ABSTRACT

Title of Dissertation: #ISOLATEDNOTALONE DURING COVID-
19: EXTENDING THE SITUATIONAL
THEORY OF PROBLEM SOLVING TO
ONLINE ABUSE INTERVENTION
CAMPAIGNS

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Domestic abuse has long been regarded as a significant public health issue, but intimate partner violence cases increased dramatically during the COVID-19 pandemic, leading some reporters to label it as "an opportunistic infection." The United Nations attributed the increase in domestic abuse to COVID-19 quarantines and shelter-in-place orders, which forced victims to remain trapped in their homes with their abusers. Cosmetics brand, Avon, which has a history of responding to women's health issues, launched the #IsolatedNotAlone abuse intervention campaign on its social media platforms. The campaign sought to educate the public about the ubiquitousness of domestic abuse and inform victims about available intervention resources. The #IsolatedNotAlone campaign was most active during the spring and summer months of 2020. During that time, the campaign reached an estimated 2.9 million social media users and provided supportive services to nearly 16,000 domestic abuse survivors. Although the campaign was a success, it didn't reach near as many social media users as other abuse-related initiatives, like the #MeToo movement, which achieved 12 million reposts within its first 24 hours.

This dissertation explores the usefulness of the Situational Theory of Problem Solving (STOPS) for understanding how publics organize and react to #IsolatedNotAlone and similar abuse intervention campaigns. STOPS is commonly used to examine public reactions to

organizational crises, but this dissertation took an alternative approach and examined its applications for health communication. The research questions ask how situational antecedents, as outlined in STOPS, motivate social media users to learn more about domestic abuse, and how situational motivations and referent criteria influence the communicative actions of social media users. Additionally, the research questions ask how communicative behaviors influence online social support group formation and organization. The sample in this research included ethnically diverse men, women, and non-binary participants who identified as white, Black, Native American, Asian, and Hispanic. I chose to keep the sample demographics wide because I wanted to better understand how diverse groups experience and understand domestic abuse and domestic abuse intervention messages, and their motivations for communicating or not communicating about abuse. Twenty-eight social media users participated in semi-structured qualitative interviews via telephone or Zoom. The data suggests social media users with alike situational antecedents are similarly motivated to communicate about domestic abuse interventions unless they individually recognize significant constraints. Individuals with strong problem recognition and involvement recognition display a wider range of communicative actions than those with low problem recognition and involvement recognition. Based on the findings, this study produces practical implications for abuse intervention message design and distribution. The findings also demonstrate that STOPS has some utility for understanding public response to health intervention messages, though the framework may require adaptation for use in future health communication initiatives. The data suggest that referent criteria, time, and power have a larger role in health communication and influence audience members' problem recognition, involvement recognition, and communicative actions.

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THEORY OF PROBLEM SOLVING TO ONLINE ABUSE INTERVENTION CAMPAIGNS

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Chapter 1 - Introduction

The National Coalition Against Domestic Violence (NCADV, 2020) reports that 25% of American women and 11% of American men experience some form of physical violence or traumatizing partner stalking. The United Nations' (2019) global study on homicide also reports that more than 50,000 women are murdered by a domestic partner or family member each year, of which more than 1,500 annual deaths occur in the United States (Jiang et al., 2018). Domestic violence awareness initiatives have mainly centered around cis-gendered, heterosexual relationships, but members of the LGBTQ community experience intimate partner violence at as much as 20% higher frequency than their heterosexual counterparts and are less likely to report abuse (NCADV Blog, 2018).

Research on the effects of unemployment shock – unexpected job loss – is somewhat contradictory. Most scholars claim that both male and female unemployment lead to increased rates of abuse (Agarwal & Panda, 2007). In recent years, a handful of scholars have posited that increased male unemployment results in a reduction of domestic abuse incidents, because unemployed males lose economic power in their relationships and there is less societal pressure on males to be the primary breadwinners for their families (Anderberg et al., 2015; Leguizamon et al., 2020; Tur-Prats, 2021). However, the COVID-19 pandemic has created a worldwide unemployment crisis and reported incidents of domestic abuse rose alongside soaring unemployment rates in 2020. New York Times journalist, Amanda Taub (2020), likened domestic abuse to an "opportunistic infection, flourishing in the conditions created by the pandemic." In a press conference on April 5, 2020, United Nations Secretary Antonio Guterres acknowledged the dramatic increase in abuse cases and attributed the rise to the COVID-19 quarantines, proclaiming "lockdowns and quarantines are essential to suppressing COVID-19,

but they can trap women with abusive partners...as the economic and social pressures and fear have grown, we have seen a horrifying surge in domestic violence" (United Nations, 2020).

Some communities, like Dallas, Texas, reported an initial surge of abuse cases before a sharp decrease; however, the declines in reported cases do not necessarily indicate declines in abuse. Piquero et al. (2020) noted that reductions in the number of reported cases can be caused by the closure of venues where abuse often occurs (e.g., bars, night clubs), but is also likely due to victims being under the watchful eye of perpetrators and not having the ability to report their abuse. Usher et al. (2020) outlined how COVID-19 increased the vulnerability of those living with family violence. They claimed that social isolation orders increased victims' risks of being abused by requiring them to remain in close quarters, under stressful conditions, and have "intense and unrelieved contact" with their abusers. Social isolation also reduced options for support and has been confirmed to put individuals, particularly child victims, at greater risk for emotional, physical, and sexual abuse (Lawson et al., 2020; National Society for the Prevention of Cruelty to Children, 2020). Han and Mosqueda (2020) predicted that elder abuse, which often encompasses financial abuse by family members, also likely increased because of the economic impacts of COVID-19. And Tsur and Abu-Raiya (2020) observed that child abuse survivors experienced increased symptoms of fear, anxiety, and post-traumatic stress because of COVID-19. Both domestic and international studies have found evidence to suggest that abused children and adolescents experienced greater occurrences of suicidal ideation during the pandemic (Czeisler et al., 2020; Iob et al., 2020).

Compared to other common threats that affect physical and mental health, like depression and substance abuse, that have been extensively examined through a health communications lens, the issue of domestic abuse has been somewhat overlooked. Most research on abuse

communication examined disclosure and intervention in an institutional or clinical setting

(Ansari & Boyle, 2017; Stanley et al., 2015) or using traditional communication campaign

strategies (Evans et al., 2012). Some research has been conducted on abuse disclosure on social

media platforms (Alaggia & Wang, 2020; Schrading et al., 2015; Subramani et al., 2018), but

few scholars have critically assessed the efficacy of and public response to domestic abuse social

media campaigns. Gerwitz-Meydan and Lassri's (2021) assessment of the #Me2PT campaign

offers the best example of this type of research. The #Me2PT study aimed to raise awareness of

the long-term consequences of childhood sexual abuse (CSA), and social media users were

encouraged to share their experiences as survivors of CSA. Gerwitz-Meydan and Lassri's study

highlighted the campaign's success in generating awareness of CSA and creating online social

support networks that enabled survivor healing and comfort; however, the campaign's focus was

on survivor disclosure, and it did not promote actions that would support behavioral

interventions. More research needs to be conducted to determine how and why publics respond

to online abuse campaigns, what message features trigger public action, and what role online

social networks play in domestic abuse intervention. This study investigates public meaning-

making and behavioral responses to social media health campaigns via assessment of a domestic

abuse campaign.

Introduction to the #IsolatedNotAlone Campaign

In the spring of 2020, Natura & Co., an international cosmetic company that owns several

high-value brands (e.g., Avon, Natura, The Body Shop, and Aesop) created the

#IsolatedNotAlone campaign in response to rising domestic violence risks associated with the

COVID-19 pandemic. The campaign sought to raise awareness of domestic abuse, share

resources for those in need of help, and advocate for expanded government funding and

resources to combat violence. Natura and Co. has a long history of advocacy and philanthropy and has prioritized supporting issues related to human rights and climate change. Most of the company's altruism associated with women's issues has been spearheaded by its subsidiary company, Avon Worldwide, and promoted by its sister companies. Avon Worldwide has been organizing global initiatives around the issue of domestic abuse since 2008, and the company has used its brand to fund domestic abuse support groups and shelters and to provide career opportunities for domestic abuse survivors. As part of the #IsolatedNotAlone campaign, Avon partnered with Refuge, a UK-based non-profit that provides specialist services to abuse survivors, and pledged $ 1 million to their cause. The campaign utilized a series of information and outreach messages, all containing the campaign hashtag (#IsolatedNotAlone), and was launched on Facebook, Twitter, and LinkedIn in April 2020. To further extend the campaign's reach, Avon held Instagram Live sessions to answer questions about mental health services and legal aid for domestic abuse survivors. WE Communication partnered with Avon to promote the campaign in India and helped track and report campaign metrics. The campaign reported reaching 2.9 million social media users and facilitated service provisions (e.g., healthcare, counseling, STD screening) to nearly 16,000 abuse survivors (WE-Worldwide, n.d.).

Purpose of Study

The purpose of this research is to explore the usefulness of the STOPS for understanding how publics organize and react to the #IsolatedNotAlone campaign and similar online health intervention campaigns. Over the past 50 years, social movements and literature which addressed domestic abuse have largely been centered around the experiences of white, cis-hetero-women, even though research suggests that women of color and members of the LGBTQ+ community are as much as 35% more likely to experience domestic abuse (Gracia, 2004. Lacey et al., 2016).

This study aims to generate more dialogue around and with under-represented publics that are affected by domestic abuse.

Theoretical Framework

The theoretical framework selected for this study is the situational theory of problem solving (STOPS; Kim & Grunig, 2011), outlined in the literature review, which will be extended by examining it alongside conceptualizations of social media, online communities, and health campaigns. This research will uncover how domestic abuse intervention messages influence social media users' situational awareness and their cognitive and behavioral responses. Specifically, this research will examine how intervention messages affect participants' problem recognition and perceptions of susceptibility, the severity of the personal threat, benefits of proposed interventions, barriers and constraints for help-seeking, level of involvement with the issue, self-efficacy, motivation, and cues to action. The STOPS framework has seldom been used for the exploration of health issues, and most scholars that did apply it in this context took a quantitative approach (Kim et al., 2011; Shen et al., 2019; Yan et al., 2018). By taking a qualitative approach, I hope to offer deeper insights into health message outcomes and provide further evidence that STOPS is useful for understanding how publics respond to heath interventions. STOPS has not previously been applied in online settings; thus, by building off the current body of knowledge and extending variables into online publics, I aim to enrich conceptualizations and apply theory to new or underexplored contexts. The following section outlines additional key conceptualizations and explains how they are situated within the research conducted on health campaigns, public relations, and STP/STOPS.

Key Conceptualizations

Having clear definitions of the key concepts in this study is important because some of these concepts have been examined through many different lenses and were assigned multiple meanings by various scholars. The following section will provide working definitions for social media, community, communication campaigns, health campaigns, and domestic abuse. To this day there remain many shades of meaning attached to the term "domestic abuse"; thus, this section offers clarification by describing several of those shades along with their historical context.

Social Media

Carr and Hayes (2015) wrote, "only through a common understanding of social media may we, both within the communication discipline and across others, theorize the processes and effects of social media" (p.4). The words "social" and "media" imply the use of technological devices for communication. The internet, email, and the world wide web have been mediums for social interaction for several decades now, but advancements in web 2.0 functionality and the rising affordability of online data storage have created new user-centered spaces for discourse and interaction (Obar & Wildman, 2015). Community-oriented platforms, like Facebook and Twitter, are now commonly used by government organizations, corporations, and nonprofits to engage with publics and promote their brand, agendas, products, and services (Dolan et al., 2016; Pentina et al., 2018).

With the consideration of modern technologies and popular platform usages, Carr and Hayes (2015) introduced the following definition of social media:

Social media are internet-based channels that allow users to opportunistically interact and selectively self-present, either in real-time or asynchronously, with both broad and

narrow audiences who derive value from user-generated content and the perception of

interaction with others (p.8).

Carr and Hayes's definition will be used for the purpose and clarity of this study. Social media

has become an increasingly valuable tool in the health communications space because it provides

health organizations and care providers with a platform to rapidly disseminate important

information to at-risk and concerned publics, share campaign materials with a wider network,

host community discussions, and address questions and misinformation in real-time (Gabarron et

al., 2018; Steffens et al., 2019). When social media users like and comment on social media

posts, they are directly engaging with the message. Social media users become participants in the

message dissemination process when they share and repost the original message, oftentimes

adding personal contexts to and interpretations of the original message. The next section defines

online communities and explains how they form through online message sharing, engagement,

and participation.

Community

Early social theorists and planning professionals commonly defined a community as a

space where people live in proximity and have social interactions, but the turn of the 20th

century brought forth new considerations about the function and appearance of a community

(Cook & Cook, 1950; Follett, 1919). Goode (1957) introduced the idea of sub-communities, or

community groups operating within a society, and offered the following set of characteristics to

help scholars easily identify a community:

(1) Its members are bound by a sense of identity; (2) Once in it, few leave, so that it is a

terminal or continuing status for the most part. (3) Its members share values in common.

(4) Its role definitions vis-a-vis both members and non-members are agreed upon and are

the same for all members (5) Within the areas of communal action there is a common language, which is understood only partially by outsiders. (6) The Community has power over its members. (7) Its limits are reasonably clear, though they are not physical and geographical, but social (8) Though it does not produce the next generation biologically, it does so socially through its control over the selection of professional trainees, and through its training processes, it sends these recruits through an adult socialization process (p. 194).

Although Goode's definition of a community is not perfectly suited to today's society, it suggested that communities might exist socially rather than spatially and provided a working definition that was adaptable to emerging technologies and a rapidly changing society.

Webber (1964) supported Goode's belief that community is not bounded by geography. He coined this idea "community without propinquity," and argued that people occupying different spaces often develop friendships, share concerns and interests, and even communicate and organize around them. This vision of a community quickly gained favor and support from other scholars who evidenced that whole neighborhoods, such as gated subdivisions, exist with few or no social interactions happening within them (Blakely & Snyder, 1999; Kunstler, 1996). Such neighborhoods alienate residents rather than foster community (Salamon, 2005). Webber proposed that the idea of community should be centered around social relationships and decoupled from geographic locations.

The concept of socially formed communities was further developed toward the end of the 20th century and at the start of the 21st century, when the internet became more affordable and publicly accessible (Poplin, 1972; Wellman, 2005). The creation of chat groups, forums, and other social media platforms enabled the formation of groups containing members with shared

interests, skills, concerns, and experiences. These groups are often referred to as "communities of practice" and are defined as "groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly" (Wenger, 2011, p. 1). Communities of practice often share a common collection of problems and concerns, and frequently they turn to online meeting spaces to learn from one another, form relationships and organize to resolve problems (Abedini et al., 2021).

Bhattacharyya (2004) added to Webber's (1964) definition of a community and suggested that solidarity is the nature of community and communities can be identified by their shared norms and values. Bradshaw (2008) built upon this concept in his definition of a post-place community, which is used to describe and identify online communities in this study. Bradshaw extended Webber and Bhattacharya's definitions by adding that the norms and values of a community are often reflective of its members' cultures, membership in the community is not permanent or exclusive, members may identify themselves as part of the community by varying degrees, and might be a member of multiple communities simultaneously. Although Webber's earlier definition of a community heavily focused on friendship formations, Bradshaw argued that community members do not need to like one another, rather it is their shared interests and norms that unify and bond them. Bonding is a "reciprocal and networked" process that builds trust and social capital within the community (p.10). Bradshaw's explanation of the community bonding process provides pathways for further exploration and measurement of social support within communities. It suggests that social support may be measured by the frequency and type of communication that happens between individual members of a community, and by the levels of trust and social capital that exist between them.

Communication Campaigns

Communication campaigns involve the dissemination of strategically designed messages to influence the knowledge, attitudes, and behaviors of groups or larger populations (Klingermann, 2001; Rice & Atkin, 2002, 2009). Campaigns are generally time-bound and target a well-defined public that they are intended to benefit. Messages may take the form of traditional print media, but are more commonly delivered through electronic media (e.g., television, radio, and social media) and may also involve interpersonal support (Rice & Atkin, 2012).

Health Promotion/Campaigns

Viner and MacFarlane (2005) defined health promotion as "the science or art of helping people change their lifestyle to move towards a state of optimal health" (para. 1). Health promotions often focus on efficacy-building by teaching people how to cope with and manage health-related issues (World Health Organization, n.d.). Promotions may involve programs or regiments that require participant action, or they may rely solely on communication and take the form of a health campaign. Health communication campaigns have the power to influence attitudes and behaviors when the message and desired response are clearly communicated, and if the message receiver is motivated or incentivized to respond (Krauss & Fussell, 1996). Research has shown that people of all ages are motivated by interpersonal communication (Step & Finucane, 2002), and health communication campaigns that are targeted to specific groups and their in-group communication styles tend to yield the most success (Schiavo, 2014).

Domestic Abuse

Domestic abuse has historically been considered a 'private family matter' that was a 'normal' outcome of alcohol abuse, mental illness, or an abuser's lack of impulse control (The Advocates for Human Rights, 2013). Over the past few decades, the public has started to view domestic abuse more critically and scholars have increasingly likened it to "intimate terrorism" (Gadd et al., 2019; Jagger, 2005; Johnson, 2008; Taub 2020). Feminist scholars perceive

domestic abuse as 'terrorism for the sake of maintaining social norms and power inequities' (Card, 2010; Madriz, 1997; Sloan-Lynch, 2011). Marcus (1994) claimed that "like terror directed at a community, violence against women is designed to maintain domination and control, to enhance or reinforce advantages, and to defend privileges" (p. 32).

Some scholars oppose the use of the term 'terrorism' to describe abuse and argue that the term should be reserved for politically motivated and public acts (Held, 2005; Kapitan, 2003). This argument is contradicted by other scholars who claim that domestic issues have become politically motivated, moving the issue out of the private sphere and into the public domain (Kim, 2020; Sloan-Lynch, 2011). In 1979, the United Nations Declaration on the Elimination of Violence Against Women asserted that domestic abuse and sexual abuse, directly and indirectly, violate human rights on the grounds that abuse is a form of torture, which prevents victims from exercising their civil liberties or achieving equality with their abusers. The declaration equated abuse with "a manifestation of historically unequal power relationships between men and women," and argued that perpetrators of abuse use violence to force women into subordinate roles (United Nations General Assembly, 1979). In 1993, the United Nations (UN) formally called upon all global governments to criminalize domestic abuse and create measures to police it and punish offenders (Amnesty, 1995).

The shift toward the criminalization of abuse can be attributed to the carceral feminist movements that occurred during the 1970s and 1980s. These third-party policing movements advocated for longer prison sentences for offenses against women and brought attention to the victimization of white women. Western liberal feminist movements are often white-centered and fail to directly confront racial disparities and the mistreatment of women of color (Richie, 2000; Whalley & Hackett, 2017). In some cases, carceral feminist movements and similar reform

initiatives strengthen institutions that exploit women of color and do more harm than good (Whalley & Hackett, 2017).

Yoshihama (1999) identified a common deficiency among the most often used definitions of domestic abuse; they fail to account for the cultural frameworks that influence the ways that survivors understand, respond to, and communicate about their abuse. Domestic abuse is a transracial and transgenerational issue, which can be experienced by all sexes and socioeconomic classes (Clements et. al, 2019; Sokoloff & Dupont, 2005; Szurgyi, 2017), although such experiences cannot be generalized. Kanuha (1996) called out scholars who seek to portray domestic abuse as a universal experience, proclaimed their work 'sloppy', and argued that "the tag line that domestic violence affects everyone equally trivializes both the dimensions that underlie the experiences of these particular abuse victims and more important, the ways we analyze the prevalence and impact of violence against them" (p. 41).

Summary of the Research Method

A qualitative approach was be used to explore public perceptions of domestic abuse and the #IsolatedNotAlone campaign. Specifically, I conducted in-depth, semi-structured interviews and with 28 social media users to gain a deeper understanding of their meaning-making and behaviors in response to the issue of domestic abuse and the #IsolatedNotAlone campaign messages. To get a diverse participant sample, I used three sampling strategies, including maximum variation, convenience, and snowball sampling strategies. At the completion of data collection, analysis was conducted using a deductive approach.

Implications of the Study

This study offers theoretical contributions to the scholarly understanding of STP/STOPS, online social support, and how social media users make meaning of online health intervention campaigns. By better understanding how these communities interact and organize in response to domestic abuse campaigns, scholars and practitioners will be better positioned to develop more impactful health interventions and messages in the future. Knowing which features of the #IsolatedNotAlone campaign generated a desirable public response and which features generated no response would clarify how to better engage communities that are at risk for abuse and other health issues.

Additionally, this study contributes to the scholarly knowledge of how to apply STOPS to the study and evaluation of crises originating outside of an organization. Although STOPS has been used to evaluate public response to health crises (Chon & Park, 2021; Kim et al. 2011; Shen et al., 2019), it has not been used to study the effectiveness of online campaigns; thus, this study will offer insights that may provide evidence of the framework's utility in this research area. While the findings cannot be generalized or exactly reproduced, this study will offer a multidimensional perspective on how publics respond to a health crisis and associated health messages, and how members of the affected public interact and form relationships in an online setting.

The first chapter of this manuscript has introduced background information about the issue and the case to be investigated, provided a preview of the literature and proposed research method, and offered potential implications. The following chapter, the literature review, will explain the theoretical framework guiding the research, highlight research relevant to the key conceptualizations, and introduce the research questions that drove the interview protocol.

Chapter 2 - Literature Review

The proposed research will offer insights into the communicative behaviors and thought processes of online publics exposed to domestic abuse intervention messaging. This dissertation attempts to use STOPS to analyze how and to what extent social media users exposed to abuse intervention messages recognize the problem, gauge their level of involvement with the problem, identify constraints, are motivated by the problem, and act in response to the problem. To explain these concepts, the literature review will outline STOPS and describe it in relation to the issue of domestic abuse and online communities.

Situational Theory of Problem Solving

STOPS is preceded by the situational theory of publics (STP), a theory that provides a method for audience segmentation for the facilitation of organizational communication campaigns. While STP has been widely used to examine health campaigns directed toward diverse and unique publics (Aldoory et al., 2018; Carrier, 2017; Li et al., 2019; Vrdelja et al, 2018), STOPS has rarely been used in this context. Because STOPS can help scholars to understand the information-seeking, selecting, and transmitting behaviors of publics, it has utility as a framework for evaluating how active and passive publics respond to health issues and communication campaigns (Krishna, 2018; Lee et al., 2021). Furthermore, the application of STOPS in a health campaign study may offer implications for how supportive relationships form among active and hot issue publics.

Kim & Grunig's (2011) overarching goal with the development of STOPS was to address the gaps in STP and present a more general theory. The most significant gap in STP was that it narrowly defined active communication by limiting it to information-seeking and attending. By including information sharing and information selecting as active communication variables in STOPS, Kim and Grunig made it possible for practitioners to better identify which publics will

perceive problems similarly, how they will organize in response to the problem, and decide how to allocate resources toward managing the problem. Referent criterion, which was once removed from STP because it wasn't predictive of information seeking or attending, was reinstated and redefined in STOPS as "any knowledge or subjective judgment system that influences the way in which one approaches problem-solving" (Kim & Grunig, 2011, p. 131).

In STOPS, communicative action consists of three domains - information acquiring, information selecting, and information transmitting – which are each composed of two variables. The information-acquiring domain involves active information seeking and passive information attending. The information-selecting domain involves active information forefending and passive information permitting, and the information-transmitting domain involves active information forwarding and passive information sharing.

STOPS also added "motivation" as a precursor to communicative action, because it bridges the divide between information processing and response. The more motivation that a person feels toward resolving a problem, the more likely they are to adopt an active response (i.e., seek, forefend, or forward information). When members of a public have a high problem recognition combined with a high level of involvement, low constraints, and strong motivation, then they are likely to be at their most active (Grunig, 1997).

Although STOPS is a refined version of STP, some minor gaps still exist in the theory. Referent criterion is included as an antecedent in STOPS, but a noticeably absent antecedent is an individual's affective response to a problem. Grunig and Kim (2017) argued "even though individuals may lack the requisite knowledge or may even be biased, they actively control their own cognition and communication about specific problems they face." (p. 17). Referent criterion implies that a logical thought process occurs and influences decision-making; however, affective

responses – like emotion or mood – can also influence the way that individual members of a

public approach problem-solving (Danek et al., 2020; Eckblad, 1981; Yang et al., 2019).

Affective responses could make an individual more likely to practice less logical, more

spontaneous decision-making, which would influence their motivation and communication

behaviors.

Health Promotion and STOPS

There is not one clear definition of health promotion. Sourtzi (1998) sought to define the

concept by surveying health practitioners, but the responses were too varied to assimilate into a

concise statement of meaning. Some healthcare workers defined the term as the practice of

giving lifestyle advice or health education, while others considered health promotion to be

methods of disease prevention. In the field of public health, the term "health promotion" is

seemingly synonymous with "health intervention", and the health education model has long

served as the dominant model for practice and research (Watt, 2002).

Communication scholars and practitioners engaged in health promotion often rely on

theoretical constructs, such as message framing, to set expectations for behavioral outcomes

based on the message design characteristics (Yu et al., 2010; Nan et al., 2012). However, issues-

oriented theories, like STOPS, can help scholars to better understand why publics communicate

about issues, and when they can be expected to do so (Aldoory & Sha, 2007).

Examinations of STOPS Against Hot Issues in Health and Safety

Kim et al. (2012) applied STOPS to a study on hot-issue publics, those which are actively

concerned with individual problems that affect the population at large. Hot issues typically

dominate the news and are extensively covered by the media. The hot issue that Kim et al.

(2012) investigated was the South Korean government's decision to resume US beef imports in

2008, after a five-year hiatus due to public health concerns about mad cow disease. The researchers were interested in better understanding whether the STOPS model could predict the communicative actions of hot-issue publics, and they also wanted to test the model's generalizability by testing it against a foreign issue. Their study involved a sample set of 300 quantitative survey responses, which were analyzed using structural equation modeling. The survey included questions that were intended to test each of the variables in STOPS. Kim et al. (2012) found that the more active that people are about a hot issue, the more likely they are to practice information forfending, information permitting, and information sharing. Information seeking and information attending were also positively linked to communicative action. Constraint recognition was found to have a strong negative link to a person's situation-specific motivation, and involvement recognition had a strong positive link to an individual's situation-specific motivation. The researchers were unable to prove that a positive relationship exists between a member of a hot-issue public's problem recognition and their situation-specific motivation, but they did prove that actions in response to hot issues were positively linked to problem recognition and involvement recognition. Based on their research findings, Kim et al. (2012) suggested that there was sufficient evidence to support the global generalizability of STOPS.

More recently, Shen et al. (2019) applied STOPS to a study about cancer information seeking to test the model in a health context. In this study, the researchers reviewed data from the 2014 Health Information National Trends Survey (HINTS). Their sample included 2,293 responses to a survey that asked questions related to the STOPS variables: information seeking, information accessing, problem recognition, constraint recognition, level of involvement, and referent criterion. Participants were also surveyed on their level of trust in online health

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information sources. The results of the researchers' data analysis showed that their sample reported a low level of online information-seeking, moderate level of problem recognition and involvement recognition, but high levels of constraint recognition. Accordingly, the referent criterion was also low, averaging 2.19 on a 5-point scale. Participants also reported low-to-moderate levels of trust in online health information sources. The findings of this study suggested that problem recognition, involvement recognition, and referent criterion influence people's intentions to seek information about cancer and other health information online. Therefore, Shen et al. (2019) determined that STOPS is an effective model for evaluatinghealth information seeking.

In recent years, several scholars have proposed various ways to extend STOPS. In a paper that assessed how publics seek information and communicate about controversial social and political issues, Tao et al. (2020) recommended integrating STOPS with theoretical constructs associated with information omission and avoidance. Lee et al. (2014) combined STOPS with the spiral of silence theory and surveyed 369 college students about their willingness to publicly express their opinions on the issues of gun possession and climate change. Lee and colleagues found that those who were unwilling to express their opinions were constrained by their fear of isolation, whereas active publics was the most likely group to express their opinions and engage in information forwarding.

To date, no research has used STOPS to investigate public responses to abuse intervention messages. Aldoory, Kim, and Tindall (2010) applied STP to an experimental study, which explored how perceived shared experiences of a crisis (terrorist attack) between an individual and a media personality influenced the individual's level of concern about the crisis, their involvement recognition, and their inclination to learn more about the crisis. The results of

the experiment confirmed that perceived shared experiences can influence problem recognition and information gathering about the issue. Some implications for abuse help-seeking can be gathered from this study. First, abuse sufferers who perceive themselves as having shared experiences with abuse survivors may be more willing to recognize the situations they are in as being a real problem in need of change. Second, abuse sufferers who perceive themselves as having shared experiences with abuse survivors may be more willing to practice help-seeking and gather information about available programs and resources. However, a significant constraint that abuse sufferers may face is low or no social support, which would limit their access to other individuals who may have shared experiences. To address this gap, my dissertation research will be guided by STOPS, but will be integrated with conceptualizations of communities and social relationships.

Domestic Abuse

To successfully intervene in domestic abuse through health communication campaigns, one must understand the many dimensions of abuse. Therefore, domestic abuse will be further explained through the explication of its various forms, followed by a discussion of recent research on the pervasiveness of domestic abuse and the impacts of the COVID-19 pandemic.

The Spectrum of Domestic Violence and Abuse

Scholars have not reached a consensus on definitions for domestic abuse and domestic violence. Some scholars consider domestic violence to be a subset of domestic abuse (Huntley et al., 2019), but many use the terms interchangeably within the scientific community. Hamby (2017) proposed four criteria for the application of the term 'domestic violence' to a situation, suggesting that behavior must be intentional, unwanted, nonessential, and harmful. This definition can be applied to both physical and nonphysical forms of abuse. Szurgyi (2017) and

The Advocates For Human Rights (2013) organization define domestic violence as "a pattern of abusive and threatening behaviors that may include physical, emotional, economic, and sexual violence as well as intimidation, isolation, and coercion." For these definitions to be meaningful, one must understand the spectrum of domestic abuse, which includes both physical and non-physical typologies. A brief outline of each of these categories is offered below.

Physical Forms of Abuse. Physical abuse is any act of physical aggression or violence toward a person; it includes stalking, sexual abuse, domestic battery, and neglect (Knutson & Heckenburg, 2006; Mouradian, 2000). Stalking is "the unwanted activities and behaviors exhibited from one individual to another," and it often happens in tandem with or following other types of physical or non-physical abuse (White et al., 2020, p.3). White and colleagues (2020) conducted analyses on 1,626 stalking victim reports and discovered that stalking happened from ex-intimate partners significantly more than from acquaintances and strangers. Stalking can be a form of sexual misconduct when it is based on gender or associated with an intimate partner relationship, and it is often a precursor to sexual abuse (Mohandie et al., 2006).

The most recent National Intimate Partner and Sexual Violence Survey revealed that one in five American women are victims of rape in their lifetime, and one in three of those victims first experienced rape between the ages of 11 and 17 (Smith et al., 2018). The study also revealed that male rape victims experienced similar rates of adolescent assault, at one in four. More than half of female victim rapes were inflicted by an intimate partner, whereas male victims were more likely to experience rape by an acquaintance (52.4%) or a stranger (15.1%) (Black et al., 2011). Experts estimate that only 25% of sexual assaults victims report their abuse to the police (Morgan & Oudekerk, 2019).

Sexual abuse that occurs within the home is a form of sexual battery, but battery does not always have a sexual component. Battery typically involves physical assaults, like slapping, pushing, kicking, or threats made with a weapon, and it is often combined with other forms of abuse (Krebs et al., 2011). Potter et al. (2021) analyzed WHO survey data on multicultural health and violence to identify associations between various types of abuse. Their findings revealed that victims who experienced combined typologies of abuse suffer greater physical and mental health damage and more suicide attempts than victims who experienced just one type of abuse. The results also indicated that the two most prevalent types of victim categories are: (1) victims who experienced sexual abuse combined with psychological abuse, and (2) victims who experienced sexual abuse combined with physical assault. The authors noted that these two victim groups are 10 times more likely to attempt suicide compared to those who have not experienced any form of abuse.

The long-term ramifications of physical abuse are significant. People who experience physical abuse are more likely to be diagnosed with depression, anxiety, or a more severe mental illness than those who never experience aggression or mistreatment (Hines et al, 2020). Women survivors are also more likely than women who have not experienced abuse to become HIV positive, have abortions, experience miscarriages, and birth stillborn babies (Cohen et al., 2000; LeGrand et al., 2015). Scholars have also identified linkages between early life abuse experiences to multidimensional frailty in geriatric patients, including social avoidance, physical ailments, and psychological disorders (dos Santos Gomes et al., 2018, Schmahl et al., 2021).

Non-Psychical Forms of Abuse. Domestic abuse is not limited to violence or other physical offenses but can take non-physical forms, including economic abuse, verbal abuse, emotional abuse, and technological abuse. Non-physical abuse often accompanies physical

abuse, but it is commonly referred to as 'invisible abuse', because it leaves no obvious visible

scars on the victim (Postmus et al., 2020). It can be considered in the context of coercive control

(Stark, 2007), whereby abusers maintain control over others by creating situations that force

survivors to be dependent on them.

Those experiencing economic abuse become trapped by their circumstances and refuse to

leave their abusers because of ingrained habits or fear of impoverishment (Sanders & Schnabel,

2006). Economic abuse can manifest in a variety of ways, but Postmus et al.'s (2020) meta-

analysis of research on this topic found that the most predominant methods of abuse involve total

financial control, economic exploitation, and employment sabotage.

Both verbal and emotional abuse are forms of psychological abuse, and their effects can

be as long-lasting and as harmful as physical abuse (Cromie, 2007; Stephenson et al., 2018).

Polcari and colleagues explained that adolescents who experienced verbal aggression were more

likely to develop symptoms of psychiatric illness in young adulthood; whereas adolescents who

experienced verbal affection were more likely to develop good psychiatric health and general

well-being (Polcari et al., 2014). Evidence for this claim was presented in an earlier study

involving young adults who had either experienced verbal abuse firsthand or witnessed verbal

abuse inflicted on a parent (Tomoda et al., 2012). The study showed that gray matter volume

increases in the temporal gyrus, the part of the brain responsible for auditory processing and

social cognition, in both groups. It demonstrated that a person does not have to experience abuse

firsthand to be victimized by it.

Emotional abuse can happen in verbal and non-verbal ways, both of which employ

coercive control that results in humiliation, degradation, and exploitation of victims (Black et al.,

2011; Follingstad & DeHart, 2000; Francis & Pearson, 2021). This type of abuse is not always obvious and is often discussed as humor or an expression of love (Keashly, 2001; Smullens, 2010). Studies have shown that childhood emotional abuse can have serious and long-lasting effects, including depression, social anxiety, post-traumatic stress, and memory loss (Abercrombie et al., 2018; Chen & Qin, 2020; Hoeboer et al., 2021; Li et al., 2020) which may result in alcoholism later in life (Shin et al., 2015).

Abusers have often used technology to facilitate stalking and other types of abuse. Woodlock (2017) conducted a survey with domestic violence advocates and victims and produced evidence that technology, including phones, computers, and social media, is often used in stalking, and verbal and emotional abuse. Dimond et al. (2011) also interviewed American women in a domestic violence shelter and learned that abusers frequently use GPS and location-based mobile technologies to track their victims and create a sense of omnipresence. Dimond and colleagues' research builds upon Hand et al.'s (2009) argument that spatial boundaries for abusers need to extend past the physical location of their victims.

Barriers to Help Seeking

The decision-making processes of domestic abuse victims and survivors are unique to everyone; however, scholars have sought to identify the most common barriers to help-seeking, with the objective of devising better-informed solutions and resources. Robinson et al. (2020) reviewed 29 research articles exploring domestic abuse, in which survivors described the challenges they faced with help-seeking. The authors outlined six primary barriers: (1) lack of awareness, (2) access challenges, (3) consequences of disclosure, (4) lack of material resources, (5) personal barriers, and (6) system failures. Victims under close observation from their abusers,

those with limited access to technology, and those facing language barriers are sometimes unable to obtain information about supportive services that could help them escape domestic abuse (Offer, 2012; Hart & Klein, 2013). Victims may also fear negative consequences resulting from disclosure, such as loss of child custody, reduced family support, and social stigma (Dunlop et al., 2005; Hart & Klein, 2013). Studies have also discovered an association between domestic abuse and a decrease in maternal employment rates, which contributes to victims' lack of self-sufficiency, money, and other material resources which might enable escape from abusers (Gibson-Davis et al., 2005).

Scholars have also recently begun segmenting abuse survivors based on common traits and identified barriers that are commonly shared among specific categories of survivors. Huntley et al. (2019) compiled the data from twelve studies that they published between 2006 and 2017, which assessed the experiences and observations of male survivors of domestic abuse. They identified five primary barriers to help-seeking for male survivors, including fear of disclosure, concerns about diminished masculinity, relationship attachment, despondency, and low visibility of services. Lysova et al. (2020) conducted similar research and divided their findings into two primary themes: internal barriers (abuse blindness, maintaining relationships, male roles, and excusing abuse) and external barriers (fear of seeking help and nowhere to go).

A lesser-explored demographic for help-seeking research are victims of elder abuse (EA). Burnes et al.'s (2019) content analysis of a previously published national elder abuse study found that only 15.4% of EA victims reported their abuse to the police, and most of those who reported were victims of physical abuse. Elders who were dependent on their abusers were determined to be the least likely to report. These findings were substantiated by Adib et al. (2019), who also

identified personal attitudes toward abusers and concerns about support system insufficiencies to be barriers to elder help-seeking.

In recent years, scholars have endeavored to create more equity in research by investigating issues and solutions associated with minorities and people of color. Hulley et al., (2022) published a qualitative meta-synthesis of global research into the experiences and thought processes of women who identified as Asian, Black, or another minority ethnicity. For these women, institutional racism and white centricity, immigration laws, community culture, religious influences, and the lack of diversity among service providers created significant barriers to help-seeking. Scholars have identified some similar barriers (supplement racism with bigotry) for the LGBTQ+ community, and have also noted that the needs of these community members are often overlooked by service providers who perceive them as being self-reliant (Donovan & Barnes, 2020; Scheer & Baams, 2021; Scheer et al., 2020). Black transgender women, who are often victimized by their own communities, face some of the most significant barriers to abuse help-seeking but have thus far been overlooked by past scholarship in this area (Hereth, 2021; Sherman et al., 2021).

This section has defined domestic abuse in greater detail and outlined its typologies and barriers to help-seeking. The following section will describe potential avenues for help-seeking, including social media and social support communities; more specifically, online communities of concerned publics.

Avenues for Help-Seeking

There are many avenues for abuse help-seeking; however, circumstances like stay-at-home orders sometimes prevent individuals from accessing help providers. This section will

explore how social media and online social communities attempt to create safe spaces for abuse disclosure and help-seeking. The following paragraphs will outline what social media is and how it is used by organizations and publics to interact, develop relationships, educate, and organize around important health issues.

Social Media

Social media is the use of technology by individuals to relate to each other (Hoffman & Novak, 2012). People are motivated to use social media because they want to share information or achievements, gain self-understanding, and have social interactions (King, 2015; Kuznetsov, 2006; Weiss et al., 2008). As individuals grow older, move away from home, and form their own families, their relationships with others may become strained; however, social media has enabled people to maintain and develop strong relationship ties over long distances (Collins & Wellman, 2010, You & Hon, 2019).

The relationship-forming capabilities of social media are not limited to ties between individuals, but also extend to organizations and their publics (Saffer et al., 2013; Sisson, 2017). Social media helps organizations to attract new publics through the viral sharing of messages created by or about the organization and helps individuals to become aware of organizational behaviors or initiatives they have a stake in (Thompson et al., 2019). Although social media platforms facilitate easy engagement with publics, organizations must ensure that their online messages are relevant to their public's particular interests and needs (Carpentier et al., 2019; Kent & Li, 2020). Social media content may become viral when it is about issues that evoke an emotional response from the public, are easily shared, and have a clearly articulated message (Alhabash & McAllister, 2015; Dobele et al., 2007). Social media platforms, such as Facebook

and Twitter, provide online meeting spaces where publics can discuss issues of shared concern and build communities to address the issues (Sundstrom et al., 2013).

Online Communities

An online community can be defined as "a group of people who come together on an online platform, in pursuit of common interests or goals that they wish to derive through the community" (Vohra & Bhardwaj, 2017, p. 89). Members engage in online communities at various points in time, when their individual needs need to be met (Tsai and Pai, 2013). Online communities provide members with information, emotional support, spaces for sharing user-generated content, and opportunities to expand their social networks (Lee & Park, 2019). Member participation and retention are important aspects of online communities (Ren et al., 2012). Previous research has revealed that members of online communities become engaged and are better retained when members have an affective connection with the community and its members (Preece, 2001; Ren et al., 2012). Members with strong ties to their online communities are more proactive about content sharing and answering questions posed by other members (Rodgers & Chen, 2005; Schneider et al., 2013; Kittur et al., 2007). These individuals often become thought leaders or assume administrator roles within their communities (Zhu et al., 2017; Guo et al., 2018). Interpersonal relationships between members and the formation of a group identity help to enhance community cohesion and attachment, and this supports member retention (Ren et al., 2012). A sense of community is formed when members feel accepted and safe within the group (Blanchard & Markus, 2004; Lardier et al., 2019). Individuals join online communities either because they identify with the mission of the community or what it stands for (identity-based attachment), or because they have relationships with specific members of the community (bond-based attachment) (Chiu et al., 2019; Coleman, 1988). Identity and bond-

based attachments have been studied extensively by communication scholars interested in organizational social capital and brand loyalty (Boateng et al., 2020; Chung et al., 2016; Sen et al., 2015), but there is limited research which examined the role of attachments in online community behaviors relevant to domestic abuse interventions (Hurley et al., 2007).

Relationships and Online Social Support

Relationships are often a by-product of online communities, but they are also a reason for the formation of supportive communities (Ren et al., 2012). Past research has demonstrated the health-enhancing influence of social support and proved that in-group relationships can support stress-buffering (Holt-Lunstad & Uchino, 2015). The social support that takes place in online communities often has a positive influence on the mental health, personalities, and behaviors of community members (Lakey & Orehek, 2011). Social support results from conversations or shared experiences between members who perceive one another as being relationally meaningful (Kenny et al., 2006; Knowles, 2013). Lakey et al. (2014) explain that regular social interactions, those not focused on stress or coping, can have significant positive impacts on a person's emotional and mental health, and may increase a person's awareness of social support. A person will be more likely to rely on a relationship for support during stress-inducing events, if the relationship and past interactions are perceived to be valuable and significant (Holt-Lunstad & Uchino, 2015).

Coker et. al (2002) investigated how social support influenced the mental health of female victims of intimate partner violence (IPV) and surveyed 1,152 adult women. Their study revealed that female IPV victims with high social support experienced a lower risk of developing poor mental health. Haj-Yahia et al. (2019) examined the linkages between post-traumatic stress

and childhood exposure to family violence, and explored whether social support was a mediating variable in this relationship. The researchers observed that participants with low social support who were exposed to family violence during childhood were more likely to experience post-traumatic stress than those who had high social support.

Several communication scholars have explored the topic of social support in relation to health concerns (Myrick et al., 2016; Namkoong et al., 2017; Yoo et. al, 2014). In the early 1990s, most research in this area reported on observations from face-to-face support groups (Tutty et al., 1993), but the focal point has shifted toward online social support groups over the last ten years. Andalibi et al. (2018) investigated the online behaviors of sexual abuse survivors who were members of online social support groups and determined that online groups benefit abuse survivors by enabling anonymity and encouraging reciprocal self-disclosure. The mediated social support groups were primarily used for the purposes of support-seeking and emotional disclosure, many of which were first-time disclosures. Most commenters on the social support group were women (41% disclosed they were female, compared to 16% who disclosed they were male). In the groups that were observed, social support was manifested through information sharing, instrumental support, and esteem-building.

Hurley et al. (2007) examined how domestic abuse victims construct a sense of self in their online support groups. They noted that members of the group often compared themselves with other group members, with their abusers, and with the identities they perceived themselves to have had prior to their abuse. The narratives of many members indicated an inclination to position themselves as "worse off" than other members of the group, but these members often pivoted and repositioned themselves as "better off" than others. The authors interpreted these behavioral patterns to mean that the efforts required to position an abused victim's self against

others "may profoundly affect the ambiguity of the lived experience." When narrating self against that of their abusers, group members' rhetorical choices indicated feelings of failure and being at fault for their abuse. Their interactions with other group members signified a need for absolution, direction, and support. Group members who engaged in comparisons of the present self against the former self often glorified their former selves and sought to receive empowering feedback from other members.

White and Dorman (2001) outlined the advantages and disadvantages of online social support groups and the implications for health education. Among the benefits outlined was the opportunity for asynchronous communication. This enabled members to communicate at their own convenience and speed, and have 24-hour / 7-day access to social support. White and Dorman also noted the benefits of anonymity in virtual social support groups and claimed that anonymity encourages more honest and intimate communication. They also highlighted the fact that online social support groups tend to be larger and more diverse than face-to-face support groups, which enables participants to receive and consider different perspectives. One of the most significant benefits of online social support groups is that they facilitate organizing and networking, which may support advocacy and educational initiatives. Among the noted disadvantages is that participation in online social support groups is dependent on access to the internet and technology, as well as literacy and technical skills. Furthermore, online messages can be ambiguous and easily misinterpreted due to the absence of visual and auditory cues.

Health Communication Campaigns

Health communication campaigns primarily take the form of an education intervention or a social marketing initiative, and they are either carried out in a clinical setting using traditional communication strategies or in a public setting via mass media (Zhao, 2020). The best

communication campaigns are informed by theory (Bandura, 2004). Theory provides campaign

creators with frameworks for effective message design and dissemination and offers insights into

the attitudes and norms of a public, which may influence their cognitive and behavioral

responses to messages (Anker, 2016; Bandura, 1977). Formative research can also help

campaign creators identify the best information channels for message dissemination (Noar,

2006).

According to Noar (2006), campaign messages are most effective when they are tailored

to specific, segmented audiences, have unique message appeals, and encourage public

engagement and discourse about the issue. Message tailoring serves two primary purposes: (1)

increasing message acceptance by aligning the appeal to the thought processes of the target

audience; and (2) increasing message impact by selectively modifying behavioral

recommendations to align with audience members' range of ability (Campo et al., 2012;

Hawkins et al., 2008). Tailoring a health message requires an understanding of the public's

existing knowledge, health-related beliefs, circumstances, and past experiences with the issue

(Eldredge et al., 2016). On social media, messages should be tailored to both the target audience

and the social media channel being used for promotion (Klassen et al., 2018). Lutkenhaus, Jansz,

and Bouman (2019) recommend that campaign administrators leverage influencer strategies to

connect with online groups and appeal to their community-specific cultures.

Two essential components of an effective health campaign are message source and

message channel. Atkin and Rice (2013) highlighted the importance of message sources and

theorized that public responses to campaign messages are heavily influenced by the perceived

credibility and relevance of the message creator. This claim is supported by corporate social

responsibility research, which found that publics respond more favorably and feel that campaign

messages have more authenticity when the brand behind the campaign has logical cause-affinity; meaning, the identity of the brand aligns with the issue being addressed and the underlying message (Austin & Gaither, 2019; Guzman & Davis, 2017; Kim & Lee, 2020). Other scholars have shared that publics respond similarly when celebrities endorse health campaigns. Knoll and Matthes (2017) conducted a meta-analysis on past campaigns using celebrities and discovered that the type of endorser (e.g., actor, model, musician, influencer, etc.), their sex, and their familiarity with the endorsed object or issue, all moderate the publics' cognitive, affective, and conative responses. Knoll and Matthes used these findings to create a model for determining celebrity endorsement effectiveness.

Community-based participatory research conducted by Anker (2016) offered evidence that involving affected community members in the planning, implementation, and execution of health campaigns enhances their effectiveness; however, Zhao (2020) cautioned that community members may work against a campaign if they interpret and reframe messages negatively. This risk can be lessened by strategically planning, monitoring, and adjusting campaign messages. In fact, research is necessary for the entire duration of a campaign and happens in three stages. Formative research happens at the front end of a campaign and involves inquiry into the target issue and the audience. Process research occurs throughout the implementation of the campaign and involves assessments of campaign progress and documentation of ongoing successes and failures; it might also involve audience feedback surveys, which would inform campaign managers about variables that might lead to a change in the message design or pivoting of the dissemination efforts. Outcome research is the evaluation of campaign deliverables and leads to determinations about strategy effectiveness. Evaluating health campaign outcomes can be challenging because outcomes are often difficult to measure or aren't immediately apparent.

(Hornik, 2002; Zhao, 2020). Scholars have suggested that health campaign outcomes are best measured through longitudinal studies and pre-post comparisons (Jeong & Bae, 2018).

Comparable Case Studies

A lot can be learned by studying the past experiences of other communication scholars and practitioners. Evaluation of completed health and domestic abuse campaigns can provide valuable insights that should be used to inform new health interventions. Below, I offer samples of recent campaigns that were conducted in the United States, along with key takeaways relevant to research limitations and future campaign design.

The Real Cost Campaign

The Real Cost was a tobacco education and intervention campaign conducted in 2014 by the Food and Drug Administration (FDA) aimed at reducing tobacco product use among American youth and young adults (Crosby, 2019). The campaign targeted non-smokers who were deemed "at risk" for adopting tobacco use in the future and occasional smokers who had not developed a habit. Formative research was conducted and informed advertisements for the campaign, which were later promoted on national television and radio, online, in print, and at movie theaters (Crosby et al., 2019). Process research that occurred during the campaign found that the messages reached a wide audience and were well received, and no research limitations were identified. After two years of evaluation, the campaign was deemed successful due to its considerable budget, use of multi-media information channels, and the public's deferential attitudes towards the message source (the FDA). The authors also attributed its success to the campaign's "ability to create advertising that brings a sense of immediacy to the consequences" of a particular behavior. Assessors determined that the campaign prevented 587,000 youth from

developing tobacco habits (Duke et al., 2019). This statistic was supported by evidence from the 2017 National Youth Tobacco Survey, which found that more than 60% of surveyed youth and young adults had unaided campaign awareness (Delahanty et al., 2019). The use of multi-media information channels and the campaign's strategy of creating a sense of immediacy offer some implications for the success of the #IsolatedNotAlone campaign, which was delivered in infographic and videos forms across multiple social media platforms and was launched during a time when most of the world was experiencing isolation.

Each Mind Matters / ReachOutHere Campaign

In 2013, the state of California launched a mental health services campaign, funded through Proposition 63 (the Mental Health Services Act). Like the #IsolatedNotAlone campaign, which featured health statistics in an effort to reduce stigma and encourage help-seeking, the Each Mind Matters and #ReachOutHere campaigns ran for two years and targeted stigma at the institutional, social, and individual levels by highlighting the pervasiveness of mental health. The campaigns also promoted prosocial behaviors that reduce stigma and help those with mental health challenges feel safe about disclosing and seeking (Collins et al., 2019). The campaign targeted multiple audiences and combined contemporary and traditional message dissemination strategies, including social media messages, lapel pins, educational presentations, and a television documentary about mental illness. There were adult and young adult versions of the campaign messages, which were produced in English (*Each Mind Matters* and *ReachOutHere*) and in Spanish (*SanaMente* and *BuscaApoyo*), which appealed to California's diverse populations. Formative research and cleverly tailored messages contributed to the success of this campaign and helped attract 11% more patients to the state's mental health clinics (Collins et al., 2019); however, authors remarked that some exposure outcomes may have been missed because

their results were based solely on patients' recollection of the "Each Mind Matters" slogan. It is possible that patients were influenced by unrecalled messages from the campaign, which would make the campaign's results more significant. Similarly, it is possible in this study that participants have been exposed to the #IsolatedNotAlone campaign without recollection of the hashtag.

HPV Vaccination NOW Campaign

In 2019, the South Carolina Cancer Alliance (SCCA) launched the first stage of the *HPV Vaccination NOW: This is our moment* campaign. The campaign ran for 10 weeks over the summer and encouraged teenagers to get the Gardasil HPV vaccine during their back-to-school medical appointments. The vaccine has proven effective against HPV infections and helps to diminish the risk of developing six types of cancer (Bogani et al., 2019). Campaign messages targeting parents were shared on Facebook and Twitter, and a website was created to provide appointment-setting instructions and address misinformation. Social media campaign pages were created for interested publics to "like" or "follow" the campaign, connect with other interested parties, share personal stories, and engage in online discussion. Campaign messages utilized images of children assuming power stances and catchphrases like, "You have the power to shape their future. Ask for the vaccine that prevents cancer." Messages also focused on South Carolina's increasing HPV vaccination success rates. Formative research included audience assessments of a pilot campaign study, interviews with health communication experts, and a content analysis of online communication about the HPV vaccine. (Sundstrom et al., 2018, 2019). Process evaluation was conducted to measure key performance indicators, such as message exposure, reach, and public engagement. Like the #IsolatedNotAlone campaign, the HPV Vaccination NOW campaign utilized a variety of text and image combinations in its

messages. Researchers found that parents were more sympathetic toward and motivated by image-based messages, suggesting the images increase the emotional value of health intervention campaigns. Because researchers continuously monitored engagement throughout implementation, the campaign was successful in avoiding message fatigue and gained 1122 followers. It resulted in 370,000 impressions and reached more than 33,000 people (Sundstrom et al., 2021). One key limitation of this campaign was its low advertising budget, of just $2,000. If given a larger budget, this or similar campaigns could be scaled to maximize their impacts by reaching a wider audience and addressing more myths and misinformation circulating online about vaccines. A larger budget also would have enabled researchers to test the publics' responses to a wider variety of images and message frames, and possibly correlate more audience demographics to message design preferences. Such findings would be invaluable to abuse intervention campaign managers because abuse happens to people of all demographics.

Bell Bajao! (Ring the Bell) Campaign

Bell Bajao! is a domestic violence awareness campaign that was launched in India in 2008 by Breakthrough, a global human rights organization. Breakthrough has a long history of championing domestic abuse survivors and previously released a music-centered campaign, Mann ke Manjeere, involving the creation of music and music videos intended to bring awareness to the issue. The Bell Bajao! campaign employed a multi-media strategy to engage men and boys in the discourse and activism around the issue of domestic violence. As part of the campaign's strategy, formative research was conducted on past domestic violence and HIV awareness campaigns and Breakthrough partnered with the Indian Ministry of Women and Child Development to create and distribute television, radio, and print advertisements across the country, and later launched YouTube information videos and a social media hashtag campaign

(#RingtheBell). Recognizable Bollywood stars lent their voices and images to the campaign, which enhanced its variability and visibility. Due to campaign managers' strategic planning and use of celebrity endorsements, Bell Bajao! Reached more than 130 million people and contributed to increased abuse reporting and the reduction of survivor stigma in India (BreakthroughInsights, 2011).

#MeToo Twitter Campaign

The MeToo movement was first introduced on social media in 2006, as a MySpace campaign that aimed to get women of color to speak publicly about their experiences with sexual abuse. The campaign did not capture widespread public attention until actress Alyssa Milano used the #MeToo hashtag in a tweet in 2017. Milano's tweet and the subsequent hashtag campaign generated broad public awareness and discourse about gendered power imbalance, sexual assault, and violence. The campaign is an example of social media's ability to generate awareness of issues, mobilize communities, and influence political and news agendas. Lindgren (2019) examined the early effects of the 2017 Twitter campaign and outlined its challenges. In his case study, Lindgren analyzed data from four million tweets and explained the campaign's focus, tone, and the public's response. Most of the tweets that used the #MeToo hashtag were posted by women who described personal experiences with sexual harassment and assault. The campaign was quickly adopted by the global public, trended in 85 countries within its first two weeks, and eventually triggered the creation of response campaigns, such as #ItWasMe, #IHave, and #IWillChange, led by men who took ownership for their past harassment and abuse of women. Scholars have proposed that hashtag campaigns attract widespread participation because they have a narrative structure (Yang, 2016), are an accessible tool for mobilizing minority groups (Raynauld et al., 2018), and enable online publics to create shared collective identities (Ray et al., 2017).

Although the #MeToo movement was explosive and had enough longevity to be called "one of the most viral and powerful occurrences in social media history" (Thorpe, 2017, n.p.), public participation in the campaign began two wain 6 weeks following Milano's first tweet. Lindgren (2019) identified several causes for the campaign's deceleration, including competing social media noise and message dilution, hate speech and trolling, and clicktivism/slacktivism resulting in disengagement. Lindgren explained that social media noise is often amplified by "spam, bots, algorithmically constituted filter bubbles," (p. 422) which flood social media users' feeds with off-focus messages, misinformation, and disinformation. During times of crises, such as the COVID-19 pandemic, social media noise increases and can significantly impact health intervention campaigns like #IsolatedNotAlone and #MeToo. Messages using the #MeToo hashtag also attracted the attention of internet "trolls" and users with sexist and antifeminist views, who frequently posted malicious comments on Tweets that used the hashtag. A large number of the #MeToo tweets were retweets and personal stories that did not provide directives for action. Lindgren explained that non-committal participation created a legitimacy problem for the campaign, which could have been prevented by more prominently linking the campaign to specific non-government organizations and lobbying initiatives.

Research Questions

Social media can connect people with shared interests and experiences, and it serves as a vehicle for importation information exchange (Burnett & Buerkle, 2004; Kavanaugh et al., 2013). Activist scholars have investigated how members of the public organize around hot issues, like abuse, but very few have examined how online health intervention messages influence individual communicative responses and prosocial behaviors (Janicke et al., 2018; Macias et al., 2009). This study attempts to fill this gap and explores the usefulness of the

STOPS framework for understanding how publics react to and organize around online health intervention campaigns. Specifically, this study attempts to answer the following research questions:

RQ1: How do situational antecedents (problem recognition, constraint recognition, and involvement recognition) motivate social media users to learn about domestic abuse and interventions?

According to the STOPS framework, situational antecedents are determinants of a person's situational motivation toward problem-solving. When individuals have a high problem and involvement recognition, they are likely to be motivated to communicate about a problem. However, motivations toward problem-solving are often also influenced by the number and types of constraints that individuals observe, in relation to their own behaviors or those of others, and how those constraints may impact situational outcomes. This research question specifically aims to uncover how participants perceive the problem of domestic abuse, their individual involvement with the issue, and barriers that hinder participants' motivation to learn more about the issue or act in response to it.

RQ2: How, if at all, do situational motivations and referent criteria influence social media users' communicative behaviors (information forwarding, information sharing, information seeking, and information attending) associated with the #IsolatedNotAlone campaign or other online abuse intervention campaigns?

The purpose of this question is to better understand the relationship between situational motivations, referent criteria, and communicative behaviors, or outcomes. Specifically, I examined how certain types of motivations, influenced by situational antecedents, and participants' background knowledge about the issue influenced the types of communicative

actions they exhibited in response to the #IsolatedNotAlone and similar online campaign

messages. The STOPS is reported to be a evaluation framework, which suggests the higher the

situational motivation and the more referent criteria a person has, the more likely they are to

exhibit the full range of communicative behaviors. This question helped me to better understand

the usefulness and limitations of the STOPS in the context of domestic abuse.

> RQ3: How do communicative behaviors influence online social support group formation
>
> and organization?

The STOPS framework explains how situational antecedents and referent criteria

motivate individual communicative behaviors but does not explain the outcome of those

behaviors. This research question explores whether certain communicative behaviors are

connected to support group involvement or might contribute to online group formation.

Chapter 3 – Method

A qualitative approach was employed in this study. In-depth interviews were conducted

with social media users, most of whom indicated they are concerned about or have experience

with domestic violence and abuse intervention campaigns. The guiding epistemology for this

study is the constructivist/interpretive research perspective. This is a participant-centered

approach to determine how social media users understand domestic abuse, perceive their level of

involvement with this issue, and respond to online abuse intervention messages. This chapter

outlines the research design, including an overview of qualitative methodology and the

approaches used for data collection, interview procedures, and considerations associated with

validity and reliability in this study.

Qualitative Methodology

Qualitative researchers use a variety of methods, including ethnography, participant observation, and in situ interviewing to study phenomena as it happens in its own natural environment (Katz, 2015; Ellis et al., 2008). Qualitative scholars seek to understand how people make meaning of their experiences and surroundings, and how their respective understandings influence their attitudes, behaviors, and communication practices (Lindlof & Taylor, 2002, Berg, 2009). As domestic abuse campaigns aim to create issue awareness and effect positive change, a qualitative approach is useful for determining the public's depth of knowledge about this issue, and how individuals understand and respond to campaign messages (Morrison et al., 2011).

Constructivist/Interpretive Epistemology

A constructivist/interpretive approach is one of exploration and interpretation, where meanings are created through the language and actions of individuals within their own complex environments (Merriam, 2009; Schwandt, 1998). Scholars who uphold this epistemology want to hear about unique lived experiences first-hand, and develop subjective meaning from them (Cresswell, 2007). With this approach, the discourse and interactions between the qualitative researcher and research participants facilitate the co-construction of meaning and interpretations of experiences. Interpretivists are also interested in symbolic interactionism, whereby social interactions help individuals to ascribe meaning to other beings or things, and these interpretations influence their actions in relation to those beings or things (Schwandt, 1998). The constructivist/interpretive approach is appropriate for this research because it explores individuals' interactions, interpretations, and actions associated with abuse campaign materials and other individuals involved with the campaign.

Sample Development

I used maximum variation, purposive and convenience sampling approaches to increase representation from a variety of races, sexes, and ages. For the purposes of accurate reporting, I asked all participants to self-identify their demographic information. Although most participants who self-selected for this study are female (n=24), I was able to include perspectives from four males and one non-binary participant. Most participants in this study were white (n=17), and there was representation from the Black (n=5), Hispanic (n=2), Asian (n-2), and Turtle Island (United States, Mexico, and Canada) Indigenous communities. My early conception of this study was female-focused, but I revised my plans to include men of color. Three of the males in this study identify as a racial minority and shared their lived experiences of race-related abuse responses. Due to the sensitive nature of this topic and the risk of triggering trauma or emotional distress, I did not recruit people under 18 for this study. Participants in this study were asked questions about their knowledge and understanding of an online domestic abuse campaign that primarily took place on social media, as well as their engagement in online social support groups; therefore, participation in this study was restricted to individuals who reside in the United States, use social media, and had access to it during the COVID-19 pandemic.

Recruitment

The study was promoted online through my social media profiles on Facebook, Instagram, and TikTok, and I approached members of my social network who are social media users and have familiarity with domestic abuse. Recruiting from my social network was important for this study because it enabled me to increase the racial and ethnic diversity of the participant sample: I am a member of a Canadian First Nation and have friendships and

acquaintances within the broader Turtle Island Indigenous community who helped promote my study. I also shared information via emails to non-profit organizations and service providers who work with survivors of domestic abuse and invited their staff and volunteers to participate or assist with recruitment. Additionally, I posted the research study to UMD's SONA site.

I attempted to achieve saturation with this study, and at 28 interviews, noted several recurring themes and no new themes in response to the RQs. I discontinued recruiting participants when it became apparent that participant diversity was unlikely to increase in a reasonable amount of time because it is immensely challenging to access and establish trust with communities that one is not a part of.

In-Depth Interviews

In-depth interviews are used to elicit participants' perceptions of an issue or topic without steering them toward specific answers (Yin, 2009). I conducted semi-structured interviews via zoom that consisted of open-ended questions, to engage participants in discussions about domestic abuse and intervention message engagement. I devised a series of main questions with probing questions. Probing questions helped me to dig deeper into points of interest, and they were particularly useful when participants offered brief, non-substantive, responses to key questions. I built redundancy into some of the interview probes, to ensure that important talking points were not overlooked. Conducting semi-structured interviews was the best approach to answering the RQs because they enabled me to pivot the conversations and reorganize the order of questions as needed. Sometimes, an initial foray into a line of questioning made it clear that a participant had little or no experience with a topic or idea; other times, participants introduced new and relevant ideas that I wanted to capture and explore deeper. As such, I traded or re-worded questions as needed to explore new ideas as thoroughly as possible within the allotted

interview time. Each interview was scheduled for one hour; however, I was willing to extend the interview time for participants who expressed interest in continuing the discussion. The time spent on interviews averaged 48 minutes per participant, with the shortest interview lasting 31 minutes and the longest lasting 109 minutes. During the interviews, I followed the lead of the participants and circled back to missed material as each interview neared completion. The purpose of this malleable approach was to allow the participant to drive the interview (Merriam, 2009; Rubin & Rubin, 2005).

The interview protocol began with a set of demographic questions and the subsequent questions were organized by theme. Demographic questions captured participants' age, sex, race, state of residency, and the highest level of education. The youngest participant in the sample was age 19 and the eldest was 57 years of age. Participants resided in 17 states. Most participants' highest level of education was "some college" (n=13), three participants held bachelor's degrees, seven participants held master's degrees, one held a doctorate degree, two held a high school diploma, and three refused to disclose their highest level of education. Following the demographic questions, participants were asked three top-line questions, each with additional probes, about their perceptions of and experiences with domestic abuse. These questions aimed to gain insights that could answer research question one by revealing participants' problem recognition, involvement recognition, and constraint recognition. In the interviews, I acknowledged to participants that these questions might be triggering to survivors of abuse, and I reminded them they were not obligated to respond and could request that we skip sensitive questions. All participants chose to respond. The next three questions aligned with research question two and asked participants to rationalize why they sought information about domestic abuse in the past, and why and how they engaged with past intervention messages. These

questions assessed participants' motivations for information seeking and explored possible linkages between participants' situational motivations, referent criterion, and communicative behaviors. The last four questions addressed research question three by inquiring about participants' recollections of the #IsolatedNotAlone campaign and their involvement in issue-oriented online communities. These final questions explored campaign message impacts of participants' behavioral intentions, community formation or joining, and feelings about communication obligations. Following the interviews, participants were each emailed a resource sheet with contact information for a variety of mental health, assault, and substance abuse hotlines (see Appendix F).

Campaign Elements

Toward the end of the interviews, participants were asked the question "What, if anything, do you know about the #IsolatedNotAlone campaign." Each was given the chance to recall the campaign and explain their background knowledge, impressions, and feelings about the campaign. Participants who opted to interview via Zoom were then shown pictures of the campaign's infographics and the video that was circulated on YouTube and Instagram. Participants who interviewed by phone were instructed before the interview to have a computer or tablet at hand and to search "#IsolatedNotAlone" on YouTube and Google Images. Telephone participants were instructed during the call to view and assess the following items:

Image 1: Avon Worldwide (2020)

Image 2: Bizcommunity (2020)

Image 3: Avon Facebook (2020)

Video 1: Avon India (2020)

After each campaign element was presented, participants were asked what they liked and disliked about the messages, how they made them feel, whether they would have engaged with the message, and how they would have engaged. Participants were also asked, based on the images, if they thought the campaign was a success or not, and how it could have been improved.

Data Collection Procedures

As individuals signed up to participate in this study, I emailed them a consent form containing an outline of the study, information about their rights as participants, and my contact information. My original plan was to have participants electronically sign and return their consent forms, but I was encouraged by UMD's IRB reviewers to submit a consent form waiver and accept verbal consent from participants. I opted to take IRB's suggestion, and participants were asked to read the consent form in full before their scheduled interviews. The consent form was later reviewed and verbally consented to at the start of each interview. The consent form advised participants that I wished to record interviews to ensure data accuracy and authentic reporting of their comments; however, participants were also reminded of my intention to record at the start of their interviews. Four participants did not give consent to be recorded; instead, I took hand-written notes in those interviews. Participants were offered the option to interview via Zoom (n=12) or by telephone (n=16). There were benefits and drawbacks to both interview formats. The purpose of offering participants their choice of interview format was to make them more comfortable talking about a sensitive topic, like domestic abuse. At the onset of this research, I anticipated that some participants would have prior experience with abuse and recognized that some might prefer the anonymity of a phone interview in place of a video interview. Although it is preferrable to conduct an interview in-person whenever possible, Zoom interviews enabled me to capture some non-verbal cues, such as participants' facial expressions,

which helped me to identify moments in the interviews when participants did not fully understand my questions or appeared to have additional thoughts about the topics, which prompted further probing questions. It was also much easier to share the #IsolatedNotAlone campaign materials via Zoom than by phone.

Participants were asked about their breadth of knowledge about domestic abuse and their understanding of the #IsolatedNotAlone campaign, as well as their perceptions concerning their level of involvement with the issue and personal risk. I also asked participants to describe their online behaviors and community engagement around this issue, and to assess the #IsolatedNotAlone message designs. Following the interviews, I thanked participants for their time and insights and invited them to share my contact information with others who might be interested in participating.

Confidentiality

To protect participants' identities, I removed all identifiable information from my notes and transcripts. All electronic research materials were saved in a password-protected folder on my personal computer, and participants were assigned pseudonyms for use on all records.

Validity, Rigor, Reliability, and Reflexivity

Freeman et al. (2007) suggested that qualitative approaches to research should have their own measures for validity, reliability, and quality. Denzin (2009) outlined several national and international tools that are regularly used to assess qualitative work, including questionnaires and checklists, many of which assess the importance of the research question and how well the methodologies align. Other important factors that are frequently measured include the level of detail in the accounting of the research methods used and the transparency and reflexivity of the researcher.

Freeman et al. (2007) described how validity often comes from the perceived trustworthiness of the research findings and inferences, which are a product of the theoretical applications used in the research. Instead of measuring validity based on the transferability and confirmability of the findings, scholars should measure validity based on the rigor that was applied in the data collection and analysis. Rigor might involve the extent to which a researcher sought to recruit a diverse group of participants, where convenience sampling might be perceived as less rigorous than snowball sampling. Acceptance of self-selected participants might also be perceived as being less rigorous than actively recruiting and pre-screening participants who fit certain eligibility criteria. Rigor can also be indicated by achieving saturation, which occurs when a researcher has a large enough sample size that new themes cease to emerge from the data set. Rigor may also be associated with triangulation in a research study, which occurs when a researcher applies various forms of data collection and analytical methods. For example, a researcher can triangulate by combining artifacts, content analysis, and survey into a case study.

Researchers can also practice rigor and validity by verifying the data that they compiled through member checks. Member checks involve conferring with research participants and asking for clarification about talking points that came up in the interviews. They may also be a means of confirming that a researcher's interpretation of the participant's words was an accurate reflection of their meaning. Irvine et al. (2013) conducted a content analysis study where they assessed the transcripts of interviews that took place either over the phone or face-to-face, to determine which approach to interviews facilitated better engagement and member checks with the participants. In this study, the researcher gave indications of attention (e.g., "yeah", "right", and "uh-huhs") and helped participants to finish sentences in both types of interviews, but the face-to-face interviews resulted in more natural conversation and more efforts from the

researcher to clarify talking points. Though not generalizable, we can infer from these findings that face-to-face interviews tend to be more rigorous.

Reliability is difficult to achieve in qualitative research because there are too many variables that go into qualitative research which cannot easily be replicated or reproduced. Scholars can attempt to recreate a quantitative survey by copying the questions and the scales used, and sharing the survey with a population with similar demographics and constraints to the original sample, and they will likely obtain similar results and findings as the first survey. However, in qualitative research, the researcher him/herself, the way they frame their questions, their demeanor, language, and tones used while interacting with research subjects are all important variables that influence the subjects' responses. More significantly, the types of questions that are asked in qualitative research are vastly different from the types of questions that are asked in quantitative research. Quantitative research asks Who" and "what" types of questions, whereas qualitative research asks "why" and "how" types of questions. The ways that a qualitative researcher frames and contextualizes their questions will greatly influence the participants' responses.

To ensure validity and reliability in this study, I was methodical about notetaking during and after the interviews. This helped me to capture emerging findings and highlight ideas that were presented in the interviews that I deemed worthy of further research. Journaling also helped me to practice reflexivity throughout the data collection and analysis stages of this study, by helping me confront my own internal biases and preconceptions about domestic abuse, the participants, and their experiences.

As a child, I witnessed physical abuse against my mother and I later experienced non-physical forms of abuse by one of my own relationship partners. I still hold trauma from these

experiences, though I have learned to manage it through counseling and self-awareness exercises. My first-hand experiences with domestic violence heavily influenced my decision to pursue the investigation of this topic and caused me to have strong feelings about abuse, victimization, and support services. As a trained researcher, I recognized that it was my responsibility to set aside my own biases and not allow them to influence the research participants or my own interpretations of the data in this study; however, I felt it was important to disclose my past experiences with participants who disclosed their own abuse Doing so helped me to build rapport with participants, because those who are victims and survivors felt safer disclosing personal trauma with an interviewer that had common lived experiences as them. By making myself vulnerable with my participants at the front-end of the interviews, I was able to establish trust with them. This trust caused participants to respond to questions with more detail and made it more comfortable and acceptable for me to ask probing questions related to their abuse.

For the same purpose of establishing trust, I disclosed my Mi'kmaq heritage with the indigenous participants in this study. Because those participants were recruited through my own personal network, they were already aware that I was a member of the native community, but it is custom among Turtle Island indigenous people to share their clan and family names when meeting one another for the first time. Doing so helps to alleviate concerns that someone may be a "pretendian" or infiltrator of the native community, which is a growing concern. In recent years, the indigenous community has noticed a sharp increase in the number of academics claiming and capitalizing off native heritage, with no evidence to support their lineage. By sharing the names of my family members and disclosing to participants where they could find

vetted documentation of my lineage, the indigenous participants in this study were empowered to confirm my identity.

While preparing to undertake this research, I felt confident the counseling I had received after experiencing abuse had equipped me to participate in research conversations on the topic. I did not anticipate that hearing participants' stories of abuse would trigger strong emotional responses in me. Throughout most of the interviews, I felt composed and was able to compartmentalize by own feelings about abuse and focused on the participants' stories and feelings. I frequently asked clarifying questions to ensure that I was capturing the participants' true meaning and listened to the audio recordings several times over to ensure that I had not skewed data by framing questions in a way that could be considered "leading". During the time that I was collecting data for this study, I was simultaneously editing a publication and co-authoring a manuscript about intercultural communication. Writing about other topics provided a necessary break between interviews that helped me to get back into a healthy headspace after hearing participants' more emotionally triggering stories of abuse.

Data Analysis

At the completion of each interview, I converted the audio files to text transcripts using Otter.ai, an artificial intelligence (ai) transcription software. Because ai technology is not always accurate, I verified, proofread, and edited typos and mistranslations on all transcripts before starting the analysis. The Otter.ai application made correcting typos easy because I was able to click on the sections of text that had been transcribed incorrectly, listen to the audio segment from that portion of the original recording, and edit accordingly. My data set included 314 pages of transcripts and 49 pages of handwritten notes.

Dedoose qualitative analysis software was used to code the transcripts and export a coding book and quote excerpts to use when reporting the findings. Both deductive and inductive reasoning was employed in the coding and analysis phase of this study. Although deductive reasoning best serves quantitative research because it typically builds off a hypothesis and emphasizes causality (Gabriel, 2013), I found it helpful for identifying themes that aligned with variables outlined in STOPS. In my first round of coding, I coded for situational antecedents (i.e., problem recognition, involvement recognition, constraint recognition), situational motivations, referent criteria, specific communication behaviors, and behavioral intentions. I then used an inductive approach and constant comparative method to identify additional themes. According to Thomas (2003), the inductive approach has fewer restraints than the deductive approach and supports the emergence of research findings from the more dominant themes in raw data. I granularly examined each line in the transcripts and used open coding to highlight new themes and potential categories. I also read each transcript horizontally to capture and group segments of a larger body of text by theme. This approach enabled me to consider alternative interpretations of the data. Open coding was followed by axial coding, which helped me to tie concepts together and integrate previously identified categories in my dataset. The purpose of axial coding is to identify similarities across categorized data and create a clearer, defensible understanding of the total dataset (Lindloff and Taylor, 2010). This inductive approach revealed additional findings related to participants' message design preferences, online group formation, and intergroup communication practices.

Data collection and analysis happened congruently so that I could identify opportunities to collect and explore additional relevant data that filled gaps in the research (Miles & Huberman, 1994). Following coding, I organized my data by themes following Bogdan and

Biklen's (2007) process for qualitative analysis. Themes and their corresponding quotes were organized in an Excel spreadsheet and were highlighted using specific colors to associate them with variables within the STOPS framework. The themes that were consistent across the interviews were selected for inclusion in the final report and were moved into a separate spreadsheet. Finally, exemplar quotes were selected for each theme based on the amount of detail they showcased and were evaluated further. This step in the process helped me to gather support for my early interpretations of the data and form new interpretations.

Chapter 4 – Results

This chapter presents the findings of this research study, which resulted from 28 in-depth qualitative interviews with social media users living in the United States. Although punctuation edits were made to the quotations for ease of readability, the participants' own words are presented to maintain their integrity and preserve their original meaning. Pseudonyms are used to link quotes to individual participants and maintain their privacy and ambiguity. The results herein depict the intersections of public relations, domestic abuse, health campaigns, and online communities, which are addressed via the three research questions.

RQ1: How do situational antecedents (problem recognition, constraint recognition, and involvement recognition) motivate social media users to learn about domestic abuse and interventions?

Problem Recognition

At the beginning of each interview, participants were asked to explain their understanding of domestic abuse. There was consensus among participants that all physical abuse that occurs in the home is a form of domestic abuse. Some participants did not mention non-physical forms of abuse and one participant discounted non-physical abuse. Brian defined

domestic abuse as, "any sort of violent crime within a familial household or amongst family members." When asked to elaborate on the types of behaviors that he considers to be "violent crimes," he explained, "I believe a violent crime would be any action that is meant to cause physical harm to somebody."

All participants acknowledged that domestic abuse can be experienced by anyone, but some felt that women and children have the highest risk of experiencing abuse. Participants who have direct experience with abuse recognized it to be a larger problem than those who have no experience with abuse. Susan believes that domestic abuse occurs when an individual wants to assert power over those who trust him or her; she explained,

> Abuse is kind of multifaceted. The two main forms that I think of are relationship abuse -
> like you're in a romantic relationship with a significant other that's abusive - and parents
> abusing their child. I think both are very common. It usually happens with people that
> you really trust, and the other person usually is in a position of power.

All participants in this study recognized domestic abuse as a significant social problem in the United States. Kory, who uses they/them pronouns and self-identifies as a sexual assault and domestic abuse survivor, believes "it's insidious. It is warping and ubiquitous." They shared that many people in their social network are abuse survivors dealing with post-traumatic stress. Other participants said that domestic abuse is a problem that they have observed in their own communities, and some became aware of it as a problem because they encountered stories about it in the news and on social media. Brian is one of these participants; he said:

> Every now and then, I'll hear something about it on the news. But I have never had any
> issues of domestic abuse within my family, or like anybody close to me. It's pretty
> foreign to me, but I know it happens. So, I would say it's an issue. It's a big issue.

Some participants mentioned that the pandemic created greater awareness of the pervasiveness of domestic abuse, both domestically and abroad. Thea shared,

>COVID-19 really highlighted a lot of issues of domestic abuse. People couldn't go anywhere, you know, and they couldn't get the resources that they needed. They couldn't get help. So, I feel like that definitely has highlighted the issue and elevated it. I think that domestic abuse is more prevalent in America than people think.

Anna added, "I think it is a huge issue. I don't know if it's more prevalent now, or if it's just more talked about now, but I'd say it's way more common than it should be."

When asked how they felt about domestic abuse, which often occurs in private, being classified as a public health issue, all 28 participants argued that it should be classified that way. Several participants rationalized that domestic abuse is often linked to other notable public health issues, like mental health disorders and substance abuse. Alex explained,

>Abusers are often linked, I believe, to mental issues and behavioral issues. It could be a wide variety of things. And it often results in a lack of proper therapy, so it really stems from a mental health perspective. So, I wouldn't be against calling it a public health issue.

Kory talked in depth about this topic. They added that public health issues are conditions that can keep people out of the workforce or prevent people from contributing to society. They elaborated,

>I think that we're getting closer to recognizing mental illness as a public health issue. I think that we've been inching our way there for some time. And domestic violence fits in that space, both in the context of the consequences that it creates and also the preconditions that make people into abusers. In terms of thinking about public health as something that is widescale and impacts the public, so thinking about basic ideas of

medicalization and things that keep us out of the workforce and not contributing to

society, domestic abuse does all of that by fucking us up as well. So, when I think of

public health issues, I think of conditions that sort of worsen the world for everyone. And

I think of domestic violence as one of those things. It obviously lowers the quality of life

for the person being abused.

Some participants suggested that domestic abuse is inherently public because it has a cascading

effect. They hypothesized that, if gone untreated, mental health issues resulting from abuse can

cause victims to perpetuate abuse. Nancy explained,

The effects of domestic abuse are staggering. It affects more than just the person

committing abuse. If an abused mother goes untreated while raising her children, it is

going to affect their mental health. And that's a public health issue because you're sending

children that are suffering from your experience out into the world, to either become

abusers or abuse victims.

Involvement Recognition

Of the 28 participants, 15 previously experienced domestic abuse first-hand and one of

these participants shared that she was still actively experiencing domestic abuse. Two of the 13

participants who did not have first-hand experience with domestic abuse shared that they have

family members who experienced abuse.

Sandra shared her own experience with an abuser who was triggered because of his drug

addiction

I dated someone who had a drug and alcohol addiction, and he was physically abusive. I

guess, at the time, I excused a lot of it or maybe thought it wasn't that big of a deal. But

now I'm like, "Huh, the guy threatened to cut my eye out with a knife, that's not minor."
At the time it was hard to see it that way.

Participants shared how their past experiences with abuse, or lack thereof, influences their current perceived risk for experiencing domestic abuse in the future. Participants who had previously experienced abuse had different feelings about their current risk level. Some felt that they were more aware of signs that might identify a prospective abuse and could therefore avoid forming relationships that might lead to abuse. Others felt that abuse is likely to occur again, either because it is entirely unpredictable or because they might overlook, ignore, or excuse the warning signs. Nancy believes that abuse cannot be anticipated, and her experience with abuse may increase her odds of experiencing it again one day. She explained,

> I have been abused, so I feel like it is a real possibility. I really feel like it's one of those things that there are signs for, but sometimes people tend to overlook them. We live in an anxious world where there are a lot of stressors, people are under a lot of pressure. So sometimes we overlook the small thing. So, I feel like abuse is a reality and that it can happen anytime.

Alternatively, Naomi feels her risk of experiencing abuse in the future is low because she previously experienced abuse and recognizes the warning signs. She said, "I think my risk is low because I experienced abuse before. It's been a long time, but I don't think I'm at high risk because I can identify the signs and get myself out of that situation." Although Debbie says she can spot the "red flags" for abuse, she concedes that abuse isn't easy to foresee. She thinks open discussion about observed behaviors that signal abuse are important for preventing it in her current relationship. She explained,

I don't think that it's very likely that that would happen to me, but I don't think that anybody thinks that that's going to happen, I think they end up in relationships and things escalate or things change, or there are red flags that are missed. There are definitely times when my partner will react strongly to things, and we have to talk about it. We debrief a lot when things come up, and that's because I'm kind of always watching for signs.

Toni believes that her future risk level for experiencing abuse is high because abusers are good at masking their abusive nature. She described how she experienced different forms of abuse – physical, emotional, and financial – from two separate partners.

It'll probably happen again. They don't show you their true colors at the beginning of the relationship. I had lost a lot of weight after my twins were born, and my ex would get jealous when people started to compliment me. We were at a friend's birthday party, and he got drunk and hit me in the car on the way home. We'd been married for like four years when it started, so I thought it was a one-time thing, like an accident, but it continued for about six months before I finally left. He hit me occasionally, usually when he was drunk, and he always told me I was fat. The second guy never hit me, but he would steal money from me and gaslight me. But that didn't start until about a year after we started dating and I let him move in.

Anna also mentioned masking as a reason why abuse often happens without warning and said, "There's no way of really being able to tell until you are there for a while. It's not apparent right away. So, I think abuse can happen to anybody." She added that abusers often prey on people who have submissive or dependent personality traits; therefore, "I can definitely see how someone could be prone to falling into that again. I know that I had to break that pattern of being so dependent, and that was really hard to do."

Nancy believes that living in a less advantaged community of color might predispose her to experience abuse again in the future. She explained that abuse happens a lot in her community because the police don't appropriately respond to 911 calls from abuse victims, particularly if the call is not made while the abuse is occurring or immediately after. She said that if a woman takes too long to report her abuse, the police respond with "he didn't hurt you, you're okay" or "it's just another black guy," and the report gets swept under the rug.

Constraint Recognition

Participants identified several significant constraints that prevent people from learning about domestic abuse and interventions, engaging with interventions on social media, and seeking help to escape abusive situations. The following paragraphs outline participants' observations of these constraints, which include their lack of involvement in the issue, perceived attitudes within their culture, mental health and negative emotional responses, expectations of a patriarchal society and family, fear of retaliation, financial dependency, low social support, and systemic issues.

Lack of Involvement. The primary reason why participants say they don't seek information about abuse and interventions is a lack of involvement in the issue. Participants who have no direct or indirect experience with abuse said they are not motivated to learn more about it. Most of the knowledge they have about domestic abuse was obtained through chance encounters with abuse messaging on social media and on the news, information was never deliberately sought out. They are aware of domestic abuse as being an important social issue but don't feel that it is their place to speak out about it or get involved in the issue. Alex said,

> It's something that doesn't really affect me in my daily life. It's not something that I hear
>
> about, I don't really know any friends or family who suffer from it. So, it's not something

that's my top priority in life to be dealing with. But yes, I'm aware of his existence. I do

believe that is important. But I don't think there's anything I can personally do. I mean, I

can speak out, but I mean, I don't really believe it's my place.

Some participants were very critical of people who don't get involved in the issue of abuse

because of their lack of personal involvement and suggested that silent complacency only

prolongs the abuse epidemic. Blake said, "Forgive my language, it's shitty behavior. It just kind

of goes in one ear for people and out the other, because they feel like if they just look the other

way, it'll stop happening."

Perceived Attitudes Within Culture. Foreign-born participants and those who come

from families that immigrated to the United States believe that abuse information avoidance is

common in their cultures; however, participants' observations and experiences are not

generalizable due to this study having a relatively small sample of racial minority participants.

Participants who self-identified as Asian mentioned that maintaining silence about abuse is a

practice that is been passed on from parent to child for many generations. One participant

explained that the current generation of young adults in Asia is more outspoken about societal

issues than past generations were, but the current socio-economic climate forces those who are

still financially dependent on their parents to maintain their silence regarding abuse. According

to Alex, some young adults from Asian communities are "afraid that if they speak out, they'll be

kicked out of the house, and they can't afford to be out of the house. So, it's really out of fear."

He believes that learning and information-seeking are pointless when constraints prevent action.

Mental Health and Negative Emotional Responses. According to participants, mental

health conditions, lack of self-esteem, and misplaced feelings of shame can also demotivate

abuse victims from information and help-seeking. Participants believe that depression, anxiety,

and fear often lead people to feel like they deserve to be abused. Ellen said, "that's a very common thing that I hear, especially with, like verbal abuse." Some believe that shame occurs from internalized feelings about one's own behaviors and self-worth. Anna shared, "I think there's an internal shame, like maybe you did something to provoke them or that there is something wrong with you because you don't see your abuser treating other people that way." She also feels that internalized feelings are influenced by external factors and observations: "I think some of it is external. Perceiving other couples being happy and having a great partnership, and then wanting others to perceive you the same way that you perceive them in your relationship."

Patriarchal Society and Family Norms. Some participants mentioned that there is a legacy of male-on-female and child abuse in patriarchal societies, and women who were raised with those norms continue to overlook and ignore abuse today. Nancy shared,

I think a lot of it is based on the way women were treated historically, women were more dependent then and they were more accepting of abusive behaviors. I've personally been told by an older matriarch in my family, when I dealt with my situation, "you know, all men have some issues." So, basically to overlook it.

Blake observed similar attitudes in her own upbringing. She described an incident that occurred when she was just 16 years old when her mother had her arrested after she attacked her stepfather while he was abusing her mother.

I was raised in a household where you pretty much bite your tongue. When I was 16, I couldn't do it any longer. My stepdad hit my mother in front of me, and I turned around and hit him. My own mother called the cops and had me arrested for hitting her husband.

So, I learned really early on that she was more the 'I'm gonna let it happen' type of person.

Several participants suggested that offering more education about abuse, particularly when children reach secondary-school age and before they begin forming romantic relationships, could help to reduce the impact of harmful, inherited ideologies. Jennifer thinks that teaching children about non-physical abuse, which she believes is a precursor to physical abuse, can help them better understand the warning signs of abuse, like gaslighting. She said,

I think just educating young people on what the signs of abuse are is important, like really talking about emotional abuse and different things. I think before physical abuse happens, everybody deals with some type of emotional abuse, and they don't realize that that's what it is. I've recently been on social media learning more about gaslighting and what it means. [As a victim], you know how you feel, but when you have that verbiage and the words to put to it, it's easier to call it out and steer clear of it.

Fear of Retaliation. Fear of retaliation is another reason why participants feel that abuse victims do not search for information about abuse or take advantage of intervention programs. Participants mentioned that many victims were trapped in their homes with their abusers during the pandemic and they believe that being under close observation by their abusers during the pandemic likely afforded few safe opportunities for victims to search for information or respond to intervention messages online. Thea said, "If you're seeing resources on the internet, but someone else is always there, there's probably fewer opportunities to reach out and get whatever help you need." Alex posited, "if the abuser finds out, the abuse will get even worse." Some participants who experienced abuse described how their abusers used fear tactics, including

death threats, to prevent them from leaving. Blake shared, "In my scenario, I was told 'there's only one way out of this and it's not you walking out that door on your own two feet.'"

Financial Dependency and Parenthood. Coinciding with the fear of retaliation is the fear of a broken family and financial dependency. Participants believe that some abuse victims don't seek out information about help resources because they fear losing custody of their children to their abuser or being financially destitute. Nancy described her own observations of this,

> From cases that I've seen where children have been removed from the home because of unstable conditions, a mother alone may not have the financial resources or support to properly care for her children to state or federal standards during that exodus from the situation. So, I think a lot of women fear that, you know, they may lose their children temporarily or for a long time. And they feel that they would rather endure the suffering for their children to have a better life.

One participant, Laura, also suspects that some victims are convinced that their children will fare better in a dysfunctional nuclear family than a single-parent household. She shared,

> It took five years of abuse before I could walk away. At first, I thought it was better for my kids to have both parents. I left when I realized his violence toward me was escalating. It was becoming more regular, and I worried he would turn on my kids.

Blake said that one reason she remained with her abusive partner as long as she did was that her children loved him, and she didn't want them to know their mother caused their father harm or legal trouble by reporting his abuse. She explained, "It sounds stupid, but I guess with as much as they loved him, I couldn't stand to see something happen to him." Some participants believe that financial constraints are not limited to the cost of leaving an abusive home and starting fresh,

but victims are convinced that past emotional and financial investments into the relationship might be wasted if they exit the relationship. Julia rationalized, "Being able to separate yourself from a situation like that takes money, and a lot of people don't have money. A lot of it has to do with this perception that you failed. I think even if money to leave wasn't an issue, the sunk cost of your relationship could be."

Lack of Social Support. According to participants, when abuse victims have low or no social support, they are more likely to stay silent about their abuse and not seek resources or help. One participant, Ellen, said that low-social support often manifests as victim-blaming. She observed that people with non-supportive social networks sometimes stay silent about their abuse because past experiences taught them their network validates the abuse. She explained, "A lot of people will mention it to somebody, and they'll just be like, 'what were you saying? What were you doing?' and they'll kind of justify the person being abused because of some action they did." Other participants think that low social support is associated with stigmatizing abuse disclosure and turning a blind eye and deaf ears to abuse. Anna experienced this type of low social support from members of her family. She shared, "I grew up in a family where I was told not to talk about anything that was, you know, not perfect or pleasant. So, I think that's a habit that's really hard for me to break." Blake had similar experiences with her family and said, "I think there are some family members that are like, 'you don't talk about things like that.' So, you keep it hush-hush and you just bite your tongue.

For some participants, low social support resulted from being displaced or relocating away from their families and close social networks. Laura described how her husband convinced her to move away from her friends and family before the abuse began, "About a year into our marriage, we moved about an hour away from my hometown, so I was kind of far away from my

friends and family. I think that if I had people that I trusted around me, I would have probably

left sooner." At the time, social media and cell phones did not exist, the geographical distance

made her feel isolated and like she had no choice but to endure her situation. Laura also

explained that people who experience abuse sometimes purposefully distance themselves from

their social networks to avoid bringing others into their problems. She said, "I think I would have

worried that I was burdening them with my problems. I felt that way when I stayed with my

parents during my divorce. They never said that I was, I just felt that way. It's kind of a heavy

thing to bring other people into."

Systemic Issues. Participants identified systemic issues, primarily within the police

force, as a constraint for information and help-seeking. One problematic behavior that

participants have witnessed is police disbelief that abuse occurred when there were no physical

signs of it. Participants said, in some cases, police refuse to even file a report when there are no

obvious injuries or if the victim themselves are reporting the abuse. Ellen described her

experiences with these scenarios,

> I've been involved in domestic abuse issues in the past and with, like, people that lived in
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> my community, like my apartment complex. We've called the police in certain situations
>
> and like, nothing ever happens. They basically say, you know, "well, if we don't have the
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> person that received the abuse, you know, telling us that it happened and wanting to do
>
> something about it, there's really nothing we can do." And, you know, it's just "he-said,
>
> she-said", it that's just as bad. Typically, they're like, "Well, you don't have any bruises."
>
> Well, you know, bruises take two days to show up sometimes, you know, like, you can't
>
> just assess the situation and be like, "You look fine. Bye."

Some participants explained how systemic issues disproportionately affect the black community. David claimed that racist law enforcement officers do not always respond to calls for help from black communities or follow-through on abuse reports. He added,

> Victims don't ask for help because they feel nothing can be done. Most especially when this abuse targets blacks. If you report it to the police, you don't know if there will be any further action. Like, the issue of racism is causing a lot of doubt and, as you might understand, more crime.

Participants also believe that black communities have developed a tradition of distrust for law enforcement, the American judicial system, and other protective organizations because they have historically mistreated people of color. The many incidents of police brutality that made news headlines over the past few decades have validated and increased their distrust. Nancy said,

> There are several things that have happened over recent years that have been in the headlines. Most black people are aware that prejudice existed before those stories became publicized. So, our community's distrust comes from that tradition. You know, like if a child is raised hearing that the police aren't necessary or are harmful, then it's often their default response to not report it when they are victims of things like abuse.

RQ2: How, if at all, do situational motivations and referent criteria influence social media users' communicative behaviors (information seeking, information attending, information forwarding, and information sharing) associated with the #IsolatedNotAlone campaign or other online abuse intervention campaigns?

The following paragraphs outline my observations of how situational motivations influence participants' engagement and specific communicative behaviors associated with domestic abuse intervention messages. The process of analyzing and organizing the data that

provided insights into RQ2 was difficult because I did not narrow the set of characteristics for the participant sample. The biggest challenges were accounting for the wide variety of situational motivations and identifying commonalities between them. This task would have been easier if the sample had been limited to participants who had first-hand experience with abuse; however, specifically targeting recruitment toward abuse victims would have required a more intensive and IRB review lengthy IRB review process.

No Situational Motivation, No Referent Criteria

Participants who have never experienced abuse and have no referent criteria shared that they do not actively seek information about abuse or abuse interventions on social media; however, they sometimes receive information passively. The purpose and communication norms of the social media platform that is being used, and the age range of its target demographic, often determine how much abuse intervention information will be received passively. Participants say the likelihood of passively receiving this information is higher on social media platforms that are education or news focused and are geared toward adults, as opposed to apps that are entertainment focused and geared toward a younger audience, like TikTok. Alex explained,

> I don't search for abuse intervention information actively, but I see it passively. As I said, my primary form is Reddit, of all things, and awareness on that platform is quite high. You know, I see a bunch of data and I see a bunch of research studies, such as the one you're conducting, on the front page. So, I am at least aware of some of the things about it and the social movements and stuff, but actively - not really. I only actively receive information from social media if there's a specific thing that I am looking for, like data or statistics for whatever other reason that might pop up.

Because he has no situational motivation or referent criteria, Alex said he typically has a low or no communicative response. He explained, "I look at them, but because it's mostly irrelevant to me, it's not something that I really engage with at all." On rare occasions, when domestic abuse might come up in conversation with friends, he says he would be likely to talk about the intervention campaign but likely wouldn't describe it with much detail.

Some Situational Motivation, Some Referent Criteria

Participants were determined to have some situational motivation and/or referent criteria if their past relationships exhibited warning signs for abuse and if they had some background knowledge about what those warning signs were. These participants exhibited a lot of information-seeking, attending, and sharing behaviors.

When Rebecca's friends commented on the way her college boyfriend talked down to her, she began to suspect that she was experiencing verbal and emotional abuse and turned to social media to better understand his behaviors. She credits TikTok videos for teaching her about love-bombing and other narcissistic behaviors that are often present in abusive relationships. Some participants said they regularly look for content about abuse warning signs on TikTok, Instagram, and Snapchat, to keep themselves aware and remind themselves that abuse is "more prevalent than you would expect." These participants almost always like the messages, comment on them and share them with their friends.

Kelly said she never experienced abuse, but she had a general understanding of what some of the warning signs were and started to observe those in her relationship. These warning signs, or referent criteria, made her concerned that abuse might happen to her in the future. Kelly turned to social media to find more information about abuse "red flags" and to find a supportive community that could provide advice for ending the relationship and "make sure that I wasn't

alone. To provide, like, reassurance that my instincts were right and that I was doing the right thing." Because she was motivated to be a part of an online community addressing domestic abuse, Kelly exhibits a wide range of communicative behaviors when she encounters domestic abuse intervention messages. In addition to liking and commenting on intervention messages, she said she likes to "post them all over the place" and reshare them "so others can see them as well." Few other participants were actively involved in online support groups, but those who were said they exhibited similar activities.

No Situational Motivation, Some Referent Criteria

Individuals who said they never experienced abuse, directly or indirectly, but had some knowledge and interest in the issue were coded as having no situational motivation, but some referent criteria. These participants often seek out intervention messages when they learn about abuse happening in their communities, and they may share them or engage in discussion about the interventions with other community members.

David has never experienced domestic abuse first-hand and said he's never witnessed it, but he is aware that domestic abuse is a significant issue in the black community. He said he sometimes turns to social media to find intervention messages related to domestic abuse statistics and solutions, just to stay informed. He also likes to read the comments on intervention messages and said he does so to "gather people's opinions about solutions" so he would know which to recommend if someone he knows ever disclosed their abuse.

Tracy shared that she has never experienced abuse, but is invested in the issue because several of her friends and family members have been abused. Several of those survivors actively post and promote abuse intervention messages on their social media, and Tracy is often exposed to the messages. She said that she primarily uses TikTok, and because a lot of misinformation

and scam messages circulate on the app, she critically assesses each message before she engages with it. If a message passes her assessment, she engages minimally and reposts it, "just to get the word out. That's really as far as my interaction goes."

Some Situational Motivation, High Referent Criteria

Participants were coded as having some situational motivation and high referent criteria if they had a direct or indirect experience with abuse but felt somewhat disassociated with the issue. These participants described having infrequent or no communicative behaviors associated with domestic abuse intervention messages on social media. Those in this group who do engage with intervention messages do so in impersonal ways, such as liking, sharing, or reposting content without adding personal remarks.

Kristen is a survivor of domestic abuse but said that her abuse happened more than twenty years ago. Social media was just starting to emerge at that time, so it was not a resource that Kristen turned to for information about interventions. Some of the other participants who experienced abuse more than twenty years ago also mentioned the lack of social media made it more challenging to find resources when they needed them. Recently, Kristen was employed as a health educator for her local community's health care system. In that role, she familiarized herself with online abuse interventions and shared those campaign messages with patients who visited her office, many of whom do not have access to the internet from home. She recalled only one abuse intervention campaign that she engaged with online, and said she did so only because it was tied to an event that was happening in her community. She explained, "in our county, we have a prayer vigil night where people can get together, light candles, and share a moment to reflect upon those who have been victims of domestic abuse. I helped to repost and share that campaign online."

Amy turned to social media and Google for help when her ex-husband began abusing her. She said, "I was a stay-at-home mom, so I was looking for ways to leave and not have to come back to him because of money. I needed somewhere to bring my kids and get back on my feet." She found a campaign message on Facebook that included a phone number to call for a shelter but was turned away because the police had removed her husband from the home temporarily. This negative experience decreased her trust in solution providers and made her less attentive to abuse intervention campaigns when they appeared on her social media feed. She also believes abuse intervention messages are no longer situationally relevant for her, adding "it's just not something that I want to share publicly or that I'm passionate about or have any interest in right this second." Amy also feels that the oversaturation of health in abuse intervention campaign messages on social media during the COVID-19 pandemic was overwhelming and caused her to further distance herself from the issue.

Leslie witnessed domestic abuse growing up and later experienced non-physical abuse from two domestic partners; however, she did not perceive herself as a victim of abuse. She explained that when she was in verbally and emotionally abusive relationships, she did not seek intervention messages on social media, but did seek them out after leaving her last abusive relationship. She said her information-seeking was primarily motivated by a need to identify counseling services to deal with her trauma, "I wanted a counselor that specialized in that type of thing, a woman preferably because I knew that I was starting to date the type of men who might become abusive, like my father." Leslie said that she often likes and reposts domestic abuse intervention messages when she sees them on Facebook and TikTok, but rarely comments on them or talks about them offline. She thinks that doing so would make her feel "uncomfortable or exposed," and might cause her friends and colleagues to form assumptions about her life.

High Situational Motivation, High Referent Criteria

Participants who had direct experience with abuse and still felt attached to the issue were determined to have high situational motivation and high referent criteria. Individuals in this group exhibited the most diversity in their communicative behaviors and engaged with abuse interventions more regularly than those in the other situational categories.

Noel is a domestic abuse survivor and said his past experiences with abuse motivate him to create more awareness of it. He said he primarily uses Twitter and is always looking for domestic abuse campaigns on his feed and by searching for hashtags that he observed in past campaign messages. He said that he always reposts that original message with "a little write-up" of his own, tags a couple of his friends who are also invested in the issue, and shares the campaign message and hashtag across all his social media accounts. Noel is frequently motivated by abuse intervention messages to become involved in campaign events that are happening in his area. He does so by "printing, flyers, cards and going about the neighborhood. I learn about organizations and causes from Twitter, then I join them in reality here."

Ellen described herself as a "survivor of violence and sexual assault," and said her abuse was perpetuated by two former partners. In the wake of the abuse, Ellen turned to social media to learn more about the legal recourse options that were available in her state. She explained, "It's difficult, you know? People can say 'it's illegal to do this, blah, blah, blah,' but every single state has different laws, and they cover different people and make different exceptions." She was interested in finding messages that summarized the legal rights of victims and provided contact information for reporting agencies and legal aid. When she finds these types of abuse intervention messages, she always shares them because "it's annoying to have to go to your local government's legislative website and search through the laws for hours trying to figure which

one is applicable one is to you." She added, "I was going to be a rape counselor at a local

hospital to kind of get involved with that program, but after my assault, it was too much for me

to deal with. So, sharing those messages is one way that I can still help other victims."

After leaving her abusive marriage, Blake turned to drugs as a means of forgetting her

trauma. Eventually, she realized that she had developed an addiction and wanted to recover so

that she could be a better parent to her kids. This motivated Blake to seek out interventions for

abuse survivors online, and she attributes her current sobriety to one of the intervention messages

that she found on Facebook. She detailed how responsive the message sponsor was when she

reached out for help,

> When I walked through everything and told them what happened and things like that,
>
> they went above and beyond to help me. I mean, you get what you need. There are
>
> services that will say, "I'm going to make a personal trip to your house. I'm going to bring
>
> you a packet of stuff," or, "Hey, I found all of this in case you need these." So, they were
>
> quick to give me the resources that I needed and connected me with other groups that I
>
> could also reach out to.

Because Blake's family does not condone speaking publicly about issues like abuse and drug

addiction, she does not repost or share intervention messages on her social media profiles.

However, she does like and comment on interventions when she sees them and privately shares

them with her close friends, and asks them to repost the messages on their profiles.

Although Nancy is a survivor of abuse and had a high level of situational motivation and

referent criteria, she said she has only ever received health intervention messages passively and

never deliberately sought information about abuse. She explained, "At the time when I was in

my abuse situation, I had family support. So, I didn't have to look any further than calling my

family and leaving." In Nancy's case, having a strong social support network reduced her need for outside support or intervention; however, she always reposts interventions when she passively receives them on social media. She rationalized this practice and said,

I always repost something if I feel like it could help someone. There might be someone out there and that may be what they need to take the initiative. And, you know, sometimes it just takes a little nudge to get a person to get out of that situation.

Sandra is a domestic abuse survivor and hosts an online support group for abuse victims and survivors. She formed the group on Facebook when she was a young adult and just ended a relationship that she feared would become abusive. Her own experiences with abuse started several years later, during her first marriage. She said that her time running the online support group prepared her to extract herself from her abusive marriage, "I was used to giving people all of the information, so that's how I found the shelters when I needed them." Sandra advised that she frequently seeks information across social media platforms and pays close attention to the causes that people organize birthday fundraisers for on Facebook, to identify organizations that run abuse intervention campaigns and provide resources, like shelter and legal aid. She always shares the messages in her support group and often contributes financially to the organizations running the campaigns.

Susan is a domestic abuse survivor who primarily uses social media to promote her small business; however, she said she always attends to abuse intervention messages when she sees them online and often shares the messages on her Instagram shop page.

I repost the messages to my shop page with my own hashtags and usually comment, like, "This is really helpful," or, "this is something that I would have wished I'd known about years ago." I respond to abuse interventions really positively and I don't really ignore

them ever. I'm really close to my sister too, so whenever I find out about the campaigns, I usually tell her about them. She discusses them with me, we gauge how helpful they are, and she posts them to her TikTok too.

Kory, a survivor of domestic abuse and sexual assault, is heavily involved as an activist – both online and offline - around these issues. They shared that information-seeking about abuse is a regular occurrence because they need data for educational content they like to produce or to debunk misinformation and internet trolls on social media. They elaborated, "every now and then, I search for campaign messages because they often offer statistics. That's usually to shame someone if they've made a rape joke or are being dismissive of victims and survivors." Kit also shared that when they lived in Germany, they sometimes heard domestic abuse happening in their apartment building or observed couples fighting in the street. These episodes drove them to search for local shelters and aid providers in the area, and they later passed the information on to suspected abuse victims.

Recalled Responses to the #IsolatedNotAlone Campaign

Due to the time lapse between the original conceptualization of this study and the execution of the interviews, most participants had either forgotten about the #IsolatedNotAlone campaign or could not recall if they had ever been exposed to it. Many recalled seeing posts and infographics about domestic abuse in their social media feeds during the pandemic, and some recalled seeing televised news stories and articles that mentioned abuse rates increased during isolation and quarantine periods.

I was surprised to learn the participant who could recall the most details about the campaign was one of the participants who had no situational motivation. Alex was able to explain the general purpose of the campaign and named the organizations that sponsored it. He

recalled, "Some companies were adopting that hashtag, like Bodyworks or Avon, and a bunch of sister companies. Companies have partnered with the movement to raise awareness, and I believe that circles back to COVID and home isolation." This participant also said he receives most of his information from Reddit, a social media site that is more information-focused than entertainment-focused. Alex also had more clear memories about his response to the campaign than other participants had, and remembered not being emotionally affected by the campaign, but curious to know more about it. He shared,

> It didn't make that big of an impact on me, but I did go to the website and read some of the things about it. I never got super involved in it and I don't remember coming across it again until I saw the notice about this project.

Most participants did not have clear recollections of the campaign materials or on which social media platform they saw it on, but vaguely recalled the campaign's name and purpose. Some participants inaccurately recalled that the campaign was bout mental health and believed it aimed to let people in mental health crises know they were not alone. All but a few participants accurately recalled that the campaign was associated with the issue of domestic abuse and the COVID-19 isolation orders, and many remembered having an emotional response to the campaign, but could not remember what their communicative behaviors were in response to it. Anna said, "I remember that I just felt empathetic and lucky that I have a great support system. I know that's not the case for everybody." Anna said that she always reads, views, or otherwise attends to abuse intervention messages when she sees them on her social media, but she never interacts with them through likes, comments, or shares because she doesn't want people to notice her connection to the issue: "I think mainly because I was in a domestically abusive marriage and

I think it's just I guess there is still some shame there where I don't really share that with the world. I'm pretty private about it."

RQ3: How do communicative behaviors influence online social support group formation and organization?

Participants had diverse perspectives about what an online social support group looks like. Older participants were more active on Facebook and YouTube, and many associated online social support groups with Facebook group accounts that are usually oriented by special interest and are moderated by administrators. Many of these groups are publicly viewable, but posting and commenting is typically limited to members. Some of the Facebook groups are private and content is only available to administrator-approved members. Participants who are Facebook group members said that they were motivated to join support groups if they experienced the health condition or issue that the group was dedicated to supporting, or if they had close friends or family members who were impacted by the condition or issue. These participants were not motivated to join groups because of specific communicative behaviors associated with intervention messages, and they participated and engaged with messages within the group differently. Some Facebook group members are passive observers of messages that are shared by other members of the group, but most said they commonly interact by liking and commenting on the messages.

Some of the younger participants, particularly those who use photo and video-sharing apps, like TikTok and SnapChat, observed that sometimes social support groups or online communities form in the comments on intervention campaign messages. These apps do not have formal group settings; thus, social support groups are unofficial and unorganized. They occur organically as social media users become friends or "mutual" followers of one another on the

app. The groups emerge around issues of shared concern and members often comment on one another's shared content, repost messages, or create new content in response to viewed messages. Communicative behaviors and situational motivations drive group formation on these apps, but the specific behaviors, engagement frequency, and motivations vary from person to person. Participants shared that social support groups are more likely to form in these apps when the original message is posted by a person of influence, rather than an organization, and when the original poster's message is about their own lived experience. Social support groups in TikTok and Snapchat are often short-lived, though some individual members develop lasting bonds and relationships.

Vivian described how TikTok users formed a support community for the transgender community when social media influencer Dylan Mulvaney began sharing her transition experience on the app. Vivian said,

I think that Dylan sharing her daily life made more people aware of the issues that trans people face. People who were quieter "allies" felt more connected to the issues and spoke out more and were more active in confronting the trolls and haters in the comments. There's sort of safety in numbers when you're dealing with a controversial issue, and so I think people feel more comfortable speaking up when they see like-minded people doing it.

Toni described seeing a video from a user who had been abused by her spouse the day before and followed the user's story. She observed that people in the comments section were all very supportive, shared their own stories of abuse, and offered the message creator various forms of help. Toni explained that seeing strangers supporting one another this way made her more

comfortable speaking about her abuse with her friends and family because it helped her "get over the fear" that she would be shamed.

One participant, Ellen, debated whether supportive groups could form on TikTok because she perceived communication on the app to be a one-way process,

> You have your followers that are part of your community, but you don't necessarily talk to them all the time. It's more of just like, they're watching your stuff, and maybe commenting on it. I don't know if that's a community because it's kind of like a one-way conversation.

However, most participants observed that communication on the app is a two-way process because message creators often engage with comments on their videos. Additionally, other viewers of the original message often engage with one another in the comments section.

Additional Findings

Participants were exposed to messages from the #IsolatedNotAlone campaigns and were asked to describe their responses to them and share ideas for how the messages could have been improved. Participants also talked generally about what types of message campaigns they engage with the most and the specific message features they favor.

#IsolatedNotAlone Message Impressions

The most-frequently posted infographic in the #IsolatedNotAlone campaign features a set of brightly colored doors, some with bars covering them, that utilizes the campaign's hashtag, Avon's logo and includes the text "Abuse is hidden behind 1 in 3 doors, worldwide. Help Keep Services Running" (See Image 1). Participants had mixed responses to this campaign image, but most did not favor it. Several participants felt that the action response in the message was weak

and the text did not make clear which services were running and what audience members should do to support them.

Color and text size had significant influence over participants' impressions of the #IsolatedNotAlone campaign messages. Some participants favored images one and two because both had light backgrounds and used both fonts. Some also liked that image one included statistics about abuse. Melissa shared, "The ones that catch my eye the most have a lighter color background and bold words. I also like the use of numbers and statistics, because they are oftentimes jarring. It makes me want to know more about them." Rebecca felt that the photos of the barred doors in image one emphasized the "isolation" theme, but was put off by the bright, "happy" colors. She felt, "visually, there's a lot going on. There are too many elements to it." Rebecca favored the YouTube video message but cautioned that it isn't suitable for entertainment-oriented apps unless it followed a user's personal story. She explained,

> The thing about TikTok is that a lot of people go on TikTok to find entertainment. Sometimes you see videos about more heavy subjects, but I think this video would be strong after listening to another user's story. I think that if you see that up first, you may be quicker to skip it, unfortunately.

Several participants disliked that the Avon brand was present on the campaign materials and questioned whether the brand was truly invested in the issue or organized around it for profit's sake. Kory was significantly concerned with a brand presence in the campaign and said,

> I don't love it. There are things that can be done to mitigate my "icky" feeling. Are the people at Avon who are running this campaign survivors or their marketing team of men? That makes a very real difference to me. Are they profiting? I think it's a very real question because there is a way to push forward a campaign and really take a step back in

terms of the optics of who's doing it. So, whether or not the Avon logo is on everything

makes a difference to me. I'd be okay with it if they're funding it, but not like flaunting

that it's theirs. That feels less gross to me. I have a desire for more information and

nuance before I get angry.

A few participants who are more familiar with the Avon brand and knew their brand was

oriented around empowering women were supportive of the logo being on the campaign

messages. Thea acknowledged that men can be abused, but victims are more commonly women,

and said, "I feel like the logo being there is a good thing because Avon's target audience is

women." Debbie felt that the campaign would have had more impact if it was backed by a more

gender-neutral brand, like Nike. She explained, "Avon has some men's products, but Nike is a

little less female-specific. So, I probably would even appreciate that a little bit more because

there are men in abusive relationships that also need support." Some participants felt that brand

logos always help campaigns because they enable them to reach more people and brand loyalists

are likely to show more interest in the message when the logo is present.

Several participants felt that image three has the strongest emotional appeal because it

features an image of an abused woman. Participants who are survivors of domestic abuse shared

that they felt a stronger connection to this image because they could relate to it. Leslie said,

The image of this woman would make me stop scrolling. I've been her, so I feel a strong

need to help this woman. The rest of the design is kind of dull, though. If the woman

weren't there, I probably wouldn't pay it too much attention. It tells you there's a

problem, but doesn't tell you how to help at all.

Attention Drawing Campaign Features

Most participants indicated that they prefer infographics and short videos that have clear and direct messages about the issue and ways to get involved or get help. Participants say that intervention messages in video form are particularly impactful, because they provide the opportunity to share a narrative; however, participants caution that videos should be "snackable" and brief enough to keep the viewer's full attention. Some participants feel that television commercials and buffer ads on YouTube videos are ideal placements for campaign videos because viewers are forced to watch them before they see other desired content.

Participants feel that messages are more valuable when they relay personal stories and provide "concrete ways to support others." A few participants mentioned they tune in more to community-focused messages. Julia said, "I think they should come from where you are and focus on vulnerable communities there." They say community-focused messages seem more actionable and "they resonate more" because the issue and the people concerned are local. Audience members are also more likely to share messages that are tied to their communities because other members of their social networks are more likely to be impacted by them.

Many participants shared that they become invested in campaigns that feature real people and their lived experiences. Anna said that campaign messages have never motivated her to seek information about an abuse intervention, but she thinks that campaigns that feature real stories could inspire her to do so. She explained that she frequently saw content on Facebook and TikTok about the Gabby Petito case and often searched for information about the case and similar stories. "I guess I would dive a little deeper into it to find details more specific to the case if the campaign wasn't about domestic violence in general," Ellen explained that when real people share their lived experiences, audience members are better motivated to take tangible action rather than respond with slacktivism behaviors. She said, "There's plenty of people that

have been homeless, for example, on TikTok, and then random donors just decide to make their life better. People intervene when they see things happening in real life." One participant also shared that social media users appreciate personal stories more because they can communicate directly to the message creator and share advise and lessons learned from their own lived experiences. Ellen also believes that personal stories validate statistics and make people take issues like abuse more seriously. She rationalized,

> People can say that this statistic rises all the time, and you're just gonna be like, "Does it really? I don't know anybody. It doesn't affect me. It's not a real issue." But if people in your life were just like, "I've been abused," and told their story about it, then you'd be more likely to be like, "Oh, well Damn, this really is a problem." Unless you have seen it, or you've heard it or like you've witnessed something involving it, you're not really going to care.

Participants talked a lot about the power of brand names, celebrities, and social media influencers. They believe "the bigger names that you have involved in an issue, the more it's going to get noticed." Blake compared the influencing power of a small-town business against that of a global firm and explained how advertisements for the small-town business would not have the same reach as those of a global firm. She associated this comparison with the power and resource differences that exist between non-profit organizations and for-profit brands that might run intervention campaigns, and said, "The bigger the name, as far as the companies getting involved, the better. It's going to reach more people because people are already paying attention to the other things the brand is doing." Kristen argued that a message's value stays constant, no matter who is promoting it, but the impact can change significantly. She believes, "people give a lot of credibility and interest to companies that are contemporary and trending." Kristen

acknowledged that, in many cases, the blind trust that consumers give to brands when it comes to their activities around social issues and causes isn't warranted.

Other participants believe that social media influencers can have the strongest impact on an intervention campaign, because they have large audiences, often with wider demographics than corporations do, and audience members perceive them as "real" people. Social media users have more trust for influencers than they do for celebrities or brands, because they are more accessible and audience members view them as "common" people. Kelly said, "I feel like they're more of like, a person. It's hard to explain, but they're more interactive than celebrities are."

Why People Don't Engage with Campaigns

Information fatigue is a primary reason why many social media users do not attend to or engage with intervention campaigns. People often turn to social media for entertainment and escape from their daily lives, and some people avoid content that requires work or may cause them emotional stress. Alex is one of these people, and he substantiated, "people have already got so much on their plates in their own lives, and they don't want to dedicate a portion of it to other issues or movements." He added that a lot of people doubt intervention campaigns make a real difference because there's an "overabundance of them, and a lot aren't really doing anything in the long term." Alex implied that the oversaturation of intervention campaigns on social media makes people doubt their effectiveness and perceive them to be "a waste of time." Some participants also said that COVID-19 intervention messages were all-consuming and emotionally draining during the pandemic. Messages that promoted isolating, mask-wearing, and vaccination overshadowed a lot of the other intervention campaigns being promoted at the time. Participants also mentioned the abundance of COVID-19 messages made them feel "burned out on health messages, which caused some to unplug from social media.

Another key reason why people don't engage with intervention messages on social media is because they do not feel a personal connection to them. Naomi stressed, "There has to be a personal element to them. If I comment on or like something, it's because its relatable to me or I find it personally useful." Campaign messages that appeal to people's personal interests or experiences are more likely to attract their attention and response. Laura said she rarely posts anything on her social media, but is an animal lover and said, "when I see campaigns supporting animals or native issues, like the MMIW movement, I always repost them."

Ellen suggested that one reason why some people don't engage with campaigns is a distrust of organizations and messages that ask for donations or personal information. She spoke from her own experience with these types of messages, "When I have engaged in the past with them, they want you to sign up for something. I worry they're trying to steal information and I've heard a lot of campaigns are not legit." She added that she has more trust for campaign messages that are shared on Reddit than on other social media platforms, because "its more of a welcoming community and there are forums specifically for topics that are interesting to you." Leslie also mentioned that distrust is an issue for campaigns and described a campaign that she saw online last year that aimed to get support for the Indian Child Welfare Act, which was under review for possible turnover by the Supreme Court. The campaign asked people to text their name and contact information to a phone number to add their name to a petition. Leslie said, "A lot of natives did it, because it was being promoted within our community and there's trust there, but we really needed non-natives to support it too and that was a challenge."

Chapter 5 – Discussion

This study used a qualitative approach to investigate the usefulness of the STOPS framework for understanding public response to health intervention messages. Twenty-eight men

and women from diverse ethnic and racial backgrounds were individually interviewed about their understanding of public abuse as a public health issue and their experiences with abuse intervention campaign messages. Their interviews provided insights into their underlying attitudes about abuse and health campaigns, and their motivations for engaging with or not engaging with them. Additionally, participants described message design elements that they deemed effective and ineffective in the #IsolatedNotAlone campaign and described their preferences for message format and distribution.

Results of this study revealed that all participants were aware of domestic abuse as a significant public health issue that is not bounded by race, gender, or geographic location; however, power dynamics surrounding gender and race were thought to create or exacerbate constraints and influenced some participants' motivations to engage with health intervention messages. Although my original intent was to center this research around women's experiences and perspectives on abuse and interventions, allowing men into the study was ultimately a good decision. Three of the four men who participated represented racial minority groups, which helped to diversify the findings and shed more light on how people from various ethnicities experience a health issue, like domestic abuse, differently. The Black male participants in this study shared observations of race-based power inequities and constraints that were like those of the Black female participants. While the findings on these topics are in no way generalizable to the collective Black experience, they support calls for further research on how different ethnic groups experience and respond to abuse and interventions. Including male participants also makes sense because domestic abuse happens to all people, not just women. Limiting abuse research to the experiences of women would be just as narrow-minded as limiting the scope of research to the experiences of white participants.

Several participants in this study have personal experience with domestic abuse, and the extent to which participants experienced abuse directly, indirectly, or not at all, and the amount of time passed since they experienced abuse, contributed to their total referent criterion. In the following section, I propose amendments to the STOPS model, which are depicted in figure three, to reflect the influence of referent criterion, time, and power on situational antecedents, motivation, and communicative actions in problems solving for domestic abuse. Pathways for future research are also proposed.

Theoretical Implications

Referent Criterion Significantly Influences Problem Recognition

The STOPS framework posits that referent criterion and situational motivation directly influence communicative actions; however, the results of this research suggest that referent criterion also influences the situational antecedents that affect situational motivatations. Participants in this study all recognized domestic abuse as a significant social problem because they associated abuse with other issues of social concern including mental health issues. Most participants acknowledged that domestic abuse can be experienced by anyone and there is no one-size-fits-all model for a domestic abuse victim. Some participants rationalized the problem further by explaining how domestic abuse affects unemployment rates and hinders victims and abusers from contributing to society in other ways. Although all participants experienced some degree of problem recognition, participants who have first-hand experience with the issue have stronger problem recognition than those who never experienced abuse, and they view the problem as being multi-layered. For example, a key theme that emerged from conversations with participants who experienced abuse is that abuse often is strongly associated with power. Specifically, participants observed that power loss causes abuse to increase, making it a more

significant problem. Participants who experienced abuse also recognize that the problem has cascading effects and can create additional problems, like post-traumatic stress and re-victimization. The STOPS framework is typically used to investigate a single problem, but the findings from this research suggest that the public regards health-related problems with considerable nuance, and an individual's background knowledge about the problem, or their referent criterion, heavily influences their problem recognition. Participants with high referent criterion tend to have high problem recognition, whereas participants who have low referent criterion and no direct experience with abuse may have awareness of the problem but regard it as less critical and are less motivated to attend to messages about it in everyday life, on the news, or on social media.

Referent Criterion Sometimes Influences Involvement Recognition and Constraint Recognition

Although low referent criterion was associated with low problem and involvement recognition in this study, high referent criterion was not consistently associated with high involvement recognition. Participants with indirect, second-hand experience had higher levels of problem recognition than those with no experience at all but did not always have high involvement recognition. Some felt their referent criterion helped them to avoid involvement in the issue by helping them to recognize behaviors that signal abuse. Other participants said that referent criterion couldn't prevent their future involvement in the problem because many abusers don't display "red flag" behaviors. Prior knowledge and experience with abuse also made some participants aware of constraints that exist for help-seeking. For example, Black women who previously reported abuse and were ignored or not taken seriously by law enforcement may recognize their race and gender to be a constraint for help seeking. In this example, being a

woman and/or person of color is also attached to low power. In the contexts of an adapted

STOPS framework, power can create additional constraints when it is low or mitigate constraints

when it is high. The influence of power is not limited to the message receiver, but extends to the

message creator. Previously mentioned were the power differences that exist between

organizations behind health intervention campaigns, and I propose that the perceived power of

the message creator impacts the message receiver's perception of constraints for engaging with

the message. Hypothetically, message receivers may not want to associate themselves with an

organization that recently experienced social capital and power loss due to a crisis.

Time Impacts Referent Criterion, Situational Antecedents and Communicative Actions

As time passes, that depth of knowledge that we have about a problem is subject to

change. If we have not continuously been exposed to new information about a problem, our

knowledge of the problem is likely to diminish the longer we are removed from it. We may

forget information we once knew or that information may become outdated. Conversely, if we

continue to seek new information and keep abreast of the problem, our knowledge and referent

criterion will expand. With this logic, I propose that time, as a variable, be added to the STOPS

model for health intervention message purposes. In addition to moderating referent criterion,

time also impacts all three situational antecedents and communicative actions in problem

solving. The amount of time that passes between when a problem occurs and when a receiver

sees a message about the problem may influence their perceptions about how significant the

problem is. In the case of the #IsolatedNotAlone campaign, intervention messages were

circulating on social media while the problem was still occurring. Participants in this research

who recalled seeing the #IsolatedNotAlone messages early in the pandemic were aware that

domestic abuse was rising and considered the campaign to be timely and current. However, participants who were first exposed to the campaign messages during their interviews did not see domestic abuse as a "hot issue," even though they acknowledge it was still a problem. The amount of time that passes between when a person experiences a problem and when they are exposed to a message about the problem also influences their perceived involvement in the issue. In this study, some participants described experiencing domestic abuse many years prior and they felt less involved with the issue today than participants who experienced abuse more recently. Time compels communicative actions in a few ways. First, the amount of time passed between a problem occurring and a related message being seen will impact how much the receivers attend to the message and whether they will transmit the message to others. Social media users are most attentive to messages concerning "hot issues" and are more likely to repost or share a message that is relevant and new. For example, vaccine-related messages were heavily circulated online during the height of the COVID-19 pandemic, but are rarely seen in social media timelines now that global society is recovering from the pandemic and COVID-19 vaccines are no longer a novelty. Time lapsed between exposure to competing messages may also influence communicative actions. The #IsolatedNotAlone campaign ran multiple messages on social media simultaneously, and it is unlikely that social media users who were exposed to two or more of the messages in short succession engaged with them equally or in the same ways.

High Problem and Involvement Recognition, Low Constraint Recognition Motivate Information Attending and Seeking Behaviors

The findings in this research suggest that situational antecedents – problem recognition, involvement recognition, and constraint recognition – strongly influence social media users' motivation for information attending and information seeking. Social media users who have

experienced a health issue first-hand are more likely to engage with intervention messages than those who have indirect or no experience with the health issue. The extent to which they engage and the types of communication behaviors they exhibit vary from person to person and are likely moderated by other situational factors, like externally derived stigma, social support, and time removed from the issue. Older participants who have not experienced the problem in many years are less motivated to communicate about a problem than younger participants with more recent experience. Participants who do not experience stigma and have high social support are most likely to engage in the full range of communication behaviors (information selection, transmission, and acquisition), and they commonly interact with intervention messages by liking, commenting, and sharing them. Participants who experience high levels of stigma and low levels of social support are less likely to exhibit information transmission behaviors, but may still select and acquire information. Individuals with no situational motivation are least likely to transmit messages but may still attend to interventions and seek new information, depending on the information channel and source. These participants are more likely to do so if the information channel is educational and the source is trusted.

Communicative Behaviors Are Not Always Associated With Small Group Formation or Participation

Although situational antecedents can motivate communication behaviors, to some degree, specific communicative behaviors are not always associated with activist group formation on most social media platforms. There are implications in the research that activist group formation may occur on video entertainment apps, like TikTok, but confirmation of this would demand further research. Although users of these apps typically generate their own content and post videos of themselves, entertainment apps allow participants to be more anonymous because they

display less user profile data and permit the use of social media handles rather than full names. Unlike Facebook and Instagram, TikTok does not advertise that a mutual friend has "liked" a video, but the algorithm will display a liked video on a user's for you page (FYP) if it has been liked by a friend with common interests. The anonymity afforded by TikTok removes some of the stigma-related constraints that deter abuse survivors from engaging with abuse intervention messages on other apps where their content is closely followed by friends and family members.

Practical Implications

Two of the most mentioned design elements were color and font. Because domestic abuse is a somber topic, participants were more attracted to campaign messages that used a neutral color scheme. The main infographic used in the #IsolatedNotAlone campaign featured brightly colored doors. Participants felt uncomfortable viewing this image because they associated bright colors with happiness, and they believed the visual elements conflicted with the tone of the message. Had the campaign messages been about specific solutions, bright colors may have been appropriate, but the message was intended to make viewers realize the significant threat of abuse; thus, dark and muted colors would have been more effective at evoking the desired emotions. When designing intervention messages, creators should refer to color theory and select colors that reflect the intended emotional response of the message.

Participants indicated strong preferences for bold, easy-to-read fonts, particularly used to highlight important phone numbers and statistics referenced in the intervention messages. The use of statistics was highly desired. Participants shared three reasons for the inclusion of statistics in intervention messages. First, statistics help audiences understand the scale of an issue. When people have no direct experience with a health issue, like abuse, they often do not consider how the issue impacts society at large. Statistics help message receivers to identify

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significant issues that might impact them or their loved ones in the future. Second, statistics reassure victims of abuse that they are not alone. Many victims fail to report their abuse because they feel their situations are unique and shameful. Statistics help victims to understand the ubiquity of abuse and be reassured that there is no shame in their victimization. Third, statistics can be used to reduce stigma and break down cultural norms of silence, particularly when they shed light on how abuse impacts underrepresented victims, like those who are male, LGBTQIA2S, or a racial minority. Statistics that paint a picture of abuse rates among LGBTQIA2S and communities of color may also encourage more open discourse within these communities like the original MeToo movement aimed to do. Representations of these communities through imagery in intervention messages may further support abuse reporting and community discourse.

In the adapted STOPS framework for health intervention messaging, I propose the inclusion of "time" as a variable that influences situational antecedents, referent criterion, and communicative actions. As such, time should be considered in the development and dissemination of health intervention campaigns. Participants in this research suggested that the more time that has passed since experiencing a health issue like abuse, the lower their problem recognition and involvement recognition. Therefore, it would be good practice to target messages to individuals who are known to have recent experience with abuse. These audiences can be identified through social media data mining using scraping tools designed to scan social media platforms for references to keywords, like "abuse" or "domestic violence," and compiles them in a spreadsheet or other data file. Ensuring that intervention messages are disseminated while a health concern is a "hot issue" will also help audiences to recognize the problem as relevant and worthy of attention and communicative action. Additionally, participants said the oversaturation

of health intervention messages during the COVID-19 pandemic caused information fatigue and message avoidance. Timing interventions around other competing campaigns may increase their reach and efficacy.

The adapted STOPS framework also introduces "power" as a variable that influences constraint recognition and situational motivations. Practically, campaigns should aim to help audiences gain power through education and address power imbalances that prevent help-seeking. Campaign messages should prioritize management of mental health conditions and identification of "red flags" or behaviors that may eventually escalate to abuse. Many participants in this study who are survivors of abuse said their risk for experiencing abuse in the future is reduced because they can now recognize the warning signs. Organizers of domestic abuse campaigns should also partner with and feature law enforcement in their messaging, to alleviate audience members' concerns that reports of abuse will not be taken seriously by police. Campaigns should also target law enforcement and promote empathy, understanding, and acceptable protocols for responding to abuse claims.

Each social media platform has its own unique limitations and norms for message sharing; thus, intervention campaigns cannot be used uniformly across all platforms. Participants shared that infographics are best suited to platforms that encourage photo-sharing, like Facebook, Instagram, and Reddit. These platforms are also more welcoming of informative content than entertainment-oriented platforms, like Snapchat or Twitter. Reddit appears to be the best platform for sharing narrative messages and for reaching audiences interested in educational content. Participants indicated they are more likely to seek more information about messages seen on Reddit than any other platform. Video-formatted messages are most appropriate for dissemination on TikTok, Snapchat, and YouTube. A benefit of posting campaign videos on

these platforms is that campaign managers can purchase advertising placement that positions the message in social media users' video feeds, which increases the number of views the message will receive. On YouTube, campaign managers can purchase buffer advertisement placement, which positions the message at the front or end of a content creator's video, and this requires audience members to see watch a portion or all of the video. To reach the most viewers, campaign managers should consider partnering with trusted social media influencers and developing video messages that are brief, informative, and tell a story. Stories told by individuals with lived experience are more likely to prompt the development of social support groups and validate statistics in other campaign messages; however, the level of engagement for individuals within the group fluctuates and groups that form on entertainment-oriented apps are likely to be short-lived.

Limitations

Participant recruitment was a significant limitation for this study. Domestic abuse is a sensitive topic, and it can cause unwelcome memories and feelings in those who have witnessed abuse or experienced it first-hand. Some known abuse survivors who were invited to participate in this study were unwilling to participate and risk triggering their own trauma.

Although the sample characteristics for this study were intentionally kept wide to include diverse perspectives and achieve saturation, the sample is less racially diverse than anticipated. Black, Hispanic, Indigenous, and Asian abuse survivors are historically under-represented in research; therefore, my aim with this study was to provide an opportunity for those voices to be shared. Although this study was able to attract two or more participants from each of these groups, the findings largely represent white, female perspectives and are not generalizable for any one culture or community. Having Indigenous ancestry afforded me some access to a closed

community, but my apparent whiteness understandably posed a barrier for natives who are not connected to my tribe or do not know me personally. It also posed a significant barrier to accessing and gaining the trust of other minority group members.

Domestic abuse affects all genders, nationalities, races, and creeds, but most survivors who report abuse are cis women. As a cis woman, I have limited access and rapport with the LGBTQIA2s community. I was able to recruit one participant that identified as a member of this community who provided valuable insights, but they are not generalizable to the community at large. This participant promoted my study to their own social network and I received two additional participants through snowball sampling; however, those participants did not disclose whether they too belonged to the LGBTQIA2S community.

I sought to recruit participants through UMD's SONA platform, to reduce my expenditure on gift-card incentives; however, the IRB approval process took longer than anticipated and I was unable to start recruiting participants until July 2022. I posted the study to SONA, but summer courses did not require students to complete research for course credit and I was unable to recruit UMD participants. All participants in this study receive a $15 gift card for their participation. I budgeted $450 for incentives on this project and could have compensated two additional participants, but I received no responses to my last call for participants.

Completing this study virtually created additional limitations for the research. First, participants who are domestic abuse survivors likely felt less secure about sharing their experiences virtually than they would have in person. Survivors' feelings about security and information safety may have been significant. I also suspect that technology burnout caused by the pandemic made some participants reluctant to participate in virtual interviews. Lastly, in-person interviews make it easier for researchers to pick up on non-verbal cues and body

language. Although some of these signals were able to be captured and acknowledged in the Zoom interviews, I was unable to perceive them in the telephone interviews. As a result, it was easier to identify points where I needed to clarify information and participants' feelings in the Zoom interviews than it was in the telephone interviews.

There are also some expected limitations for the application of the proposed adapted STOPS model. In its current form, the model is oriented around cognitive variables, including message recipients' knowledge and thoughts about time and power relevant to their situational antecedents. The proposed model does not account for emotional responses or patterns of behavior which could affect audience responses to a message in a myriad of ways. Other findings in this research imply that imagery or text in a message can evoke emotional responses that affect audience members' cognitive thinking about a message or problem, and emotional responses may increase or decrease their engagement with the message. Additionally, audience responses and patterns of behavior may be driven by their emotional attachment to specific message creators or individuals who transmitted the messages to them. It would be worthwhile for scholars to examine these limitations in future research to further advance STOPS for health intervention messaging.

Directions for Future Research

Examine Intervention Message Engagement and Information Retention Longitudinally

One participant's experiences with a prior intervention had a profound effect on her later communication acquisition and transmission behaviors. After responding to an intervention message and being denied support, Amy said she now avoids and does not engage with abuse interventions. This introduces a few interesting lines of inquiry for future research. The first is to investigate whether and how prior engagement with interventions, and the outcomes of those

engagements, influence future communication behaviors and intentions. The second is to investigate how prior engagement with interventions, and the outcomes of those engagements, influence and individual's intentions and involvement with social support groups online. Researchers might also further investigate how the amount of time passed between a health event and intervention message exposure affects viewers' engagement with messages and their participation in support groups.

Investigate Patterns of Behaviors Involving Health Risk or Intervention Messages

One interesting pathway for future research is to examine patterns of behavior among a large sample set of social media users who engage with health risk or intervention messages to identify commonalities between the messages. This type of research could be undertaken quantitatively; however, engaging social media users in a qualitative study would help scholars to better understand social media users' motivations for engaging with messages in specific ways. Understanding motivations for engaging with messages is important for future theory development and could support further extensions of the STOPS framework. Further research on this topic would also benefit health communication practice by informing message senders on how to more easily identify target audiences for optimum campaign results.

Explore the Outcomes of Localized Social Media Campaigns

There were implications in this research for the value of grassroots and localized intervention campaigns. Some participants feel that localized campaigns are more rewarding because they encourage message receivers to be directly involved with an intervention and people feel their contributions are more tangible. Localized campaigns that request specific actions of audience members may also garner a more productive response than mass-

disseminated social media campaigns that invite slacktivism. Colleges are ideal targets for localized campaigns because students, particularly those involved in Greek life, are encouraged to participate in service-related projects and philanthropy. The college years are also a time when young adults may be more vulnerable to experiencing abuse for the first time (Melander & Hughes, 2018; Wilson & Smirles, 2022; Wolford-Clevenger et al., 2016). Scholars should approach this type of research project qualitatively, to better understand what motivates participants to engage with localized campaign messages and follow through on recommended actions or not.

Investigate Public Attitudes Towards Brand Involvement with Health Intervention Campaigns

Participants in this study believed that brand involvement in a health campaign can significantly help or hurt a campaign's reach and impact. If the audience does not recognize a brand as being associated with a particular issue, they may distrust the brand's motivations for the campaign and might not engage positively with the messages. In cases where a brand is interested in supporting an initiative that has little or nothing to do with the brand's mission, participants feel it is best to omit the brand's logo from campaign messages entirely and simply promote the messages to brand loyalists on their social media platforms. Participants also caution that brands should not seek to profit from their involvement in health interventions. Participants in this research also believe that health intervention messages promoted by social media influencers are better received than those promoted by brands. In the future, researchers might conduct a comparative study to determine if this assumption is true. Additionally, research in this area could gauge the ramifications of branded health campaigns on a corporation's reputation following a crisis event. One example of a campaign that is worthy of study is Deutsche Bank's #NotAlone teen mental health campaign, which launched in 2021 after the bank experienced

social capital loss due to its connection to former President Trump and federal investigations into possible tax fraud conducted by him.

Examine the Adapted STOPS Framework Against Other Health Intervention Campaigns

At present, there is little research that has examined the STOPS framework to better understand the public's response to health intervention campaigns. Scholars should further investigate its efficacy as a framework in this context. Specifically, scholars should examine health issues that disproportionately affect communities of color and the LGBTQIA2S community, which are presently underrepresented in health research. As a Mi'kmaw woman, I advocate for further scholarly attention to the missing and murdered women, girls, and two-spirit persons (MMIWG2S) initiative. Several campaigns have been launched around this initiative, which aims to spread awareness of the racialized violence and human trafficking epidemic affecting indigenous communities across Turtle Island and encourages states to implement emergency alert systems for missing indigenous residents. Campaigns that aim to stop violence against the transgender community, particularly transgender women of color, are also important focal points for future research.

Conclusion

Because research in health communication has largely been atheoretical to date, the field is ripe with opportunities for further scientific exploration and theory building, which was one primary goal of this study. This dissertation specifically examined the usefulness of a public relations theory, STOPS, for understanding how publics respond to domestic abuse intervention messages. The findings that emerged from 28 in-depth interviews with social media users in the United States demonstrated that domestic abuse is an important public health issue to people

with diverse ethnicities and experiences; however, the extent to which audience members feel involved with an issue, recognize constraints, and their communicative actions are heavily influenced by those background variables. Additionally, the results provided evidence that power and time have important roles in moderating situational antecedents, motivations, and communication. Power and time can serve to strengthen or diminish audience members' problem recognition or sense of involvement in an issue, and it causes some people to experience more constraints than others.

Additionally, this dissertation explored participants' perceptions of the #IsolatedNotAlone campaign messages, and the results provided insights into audience members' aesthetic preferences for abuse intervention message designs and dissemination. Health communicators can leverage these findings to develop more strategic and effective health intervention campaigns that consider audience members' feelings about brand affiliations, action statements in messages, influencer involvement, and the use of personal stories. Health communicators can also work in partnership with public relations and crisis communication scholars to identify more ways for applying and testing theories across disciplines.

Furthermore, this dissertation sought to extend theory by examining participants' communicative actions to determine if specific behaviors are associated with support or activist group formation. Although the results support the argument that information transmitting behaviors, like sharing, commenting, and forwarding of messages, often results in support group formation on entertainment oriented social media platforms, there was not sufficient evidence to suggest that the same behaviors result in support group formation on other social media platforms. Future efforts to further extend the STOPS framework should focus on communicative actions and their outcomes. Specifically, it would be interesting to develop

theory concentrated on the topic of intervention messages and their role or contributions to health activism on social media. Efforts to extend STOPS should also further explore the proposed new variables of time and power and determine if they maintain their moderating influence when publics are considering other types of health intervention messages.

Fig. 1

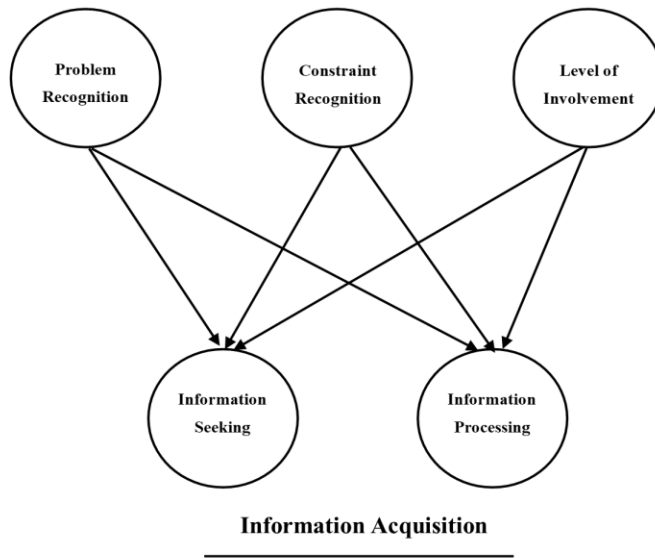**Situational Theory of Publics**

Information Acquisition
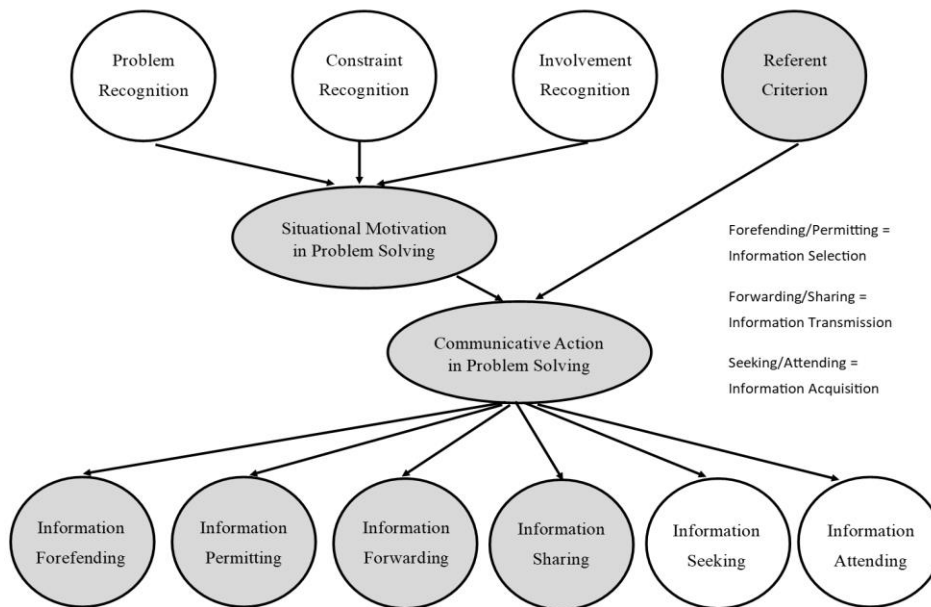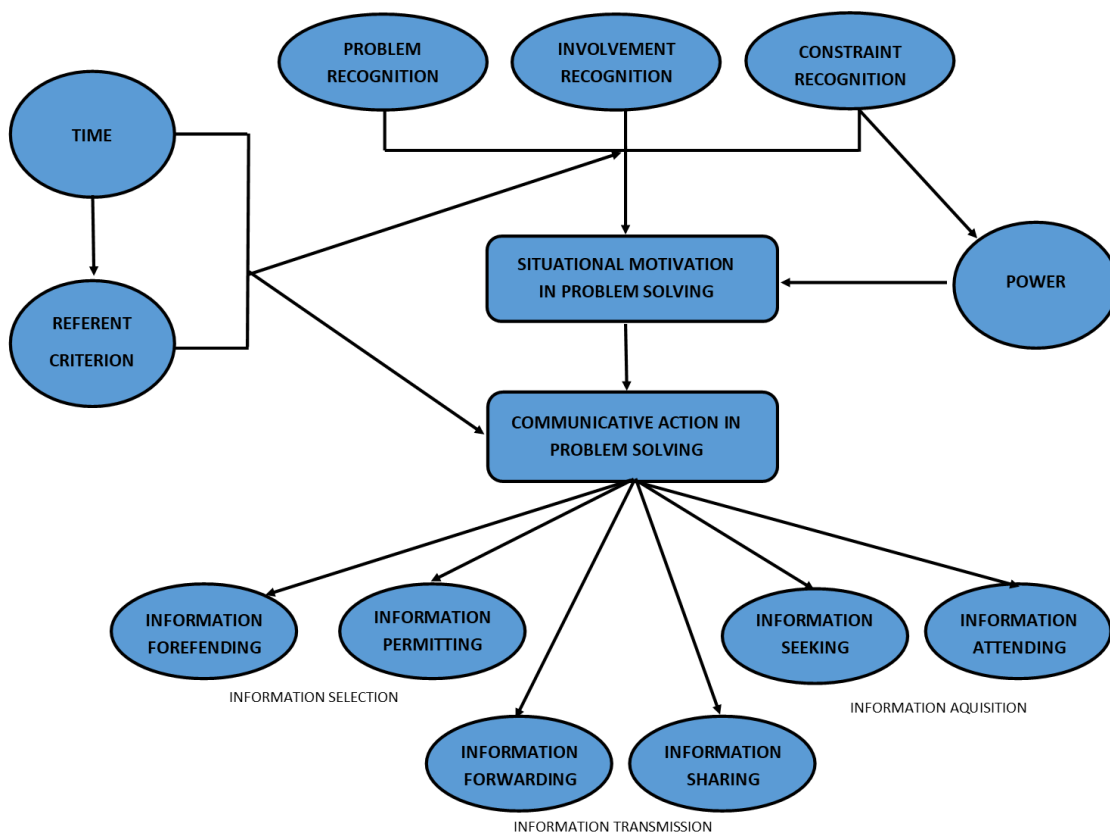
Fig. 2

Situational Theory of Problem Solving

Fig. 3

Adapted Situational Theory of Problem Solving for Health Intervention Messaging

Appendix A: IRB Approval Letter

DATE: July 22, 2022

TO: Shawna Dias, M.S.
FROM: University of Maryland College Park (UMCP) IRB

PROJECT TITLE: [1915768-1] Domestic Abuse Communication and Intervention Engagement
                         in Social Mediated Environments

SUBMISSION TYPE: New Project

ACTION: APPROVED
APPROVAL DATE: July 22, 2022
EXPIRATION DATE: July 21, 2023
REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category # 7, *Waiver of consent documentation,
                         45CFR46.117(c)*.

Thank you for your submission of New Project materials for this project. The University of Maryland
College Park (UMCP) IRB has APPROVED your submission. This approval is based on an appropriate
risk/benefit ratio and a project design wherein the risks have been minimized. All research must be
conducted in accordance with this approved submission.

Prior to final approval of this project scientific review was completed by the IRB Member reviewer

This submission has received Expedited Review based on the applicable federal regulations. This project
has been determined to be a MINIMAL RISK project. Based on the risks, this project requires continuing
review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your
documentation for continuing review must be received with sufficient time for review and continued
approval before the expiration date of July 21, 2023.

Please remember that informed consent is a process beginning with a description of the project and
insurance of participant understanding followed by a signed consent form. Informed consent must
continue throughout the project via a dialogue between the researcher and research participant. Unless
a consent waiver or alteration has been approved, Federal regulations require that each participant
receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior
to initiation. Please use the appropriate Amendment forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and
UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate
reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.
All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this
office.

Please note that all research records must be retained for a minimum of seven years after the completion
of the project.

Generated on IRBNet

Appendix B: Social Media Advertisement

Participants Needed for Study on Domestic Abuse Intervention Campaigns

Want to help improve the effectiveness of domestic abuse intervention campaigns? Shawna Dias, a Ph.D. candidate at the University of Maryland, is seeking social media users aged 18 years old and above to participate in a research study evaluating public understanding of domestic abuse and the #IsolatedNotAlone campaign. The study also seeks to explore how online communities organize around health issues and respond to intervention campaigns.

Interviews will be conducted between April 2022 and September 2022. Participation is completely voluntary, and participant identities will be kept confidential. If you are interested, please email the researcher at sdias825@umd.edu. Thanks!

Appendix C: Email Invitation Script

Dear [NAME]:

My name is Shawna Dias and I am a doctoral candidate studying public relations and health communication at the University of Maryland. I am recruiting participants for a study focused on domestic abuse and the #IsolatedNotAlone intervention campaign, which launched online during the COVID-19 pandemic. For my dissertation, I am conducting in-depth interviews to explore how social media users understand domestic abuse and make meaning of the #IsolatedNotAlone

campaign. I am hoping that you would be able to share your thoughts and experiences with me for this project; your insights will help me explore this topic in greater depth.

Participation in this study is completely voluntary and participants may decide not to respond to individual questions and can end their participation at any time. Interviews will be conducted between April 2022 – September 2022. Each interview is expected to take up to one hour to complete and participants' identities will be kept confidential. Following each interview, pseudonyms will be assigned to each transcript and no personally identifying information will be kept or shared. Additionally, participant responses will be aggregated and clustered for final reporting, presentation, and publication.

If you have any questions about this project or about me, please feel free to give me a call at (857)-243-3503 or e-mail me at sdias825@umd.edu. Thank you very much for your time and consideration.

Sincerely,

Shawna Dias

Ph.D. Candidate, Department of Communication

Appendix D: Participant Call (requested by participants for snowball recruitment)

RESEARCH PARTICIPANT CALL – SOCIAL MEDIATED ABUSE INTERVENTIONS

A researcher from the University of Maryland, Shawna Dias, is conducting research to understand how social media users communicate about domestic abuse and engage with intervention campaigns online. This study further investigates the influence of health intervention messages on issue-oriented activism.

If you meet the following inclusion criteria or know of someone who does, please consider participating in this study. Inclusion criteria:

- Must be age 18 or older

- Reside in the United States (citizenship is not required)

- Actively use social media

- Have experience engaging with health intervention campaign messages on social media (e.g., infographics, videos, testimonials, and advertisements promoting supportive services or behavioral recommendations)

If you choose to participate, you will be asked to participate in a 1-hour interview and you will receive a $15 Amazon gift card for participating. The study is called "**Domestic Abuse Communication and Intervention Engagement in Social Mediated Environments**."

Participants will have the option to interview by phone or on Zoom, and the principal investigator will request permission to record each interview. Zoom interviews will be audio and video recorded using Zoom's recording features, and phone interviews will be audio recorded using a Sony digital recorder and Ring Central audio recording. If a participant declines to be recorded, the investigator will take hand-written notes.

Please contact Shawna Dias (Sdias825@umd.edu) if you have any questions. Thank you for your time.

Appendix E: Participant Confirmation Email

Dear Participant,

Thank you for signing up to participate in my study, "Domestic Abuse Communication and Intervention Engagement in Social Mediated Environments."

Please see the attached consent form and thoroughly read this document before the interview.

The consent form will be reviewed at the start of the session, and you will be asked to provide

verbal consent to participate.

I look forward to seeing you (date and time of the interview).

Best,

Shawna Dias

Appendix F: Participant Consent Form

Institutional Review Board
1204 Marie Mount Hall ● 7814 Regents Drive ● College Park, MD 20742 ● 301-405-4212 ● irb@umd.edu

CONSENT TO PARTICIPATE

Project Title	*Domestic Abuse Communication and Intervention Engagement in Social Mediated Environments*
Purpose of the Study	*This research is being conducted by **Shawna Dias,** a PhD candidate at the University of Maryland, College Park. You are invited to participate in this research project because you are an adult social media user living in the United States, and whose experiences can provide insight into online health issue communication and intervention campaign engagement.*
Procedures	*The procedure involves participating in an in-depth interview. If you were recruited to participate through SONA, you will receive 2 SONA credits for participating in this study. SONA participants will have the option to complete an alternative study or alternative assignment that is no more challenging than research participation to receive course credit if they do not wish to or are unable to participate in this study. If you were recruited to participate through social media, you will receive a $15 Amazon gift card via email for participating in this study. The interview will take up to one hour to complete, and I will ask you questions about your demographics, knowledge of health interventions, how you communicate online about domestic abuse and engage with health intervention campaigns on social media (e.g., How, if at all, do you engage in online communication about health interventions? What, if anything,*

	do you know about the #IsolatedNotAlone campaign? How do you make judgements about which campaign messages to engage with?). You will have the option to interview by phone or on Zoom, and the I will request permission to record each interview. Zoom interviews will be audio and video recorded using Zoom's recording features, and phone interviews will be audio recorded using a Sony digital recorder. If you decline to be recorded, I will take hand-written notes. During data analysis, any identifying information will be removed from the data set.
Potential Risks and Discomforts	*Participation in this research provides minimal risks, such as experiencing discomfort while answering questions. In order to mitigate this threat, you can skip questions that you do not want to answer. Additionally, I will provide mental health and abuse intervention resources at the conclusion of the interview.*
Potential Benefits	*There are no direct benefits from participating in this research. However, I hope that, in the future, understanding how social media users communicate online about health risks and engage with intervention messages will help inform future campaigns and increase their effectiveness.*
Confidentiality	*In order to maintain your confidentiality, your interview will be conducted in the privacy of my home office when no others are present. If you participate in a Zoom interview, you will be given a password for entering the meeting room, to prevent outsiders from joining. A pseudonym will be used for you in any write-ups, and your actual name will not appear in the transcribed interview data. The key linking your real name to the pseudonym will be kept in a separate file on my computer in a folder away from the interview data. All audio/video recordings and data will be securely stored on my password protected personal laptop, which will be stored in my locked home office. In addition, the audio recording of the interview will be saved to a password protected external drive, which will be stored in the same locked home office. At the time of download, the audio recording will be deleted from the digital recording device. The protected audio file will then be transcribed and anonymized. Specifically, your transcript will be numbered and any identifying information (e.g., name, university, location) will be removed. Once all interview transcriptions are completed and analyzed, which is scheduled for Fall 2022, the audio/video files, transcripts, and identification key will be deleted from all devices. I am the only person who will have access to the recordings, data files, transcripts, and the identification key.* *If I write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law. Additionally, I am the only person who will have access to view participants' responses.*
Right to Withdraw	*Your participation in this research is completely voluntary. You may*

and Questions	*choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.* ***If you are an employee or student, your employment status or academic standing at UMD will not be positively or negatively affected by your participation or non-participation in this study.*** *If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator:* *Shawna Dias* *Ph.D. Candidate* *Department of Communication* *University of Maryland* *2130 Skinner Building* *College Park, MD 20742* *Sdias825@umd.edu* *857-243-3503*
Participant Rights	*If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:* University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678 *For more information regarding participant rights, please visit:* https://research.umd.edu/irb-research-participants *This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.*
Statement of Consent	*By stating "yes" when asked if you consent to participate you indicate that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study.* *I will request to have the interview audio recorded (if conducted by phone) or audio and video recorded (if conducted by Zoom). If you decline to have the interview recorded, I will take handwritten notes.*

	You will receive a copy of this consent form for your records.

Appendix G: Resources Provided to Participants

RESOURCES FOR UMD STUDENTS/FACULTY

If you or someone you know is experiencing a life-threatening mental health emergency, call 911 or go to the nearest hospital emergency room.

Mental Health Support

- UMD Counseling Center After Hours Crisis Support: 301-314-7651
- Behavioral Health Services at UMD Health Center: 301-314-8106
- HELP Center (Peer-to-Peer Support): 301-314-4357

Reporting Abuse/Abuse Support

- UMD C.A.R.E. to Stop Violence 24-Hour Sexual Assault Hotline: 301-741-3442

RESOURCES FOR ALL PARTICIPANTS

If you or someone you know is experiencing a life-threatening mental health emergency, call 911 or go to the nearest hospital emergency room.

Mental Health Support

- **National Suicide Prevention Lifeline:** 1-800-273-TALK (8255)
- **Trevor Project LGBTQ+ Youth Crisis Line:** 1-866-488-7386

Reporting Abuse/Abuse Support

- **National Sexual Assault 24-Hour Hotline:** 1- 800-656-4673
- **National Domestic Violence Hotline:** 1-800-799-7233

Available 24 hours a day, 7 days a week via phone and online chat. The National Domestic Violence Hotline (The Hotline) is available for anyone experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship.

- **StrongHearts Native Helpline:** 1-844-762-8483

  Available Monday through Friday, 9:00am to 5:30pm CST via phone. The StrongHearts Native Helpline is a safe, anonymous, and confidential service for Native Americans experiencing domestic violence and dating violence.

- **Pathways to Safety International:** 1-833-723-3833; crisis@pathwaystosafety.org

  Available 24 hours a day, 7 days a week via phone, email, and online chat. Pathways to Safety International assists Americans experiencing interpersonal and gender-based violence abroad.

- **Gay, Lesbian, BiSexual and Transgender National Hotline:** 1-888-843-4564; help@LGBThotline.org

  Youth Talkline: 1 (800) 246 – 7743

  Senior Helpline: 1 (888) 234 – 7243

  Hours vary, available via phone and online chat. The LGBT National Help Center serves gay, lesbian, bisexual, transgender, and questioning people by providing free and confidential peer support and local resources.

- **Women's Law Email Hotline:** https://hotline.womenslaw.org/

  The WomensLaw online helpline provides basic legal information, referrals, and emotional support for victims of abuse.

- **National Human Trafficking Hotline:** 1-888-373-7888; Text: 233733

  The National Human Trafficking Hotline is a national anti-trafficking hotline serving victims and survivors of human trafficking and the anti-trafficking community in the United States. The toll-free hotline is available to answer calls from anywhere in the country, 24 hours a day, 7 days a week, every day of the year in more than 200 languages.

- **National Alliance on Mental Illness (NAMI) Helpline:** 1-800-950-6264; info@nami.org

  Available Monday through Friday, 10:00am to 6:00pm Eastern Standard Time. The NAMI Helpline assists individuals and families who have questions about mental health disorders, treatment, and support services.

- **Substance Abuse and Mental Health Services Administration (SAMHSA):** 1-800-662-4357

  Available 24 hours a day, 7 days a week via phone in English and Spanish. SAMHSA's National Helpline provides free and confidential treatment referral and information service for individuals and families facing mental and/or substance abuse disorders.

Contact the VictimConnect Hotline by phone at 1-855-4-VICTIM or by chat for more information or assistance in locating services that can help you or a loved one.

Appendix H: Interview Protocol

Thank you for your interest in participating in my research study today. I **would like to begin by starting with an overview of my research study and the informed consent.**

[overview the informed consent form.]

Do you agree to participate and have this call audio [or Zoom audio/video] recorded? You may decline recording. If you do decline, I will take hand-written notes. [If the participant agrees and gives consent, I will begin recording. If the participant does not consent to recording, I will take hand-written notes.]

Please state the following to confirm you are at least 18 years old and are giving consent to participate in this study: "Yes, I am at least 18 years of age; I have read the consent form or have had it read to me; my questions have been answered to my satisfaction and I voluntarily agree to participate in this research study and have this interview audio-recorded."

Demographic Questions		
What is your age? **What sex/gender do you identify as?** **What race/ethnicity do you identify as?** **In which state do you live?** **What is the highest level of education that you have completed?**		
General Questions	**Follow-Up Question(s)**	**Context and Objectives**
Describe for me your perspective on domestic abuse in America?	▪ To what extent are you concerned about domestic abuse? ▪ How do you feel about domestic abuse being described as a public health issue?	▪ These questions will serve as basic, introductory prompt and link to **RQ1**. They are meant to initiate discussion and gauge participants' **problem recognition.**

What, if at all, has been your personal experience with domestic abuse?	▪ How prevalent do you think domestic abuse is in your community? ▪ To what extent do you believe that members of your personal network are at risk for domestic abuse? ▪ To what extent do you feel that you are at risk for experiencing domestic abuse?	▪ These questions link to **RQ1** and focus on **participants' involvement recognition**.
According to the Bureau of Justice, only 47% of domestic abuse cases are reported. Why do you think the majority of cases go unreported?	▪ What challenges or obstacles prevent abuse victims from reporting? ▪ What challenges or obstacles prevent abuse victims from accepting help, whether or not they report their abuse? ▪ How can these obstacles be overcome?	▪ These questions are designed to answer **RQ1** and reveal participants' **constraint recognition.**
What causes you to seek out information about domestic abuse and interventions?	▪ What types of information do you seek? ▪ Where do you go to learn about domestic abuse and interventions? ▪ How familiar are you with online health intervention campaigns?	▪ These questions are intended to answer **RQ1** by identifying which situational antecedents **motivate information seeking and serves as a transition** point for talking about campaigns.
Why, if at all, do you get involved in health intervention campaigns?	▪ Why do you [or why do you not] get involved in campaigns? ▪ What do you think motivates others to get	▪ These questions explore **the linkages between antecedents, motivation, and communication**

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	involved in health intervention campaigns? ■ What barriers do you think prevent people from becoming involved in intervention campaigns? ■ How could these barriers be overcome?	**behavior**. It serves as a transition point for obtaining answers to **RQ2**.
How, if at all, do you engage in online communication about health intervention campaigns?	■ How do make judgements about which campaign messages to engage with? ■ In what forms does your online communication take place (e.g., sharing, forwarding, attending/discussing)? ■ What, if anything, causes you to seek out more information after seeing/receiving intervention campaign messages?	■ These questions answer **RQ2** by exploring **referent criteria** that influences participants' **communicative behaviors** and identifying the form(s) of those behaviors.
What, if anything, do you know about the #IsolatedNotAloneCampaign?	■ What do you recall about the campaign messages? ■ How did the campaign make you feel? ■ What do you think the overall objectives were with this campaign? ■ How successful do you think the campaign was in achieving its objectives? ■ What do you think contributed to the campaign's success or lack of success?	■ These questions **further explore the effects of referent criteria** on communication **behavioral intention**. It also serves as a transition to questions that will answer **RQ3**.

	▪ How, if at all, could campaign managers have made it easier for you to engage with the campaign? ▪ How has (or will) the #IsolatedNotAlone influence your engagement with other campaigns?	
▪ **How, if at, did you engage with the #IsolatedNotAlone campaign or similar campaigns online?**	▪ How did you communicate about the campaign? ▪ Where did you communicate about the campaign? ▪ To what extent did you engage in closed group discussion about the campaign? ▪ To what extent did you engage in public discussion about the campaigns via social media comments? ▪ How did you observe other group members communicating about the campaign?	▪ These questions serve to answer **RQ3** by examining **individual and group communication behaviors** that might contribute to increased online social support and
▪ **What were the outcomes of public and closed-group communication about the intervention campaign messages?**	▪ How, and to what extent, did commenters/group members express support for abuse victims/survivors? ▪ What, if any, strategic group organizing did you observe in connection to the campaign?	▪ These questions attempt to answer **RQ3** by **exploring online social support and activist group formation** and its links to communication behaviors.
▪ **In your opinion, what level of responsibility do social support groups have to address abuse intervention campaigns**	▪ What forms of communication are expected from support group members? ▪ How regularly are members expected to engage in group communication? ▪ What level of responsibility do	▪ These questions serve to further answer **RQ3** by gaining impressions of **perceived communication obligations** of social support

individual group members have to promote campaign messages?

- What types of campaign messages are individuals most responsible for promoting?

- What, if any, other obligations do members have to the group?

groups and their members.

Appendix I: Participant Table

Date	Duration of Interview (rounded to nearest minute)	Transcript Pages	Pseudonym	Interview Method	Age	Gender	Race	Education	DV Experience	State
Wed, 7/27	35 minutes	9 pages	Noel	Zoom	35	Male	Black	High School	Survivor	California
Wed, 7/27	31 minutes	8 pages	David	Zoom	30	Male	Black	Not Disclosed	N/A	North Carolina
Thur, 7/28	44 minutes	11 pages	Alex	Phone	22	Male	Asian	Bachelors	His father is a DV survivor	Washington
Fri, 7/29	43 minutes	11 pages	Ellen	Zoom	32	Female	White	Bachelors	N/A	Georgia
Fri, 7/29	40 minutes	10 pages	Nancy	Phone	36	Female	Black	Some College	Survivor	Kentucky
Fri, 7/29	43 minutes	11 pages	Blake	Phone	35	Female	White	Some College	Survivor	North Carolina
Sat, 7/30	32 minutes	8 pages	Anna	Phone	29	Female	White	Bachelors	N/A	Texas
Sat, 7/30	39 minutes	10 pages	Kristen	Zoom	44	Female	White	Masters	Survivor	Michigan
Sat, 7/30	37 minutes	9.5 pages	Kelly	Phone	20	Female	White	High School	N/A	Pennsylvania
Sun, 7/31	49 minutes	12.5 pages	Sandra	Phone	35	Female	White	Masters	Survivor and online support group host	Florida
Mon, 8/1	35 minutes	9 pages	Tracy	Phone	22	Female	White	Some College	N/A	Indiana
Mon, 8/1	46 minutes	12 pages	Susan	Zoom	19	Female	Hispanic	Some College	Survivor	New Jersey
Wed, 8/3	48 minutes	12 pages	Debbie	Phone	36	Female	White	Masters	Survivor	Michigan
Wed, 8/3	43 minutes	11 pages	Amy	Phone	31	Female	White	Some College	Survivor	Maryland
Thur, 8/4	62 minutes	15.5 pages	Thea	Zoom	29	Female	White	Masters	N/A	Virginia
Thur, 8/4	35 minutes	9 pages	Brian	Phone	19	Male	White	Some College	N/A	Florida
Fri, 8/5	109 minutes	25 pages	Kory	Zoom	36	Non-Binary	White	PhD	Survivor	Pennsylvania
Wed, 8/10	34 minutes	8.5 pages	Naomi	Phone	29	Female	Black	Some College	Survivor	Nevada
Wed, 8/10	46 minutes	10.5 pages	Talia	Phone	31	Female	Asian	Masters	Survivor	Pennsylvania
Thur, 8/11	31 minutes	8 pages	Melissa	Phone	20	Female	White	Some College	N/A	Maryland
Thur, 8/11	51 minutes	11.5 pages	Madelyn	Phone	31	Female	White	Masters	N/A	Minnesota
Thur, 8/11	59 minutes	14 pages	Jennifer	Phone	28	Female	Black	Some College	Survivor	Michigan
Mon, 10/3	52 minutes	12 pages	Rebecca	Zoom	19	Female	Hispanic	Some College	N/A	Maryland
Fri, 10/4	53 minutes	12.5 pages	Julia	Zoom	27	Female	White	Some College	Survivor	Maryland
Fri, 10/4	49 minutes	11 pages	Leslie	Zoom	36	Female	Indigenous	Masters	Survivor	New Hampshire
Sat, 10/5	53 minutes	12 pages	Laura	Zoom	57	Female	Indigenous	Some College	Survivor	Maine
Sat, 10/5	46 minutes	10.5 pages	Toni	Zoom	37	Female	White	Not Disclosed	Survivor	Texas
Sat, 10/5	46 minutes	9.5	Vivian	Phone	45	Female	White	Some College	Survivor	Florida

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