A school based programme reduced dating violence in adolescents


Question
Can a dating violence prevention programme (Safe Dates) prevent and reduce instances of dating violence in adolescents?

Design
Randomised controlled trial with follow up 1 month after programme completion.

Setting
14 schools in rural North Carolina, USA.

Participants
1886 of 2344 students who were enrolled in the eighth or ninth grade in September 1994 completed a baseline questionnaire. 1700 students (90.1%) (mean age 13.8 y, 51% girl, 77% white) completed the follow up questionnaire.

Intervention
The 14 schools were stratified by grade and matched on school size. For each matched pair, schools were allocated to the intervention or control group. Students in intervention schools were exposed to school activities and community activities, whereas students in control schools were exposed to community activities only. School activities included a theatre production performed by peers; a curriculum involving 10 interactive 45 minute sessions that addressed dating violence norms, sex stereotyping, and conflict management skills; and a poster contest in which students created posters or voted for the best poster in their school. Community activities included special services for adolescents in abusive relationships (crisis line, support groups, and materials for parents) and service provider training (20 workshops offered to providers in social services, emergency departments, health departments, mental health settings, crisis line organisations, sheriff’s office, and police departments).

Main outcome measures
4 measures of victimisation (psychological abuse victimisation, non-sexual violence victimisation, sexual violence victimisation, and violence in the current relationship) and 4 parallel measures of perpetration of dating violence.

Main results
Multivariate analyses controlled for 3 variables that were associated with dropout status (white race, sex stereotyping, and non-sexual violence victimisation). Analyses were done for the full sample and 3 subsamples based on experience with dating violence at baseline: primary prevention subsample (never been a victim or perpetrator of dating violence) (n = 862); victim secondary prevention subsample (had been a victim) (n = 438); and perpetrator secondary prevention subsample (had been a perpetrator) (n = 247).

For the full sample, students in the intervention group reported less psychological abuse perpetration (p < 0.05) and less perpetration of violence against a current partner (p < 0.05) than students in the control group. For the primary prevention subsample, students in the intervention group perpetrated less psychological abuse than students in the control group (p < 0.05). For the perpetrator subsample, a trend towards decreased psychological abuse and sexual violence perpetration was seen among students in the intervention group. For the full sample and subsamples, the groups did not differ for any of the victimisation variables.

Conclusion
Among adolescents the Safe Dates dating violence prevention programme reduced perpetration of psychological abuse and violence against a current partner.

Commentary
A number of school based violence prevention programmes are in existence but few have evaluated the effect on reducing the incidence of violence among dating adolescents. The study by Foshee et al evaluated a multicomponent approach to the prevention of dating violence, an approach which is consistent with other violence prevention research findings. Strategies such as individual skills building, client services, education, and provider training have been identified as some of the key aspects of effective violence prevention initiatives. Combining these strategies into one initiative is a particular strength of this study which reported that 25% of adolescents were exposed to violence in their dating relationships.

Violence is a complex issue and changes in attitudes and behaviours are difficult to evaluate. Although the study by Foshee et al used a large sample, care must be taken when generalising the results to other populations because the study took place in a rural setting with an overrepresentation of lower income and lower education households. Students in the intervention group reported a reduction in psychological abuse and sexual violence perpetration. Students reporting on sensitive issues such as date rape may give socially desirable responses and therefore their answers may not reflect true changes in attitudes and beliefs. Although Foshee et al found encouraging results, they only followed up the students for 1 month. It will be important to determine whether this programme has a long term effect.

Nurses working in public health and primary care settings where services are provided to schools will find the results of this study relevant because they highlight the prevalence of adolescent dating violence and the need to address this issue with clients. Furthermore, the study provides nurses with direction for planning purposeful interventions aimed at reducing the incidence of dating violence in school settings. Nurses working in rural communities where access to services is limited will find the study results particularly applicable.

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