



## Effects of an 8-Week Relational Cultural Intervention on Female University Students' Attitudes Towards Dating Violence, Conflict Resolutions and Relationships\*

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### Abstract

The aim of this research is to determine the effect of the Relational Cultural Theory Based Psycho-Education Program (RCTPP) on the attitudes of university students toward dating violence (DV), relationship qualities, and conflict resolution styles. The research is an experimental study conducted with female university students. There are nine students in the experimental group and nine students in the control group. The eight-session RCTPP developed by the researcher was applied to the experimental group. No intervention was made in the control group. As a result of the research, it was determined that the variance between the pre-test and post-test scores of the individuals in the experimental group and the control group regarding the attitude towards DV, the negative conflict resolution style (NCRS), and the compliance conflict resolution style (CCRS) differed significantly from each other. Accordingly, it was determined that the participants' attitude scores towards DV decreased, that is, they considered DV as less acceptable in relationships. In addition, it was found that the participants tended to use the NCRS and CCRS less. It was determined that the program did not affect the decrease of withdrawal conflict style scores (WCRS) in conflict resolution, and the increase in positive conflict resolution style scores (PCRS) and relationship quality scores.

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## INTRODUCTION

Fulfilling important developmental tasks like romantic relationships, intimacy, and identity which are important in terms of developmental outcomes, is linked to relationship quality and psychological health in later life (Furman & Shaffer, 2003; Lanz & Tagliabue, 2007). Romantic relationships involve various risks and positive developmental outcomes (Gala & Kapadia, 2013). One of these risks is dating violence (DV). The World Health Organization (2010) defines DV as “behaviors leading to sexual, physical, and psychological harm, including sexual coercion, psychological abuse, physical aggression, and control behaviors in intimate relationships.”

DV is a common problem. According to the data collected by the World Health Organization from 81 countries, 29% of females between 15 and 19 ages are exposed to physical and sexual DV (WHO, 2010). Studies conducted in Turkey also indicate similar findings. A study conducted by Toplu-Demirtaş and Hatipoğlu-Sümer in 2011 reported that around 25% of university students are exposed to psychological violence, 6% to sexual violence, and 10% to physical violence. Another study determined that 8% of young people were exposed to various kinds of violence in dating relationships (Özcebe, et al., 2002). This same study also determined that 31.6% of young people had friends who were exposed to DV, and 87.8% of those people who were exposed to violence were females.

Considering its impact, DV has long-term impacts on the mental and physical health of individuals and brings about many negative consequences such as depression, anxiety, suicide attempts, injury, drug use, low self-esteem, self-blame, and anger (Bonomi et al., 2012; Cornelius & Resseguie, 2007; Exner-Cortens et al., 2013). Currently, DV is among the social problems that need prompt attention due to its prevalence and effects. Therefore, prevention and intervention studies on DV are significant. First-order prevention programs play a role in preventing DV. There are numerous programs for preventing DV in the literature (Ball et al., 2009; Shorey et al., 2008; Wolfe et al., 2003). A few university-level programs in Turkey are also aimed at preventing DV.

Prevention programs aim to reduce risk factors and increase protective factors to prevent DV. While risk factors include factors that increase the likelihood of experiencing DV, protective factors include factors that reduce the likelihood of DV and protect against risks. Attitudes toward DV are one of the factors that increase DV risks. Having positive attitudes towards DV, which means the feelings, thoughts, and behaviors that accept or reject power control and violent behaviors in a romantic relationship, and believing that violent behaviors are acceptable, especially under certain circumstances (e.g., when insulted, not insulted, pushed or hit first), increases the risk of perpetrating violence and getting exposed to it (Foshee et al., 2001). Another risk factor is conflict resolution. Studies show that negative conflict resolution is associated with DV (Bonache et al., 2016). As a protective factor, the quality of the relationship, which describes relationships in which individuals resolve conflicts positively, perceive social support, and feel depth, reduces the risk of DV. It is known that less DV is experienced in high-quality relationships and that there is a negative association between DV and relationship quality. In this context, the prevention program developed in this study aimed to improve relationship quality and positive conflict resolution styles (PCRS) and reduce positive attitudes towards DV.

The program development process of this study was based on relational cultural theory (RCT). Most of the programs developed do not have a theoretical basis, except for a few that are based on feminist and social learning. Programs based on social learning theory emphasized the social learning of individuals and focused on attitudes that they may have developed towards the violence in their family (Luthra & Gidycz, 2006). Since feminist theory suggests that violence originates from a patriarchal system of values, the programs focus on the concepts of power and control and gender roles (Giordano et al., 2010). Current approaches, however, draw attention to raising awareness about relationships that support development in preventing DV (Fruzzetti & Levensky, 2000). Since DV is similar to negative communication patterns, it is suggested that developing relational skills could be

preventative (Ro&Lawrence, 2007; Shorey et al., 2012). In this respect, it is stated that RCT could be a guide in preventing violence. In particular, the theory offers opinions and suggestions to understand and improve the relationships. In this context, the prevention program developed in this study is grounded on RCT and focuses on social teachings-controlling images, relational images, the connection-disconnection cycle, power, relationship characteristics that promote growth, and conflict resolution.

This study is based on the requirements for preventing DV. The general purpose of the study is to determine the effect of the RCTPP on attitudes toward DV, relationship qualities, and conflict resolution styles in female university students.

## **METHOD**

### **RESEARCH DESIGN**

2\*3 quasi-experimental design was employed in this study to examine the effect of the RCTPP on female university students' attitudes towards DV, relationship quality, and conflict resolution reactions. The study group for the research consisted of 18 female university students. The program content was announced to university students through a written, verbal, and online announcement. Being female and having a romantic relationship were the criteria for including individuals in the study. In addition, while forming the experimental and control groups, attention was paid to ensuring that no significant difference was found between the pre-test scores of the groups. There were 18 participants, 9 in the experimental group and 9 in the control group.

### **RELATIONAL CULTURAL THEORY-BASED PSYCHO-EDUCATION PROGRAM**

The prevention program was developed in two stages and six steps based on the psychoeducational program structuring processes suggested by Nazlı (2016) and Furr (2000). The program aims to help individuals build a cognitive relationship model that supports their development based on RCT. In this way, the program was expected to promote the relationship qualities, and conflict resolution skills of individuals and change their attitudes towards DV. Session topics are "Introduction, Social Teachings –Controlling Images, Relational Images, Connection-disconnection Cycle, Relational Cycle-Power, Relationship Characteristics That Promote Growth, Conflict Resolution and Finalization."

While creating the content of the program, attention was paid to making the content clear and understandable. The program included brief information forms about contents, role cards for hypothetical situations, metaphors, images, and stories. At the next stage, activities were planned to present the determined contents. Since the RCT-based intervention in the program was both psycho-educational and experiential, both informative and experiential activities were included in the sessions.

### **PROCEDURE**

A pilot group application was carried out before implementing the program. After completing the pilot group application, an eight-session RCTPP was applied to the experimental group, but no application was performed in the control group. Measurements were made before, at the end of, and two months after the application through the Intimate Relationships Violence Attitude Scale, Conflict Resolution Styles Scale, and Relationship Quality Scale.

### **INSTRUMENTS**

#### **INFORMATION FORM**

A personal information form containing information such as individuals' gender, age, department, and their parents' education level was used in the study.

**INTIMATE PARTNER VIOLENCE ATTITUDE SCALE-REVISED**

The Intimate Partner Violence Attitude Scale was developed by Fincham et al. (2008) to measure university students' attitudes toward psychological and physical DV. The scale was adapted for Turkish by Demirtaş (2015). There were eight items in the abuse, five in the control, and four in the violence sub-dimensions. The highest score obtained from this scale shows positive attitudes towards physical and psychological violence. As a result of the confirmatory factor analysis conducted in the Turkish adaptation of the scale, the fit indices were found to be CFI = 0.74,  $\chi^2 = 311.50$ ,  $df = 116$ ,  $\chi^2/df = 2.68$ , RMSEA = 0.08, SRMR = 0.08 (90% CI = 0.07-0.09). Considering the values relating to the scale reliability, the international consistency coefficients of the scale were 0.72, 0.62, and 0.65 for the violence, control, and abuse sub-dimensions, respectively (Demirtaş, 2015).

**CONFLICT RESOLUTION STYLES SCALE**

The Conflict Resolution Styles in Romantic Relationships Scale was developed by Özen (2016) to examine the conflict solution styles in romantic relationships. There were four sub-dimensions and 25 items in the study, where the sub-dimensions were named as withdrawal, negative, positive, and compliance conflict resolution styles. Scores obtained from these sub-dimensions were evaluated. In the validity study of the scale, the negative conflict resolution factor accounted for 16.93%, compliance conflict resolution for 13.07%, positive conflict resolution for 11.33%, and withdrawal conflict resolution for 11.01% of the total variance. Factor loadings of the items varied between 0.46 and 0.76. The Cronbach's alpha value was found to be 0.77 for PCRS, 0.81 for compliance, 0.75 for withdrawal, and 0.75 for NCRS by reliability analysis (Özen et al., 2016).

**QRI-THE RELATIONSHIP QUALITY SCALE**

The Quality of Relationship Inventory developed by Pierce et al. (1997) was adapted to Turkish by Özabacı (2011). In Özabacı's (2011) research, the reliability and validity study of the scale was conducted for married individuals. In this research, the validity and reliability of the Quality of Relationship Scale were examined for unmarried individuals in a romantic relationship. The confirmatory factor analysis of the Quality of Relationship Scale used in the research began with 25 items. However, nine items were excluded from the analysis due to low factor loadings. The confirmatory factor analysis results showed that the factor loadings range between 0.42-0.74 for the social support, 0.47-0.77 for the conflict, and 0.71-0.77 for the depth sub-scales. Further, the model fit indices of the Quality of Relationship Scale were chi-square/df = 1.86, RMSEA value 0.052, SRMR value 0.054, NNFI 0.95, CFI 0.95, and GFI 0.93. When the good-of-fit indices were examined, the chi-square/df value of less than 3 showed a perfect fit, while the RMSEA and SRMR values of smaller than 0.08, and the NNFI, CFI, AND GFI of greater than 0.90 indicate a good fit (Hooper et al., 2008). These findings indicate that the model fits well and the construct validity is satisfied. As such, the Cronbach's Alpha internal consistency coefficient of the Quality of Relationship Scale was 0.65. Accordingly, one could say that the scale is of a moderate level of reliability.

**STATISTICAL ANALYSIS**

Before analyzing the data, it was examined whether the scores of attitudes towards DV, relationship quality, and conflict resolution styles met the assumptions of the parametric tests. The effect of the program was determined using a two-factor mixed measures ANOVA. In addition, the Bonferroni test was performed for repeated measures to determine the source of the difference across the measures.

**RESULTS**

The research findings are presented in the order indicated under the headings of DV attitude scores, relationship quality scores, and conflict resolution style scores.

**FINDINGS REGARDING DATING VIOLENCE ATTITUDE SCORES**

The pretest, posttest, and follow-up test mean scores regarding attitudes towards DV, their standard deviation values, and the results of the two-factor mixed-measure ANOVA on whether there is a difference between the scores are presented in Table 1.

**Table 1.** Descriptive Statistics and ANOVA Results Before and After Intervention (pretest vs. posttest, follow-up test) in the Experimental Group (n = 9) and Control Group (n = 9)

Variables	Group	Pretest	Posttest	Follow-up Test	Time			Group			Time*Group		
		Mean (SD)	Mean (SD)	Mean (SD)	F	p	$\eta^2$	F	p	$\eta^2$	F	p	$\eta^2$
1	2	3	4	5	6	7	8	9	10	11	12	13	14
DV	Con.	29.56 (6.52)	30.66 (7.68)	31.89 (7.39)	2.617	.11	.14	.007	.94	.00	9.26	.04	.37
	Exp.	34.78 (7.33)	29.33 (7.57)	28.78 (6.63)									

As seen in Table 1, no significant difference was found between the groups regardless of the measures,  $F(1, 16) = 0.007, p > 0.05$ . Similarly, the difference between the measures was non-significant irrespective of which group the participants represented,  $F(1.30, 20.79) = 37.72, p > 0.05$ . The Group\*Measure common effect, showing whether the experimental process is effective or not, is significant,  $F(1.3, 20.79) = 133.45, p < 0.05$ . This finding indicates that 37% of the change in attitudes towards DV in repeated measures between groups may be explained by the program executed ( $\eta^2 = 0.37$ ). Accordingly, one could argue that the implemented psycho-education program has contributed largely to the positive change in individuals' attitudes toward DV. Moreover, the Bonferroni test was used to determine the source of the difference observed in the mean scores of attitudes toward DV, and the results are presented in Table 2.

**Table 2:** Bonferroni Results in Experimental Group (n = 9) and Control Group (n = 9)

				Mean Difference	S	p
DV	Exp.	Pretest-Posttest		5.44*	(1.55)	.01
		Pretest – Follow-up test		6.00*	(1.79)	.01
		Posttest – Follow-up test		.56	(.79)	1.00
	Con	Pretest - Post test		-1.11	(1.56)	1.00
		Pretest – Follow-up test		-2.33	(1.79)	.63
		Posttest – Follow-up test		-1.22	(.79)	.42
DV	Pretest		5.22	(3.27)	.13	
	Exp - Con Group	Posttest		-1.33	(3.59)	.71
		Follow-up test		-3.11(3.31)		.36

Note: \*  $p < 0.05$

According to the analysis results given in Table 2, it was determined that the post-test DV attitude scores of the individuals in the experimental group were significantly lower than the pre-test scores ( $q = 5.44; p < 0.05$ ). Meanwhile, the follow-up DV attitude scores of individuals in the

experimental group were significantly lower than their pre-test scores ( $q = 6.00$ ;  $p < 0.05$ ). However, no significant difference was found between the post-test and follow-up test DV attitude scores of individuals involved in the program ( $q = 0.56$ ;  $p > 0.05$ ). As such, no significant difference existed between the DV attitude post-test scores of the experimental and control groups ( $q = -1.33$ ;  $p > 0.05$ ). In this context, the findings show that DV attitude scores of female students who participated in the RCTPP significantly dropped relative to the control group, and the program effect showed persistence.

**FINDINGS REGARDING QUALITY OF RELATIONSHIP**

Descriptive statistics and ANOVA results relating to the pretest, posttest, and follow-up test relationship quality scores of individuals who participated in the study are provided in Table 3.

**Table 3.** Descriptive Statistics and ANOVA Results Before and After Intervention (pre-test vs. post-test, follow-up test) in the Experimental Group (n = 9) and Control Group (n = 9)

Variables	Group	Pretest	Posttest	Follow-up Test	Time			Group			Time*Group		
		Mean (SD)	Mean (SD)	Mean (SD)	F	p	$\eta^2$	F	p	$\eta^2$	F	p	$\eta^2$
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Relation quality	Con.	54.33 (5.72)	56.77 (5.17)	56.56 (3.75)	1.17	.32	.07	1.62	.22	.09	.59	.56	.04
	Exp.	52.67 (6.95)	53.11 (4.99)	53.00 (6.18)									

According to the results given in Table 3, no significant difference existed between groups regardless of the measures  $F(1, 16) = 1.62$ ,  $p > 0.05$ . There was no difference between the pretest, posttest, and follow-up test relationship quality scores of participants irrespective of which group they represented  $F(2, 32) = 1.17$ ,  $p > 0.05$ . Similarly, when the significant level of the Group\*Measure common effect test was examined, it was found that the relationship quality scores of individuals who underwent the procedure did not significantly change before and after the intervention,  $F(2, 32) = 0.59$ ,  $p > 0.05$ . In other words, one could argue that the RCTPP did not significantly contribute to an increase in the relationship quality levels of individuals in the experimental group.

**FINDINGS REGARDING CONFLICT RESOLUTION STYLES**

The conflict resolution style pretest, posttest, and follow-up test mean scores of the individuals participating in the RCTPP, standard deviation values of the scores, and ANOVA results are presented in Table 4.

Table 4 shows that the difference between the groups is not significant for the PCRS score, regardless of the measurement order,  $F(1, 16) = .083$ ,  $p > 0.05$ . As such, regardless of groups, the difference between the PCRS scores was non-significant in terms of the measurement order,  $F(1.38, 21.99) = 1.95$ ,  $p > 0.05$ . In the meantime, the common effect of being in different groups and the repeated measure was not significant,  $F(1.38, 21.99) = 3.53$ ,  $p > 0.05$ . It could be said that the program did not significantly contribute to an increase in the PCRS scores of individuals in the experimental group.

The findings also showed no significant difference between the groups for NCRS scores, regardless of the measurement order,  $F(1, 16) = 0.62$ ,  $p > 0.05$ . However, independent of the group variable, the difference between NCRS scores was significant considering the measurement order,  $F(2, 32) = 4.34$ ,  $p < 0.05$ . Likewise, in terms of NCRS scores, being in the experimental and control groups and the pretest-posttest common effect (Group\*Measure) were significant,  $F(2, 32) = 5.97$ ,  $p < 0.05$ .

This finding shows that the NCRS scores of individuals who participated in the RCTPP decreased after the intervention, and individuals in the experimental group demonstrated a lower inclination towards using an NCRS.

**Table 4.** Descriptive Statistics and ANOVA Results Before and After Intervention (pretest vs. posttest, follow-up test) in the Experimental Group (n = 9) and Control Group (n = 9)

Variable s	Group	Pretest	Posttest	Follow-up Test	Time			Group			Time*Group		
		Mean (SD)	Mean (SD)	Mean (SD)	F	p	$\eta^2$	F	p	$\eta^2$	F	p	$\eta^2$
1	2	3	4	5	6	7	8	9	10	11	12	13	14
PCRS	Con	30.33(3.31)	28.44 (4.30)	29.00 (4.47)	1.95	.17	.10	.083	.78	.005	3.53	.06	.18
	Exp.	28.55 (3.32)	28.89(3.06)	31.56 (2.88)									
NCRS	Con	14.44 (5.12)	14.78 (5.29)	14.78 (5.91)	4.34	.02	.21	.62	.44	.04	5.97	.01	.25
	Exp.	19.22 (6.51)	16.44 (7.04)	14.78 (6.04)									
CCRS	Con	18.89 (6.00)	18.22 (6.14)	18.11 (5.99)	10.91	.00	.40	1.12	.30	.07	6.05	.01	.27
	Exp.	24.56 (5.59)	19.89 (7.04)	19.33 (4.90)									
WCRS	Con	24.56 (5.05)	24.88 (5.99)	23.67 (5.85)	.80	.46	.05	.002	.97	.00	2.28	.12	.13
	Exp.	22.56 (9.26)	24.11 (7.04)	26.00 (8.54)									

There is no significant difference between the groups in terms of CCRS scores when the measurement order is disregarded,  $F(1, 16) = 1.12, p > 0.05$ . However, regardless of the group variable, the difference between the CCRS scores was significant considering the measurement order,  $F(2, 32) = 10.91, p < 0.05$ . In addition, the Group\*Measure common effect on scores, which indicated whether the intervention was effective, was significant,  $F(2, 32) = 6.045, p < 0.05$ . According to the results obtained, one could argue that the RCTPP was influential in lowering individuals' CCRS scores. An examination of the effect size value indicated that the program had a moderate effect on lowering their CCRS scores, and 27% of the change in individuals' CCRS scores stemmed from the program.

Another finding showed no significant difference between the groups in terms of WCRS scores, regardless of the measurement order,  $F(1, 16) = 0.002, p > 0.05$ . As such, there was no significant difference between the WCRS scores considering the measurement order, notwithstanding the groups that individuals represented,  $F(2, 32) = 0.80, p > 0.05$ . In addition, the common effect of Group\*Measure, showing whether the RCTPP affects the WCRS scores, was non-significant,  $F(2, 32) = 2.28, p > 0.05$ . According to these findings, the RCTPP did affect the WCRS scores.

The results of the Bonferroni test performed to determine the source of the significant difference observed in the groups are shown in Table 5.

**Table 5.** Bonferroni Results Before and After Intervention (pre-test vs. post-test, follow-up test) in the Experimental Group (n = 9) and Control Group (n = 9)

			Mean Difference	S	p
PCRS	Exp.	Pretest-Post test	-.33	1.28	1.00
		Pretest –Follow up test	-3.00	1.38	.14
		Posttest - Follow up test	-2.67*	.67	.00
	Con	Pretest - Post test	1.89	1.28	.48
		Pretest - Follow up test	1.33	1.36	1.00
		Posttest - Follow up test	-.57	.67	1.00
PCRS	Exp- Con Group	Pretest	-1.77	1.56	.27
		Posttest	.44	1.76	.80
		Follow-up test	2.56	1.77	.16
NCRS	Exp.	Pretest-Posttest	2.78*	.82	.01
		Pretest –Follow-up test	4.44*	1.24	.01
		Posttest - Follow up-test	1.67	.86	.21
	Con	Pretest – Posttest	-.33	.82	1.00
		Pretest – Follow-up test	.33	1.24	1.00
		Posttest – Follow-up test	.00	.86	1.00
NCRS	Exp- Con Group	Pretest	4.78	2.76	.10
		Posttest	1.67	2.94	.57
		Follow-up test	.000	2.82	1.00
CCRS	Exp.	Pretest-Posttest	4.67*	1.02	.001
		Pretest –Follow-up test	5.22*	1.13	.001
		Posttest – Follow-up test	.56	.80	1.00
	Con	Pretest - Posttest	.67	1.02	1.00
		Pretest – Follow-up test	.78	1.13	1.00
		Posttest – Follow-up test	.11	.80	1.00
CCRS	Exp - Con Group	Pre test	5.67	2.74	.06
		Post test	1.67	3.12	.60
		Follow up test	1.22	2.57	.64

Note: \* p < 0.05; \*\* p < 0.01

The analysis results in Table 5 showed that no significant difference was found between the pretest and posttest scores of the experimental group participants (q = -0.33; p > 0.05) and the pretest



and follow-up test scores in terms of PCRSs ( $q = -3.00$ ;  $p > 0.05$ ). However, a significant difference was found between PCRS posttest and follow-up test scores, where the follow-up test measures were higher than posttest measures ( $q = -2.67$ ;  $p < 0.05$ ). Contrarily, the difference between the PCRS posttest scores of individuals in experimental and control groups was non-significant ( $q = 0.44$ ;  $p > 0.05$ ). Therefore, when the experimental and control groups were compared, the RCTPP did not affect PCRS scores. However, the within-group PCRS scores of the experimental group significantly increased on the follow-up test.

Besides, the NCRS posttest scores of individuals in the experimental group were significantly lower than their pretest scores ( $q = 2.78$ ;  $p < 0.05$ ). Also, their NCRS follow-up test scores were significantly lower than their pretest scores ( $q = 4.44$ ;  $p < 0.05$ ). When the post-test and follow-up test scores of the experimental group were compared, the difference between their NCRS scores was non-significant ( $q = 1.67$ ;  $p > 0.05$ ). Lastly, the difference between the NCRS posttest scores of the experimental and control groups was not significant. According to the resultant findings, the RCTPP is effective in lowering the NCRS scores, and this effect is persistent.

As per another result shown in Table 6, the CCRS posttest scores of the experimental group participants ( $q = 4.67$ ;  $p < 0.05$ ) were significantly lower than their pretest scores ( $q = 5.22$ ;  $p < 0.05$ ). Contrarily, no significant difference was found between their compliance resolution style post-test and follow-up test scores ( $q = 0.56$ ;  $p > 0.05$ ). At the same time, no significant difference was found between the experimental and control groups in terms of their CCRS scores ( $q = 1.67$ ;  $p > 0.05$ ). These findings show that the program was significantly effective in lowering the compliance style scores of individuals and that this effect is persistent.

## DISCUSSION, CONCLUSION AND IMPLICATIONS

The effect of the RCTPP on female university students' attitudes towards DV, relationship quality, and conflict resolution styles was examined. The study results showed a significant decrease in DV attitude, CCRS, and NCRS scores of individuals who participated in the RCTPP. This effect persisted in the follow-up test. In addition, the PCRS scores of the experimental group participants significantly increased in the follow-up measurement. However, the study revealed that the program had no significant effect on their withdrawal conflict resolution and relationship quality scores.

The RCTPP in this study was found effective in lowering the female university students' DV attitude scores. Studies showing that prevention programs are effective in changing attitudes toward DV support the findings of this research (Adler-Baeder et al., 2007; Antle et al., 2011; Kerpelman, 2010). This study is a prevention program, and other prevention programs also target raising awareness about DV and reducing attitudes toward accepting DV (Antle et al., 2011; Foshee et al., 2001; Josephson & Proulx, 2008; O'Leary et al., 2006; Wolfe et al., 2003). In this study, it is thought that RCT contributes to a decrease in the level of acceptance of DV by young women. Topics on developmentally supportive relationship characteristics, power dynamics, relational images, DV, gender roles, and controlling images in the program, and activities involving psychodrama techniques were effective in helping them understand DV. In current approaches, raising awareness of healthy and unhealthy relationship characteristics is a priority in prevention programs. One of the most fundamental elements of the program developed in this study is helping individuals develop a cognitive model about the relationships that support their development. The program focused on positive relationship traits such as rights, responsibilities, boundaries, saying no, and constructive conflict resolution in intimate relationships in the context of the connection-disconnection cycle and relationship traits that support development. Similarly, Miller et al. (2015) determined that informing about healthy relationships is also effective in changing attitudes towards DV. It is thought that explaining power dynamics in intimate relationships concerning gender roles, controlling images, and culture may have led to a change in attitude by raising awareness about DV. The teachings about

romantic relationships transferred to individuals in social relationships, and controlling images such as unqualified and incompetent women may induce an accepting attitude. For example, when a man gets angry and speaks loudly, shouts swears, and resorts to violence when he is angry, and insensitivity like "He is a man. He does!" is welcomed, even with a kind of acceptance (Navaro, 2012). In some cultures, it is accepted that men are superior to women and that men have the right to discipline women (Amoakohene, 2004). Especially in cases of psychological violence, individuals cannot always discern that they have been exposed to violence in their relationships. For example, the man's control over the woman in a relationship may be interpreted as ownership (Chung, 2005). The jealous man is defined as masculine by society and is generally perceived as having positive power connotations (Navaro, 2012). In a sense, individuals may see attitudes and behaviors that include DV as a normal part of the relationship, rather than interpreting them as violence. Consistent with this, Balsam and Szymanski (2005) determined that there was no difference between the perceived love and interest of individuals who were and were not exposed to DV. During the intervention within the scope of this research, the members of the experimental group stated that they were not aware that behaviors such as jealousy, controlling, not letting one go out, insulting, biting, and pinching were a kind of violence. Some participants stated that they stopped the violence they practiced and were able to take action to protect themselves after they gained awareness. Self-awareness, formed by individuals' critical thinking about their relationship patterns, seems important in dealing with violence.

Another finding of the study revealed that the RCTPP was not effective in increasing the relationship quality levels. While this finding is consistent with some study findings in the literature (Wolfe et al., 2003; Woodin & O'Leary, 2010), it contradicts research findings showing that DV prevention programs are effective in relationship quality (Antle et al., 2011; Miller et al., 2015). One of the focal points of the program is to raise awareness about the relationship characteristics that support development to improve the quality of the relationship. The negative quality of relationships, characterized by characteristics such as conflicts, jealousy, power imbalance, and lack of social support, has been determined to increase the risk of DV (Capaldi et al., 2012; Giordano et al., 2010). On the other hand, it is claimed that individuals with a high level of relationship quality who perceive high commitment, satisfaction, and trust in their relationships may be willing to resolve their conflicts positively. Therefore, as in this study, most prevention programs particularly focus on developing healthy relationships (Antle et al., 2011; Leaf et al., 1997). At the end of the intervention, the relationship quality scores of other individuals who participated in the program increased, whereas the relationship quality scores of some decreased, and some even ended their relationship at the end of the program. The RCT considers it important for individuals to develop self-awareness about their characteristics, relational images, and the characteristics of their relationships. Addressing positive and negative relationship characteristics together in the program, where one of the elements of the program is intimate relationship violence, may have helped them notice the negative characteristics of their relationships. In a sense, the decrease in the relationship quality scores of individuals or their break up could be explained by inquiring about their relationships and gaining awareness about the negative characteristics of their relationships. Leaving relationships where their needs are not satisfied with the awareness, they have gained might be a step towards establishing quality relationships. The program was conducted with one of the partners, not couples. Considering the dynamic nature of the relationships, the change in one of the partners is expected to affect the dynamic of the relationship. In this sense, it may take a while to witness a positive change in the quality of a relationship. However, considering the time of the measurements taken, the elapsed time may not be sufficient to see the change. In other words, to increase the quality of a relationship, couples should adapt to the newly acquired information and the change that occurs when the self-awareness of individuals increases. Therefore, a longer time might be required for the learned information to settle in the relationship dynamics. In their research, Hira and Overall (2011) found that having self-awareness regarding relationships may not be enough for a change in individuals and that the easiest change requires the voluntary participation of both parties for change to occur in relationship quality. Working with one of

the partners may have created a disadvantage in developing the quality of the relationship, both in terms of time and difficulties in transferring the learned qualities. In addition, considering the contents of the programs that are effective in increasing relationship satisfaction and relationship quality, the programs also focus on communication skills in addition to healthy and unhealthy relationship characteristics and conflict resolution skills. Although the use of communication skills was addressed in the program implemented within the scope of this study, communication skills were not considered as a separate issue. The fact that relationship quality scores of individuals do not increase may be explained by not emphasizing skills that will help the bilateral relationships to develop. The program did not contribute to an increase in relationship quality scores in the study, but the experimental group participants experienced an increase in their awareness of healthy relationship characteristics. In assessments made during and after the intervention, individuals were observed to review their relational characteristics with the awareness they had gained, where they were able to improve or leave their relationships.

Further, the study found that the RCTPP is effective in reducing tendencies towards using compliance and NCRSs. Yet, the program did not affect the participants' positive and withdrawal conflict resolution styles. However, considering the follow-up test results, the PCRS scores of individuals who participated in the intervention significantly increased two months after the intervention. In prevention programs developed, conflict resolution styles are evaluated holistically as conflict resolution skills, not one by one (Hammond & Yung, 1991; Lavoie et al., 1995). In this study, the decrease in the compliance and NCRS scores of individuals who participated in the intervention and the increase in their PCRS scores in the follow-up measures indicate that their conflict resolution skills have improved. In this sense, studies showing that prevention programs contribute to the development of conflict resolution skills support the finding of this research that the program contributes to the development of constructive conflict resolution skills in individuals (Antle et al., 2011; Hammond & Yung, 1991; Jaffe et al., 1992; Lavoie et al., 1995;).

Given that DV is correlated with conflict resolution, helping individuals improve their conflict resolution skills is a common goal in intervention programs to prevent DV (Lundquist et al., 2014). Previous studies show that negative and withdrawal styles of conflict resolution are positively related to DV, and individuals' avoiding conflict resolution or behaving aggressively in conflict resolution increases the risk of DV (Bonache et al., 2016). Therefore, constructive resolution of conflicts is considered important in romantic relationships. The program implemented in the study aimed to raise awareness about and improve conflict resolution styles. This study found that individuals in the experimental group tended to use the compliance conflict resolution style less. Conflict resolution holds a central position in the connection-disconnection cycle described in RCT. In this context, determining disconnection strategies as an element in the program may have contributed to an increase in individuals' awareness about conflict resolution. The concept of disconnection strategies described in theory is similar in certain respects to non-constructive conflict resolution styles. For instance, CCRS involves individuals not expressing their opinions, not defending themselves, and complying with demands. Similarly, individuals using disconnection strategies have difficulties taking responsibility and expressing their feelings and thoughts and demonstrate behavior similar to that of individuals using compliance styles in conflict resolution. Therefore, addressing disconnection strategies in conflict resolution processes may have contributed to individuals' understanding of the effects of compliance conflict resolution styles on relationships. At the same time, an increase in individuals' awareness of their rights and self-values in the relationship may have influenced the decrease in their compliance scores.

A significant decrease was observed in the NCRS scores of experimental group members. The RCT highlights the concept of creative conflict resolution, involving empathy. One of the elements of the relational cycle that supports development is "mutual empathy- creative conflict." Concepts of constructive conflict, respect for differences, and positive self-disclosure are considered parts of

creative conflict. As such, positive conflict resolution was addressed concerning these concepts within the scope of the program. Emphasizing constructiveness in resolving conflicts and respecting differences may have reduced tendencies toward using an NCRS. However, no significant changes were observed in the withdrawal scores when the findings regarding withdrawal scores were evaluated. Besides, the scores of some participants decreased, but those of some others increased. Individuals tending to use a WCRS avoid discussing the problem. Literature shows that there is a positive relationship between the WCRS and DV and that using the WCRS increases DV (Bonache et al., 2016). According to Christensen and Shenk (1991), avoiding conflicts prevents solving the problem, triggering negative emotions. The WCRS is often called a non-constructive style, and whether the conflict resolution style is effective in resolving conflicts may vary depending on the situation. In some circumstances, the WCRS could be used as a calming down period for solving a problem. The withdrawal subscale of the conflict resolution scale includes items such as “If I am very angry, I refuse to talk until my anger fades away”, and “If I am very angry, I postpone the conversation.” In this sense, individuals may utilize the WCRS as a calming down period rather than avoiding conflict.

To conclude, it could be stated that the program implemented in this study contributes to the development of individuals' conflict resolution skills. In general, a decrease in negative and compliance conflict resolution style scores indicates that individuals can manage conflicts more effectively. In addition, the study has some limitations. This study is limited to senior female university students. Therefore, the effect of the program could be examined on larger groups involving both genders. In addition, the effect of the RCTPP could be tested on various variables such as subjective well-being, resilience, and self-esteem. As such, the persistence of the program's impact could be examined through follow-up measures at longer intervals.

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