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 JOURNAL OF  
 ADOLESCENT  
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Original article

## Evaluation of the *Start Strong* Initiative: Preventing Teen Dating Violence and Promoting Healthy Relationships Among Middle School Students



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Article history: Received March 6, 2014; Accepted November 6, 2014

Keywords: Teen dating violence; Dating abuse; Early adolescence; Prevention; Dating

### A B S T R A C T

**Purpose:** This study reports on an independent evaluation of *Start Strong: Building Healthy Teen Relationships*, a multicomponent initiative targeting 11- to 14-year-olds. “*Start Strong*” was designed to focus on the developmental needs of middle school students and to enhance skills and attitudes consistent with promotion of healthy relationships and reduction of teen dating violence (TDV).

**Methods:** The quasi-experimental evaluation design included data collection from four *Start Strong* schools and four comparison schools. Student surveys were collected at four waves of data at the beginning and the end of grades 7 and 8. Multilevel models used repeated observations nested within students who were, in turn, nested within schools to determine whether participation in *Start Strong* enhanced healthy skills and relationships and decreased TDV-related attitudes and behaviors.

**Results:** Short-term effects from waves 1 to 2 were statistically significant for increased parent–child communication and boy/girlfriend relationship satisfaction and support and decreased gender stereotypes and attitudes supporting TDV. Findings for acceptance of TDV and gender stereotypes persisted longitudinally.

**Conclusions:** Results are promising and illustrate that a multicomponent, community-based initiative reduced risk factors predictive of TDV. *Start Strong* is innovative in its focus on early adolescence, which is a critical period in the transition to dating. The results inform future intervention efforts and underscore the need for further study of middle school students.

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Teen dating violence (TDV) is gaining recognition as a serious public health problem. Nationally, about 1 in 11 high school students (9.4%) report having been physically hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend [1]. TDV in adolescence has negative health consequences, such as alcohol and substance

use, depression, disordered eating, pregnancy, and suicidal ideation, as well as involvement in violent relationships as a young adult [2,3].

Several programs have documented outcomes in responding to TDV. The *Safe Dates* and *Fourth R* programs are two school-based curricula that demonstrate effectiveness in reducing TDV [4,5]. *Safe Dates* evidenced reduced psychological, moderate physical and sexual TDV perpetration, and moderate physical TDV victimization at all four follow-up periods [4]. Findings for the *Fourth R* at the 2.5-year follow-up period revealed that fewer students receiving the intervention reported physical TDV, as compared to the control group. This effect was due to decreased physical TDV by male students receiving the *Fourth R*; effects were not significant for female students [5]. Another

**Conflicts of Interest:** The authors declare no conflicts of interest.

**Disclaimer:** Publication of this article was supported by the Robert Wood Johnson Foundation. The opinions or views expressed in this article are those of the author and do not necessarily represent the official position of the funders.

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school-based program—“*Shifting Boundaries*”—included a curriculum and a building-based intervention consisting of increased faculty security in school hot spots and temporary school-based restraining orders [6]. Students in the building-only condition and the combined conditions (both curriculum and building intervention) reported reduced sexual violence victimization by peers or dating partners. Students in the building-only condition reported decreased sexual violence perpetration by peers. *Families for Safe Dates* consists of booklets with TDV-related activities for parents and teens between the ages of 13 and 15 years. The curriculum led to reductions in physical TDV perpetration and victimization [7]. Another program, “*Coaching Boys into Men*,” used high school athletic coaches to reduce TDV among their athletes. At 1-year follow-up, athletes receiving the intervention reported less TDV perpetration [8].

This small but growing body of literature reveals a number of gaps. First, with one exception (*Shifting Boundaries*), interventions were developed and tested with high school students. Yet, the limited empirical base on middle school students reveals TDV rates that are comparable to rates of high school students [9]. Young adolescence is a critical period when early dating affiliations first unfold [10]. Prevention in middle school can disrupt TDV before young teens begin to date or before when behaviors become more severe [11]. Second, interventions to prevent TDV predominate the literature, and little is known about efforts to promote healthy relationships. Third, less is known about the effectiveness of TDV preventive interventions in low socioeconomic urban communities [12]. A final gap is the dearth of multicomponent initiatives, which have shown positive effects for other risk behaviors (e.g., Seattle Social Development Project; Hawkins et al. [13]). Such initiatives have the advantage of targeting multiple contexts and strategies that may be necessary to affect change.

The present study addresses several of these gaps. It reports on an independent evaluation of *Start Strong: Building Healthy Teen Relationships* initiative (*Start Strong*; <http://startstrong.futureswithoutviolence.org/>), a multicomponent initiative targeting 11- to 14-year-olds. *Start Strong* was designed to focus on the developmental needs of middle school students and to enhance skills and attitudes consistent with promotion of healthy relationships and reduction of TDV. Program elements included (1) implementing school-based TDV prevention curricula; (2) engaging key influencers (parents/caregivers, teachers, other mentors) to help young teens understand healthy relationships; (3) using social marketing strategies; and (4) working on policy and environmental change. One illustration of key influencers was engaging high school students as “ambassadors” who talked about the program’s merits with their younger peers. For social marketing, the sites relied on Facebook to communicate messages about healthy relationships and TDV. Policy changes included efforts to add TDV to existing sexual harassment or bullying policies. *Start Strong* included several components to address the multiple levels of risk impacting TDV. This approach is consistent with public health initiatives targeting other health-comprising behaviors, such as youth violence (Multisite Violence Prevention Project [14,15]). Sites were permitted to choose either the *Safe Dates* [16] or the *Fourth R* [5] curricula [17]. These two curricula were the only available evidence-based programs targeting TDV when *Start Strong* began. Elements other than the curricula varied, such as parent engagement, social marketing strategies, and policy change efforts. Such elements were defined by sites in accordance with *Start Strong*’s community-driven focus.

This study focuses on those schools implementing the *Safe Dates* curriculum with seventh graders to investigate the effects of the initiative. The objectives of this study were to evaluate if *Start Strong* enhanced healthy skills and relationships (communication and response to anger skills, parent–child communication, quality of boy/girlfriend relationship) and decreased TDV-related attitudes and behaviors (acceptance of TDV, negative gender stereotypes, perceived negative consequences of TDV, TDV victimization, and perpetration).

## Methods

### Study design

The quasi-experimental evaluation design matched comparison schools to intervention schools on the following criteria: metropolitan area characteristics, school size, percent students on free/reduced lunch, and race/ethnicity. Within the pool of feasible comparison sites, we matched on these variables as closely as possible. Given variability in program components, site-selection criteria were defined to maximize consistency for the evaluation. Criteria included implementation of the same evidence-based curriculum to seventh graders, a minimum of 100 students per grade (for statistical power), and feasibility of participation in the evaluation. Three sites that implemented *Safe Dates* met these criteria, collectively representing mid-sized and large urban areas, racial/ethnic diversity, and regional diversity (one site with two schools; two sites with one school). Across the eight schools (four *Start Strong* and four comparison) the proportion of students on free/reduced school lunch ranged from 43% to 95%. Student data were collected from middle school students at four time points (waves 1–4): fall and spring of grade 7 and fall and spring of grade 8. Although all the intervention schools implemented *Safe Dates*, the evaluation assesses the comprehensive initiative because policy, parent engagement, and social marketing components were implemented as well.

### Procedures

Students were given a letter from research staff for their parent(s), which explained the study and included a consent form to be returned by the student to school. Students received a \$5 gift card incentive for returning the forms regardless of permission status. Teachers who collected 80% of students’ signed parent permission forms, regardless of permission status, received a \$40 gift card incentive. Eligibility criteria included being able to complete the questionnaire in English or Spanish, and not being in a self-contained classroom. Surveys were administered in groups during regular school hours using a paper-and-pencil questionnaire. At the beginning of data collection, project staff read an assent script and obtained passive student assent. Procedures were approved by RTI International’s Institutional Review Board.

### Participants

A total of 2,626 students were eligible to participate. The overall participation rate was 58% (48%–71% across schools). The sample included 1,517 students (50% male; 23% white; 28% African-American; 32% Latino; and 17% other/multiple races/ethnicities). Approximately 96% of the sample was aged 12 or 13 years at the baseline assessment. As with all longitudinal studies, there was some attrition over time. Across the time points,

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