4****	18
				Percent		
For People in Trainees' Position, Education in IPA Detection, Assessment, and Referral are…						
Not Necessary	-[2]	-	-	5.0		20
Necessary	-	-	-	35.0		-
Should be Required	100.0	100.0[3]	7	60.0		-
Training Improved the Ability to Refer/Provide Information on Resources in the Community						
Only Slightly	-[4]	-	-	0.0		19
Somewhat	-	-	-	5.3		-
For the Most Part	-	-	-	10.5		-
Very Much	-	-	-	84.2		-

	Faith Institutions[1]		Florida Hospital	
	Percent	N	Percent	N
Training Might Change Routine in Referring Survivors to Local Community Agencies				
No	-[4]	-	15.8	19
Yes	-	-	84.2	-

Notes:
[1]Only El Calvario is represented here, because other faith institutions were not asked these questions.
[2]This question was asked in the pre-test and post-test for this group. Therefore, a bivariate analysis was possible instead of a frequency analysis. The totals reported were changes from pre to post for those that answered "necessary/should be required."
[3]Bivariate analysis could not be completed, because there was 100% agreement in trainees' post-test answers.
[4]This question was not consistently asked of this group and, therefore, no results are presented here.

*p<.05
**p<.01
***p<.001

Table 12

"Recognize, Respond, Refer" Training Results Assessing Improvement in "Referring" Survivors of Intimate Partner Abuse, Orlando Regional Medical Center and Aggregated Sample

	Orlando Regional Medical Center			Aggregated Sample		
	% Yes Pre	% Yes Post	N	% Yes Pre	% Yes Post	N
Trainees Believe Knowledge of IPA, its Causes and Prevention is Good/Excellent	55.3	**78.9***	38	50.6	**89.5*****	172
	Percent			Percent		
For People in Trainees' Position, Education in IPA Detection, Assessment, and Referral are…						
Are Not Necessary	-[1]	-	-	-[2]		-
Necessary	-	-	-	-		-
Should be Required	94.9	89.7	39	-		-
Training Might Change Routine in Referring Survivors to Local Community Agencies						
No	5.0		29	-[2]		-
Yes	95.0		-	-		-

Notes:
[1]This question was asked in the pre-test and post-test for this group. Therefore, a bivariate analysis was possible instead of a frequency analysis. The totals reported were changes from pre to post for those that answered "necessary/should be required."
[2]Missing data prevented analysis or question was not asked.

*p<.05; **p<.01; ***p<.001

Table 13

"Recognize, Respond, Refer" Training Results Separated by Gender for Objective One – "Recognition of IPA"

Domestic Abuse Includes…	Pre-Test				Post-Test			
	M % Yes	F % Yes	X^2 or Fisher[1]	N	M % Yes	F % Yes	X^2 or Fisher[1]	N
Controlling a Person	90.5	94.8	1.96	280	95.7	100.0	**F***	245
Putting Down/Insulting	94.4	92.4	.49	283	97.4	96.9	F	246
Using Kids to Manipulate	84.9	81.8	.48	280	95.7	90.8	2.21	246
Using Physical Harm	97.6	94.9	F	283	100.0	96.2	F	245
Minimizing Negative Events	56.8	70.9	**5.90***	276	73.9	80.6	1.57	244
Having Power Over a Person	88.1	91.7	.99	282	95.7	93.1	.73	246
Controlling Money	78.4	83.3	1.08	275	87.8	93.1	2.03	246
Making Threats	93.7	94.9	.19	282	99.1	99.2	F	246
Forcing Sex	96.0	95.5	.04	283	100.0	98.5	F	246
Defining Partner's Role	75.2	77.1	.14	278	93.0	92.4	.04	246
Child Maltreatment	83.3	81.1	F	61	91.7	78.8	F	57
Animal Maltreatment	70.8	73.0	.03	61	91.7	72.7	F	57

Notes:
*p<.05
**p<.01
***p<.001

Table 14

"Recognize, Respond, Refer" Training Results Separated by Race/Ethnicity for Objective One – "Recognition of IPA"

Domestic Abuse Includes…	Pre-Test				Post-Test			
	C % Yes	M % Yes	X^2 or Fisher[1]	N	C % Yes	M % Yes	X^2 or Fisher[1]	N
Controlling a Person	96.1	89.0	**4.70***	263	99.1	96.7	F	233
Putting Down/Insulting	96.1	89.9	3.77	266	96.4	96.0	F	234
Using Kids to Manipulate	91.3	73.5	**14.19*****	263	97.3	86.3	**F****	234
Using Physical Harm	100.0	92.1	**F*****	266	99.1	96.7	F	233
Minimizing Negative Events	76.6	54.1	**14.41*****	259	89.9	63.4	**22.15*****	232
Having Power Over a Person	92.1	87.7	1.43	265	99.1	88.7	**F*****	234
Controlling Money	88.9	72.0	**11.64*****	258	96.4	82.3	**F*****	234
Making Threats	96.9	91.3	F	265	99.1	98.4	F	234
Forcing Sex	100.0	91.4	**F*****	266	100.0	97.6	F	234
Defining Partner's Role	87.3	63.7	**19.41*****	261	96.4	87.1	**F***	234
Child Maltreatment	100.0	79.2	F	62	100.0	80.0	F	58
Animal Maltreatment	88.9	67.9	F	62	100.0	76.0	F	58

Notes:
*p<.05
**p<.01
***p<.001

Table 15

"Recognize, Respond, Refer" Training Results for Objective One – "Recognition of IPA" – Investigating Mean Differences in Age

Domestic Abuse Includes…	Pre-Test Age Means (SD)				Post-Test Age Means (SD)			
	No	Yes	T	N	No	Yes	T	N
Controlling a Person	33.7 (16.43))	39.7 (13.83)	-1.86	274	40.6 (21.23)	38.2 (14.10)	.38	240
Putting Down/Insulting	26.4 (13.68)	40.1 (13.63)	**-4.23*****	277	39.9 (20.68)	38.1 (13.99)	.34	241
Using Kids to Manipulate	30.3 (14.13)	41.1 (13.39)	**-4.95*****	274	28.4 (18.94)	39.1 (13.40)	**-2.48***	241
Using Physical Harm	19.0 (10.08)	39.9 (13.61)	**-4.81*****	277	25.5 (13.68)	38.4 (14.17)	-1.81	240
Minimizing Negative Events	34.6 (15.54)	42.0 (12.61)	**-3.96*****	270	29.1 (15.07)	40.9 (12.70)	**-5.33*****	239
Having Power Over a Person	36.7 (17.16)	39.5 (13.69)	-.99	276	30.7 (18.35)	38.7 (13.80)	-1.66	241
Controlling Money	31.5 (15.37)	41.2 (13.27)	**-4.49*****	269	27.5 (14.38)	39.5 (13.66)	**-4.22*****	241
Making Threats	32.1 (16.13)	39.6 (13.85)	**-2.02***	276	49.7 (8.08)	38.05 (14.23)	1.41	241
Forcing Sex	23.0 (13.01)	39.9 (13.70)	**-4.00*****	277	46.0 (7.07)	38.1 (14.24)	.78	241
Defining Partner's Role	33.3 (15.08)	41.2 (13.26)	**-4.12*****	272	35.1 (14.64)	38.5 (14.17)	-1.05	241
Child Maltreatment	15.0 (3.49)	26.3 (11.35)	**-3.25****	61	16.7 (5.40)	22.8 (8.42)	**-2.19***	57
Animal Maltreatment	21.1 (15.0)	25.6 (9.13)	-1.46	61	16.6 (4.49)	23.1 (8.48)	**-2.55***	57

Notes:
*p<.05; **p<.01; ***p<.001

Table 16

"Recognize, Respond, Refer" Training Results for Objective Two – "Responding to IPA" – Investigating Responses between Men and Women

Statements	Pre-Test				Post-Test			
	M % Yes	F % Yes	X^2 or Fisher[1]	N	M % Yes	F % Yes	X^2 or Fisher[1]	N
Trainees Would Intervene When Confronted with Survivors	49.3	27.7	**6.66****	136	58.1	55.7	.11	190
Trainees Believe Assisting Survivors is Their Duty	92.6	89.5	.59	200	93.9	95.5	F	170
	Pre-Test Means (SD)				Post-Test Means (SD)			
	M	F	T	N	M	F	T	N
Trainees' Level of Comfort in Intervening to Assist Survivors	3.2 (1.17)	2.9 (.98)	1.29	106	3.3 (1.26)	3.3 (1.24)	-.29	189
Trainees' Level of Competency in Intervening to Assist Survivors	3.4 (0.93)	3.0 (0.88)	**2.27***	88	3.2 (1.25)	3.4 (1.20)	-.69	90

Notes:
[1]In cases of low cell frequencies, Fisher's Exact Test was used in lieu of Pearson Chi-Square Analysis – denoted by a "F." Fisher's Exact Test does not produce a test statistic.

*p<.05
**p<.01
***p<.001

Table 17

Results from Little Heroes Training, Grouped by Main Objectives

Objectives	Frequency	Percent	N
Youth Recognized Something was "Wrong"			
Dad was Being Hurtful at Home	89	100.0	89
Dad's Behavior was Okay…			
Very Okay	4	4.6	87
It was Really Wrong	83	95.4	-
Dad's Behavior was…			
Scary	74	83.1	89
Not Scary	15	16.9	-
Victor Reacted at School by…			
Was Happy all the Time	7	8.0	88
Started Bullying Others	81	92.0	-
Dominique Reacted at School by…			
Smiled all the Time	6	6.8	88
Did not want to be with Friends	82	93.2	-
Youth Respond to Friends Exposed to IPA at Home			
Ways to Help Friends			
Be Nice to Them	8	12.1	66
Get an Adult	42	63.6	-
Talk to the Friend	15	22.7	-
Teach Them a Lesson	1	1.5	-
Safe Adult to Talk too			
Adult	2	2.9	68
Family Member	1	1.5	-
Friend	1	1.5	-
Parent	18	26.5	-
Principal	2	2.9	-
Teacher	44	64.7	-
Youth Recalled Safety Strategies			
Safe Places to Hide			
Basement	5	9.1	55
Bathroom	4	7.3	-
Bedroom	5	9.1	-
Closet	4	7.3	-
Garage	1	1.8	-
In Toy Box	1	1.8	-
Room	29	52.7	-
Under the Bed	6	10.9	-

Objectives	Frequency	Percent	N
Ways to Stay Safe			
(Go to) Bedroom	5	9.4	53
Call 911	1	1.9	-
Find an Adult/Get a Neighbor	7	13.2	-
(Go to) Safe Place	4	7.5	-
Stay in Room	36	67.9	-
Youth Understood IPA was Not Due to the Fault of the Victim			
Was it Victor's or Dominique's Fault for their Dad's Behavior			
No	61	72.6	84
Yes	23	27.4	-
Is it ever a Kid's Fault if Mom/Dad are Hurtful			
No	77	91.7	84
Yes	7	8.3	-
Is Fighting/Hitting/Hurting Someone a Good Way to Deal with a Problem			
No	78	91.8	85
Yes	7	8.2	-
It was a Good Idea to Ask the Teacher for Help			
No	1	1.2	85
Yes	84	98.8	-
It was a Good Idea to Ask for Help Because…			
They Could Trust Him/Her	10	18.9	53
They Needed Help from Another Adult	39	73.6	-
So They Could be Safe	4	7.5	-

Table 18

Leaders of Courage Changes in Trainees' Attitudes and Beliefs from Pre to Post-Test

Statements	Pre % Strongly/ Disagree	Post % Strongly/ Disagree	N
It is Impossible to Prevent Abuse	76.5	76.0	196
It is Only Abuse if You Hit Someone	85.0	**93.3****	193
Abuse Between Couples is Their Business	73.0	**83.7****	196
In a Dating Relationship, People have the Right to Know Where Their Partner is at all Times	60.9	**72.1****	197
Acting Jealous in a Relationship Shows You Care	46.4	**62.4*****	194
It is Okay for Someone to Decide Who Their Partner is Allowed to Hang Out With	78.9	**90.3*****	175
Responses to IPA and/or DV	% Strongly/ Agree	% Strongly/ Agree	
A Trusted Adult Helps me Learn About Healthy Relationships	36.4	34.4	195

Notes:
*p<.05
**p<.01
***p<.001

Table 19

Leaders of Courage Changes in Trainees' Attitudes and Beliefs between Boys and Girls from Pre to Post-Test including Percentage Change

Statements	Pre-Test				Post-Test			
	B % Strongly/ Disagree	G % Strongly/ Disagree	X^2 or Fisher[1]	N	B % Strongly/ Disagree	G % Strongly/ Disagree	X^2 or Fisher[1]	N
It is Impossible to Prevent Abuse	80.6	73.2	1.51	195	75.3	77.3	.11	194
It is Only Abuse if You Hit Someone	82.5	88.4	1.36	192	89.8	95.8	F	194
Abuse Between Couples is Their Business	64.9	81.4	**6.73****	194	81.6	86.6	.90	195
In a Dating Relationship, People have the Right to Know Where Their Partner is at all Times	63.3	58.8	.42	195	72.4	72.2	.002	195
Acting Jealous in a Relationship Shows You Care	45.8	47.4	.05	193	62.2	64.6	.11	194
It is Okay for Someone to Decide Who Their Partner is Allowed to Hang Out With	76.4	83.5	1.37	174	87.5	94.2	2.33	174

Responses to IPA and/or DV	B % Strongly/ Agree	G % Strongly/ Agree	X^2 or Fisher[1]	N	B % Strongly/ Agree	G % Strongly/ Agree	X^2 or Fisher[1]	N
A Trusted Adult Helps me Learn About Healthy Relationships	33.0	39.2	.81	194	23.7	44.3	**9.19****	194

Notes:
[1]In cases of low cell frequencies, Fisher's Exact Test was used in lieu of Pearson Chi-Square Analysis – denoted by a "F." Fisher's Exact Test does not produce a test statistic.

*p<.05
**p<.01
***p<.001

Table 20

Leaders of Courage Changes in Trainees' Attitudes and Beliefs from Pre to Post-Test – Investigating Mean Age Differences

Statements	Pre-Test Age Means (SD)				Post-Test Age Means (SD)			
	Strongly/ Agree	Strongly/ Disagree	T	N	Strongly/ Agree	Strongly/ Disagree	T	N
It is Impossible to Prevent Abuse	14.6 (2.08)	13.5 (1.97)	**3.21****	192	13.8 (1.93)	13.8 (2.08)	.08	191
It is Only Abuse if You Hit Someone	13.0 (1.77)	13.9 (2.05)	**-2.26***	190	12.6 (1.51)	13.9 (2.05)	**-2.20***	191
Abuse Between Couples is Their Business	13.4 (2.04)	13.9 (2.03)	-1.44	191	13.7 (1.77)	13.8 (2.09)	-.21	192
In a Dating Relationship, People have the Right to Know Where Their Partner is at all Times	13.7 (2.28)	13.8 (1.88)	-.16	192	14.0 (2.14)	13.7 (2.00)	.92	192
Acting Jealous in a Relationship Shows You Care	13.91 (1.83)	13.66 (2.25)	.84	190	13.8 (2.00)	13.8 (2.07)	.29	191
It is Okay for Someone to Decide Who Their Partner is Allowed to Hang Out With	14.13 (2.26)	13.93 (2.00)	.52	171	14.2 (2.02)	13.9 (2.06)	.47	171
A Trusted Adult Helps me Learn About Healthy Relationships	14.5 (2.17)	13.4 (1.86)	**-3.42*****	191	14.2 (2.33)	13.5 (1.83)	**-2.17***	191

Notes:
*p<.05; **p<.01; ***p<.001

Table 21

Pine Castle Organization Types Utilized in Content Analysis

Categories	Percent	N (Total N=441)
Attorneys	1.8	8
Banks	3.2	14
Businesses, General	40.1	177
Civic Groups and Fraternities	2.7	12
Daycares	3.6	16
Dentists	5.4	24
Elementary Schools	.9	4
Gas Stations	1.8	8
High School	.7	3
Hotels and Motels	.7	3
Housing	1.4	6
Income Tax	.9	4
Medical	5.4	24
Middle School	.5	2
Other School	.9	4
Religious	2.9	13
Restaurants	24.7	109
Super Markets	.9	4
Thrift Stores	.7	3
Veterinarians	.7	3

Table 22

Comparison of Pine Castle Organizational Websites Grouped by Stages of Escape

Website contained information on…	Percent "Yes" in 2010	Percent "Yes" in 2011/2012	Percent Change
Considering Leaving the Abuser			
Warning Signs of IPA	.5	1.4	0.9
Safety Tips	.5	.5	-
Escape Planning	.0	.0	-
Definition of Intimate Partner Abuse	.5	.5	-
Considering Contacting the Police			
Police Contact/Referral Information	1.0	.9	-0.1
Protection Order Information	.0	.0	-
Victim Services Contact/Referral Information	1.4	3.2	1.8
Shelter Contact/Referral Information	1.4	1.4	-
Harbor House Information/Logo Visible	1.0	.9	-0.1
Project Courage Information/Logo Visible	.0	.0	-
Establishing Life Post-Escape and Achieving Stabilization			
Legal Contact/Referral Information	2.4	3.2	0.8
Medical Contact/Referral Information	2.4	3.2	0.8
Job Placement Contact/Referral Information	1.4	4.6	3.2
Substance Abuse Contact/Referral Information	6.7	8.3	1.6
Suicide Prevention Contact/Referral Information	1.0	3.2	2.2
Counseling Contact/Referral Information	10.0	11.9	1.9

Website contained information on…	Percent "Yes" in 2010	Percent "Yes" in 2011/2012	Percent Change
Accessibility of Information and Safety of User			
Information could be Translated	14.4	19.3	4.9
"Speech-to-Text" Enabled	.0	.0	-
Number of "Clicks" to Retrieval			
0	.0	12.5	12.5
1	17.9	15.6	-2.3
2	25.0	34.4	9.4
3	28.6	25.0	-3.6
4	28.6	12.5	-16.1
Number of Embedded Pages			
0	.0	12.5	12.5
1	89.3	75.0	-14.3
2	10.7	12.5	1.8
Search Box	34.9	35.3	.04
Cybersafety Warning Posted	.0	.0	-
Directions on Cybersafety Posted	.0	.0	-

Table 23

Feedback Regarding the Effectiveness of Project Courage Activities

Activity	Percent	N
Recognize, Respond, and Refer Trainings		29
Very Ineffective	10.3	
Effective	44.8	
Very Effective	44.8	
DELTA Boys/DELTA Girls		9
Very Ineffective	11.1	
Effective	66.7	
Very Effective	22.2	
Little Heroes		7
Very Ineffective	14.3	
Effective	71.4	
Very Effective	14.3	
Leaders of Courage		13
Very Ineffective	7.7	
Effective	61.5	
Very Effective	30.8	
Leaders of Faith		10
Very Ineffective	10.0	
Effective	40.0	
Very Effective	50.0	
Purple Key Business Program		14
Very Ineffective	7.1	
Effective	21.4	
Very Effective	71.4	

Table 24

Paired Samples T-Test Assessing Changes in Respondents Beliefs Regarding their Effectiveness in Addressing IPA

	Before Project Began Mean (SD)	After a Year into the Project Mean (SD)	T	N
Effectiveness in Recognizing IPA	2.9 (.83)	3.6 (.50)	**-4.78*****	32
Effectiveness in Responding to IPA	2.6 (.91)	3.4 (.66)	**-5.08*****	32
Effectiveness in Referring for IPA	2.8 (.97)	3.5 (.62)	**-5.27*****	32

Notes:
*p<.05
**p<.01
***p<.001

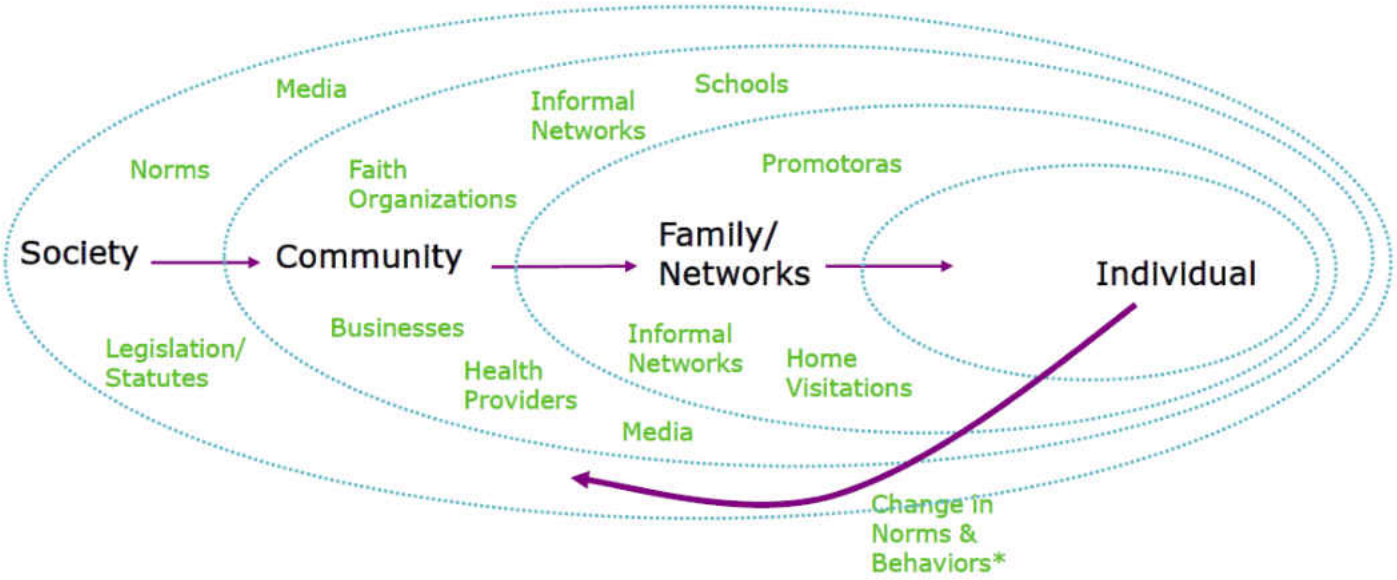


Figure 1. Project Courage Socio-ecological Model[21]

[21] © Harbor House of Central Florida

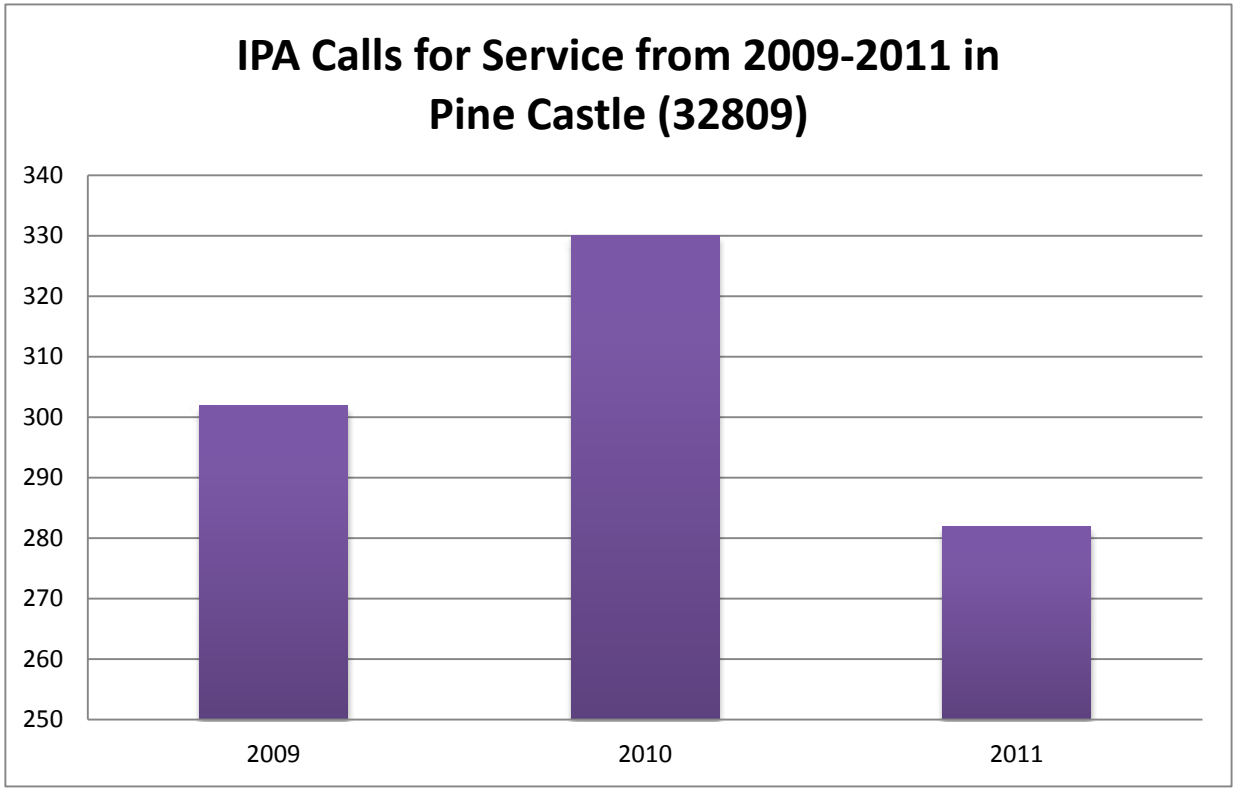


Figure 2. Comparison of IPA Calls for Service during Baseline Year (2009), First Project Year (2010), and After the First Project Year (2011)

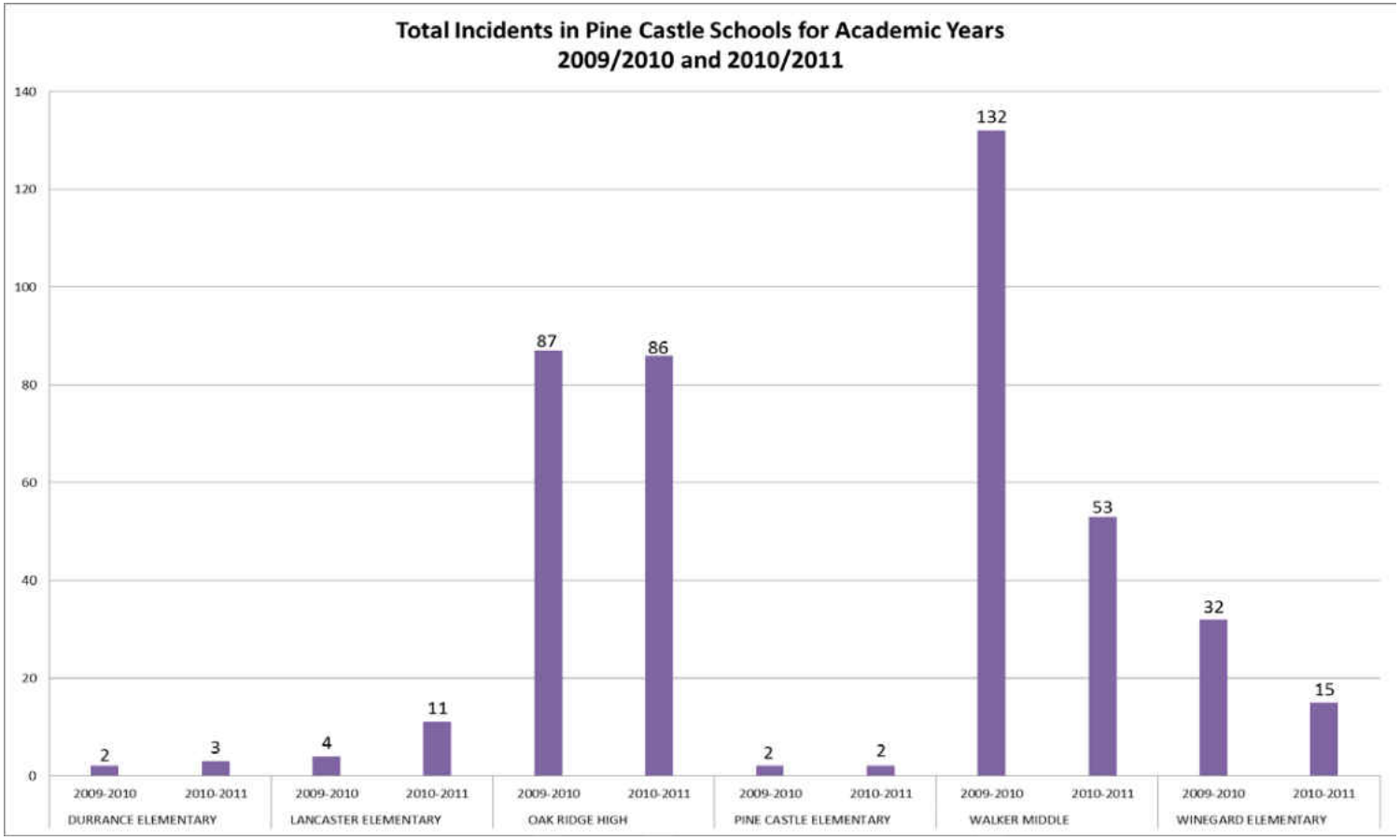
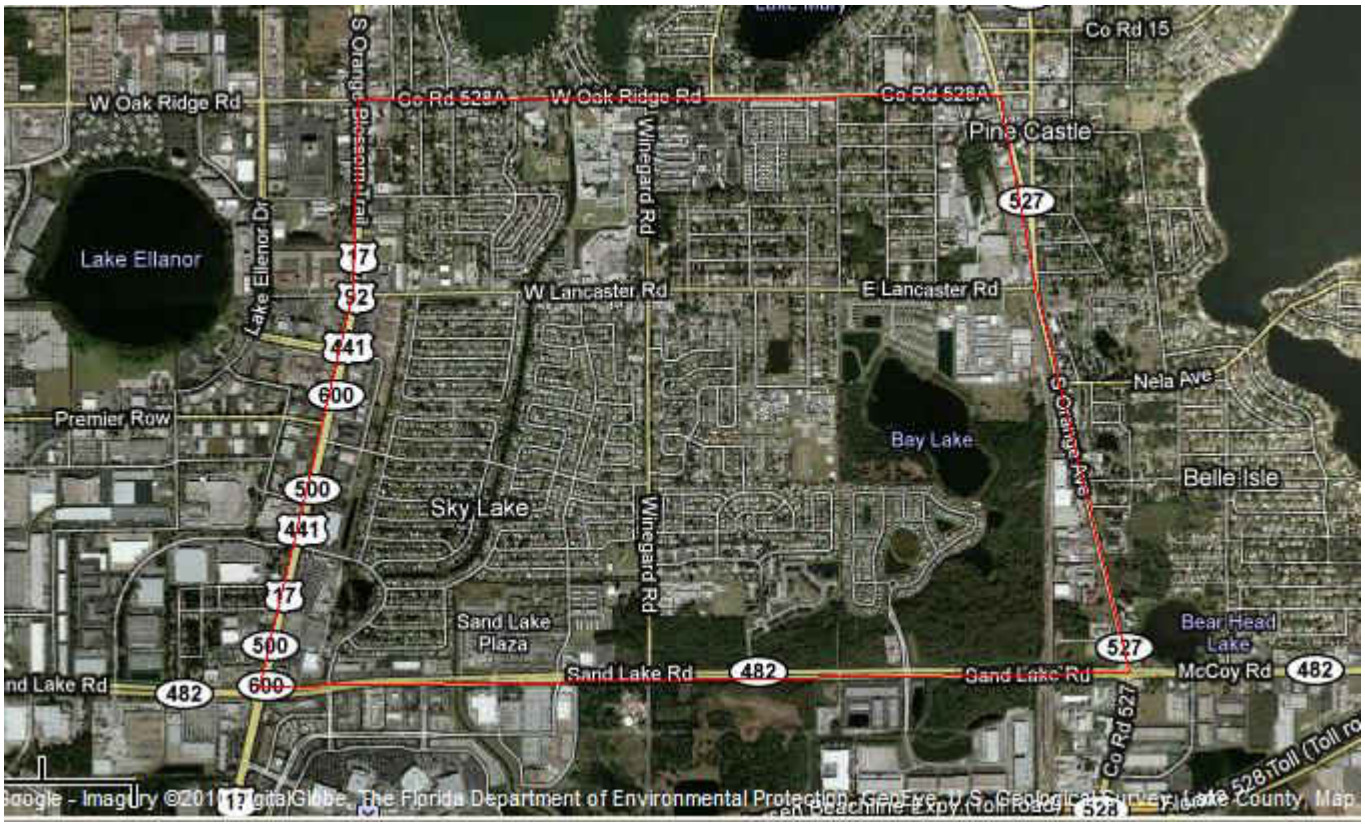


Figure 3. Comparison of Total Incidents in Pine Castle Schools for Academic Years 2009 to 2010 and 2010 to 2011

APPENDIX B: BOUNDARIES OF HARBOR HOUSE OF CENTRAL FLORIDA'S PROJECT COURAGE IN PINE CASTLE, FLORIDA


Co Rd 15
W Oak Ridge Rd
Co Rd 528A
W Oak Ridge Rd
Co Rd 528A
Pine Castle
527
Lake Ellenor
Lake Ellenor Dr
S Orange Blossom Trail
Winegard Rd
17
92
W Lancaster Rd
E Lancaster Rd
441
600
Nela Ave
Premier Row
Bay Lake
S Orange Ave
Belle Isle
500
Sky Lake
441
Winegard Rd
17
Sand Lake Plaza
Bear Head Lake
500
527
McCoy Rd
482
nd Lake Rd
482
600
Sand Lake Rd
482
Sand Lake Rd
Co Rd 527
Google - Imagery ©2011 DigitalGlobe, The Florida Department of Environmental Protection, GeoEye, U.S. Geological Survey, Lake County, Map

APPENDIX C: PROJECT COURAGE EVALUATION LOGIC MODEL

Inputs	Activities	Output	Evaluation Data	Initial Outcomes*
Pine Castle residents Project Courage (PC) partners PC business leaders[2] PC educational community[3] PC faith leaders PC first responders[1] PC medical entities PC staff	"Recognize, Respond, Refer" (RRR) IPA training	RRR trained attendees (other than specific groups noted)	Pre/Post RRR test Focus group with attendees Observation of RRR Training	Attendees are more knowledgeable about RRR to IPA Attendees report they have/will utilize training Reports of IPA within PC increase compared to baseline year Referrals to Harbor House[5] increase compared to baseline year
	Purple Key Business Initiative	Informed business leaders	Pre/Post analysis of implemented policies using business database (from website data) and follow-up data Pre/Post analysis of Purple Key Business training Focus group with business leaders	Attendees begin creating/implementing workplace IPA policies Attendees demonstrate an understanding of how to recognize IPA, ramification of IPA in the workplace, and available services
	Education/Youth presentations	Informed youth	Pre/Post analysis of data acquired from DELTA program Pre/Post analysis of data acquired from OCPS programs (Little Heroes, Leaders of Courage) Focus group with school administrators / teachers and youth	Youth demonstrate an understanding of how to recognize IPA, ramifications of IPA, and available services Teachers and administrators report increased awareness of IPA among students
	Meeting of the faiths	Informed religious leaders	Pre/Post RRR (if available) Pre/Post analysis of membership policies concerning IPA (from website data) Focus group with religious leaders	Religious leaders are more knowledgeable about RRR to IPA Religious leaders report they have/will utilize training Religious leaders promote zero-tolerance messages towards IPA
	Promotoras - community members (door knocking, attendance at community events, community town hall meetings, etc.)	Community engagement in addressing IPA	Observation of town hall meetings Observation of prevention team in the field Focus group with community members Focus group with outreach team, including Coordinator of Project Courage	Community members are receptive to PC outreach in the community Community members utilize PC outreach to address IPA Community members demonstrate an understanding of how to recognize IPA, ramifications of IPA, and available services Prevention team reports increased awareness in the community and have heard of successes stemming from efforts

Notes:
*Current evaluation period (May 2010-August 2011) – based on **Harbor House of Central Florida Project Courage components one through three**
[1] Animal Services, Fire Department, Police Department servicing Pine Castle (zip code=32809)
[2] Apartments/condos, attorneys, banks, civic group/fraternities, gas stations, general businesses, hotels/motels, income tax services, restaurants, supermarkets, and thrift stores within Pine Castle (zip code=32809)
[3] Daycares and schools within Pine Castle (zip code=32809)

APPENDIX D: EXECUTIVE SUMMARY OF EVALUATION FINDINGS AND RECOMMENDATIONS

"RECOGNIZE, RESPOND, AND REFER" (RRR) TRAINING

Findings

- The RRR training was effective at strengthening individual knowledge regarding *recognizing* and *responding to* IPA.
- Trainees' *recognition* of IPA broadened to include more *covert* signs of abuse.
- Largely no significant differences between men and women in *recognizing* IPA following the RRR training.
- Several significant differences between Caucasian and minority trainees in *recognizing* IPA with a greater proportion of Caucasian trainees considering several actions as abuse.
- Several significant differences among various trainee age groups in *recognizing* IPA with a greater proportion of older trainees considering several actions as abuse compared to younger trainees.
- Trainees believed the RRR improved their ability to determine whether an individual had a history of IPA and would result in a change in their routines regarding *recognizing* survivors.
- Trainees were more likely to *respond* or intervene when confronted with a survivor in the course of their work; however, trainee comfort and competency changed marginally.
- Female trainees became more willing to *respond* or intervene to assist survivors of IPA as well as perceived themselves to be more competent in addressing such situations following the RRR training.
- Trainees believed the RRR provided both necessary and practical tools to *respond* to survivors.
- Trainees knowledge of intimate partner abuse, including its causes and prevention, significantly improved following the RRR training.
- Trainees believed the RRR training improved their ability to refer individuals to IPA information and community resources.
- Trainees noted the RRR was "informative," "immediately useful," and "frequently offered."

Recommendations

(1) Offer additional RRR trainings in the community and to first responders.

(2) Increase follow-up with previous attendees, perhaps through an electronic newsletter.

(3) Establish a consistent survey tool per each organization type[†].

(4) Establish procedures to ensure pre-tests are matched with post-tests per each trainee.

(5) Establish a procedure for labeling and storing data files that is intuitive and consistent.

(6) Create data codebooks for each survey instrument to ensure accuracy in coding.

LITTLE HEROES

Findings

- The Little Heroes program effectively communicated to youth how to "recognize" abuse, "respond" to occurrences, and engage in help-seeking activities.

- Youth recalled information that implied an understanding of when a family dynamic was "wrong," when actions by their peers were troublesome and warranting further attention, and strategies to use if experiencing an IPA crisis.

- Youth expressed non-victim blaming beliefs that challenged widely held macro-level perceptions of family violence.

Recommendations

(1) Offer the revised "Little Leaders" curriculum specifically to Pine Castle schools.

(2) Establish a follow-up procedure to assess whether youth retain information after a period of time (i.e. a month, a semester, a year).

DELTA BOYS | DELTA GIRLS

Findings

- None available at this time.

Recommendations

(1) Due to restrictions in data access to third parties, establish a procedure where programs are evaluated internally.

[†] Per agency, this change occurred after year one (C. Valdez, personal communication, March 1, 2013).

LEADERS OF COURAGE (LOC)

Findings

- The LOC program was an effective method to foster immediate impact in strengthening youths' knowledge regarding IPA and in reinforcing appropriate relationship behaviors.
- Youth expressed a greater understanding of more *covert* signs of abuse.
- Youth expressed beliefs that challenged widely held misconceptions that IPA is a private problem.
- Boys gained a greater understanding that IPA is a public problem and not a private matter.
- Girls potentially viewed LOC trainees as mentors and "trusted adults."
- Awareness of IPA and DV increased among youth; Youth were empowered to continue promoting non-violent messages through school activities.
- Older youth were receptive to LOC information, but more emphasis on younger youth is necessary.

Recommendations

(1) Develop a procedure in which all the various activities that LOC youth engage in are documented (aside from LOC training), possibly through surveying school administration.

(2) Emphasize involvement of teachers and other school administration in LOC activities or – at the very least – involve teachers in the LOC training that is similar to the RRR training.

(3) Collaborate with school administration on developing a contingency plan in the event of staff turnover to prevent denial of access to the school.

(4) Establish a consistent survey tool for all youth[†].

(5) Establish procedures to ensure pre-tests are matched with post-tests per youth.

(6) Establish a procedure for labeling and storing data files that is intuitive, consistent, and tracks revisions.

(7) Create data codebooks for each survey instrument to ensure accuracy in coding.

[†] Per agency, this change occurred after year one (C. Valdez, personal communication, March 1, 2013).

PUBLIC SPEAKING AND MEDIA EXPOSURE

Findings

- During the first year of Project Courage, the program was highlighted in several news articles – indicating initial media exposure.

- Agency data indicate the R3 application has been downloaded by users around the globe.

- The R3 application was recently cited in *The New England Journal of Medicine* as an application that physicians should consider utilizing to screen for IPA among patients.

- Although a majority of respondents in an Internet survey to previous RRR attendees and Pine Castle businesses had heard of Project Courage, a substantial minority had not heard of the program (35.4%).

Recommendations

(1) Host or attend more events in Pine Castle to increase media exposure and strengthen community presence.

(2) Track whether survivors seeking shelter services are aware of Project Courage and – if so – from what sources. By tracking this information, the agency can assess which media sources have the most impact as well as gather additional data for future evaluations.

FOSTERING COALITIONS AND NETWORKS

Findings

- Numerous staff at the two main "feeder" hospitals underwent RRR training during the first year of Project Courage.

- The following key agencies were not trained during the first year of Project Courage as originally planned: the Department of Children and Families[†], the Department of Corrections[†], law enforcement serving the Pine Castle Community[†], Orange County Fire Rescue[†], nurses, and therapists[†].

Recommendations

(1) Continue providing RRR trainings to local feeder hospitals as well as hospitals that service vulnerable populations (i.e. Winnie Palmer for Women & Babies[†], Arnold Palmer Hospital for Children, and Nemours Children's Hospital) or prepare future practitioners (i.e. University of Central Florida's College of Medicine senior students).

[†] Per agency, this change occurred after year one (C. Valdez, personal communication, March 1, 2013).

(2) Provide RRR training to agencies not reached during the first year of Project Courage as well as consider engaging the following organizations: Orange County Animal Services, Orange County Transportation Services, Lynx, Orlando's GLBT Center[†], and the United States Postal Services.

(3) Host other activities – aside from RRR trainings – for these organizations (i.e. hosting meetings similar to "Leaders of the Faith" roundtables).

(4) Develop an electronic symbol or "badge" for agency websites, which signifies membership in the Project Courage "coalition" or "network."

PURPLE KEY BUSINESS PROGRAM

Findings

- Multiple sources of data indicate the Purple Key Business program is an effective method to engage organization leaders in addressing IPA in the workplace and to foster organizational change.

- Respondents referred to the Purple Key Business program as "immediately useful" and capable of "having an impact."

- Respondents noted the Purple Key Business program brought greater awareness to IPA, made each particular agency's efforts in addressing IPA more forthcoming, and – in some instances – shifted employees' beliefs away from IPA being a "private problem" towards the perspective of IPA as a public concern.

- Utilizing the Texas Health Resources Domestic Violence Calculator, the approximate savings to Purple Key Businesses located within the target zip code of 32809 is nearly two million dollars (range of $1,438 to $881,640).

Recommendations

(1) Increase outreach to businesses within Pine Castle specifically; the project is approaching its fourth year of operation and Pine Castle businesses only represent 38% of the participating organizations (total=85).

(2) Increase follow-up to Purple Key Businesses through a newsletter or comparable marketing material. Aside from distributing important information, the newsletter can be used to promote the program to non-members and to highlight the accomplishments of Purple Key Businesses.

[†] Per agency, this change occurred after year one (C. Valdez, personal communication, March 1, 2013).

SCREENING OF IPA BY FIRST RESPONDERS

Findings

- The agency successfully launched its electronic screen tool, referred to as R^3 that was developed based on the Hurt, Insulted, Threatened, and Screamed assessment.

- Since launch, the R^3 application has been downloaded on smart phones and tablets from around the world at least 1,126 times.

- Recently, the R^3 application was cited as a recommended screening tool for practitioners in a prestigious medical journal.

Recommendations

(1) Assess whether the application is utilized by first responders and – if so – how often and outcome data.

(2) Consider expanding the R^3 application or developing an entirely new application that provides screening information to youth regarding dating violence.

PROJECT COURAGE OVERALL

Findings

- Multiple sources of evaluation data indicate Project Courage has successfully reached a portion of the Pine Castle community. The expectation is that this reach will expand as time passes within the community.

- Interviews with Harbor House of Central Florida leadership, staff, and partners in the community indicate these individuals also believe Project Courage has succeeded in providing awareness about IPA prevention to the Orlando community overall.

- Interviewees were particularly proud of the impact Project Courage has had on local businesses (through the Purple Key Business program) and in fostering collaborations with other organizations dedicated to public safety.

- Interviewees unanimously agreed that Project Courage is not at a point of sustainability yet; however, the community has responded and is engaged.

- Interviewees shared a mutual appreciation for each other; staff members spoke highly of leadership and agency leadership spoke highly of staff members.

[†] Per agency, this change occurred after year one (C. Valdez, personal communication, March 1, 2013).

- A consistent concern from all interviewees was the dwindling resources dedicated to Project Courage in Pine Castle as external funds supporting the program in that location have diminished. Acknowledging this concern, agency leadership indicated that Harbor House of Central Florida is trying to acquire additional resources.

- The most serious threat to the program, from these insiders' perspectives, is the overall lack of resources and strain on employees to address the prevention needs of two separate communities (Malibu Groves and Pine Castle).

APPENDIX E: AGENCY AUTHORIZATION FOR DATA USE

RE: Permission from HHCF - Google Chrome

https://webmail.ucf.edu/owa/?ae=Item&a=Open&t=IPM.Note&id=RgAAAAC4kOh7uyOyRaCPL71E%2bOQoBwCqXVx%2f8qdXRLYk7ZxXT%2bnpAAAAeDCVAACqXVx%2f8qdXRLYk7ZxXT%2bnpAAAEL whkAAAJ&psplid=_1368752374308_962123282

Reply Reply All Forward

RE: Permission from HHCF

Carol Wick [CWick@HarborHouseFL.com]

To: Jordana Navarro

Thursday, May 16, 2013 3:53 PM

- You replied on 5/16/2013 3:57 PM.

I am happy to provide authorization for you to use agency data and the socio-ecological model as part of the program evaluation.

--

Carol Wick | Chief Executive Officer
Direct Line: 407-866-2244 ext 227
P.O. Box 680748 Orlando, FL 32868
Hotline: 407-866-2856 | www.harborhousefl.com

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From: Jordana Navarro [mailto:jordana@ucf.edu]
Sent: Thursday, May 16, 2013 11:17 AM
To: Carol Wick
Cc: Jana Jasinski
Subject: Permission from HHCF

Hi, Carol,

UCF Graduate Studies is requiring I submit something in writing with my dissertation that states I had permission from Harbor House of Central Florida to use agency data from the first year of Project Courage for the purposes of conducting a program evaluation – can you please verify I did indeed have the agency's permission to conduct this evaluation under the guidance of Dr. Jasinski?

Am I also permitted to use the agency's socio-ecological model in my write-up?

Thank you so much! I am in the final stages and you should have the results soon!

Best,
Jordana

~~~~~~~~~~~~oOo~~~~~~~~~~~~

Jordana N. Navarro, Doctoral Candidate, M.S.
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407-823-4292 | 407-823-3028 (f)
jordana@ucf.edu | www.facultyrelations.ucf.edu

UCF 50
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APPENDIX F: UNIVERSITY INSTITUTIONAL REVIEW BOARD AUTHORIZATION TO USE HUMAN SUBJECTS

University of Central Florida

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Jordana Navarro**

Date: **August 16, 2012**

Dear Researcher:

On 8/16/2012, the IRB approved the following minor modifications to human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Modification Type:	The study method is being changed from in-person focus groups to an Internet survey. It is hoped that this will increase number of study participants and also be a more secure location given the study topic. Revised survey has been uploaded and a revised consent document has been approved for use.
Project Title:	Project Courage Focus Groups to Evaluate Program
Investigator:	Jordana Navarro
IRB Number:	SBE-12-08546
Funding Agency:	
Grant Title:	
Research ID:	n/a

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 08/16/2012 09:56:41 AM EDT

Joanne Muratori

IRB Coordinator

University of Central Florida

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Jordana Navarro**

Date: **October 03, 2012**

Dear Researcher:

On 10/3/2012, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	Project Courage Interviews with Harbor Hourse of Central Florida Leadership and Staff to Evaluate Program; Interviews with Pine Castle School Principals and Gudiance Counselors
Investigator:	Jordana Navarro
IRB Number:	SBE-12-08700
Funding Agency:	
Grant Title:	
Research ID:	SBE-12-08546

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 10/03/2012 12:06:32 PM EDT

Joanne Muratori

IRB Coordinator

University of Central Florida

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Jordana Navarro**

Date: **January 09, 2013**

Dear Researcher:

On 1/9/2013, the IRB approved the following minor modification to human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Modification Type:	PI plans to conduct telephone interviews with Harbor House of Central Florida Key Businesses to assess whether those agency's training are using the skills that were obtained. PI will also assess what employers/ employees thought of the program overall, of Project Courage, overall, and will identify potential areas of improvement for the agency.
Project Title:	Project Courage Telephone Interviews with Harbor Hourse of Central Florida Purple Key Businesses
Investigator:	Jordana Navarro
IRB Number:	SBE-12-08700
Funding Agency:	
Grant Title:	
Research ID:	SBE-12-08546

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 01/09/2013 10:17:02 AM EST

Joanne Muratori

IRB Coordinator

REFERENCES

Banyard, V.L., Plante, E.G., & Moynihan, M.M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology, 32*(1)*,* 61-79.

Beeker, C., Guenther-Grey, C., & Raj, A. (1998). Community empowerment paradigm drift and the primary prevention of HIV/AIDS. *Social Science & Medicine, 46*(7)*,* 831-842.

Berk, R.A., & Rossi, P.H., (1999). *Thinking about Program Evaluation.* Thousand Oaks, CA: Sage Publications, Inc.

Bethke, T.M., & DeJoy, D.M. (1993). An experimental study of factors influencing the acceptability of dating violence. *Journal of Interpersonal Violence, 8*(1), 36-51.

Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Bowen, L.K., Gwiasda, V., & Brown, M.M. (2004). Engaging community residents to prevent violence. *Journal of Interpersonal Violence, 19*(3), 356-367.

Bowlus, A. & Seitz, S. (2006). Domestic violence, employment, and divorce. *International Economic Review, 47*(4), 1113-1149.

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design.* Cambridge, MA: Harvard University Press.

Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse, 10*(3), 225-246.

Centers for Disease Control and Prevention (CDC). (2003). Costs of Intimate Partner Violence Against Women in the United States. Atlanta (GA): CDC, National Center for Injury Prevention and Control. Retrieved from: http://www.cdc.gov/violenceprevention/pdf/IPVBook-a.pdf

Coogan, D. (2011). Child-to-parent violence: Challenging perspectives on family violence. *Child Care in Practice, 17*(4), 347-358.

Corso, P. (2009). Economic analysis and the prevention of intimate partner violence. In Mitchell, C. & Anglin, D. (Eds.). *Intimate Partner Violence: A Health Based Perspective.* New York, NY: Oxford University Press.

Crowne, S., Juon, H., Ensminger, M., Burrell, L., McFarlane, E., & Duggan, A. (2010). Concurrent and long-term impact of intimate partner violence on employment stability. *Journal of Interpersonal Violence, 26*(6), 1282-1304.

Cummings, A. M., Gonzalez-Guarda, R. M., & Sandoval, M. F. (2013). Intimate Partner Violence among Hispanics: A Review of the Literature. *Journal of Family Violence*, *28*(2), 153-171.

Danziger, S. & Seefeldt, K. (2002). Barriers to employment and the "hard to serve": Implications for services, sanctions, and time limits. *Focus, 22*(1), 76-81.

Dulmus, C.N., Ely, G.E., & Wodarski, J.S. (2004). Domestic violence: A literature review reflecting an international crisis. *Stress, Trauma, and Crisis, 7*(2), 77-91.

El-Mouelhy, M. (2004). Violence against women: A public health problem. *The Journal of Primary Prevention, 25*(2), 289-303.

Finkelhor, D., Asdigian, N., & Dziuba-Leatherman, J. (1995). The effectiveness of victimization prevention instruction: An evaluation of children's responses to actual threats and assaults. *Child Abuse & Neglect, 19*(2), 141-153.

Fortune, M.M. (2001). Religious issues and violence against women. In C.M. Renzetti, J.L. Edleson, & R.K. Bergen (Eds.), *Sourcebook on Violence Against Women.* Thousand Oaks, CA: Sage Publications, Inc.

Garcia, V., & McManimom, P. (2011). *Gendered Justice.* Lanham, MD: Rowman & Littlefield Publishers, Inc.

Giles-Sims, J. (1998). The aftermath of partner violence. In Jasinski, J.L., & Williams, L.M. (Eds.), *Partner Violence: A Comprehensive Review of 20 Years of Research.* Thousand Oaks, CA: Sage.

Godenzi, A., & De Puy, J. (2001). Overcoming boundaries: A cross-cultural inventory of primary prevention programs against wife abuse and child abuse. *The Journal of Primary Prevention, 21*(4), 455-475.

Goodman, P. (2009). Intimate partner violence and pregnancy. In Mitchell, C. & Anglin, D. (Eds.). *Intimate Partner Violence: A Health Based Perspective.* New York, NY: Oxford University Press.

Grauerholz, L. (2000). An ecological approach to understanding sexual revictimization: Linking personal, interpersonal, and sociocultural factors and processes. *Child Maltreatment, 5*(1), 5-17.

Hamby, S.L. (1998). Partner violence: Prevention and intervention. In Jasinski, J.L., & Williams, L.M. (Eds.), *Partner Violence: A Comprehensive Review of 20 Years of Research.* Thousand Oaks, CA: Sage.

Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's exposure to intimate partner violence and other family violence. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Harbor House of Central Florida. (2012). *Project courage: Creating healthier & safe communities.* Retrieved from http://www.harborhousefl.com/wp-content/uploads/2011/10/Project-Courage-1-Executive-Summary.pdf

Harned, M.S. (2001). Abused women or abused men? An examination of the context and outcomes of dating violence. *Violence and Victims, 16*(3), 269-285.

Harned, M.S. (2002). A multivariate analysis of risk markers for dating violence victimization. *Journal of Interpersonal Violence, 17*(11), 1179-1197.

Harvey, A., Garcia-Moreno, C., & Butchart, A. (2007). Primary prevention of intimate partner violence and sexual violence: Background paper for WHO expert meeting. *World Health Organization*, 1–37.

Howe, M.E., & Alpert, E.J. (2009). A public health approach to intimate partner violence. In Mitchell, C. & Anglin, D. (Eds.). *Intimate Partner Violence: A Health Based Perspective.* New York, NY: Oxford University Press.

Hyman, I., Guruge, S., Stewart, D.E., Ahmad, F. (2000). Primary prevention of violence against women. *Women's Health Issues, 10*(6), 288-293.

Ingram, M., Sabo, S. Rothers, J., Wennerstrom, A., & de Zapien, J.G. (2008). Community health workers and community advocacy: Addressing health disparities. *Journal of Community Health, 33*(6), 417-424.

Jasinski, J.L., Wesely, J.K., Wright, J.D., & Mustaine, E. E. (2010). *Hard Lives, Mean Streets: Violence in the Lives of Homeless Women.* Boston, MA: Northeastern University Press.

Johnson, P. & Gardner, S. (1999). Domestic Violence and the workplace: Developing a company response. *Journal of Management Development, 18*(7), 590-597.

Kaufman Kantor, G.K. & Jasinski, J.L. (1998). Dynamics and risk factors in partner violence. In Jasinski, J.L., & Williams, L.M. (Eds.), *Partner Violence: A Comprehensive Review of 20 Years of Research.* Thousand Oaks, CA: Sage.

Kelly, P.J., Lesser, J., Peralez-Dieckmann, E., & Castilla, M. (2007). Community-based violence awareness. *Issues in Mental Health Nursing, 28*(3), 241-253.

Kugel, C., Retzlaff, C., Hopfer, S., Lawson, D.M., Daley, E., Drewes, C., & Freedman, S. (2009). *Familias con Voz:* Community survey results from an intimate partner violence (IPV) prevention project with migrant workers. *Journal of Family Violence, 24(8),* 649-660.

Larkin, G.L., & Parks, J. (2009). Acute intervention for intimate partner violence in the medical setting. In Mitchell, C. & Anglin, D. (Eds.). *Intimate Partner Violence: A Health Based Perspective.* New York, NY: Oxford University Press.

Lehrner, A., & Allen, N.E. (2008). Social change movements and the struggle over meaning making: A case study of domestic violence narratives. *American Journal of Community Psychology, 42*(3-4), 220-234.

Lhee, Euna. (2010, October 13). Pine Castle gets domestic violence information. *Healthy State.* Retrieved from: http://healthystate.org/2010/10/project-courage-saturates-pine-castle/

Liebschutz, J. M., & Rothman, E. F. (2012). Intimate Partner Violence - What Physicians Can Do. *The New England Journal of Medicine*, *367*(22), 2071-2073.

Lindquist, C., McKay, T., Clinton-Sherrod, A.M., Pollack, K., Lasater, B., & Hardison Walters, J. (2010). The role of employee assistance programs in the workplace-based intimate partner violence intervention and prevention activities. *Journal of Workplace Behavioral Health, 25,* 46-64.

Lloyd, S. (1997). The Effects of domestic violence on women's employment. *Law & Policy, 19*(2), 139-167.

Lloyd, S. & Taluc, N. (1999). The effects of male violence on female employment. *Violence Against Women, 5*(4), 370-392.

Lounsbury, D.W., & Mitchell, S.G. (2009). Introduction to special issue on social ecological approaches to community health research and action. *American Journal of Community Psychology, 44*(3-4), 213-220.

Mahoney, P., Williams, L.M., & West, C.M. (2001). Violence against women by intimate relationship partners. In C.M. Renzetti, J.L. Edleson, & R.K. Bergen (Eds.), *Sourcebook of Violence Against Women* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Makepeace, J.M. (1981). Courtship violence among college students. *Family Relations, 30*(1), 97-102.

Makepeace, J.M. (1986). Gender differences in courtship violence victimization. *Family Relations, 35*(3), 383-388.

Michaels, S. (2009, November 4). Rihanna: Chris Brown was my first love. *The Guardian.* Retrieved from: http://www.guardian.co.uk/music/2009/nov/04/rihanna-chris-brown

Michau, L. (2007). Approaching old problems in new ways: Community mobilisation (*sic)* as a primary prevention strategy to combat violence against women. *Gender & Development, 15*(1), 95-109.

Miller, J., & Bukva, K. (2001). Intimate violence perceptions: Young adults' judgments of abuse escalating from verbal arguments. *Journal of Interpersonal Violence, 16*(2), 133-150.

Miller, L.E., Howell, K.H., & Graham-Bermann, S. (2011). Predictors of preschoolers' appraisals of conflict in families experiencing intimate partner violence, *Journal of Interpersonal Violence,* (online first), 1-19.

Mitchell, C., & Vanya, M. (2009). Explanatory frameworks of intimate partner violence. In Mitchell, C. & Anglin, D. (Eds.). *Intimate Partner Violence: A Health Based Perspective.* New York, NY: Oxford University Press.

Morgan, P. (2001). Sexual harassment: Violence against women at work. In C.M. Renzetti, J.L. Edleson, & R.K. Bergen (Eds.), *Sourcebook on Violence Against Women.* Thousand Oaks, CA: Sage Publications, Inc.

Moskovic, C.S., Guiton, G., Chirra, A., Núñez, A.E., Bigby, J., Stahl, C., Robertson, C., Thul, E.C., Miller, E., Sims, A., Sachs, C.J., & Pregler, J. (2008). Impact of participation in a community-based intimate partner violence prevention program on medical students: A multi-center study. *Journal of General Internal Medicine, 23(7),* 1043-7.

Nabors, E.L., Dietz, T.L., & Jasinski, J.L. (2006). Domestic violence beliefs and perceptions among college students. *Violence and Victims, 21*(6), *783-799.*

Nicolaidis, C., & Paranjape, A. (2009). Defining intimate partner violence: Controversies and implications. In Mitchell, C. & Anglin, D. (Eds.). *Intimate Partner Violence: A Health Based Perspective.* New York, NY: Oxford University Press.

O'Brien, M.K. (2001). School-based education and prevention programs. In C.M. Renzetti, J.L. Edleson, & R.K. Bergen (Eds.), *Sourcebook on Violence Against Women.* Thousand Oaks, CA: Sage Publications, Inc.

O'Keefe, M. (1997). Predictors of dating violence among high school students. *Journal of Interpersonal Violence, 12*(4), 546-568.

Our take on: Preventing domestic violence. (2011). *Orlando Sentinel.* Retrieved from: http://articles.orlandosentinel.com/2011-08-24/news/os-ed-opd-domestic-violence-082411-20110823_1_domestic-violence-domestic-violence-project-courage.

Pacheco, P. (2011). Orlando focused on curbing acts of Domestic Violence. *Domestic Violence.* Retrieved from: http://www.miamidivorcelawattorneyblog.com/2011/08/orlando-focused-on-curbing-acts-of-domestic-violence.shtml.

Park, S. (2003). Working towards freedom from abuse: Recognizing a "public policy" exception to employment-at-will for domestic violence victims. *N.Y.U Annual Survey of American Law, 10*(51), 121-162.

Pate, A. & Hamilton, E. (1992). Formal and informal deterrents to domestic violence: The Dade county spousal assault experiment. *American Sociological Review, 57,* 691-697.

Powell, K.E., Dahlberg, L.L., Friday, J., Mercy, J.A., Thornton, T., & Crawford, S. (1996). Prevention of youth violence: Rationale and characteristics of 15 evaluation projects. *American Journal of Preventive Medicine, 12,* 3-12.

Prieto, B. (2011, August 23). Domestic-violence awareness program now in Malibu Groves. *Orlando Sentinel.* Retrieved from: http://articles.orlandosentinel.com/2011-08-23/news/os-project-courage-location-orlando-20110823_1_domestic-violence-domestic-violence-violence-issues.

Prieto, B. (2012, January 18). Domestic-violence murders fell locally in 2011, but shetler's numbers role. *Orlando Sentinel.* Retrieved from:

http://articles.orlandosentinel.com/2012-01-18/news/os-domestic-violence-increases-2011-20120114_1_domestic-violence-domestic-violence-harbor-house.

Rodriquez, M.A., Sheldon, W.R., Bauer, H.M., Pérez-Stable, E.J. (2001). The factors associated with disclosure of intimate partner abuse to clinicians. *The Journal of Family Practice, 50*(4), 338-344.

Riggs, D.S., & O'Leary, K.D. (1996). Aggression between heterosexual dating partners: An examination of a causal model of courtship aggression. *Journal of Interpersonal Violence, 11*(4), 519-540.

Santich, K. (2010, March 29). A united front against domestic violence. *Orlando Sentinel.* Retrieved from: http://blogs.orlandosentinel.com/changetheworld/2010/03/a-united-front-against-domestic-violence.html.

Santich, K. (2013, February 2). Domestic violence app created locally gets mention in prestigious medical journal. *Orlando Sentinel.* Retrieved from: http://articles.orlandosentinel.com/2013-02-02/news/os-domestic-violence-app-20130202_1_mobile-app-domestic-violence-harbor-house

Saltzman, L.E., & Houry, D. (2009). Prevalence of nonfatal and fatal intimate partner violence. In Mitchell, C. & Anglin, D. (Eds.). *Intimate Partner Violence: A Health Based Perspective.* New York, NY: Oxford University Press.

Sherin, K.M., Sinacore, J.M., Li, X., Zitter, R.E., & Shakil, A. (1998). HITS: A short domestic violence screening tool for use in a family practice setting. *Family Medicine, 30(7),* 508-512.

Smithey, M., & Straus, M.A. (2004). Primary prevention of intimate partner violence. In H. Kury & J. Obergfell-Fuchs, (Eds). *Crime prevention: New approaches.* Mainz/Germany: Weisser Ring Gemeinnutzige Verlags-GmbH.

Straus, M.A., Kantor, G. K., & Moore, D.W. (1997). Change in cultural norms approving marital violence from 1968 to 1994. In G.K. Kantor & J.L. Jasinski (Eds.), *Out of the Darkness: Contemporary Perspectives of Family Violence.* Thousand Oaks, CA: Sage.

Strickland, G.A., Welshimer, K.J., & Sarvela, P.D. (1998). Clergy perspectives and practices regarding intimate violence: A rural view. *Journal of Rural Health, 14(4),* 305-311.

Swanberg, J. & Logan, T.K. (2005). Domestic violence and employment: A qualitative study. *Journal of Occupational Health Psychology, 10*(1), 3-17.

Texas Health Resources. Domestic Violence Cost Calculator. Retrieved from: http://www.texashealth.org/body.cfm?id=1848

Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male partner violence as measured by the National Violence Against Women Survey. *Violence Against Women, 6*(2), 142-161.

UCLA: Academic Technology Services, Statistical Consulting Group. (n.d.). What Statistical Analysis Should I Use? Los Angeles (CA): UCLA: Academic Technology Services. Retrieved from: http://www.ats.ucla.edu/stat/stata/whatstat/whatstat.htm.

U.S. Census Bureau. (2010). *State and County QuickFacts.* Retrieved from: http://quickfacts.census.gov/qfd/states/00000.html

U.S. Department of Justice, Office of Justice Programs (2001). *Stalking and domestic violence: Report to Congress.* Report No. 186157.

West, C.M. (1998a). Leaving a second closet: Outing partner violence in same-sex couples. In J.L. Jasinski & L.M. Williams (Eds.) *Partner Violence*. Thousand Oaks, CA: Sage.

West, C.M. (1998b). Lifting the "political gag order": Breaking the silence around partner violence in ethnic minority families. In Jasinski, J.L., & Williams, L.M. (Eds.), *Partner Violence: A Comprehensive Review of 20 Years of Research.* Thousand Oaks, CA: Sage.

Westbrook, L. (2008). E-Government Support for People in Crisis: An evaluation of Police Department Website Support for Domestic Violence Survivors Using "Person-in-Situation" Information Need Analysis. *Library & Information Science Research, 30,* 22-38.

Whitaker, D.J., Hall, D.M., Coker, A.L. (2009). Primary prevention of intimate partner violence: Toward a developmental, social-ecological model. In Mitchell, C. & Anglin, D. (Eds.). *Intimate Partner Violence: A Health Based Perspective.* New York, NY: Oxford University Press.

Whitaker, D.J., Morrison, S., Lindquist, C., Hawkins, S.R., O'Neil, J.A., Nesius, A.M., Mathew, A., & Reese, L. (2006). A critical review of interventions for primary prevention of perpetration of partner violence. *Aggression and Violent Behavior, 11*(2), 151-166.

White, J.W., & Kowalski, R.M. (1998). Male violence toward women: An integrated perspective. In R.G. Geen & E. Donnerstein (Eds.) *Human Aggression: Theories, Research, and Implications for Social Policy*. San Diego, CA: Academic Press.

Worden, A.P., & Carlson, B.E. (2005). Attitudes and beliefs about domestic violence: Results of a public opinion survey: II. Beliefs about causes. *Journal of Interpersonal Violence, 20*(10), 1219-1243.

Yllö, K., & Bograd, M. (1988). *Feminist Perspectives on Wife Abuse.* Newbury Park, CA: Sage Publications, Inc.

Zeldin, S. (2004). Preventing youth violence through the promotion of community engagement and membership. *Journal of Community Psychology, 32(5), 623-641.*