



What "Works" in Preventing Teen Dating Violence (TDV)

Webinar for STIPDA, November 4, 2009

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Understanding What is Meant by "Evidence"



- ◆ "What works" is not a global statement
- ◆ Evidence-based practice
 - Generally refers to treatment/prevention approaches that are based in theory and have undergone scientific evaluation*
 - What counts as "evidence" can vary
 - Consideration of an "evidence base" should include:
 - *Strength* of the evidence (i.e., the number and quality of research studies)
 - *Effectiveness* of the programs (i.e., to what degree did they work as intended, ranging from programs that are harmful to those that are highly effective)

* Substance Abuse and Mental Health Services Administration (SAMHSA)
<http://www.nrepp.samhsa.gov/help-glossary.asp>

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Why is an Evidence Base Important?



- ◆ Helps assure you “do no harm”
- ◆ Invests time/resources into things that result in desired outcomes
- ◆ Increases support and confidence (i.e., you can show you’re doing something effective)
- ◆ Helps bring services more in step with the best available science and promotes practices which have been demonstrated to be safe and effective

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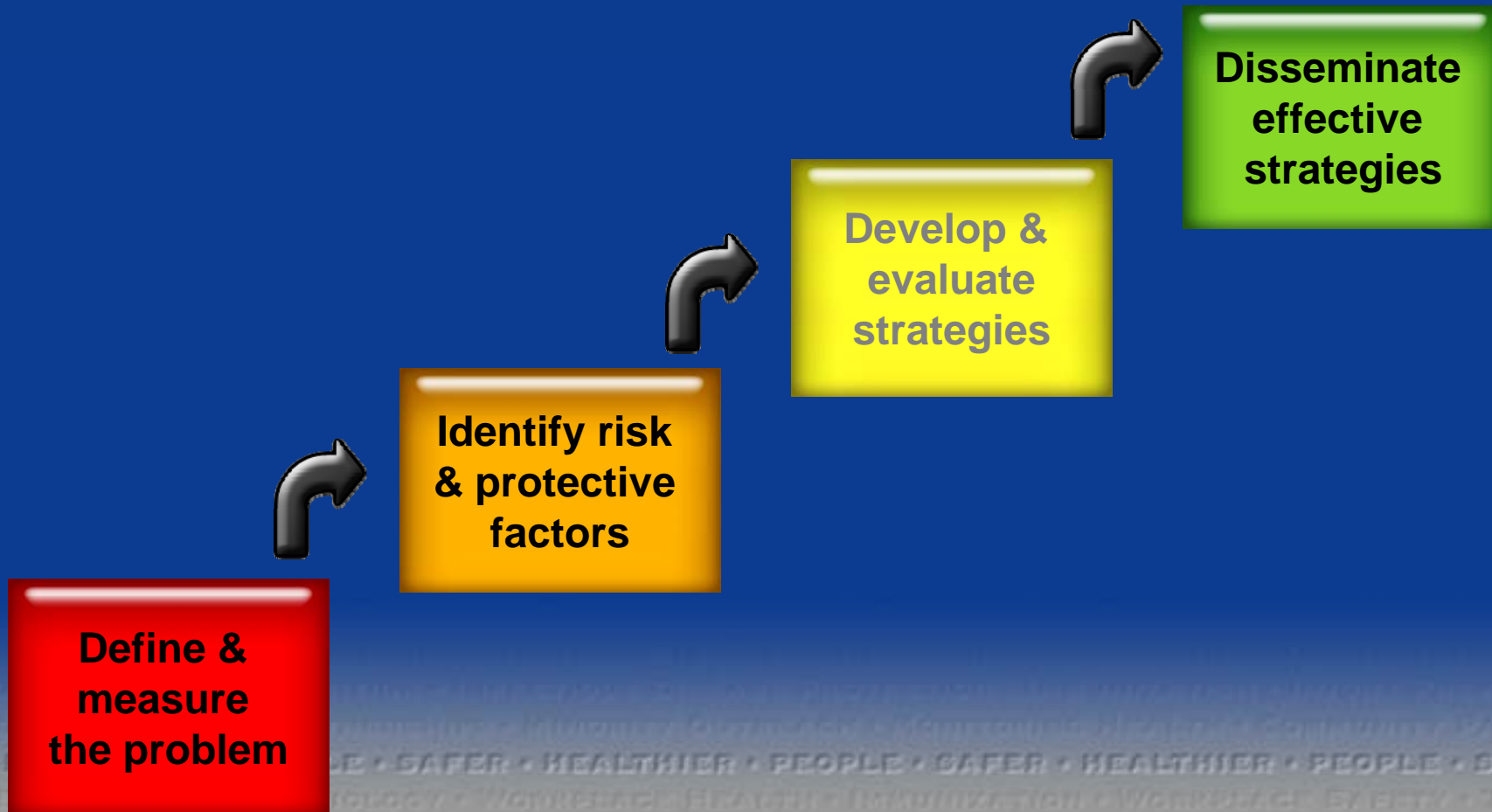
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4-step Public Health Approach



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Focus on Primary Prevention



- ◆ Prevention central to public health focus
- ◆ Primary prevention—preventing the problem before it begins
- ◆ Considerations:
 - How early do you start?
 - How do you measure something not happening?
- ◆ Only way to truly end the problem

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Defining Teen Dating Violence



- ◆ Teen Dating Violence includes:
 - Physical violence
 - Sexual violence
 - Psychological/emotional abuse
 - Threats or coercion
- ◆ By an intimate partner:
 - Current or former
 - Same sex or different sex

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Prevalence of TDV



- ◆ 1 in 4 adolescents reports verbal, physical, emotional, or sexual violence each year
- ◆ Approximately 10% of students nationwide report being hurt by a boyfriend or girlfriend in the past 12 months

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Impact of TDV

- ◆ Lowered school performance
- ◆ Engaging in unhealthy behaviors such as using drugs or alcohol
- ◆ Increased risk for psychological disorders such as depression and eating disorders
- ◆ Increased risk for suicide
- ◆ Increased risk of future victimization

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Risk Factors for Victimization

Low self-esteem

Depression

Acceptance of traditional gender roles

Belief in acceptability of violence

Poor conflict resolution skills

Externalizing problems

History of dating violence

Differences in power between partners

Dysfunctional family environment

Witnessing parental violence

Pressure to conform to peer group norms

Perception that TDV accepted by peers

Having friends who are perpetrators or victims of TDV

Victims of sexual harassment

Child abuse history

Presence of bystanders

Exposure to community violence

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Risk Factors for Perpetration

Low self-esteem

Depression

Acceptance of traditional

Belief that it is acceptable to use violence

Poor conflict management skills

Difficulty managing anger (for males), handling strong emotions

Fewer positive communication patterns

Earlier onset of alcohol and drug use

Acting aggressive toward peers (e.g., fighting, bullying)

Greater number of dating partners

Prior use of aggression against dating partner

Experiencing dating violence

Feel relationship is serious (for females)

Greater relationship conflicts

Witnessing parental violence (for males)

Having friends who endorse violent relationships

Negative interpersonal relationships with same-sex friends

Having friends who are perpetrators or victims of dating violence

Presence of bystanders

Exposure to community violence

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Protective Factors

- ◆ Positive interpersonal relationships with same-sex friends
- ◆ Presence of bystanders*
- ◆ Seeking help from adults (for perpetration)
- ◆ Exposure to healthy models

* Both a risk *and* protective factor

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Evidence-based Programs



Safe Dates

- ◆ Developed by Foshee in the early 1990s, available from Hazelden
- ◆ Includes a 9-session curriculum, poster contest, theater production, community-based activities, and training
- ◆ Rigorously evaluated in a randomized trial in 14 middle- and high-schools in rural NC, with longitudinal follow-up

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Evidence-based Programs



Safe Dates

- ◆ At 4 year follow-up, students receiving Safe Dates reported:
 - Less psychological, physical (moderate severity only), and sexual dating violence *perpetration*
 - Less physical dating violence *victimization* (moderate severity only)
- ◆ Equally effective for boys and girls
- ◆ Positive effects for teens:
 - Who had *not* perpetrated dating violence at baseline
 - Who *had* perpetrated dating violence

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Evidence-based Programs



The Fourth-R: Skills for Youth Relationships

- ◆ Wolfe and colleagues, in Canada
- ◆ 21-session curriculum, taught in required 9th grade health class
- ◆ Curriculum focused on healthy, nonviolent relationship skills throughout 3 units:
 - Personal safety and injury prevention
 - Healthy growth and sexuality
 - Substance use and abuse

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Evidence-based Programs



The Fourth R

- ◆ Evaluated in a randomized controlled trial
- ◆ Lower physical dating violence perpetration for boys in Fourth R, not girls
- ◆ Increased condom usage for boys in Fourth R, but not for girls

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Dissemination and Implementation



- ◆ Safe Dates worked:
 - For boys and girls
 - For primary and secondary prevention
 - In rural NC, with a predominantly White sample
 - 15 years ago
- ◆ Fourth R worked:
 - For boys, in Canada



Dissemination and Implementation



It is critical to continue evaluating the effects of these interventions.

- ✦ Each program has been evaluated by only 1 trial
- ✦ Setting may be different
- ✦ Population may be different
- ✦ People often adapt the curriculum, intentionally and unintentionally
 - Surface level adaptations
 - Deep content adaptation
 - Deep administration adaptation

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What We Know Works in Prevention

(Nation et al., 2003)



- ◆ Program Characteristics
 - Comprehensive services
 - Varied teaching methods
 - Sufficient dosage
 - Theory driven
 - Positive relationships between adults and children
- ◆ Matching Programs to Target Group
 - Appropriately timed
 - Socioculturally relevant
- ◆ Program Implementation and Evaluation
 - Outcome evaluation
 - Well-trained staff

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Acknowledgements



- ◆ Sandra Alexander
- ◆ Richard Puddy
- ◆ Teen Dating Violence Initiative working group





Questions

<http://www.cdc.gov/violenceprevention>

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Bibliography available upon request

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