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RESEARCH

A Feasibility Study to Assess the Effectiveness of Safe Dates for Teen Mothers

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ABSTRACT

Objective: To determine the effectiveness of the adapted Safe Dates curriculum as an intervention for pregnant and/or parenting teens to prevent teen dating violence (TDV).

Design: This pre-/posttest, single-sample study provided a means to assess the effectiveness of an adapted Safe Dates curriculum for teen mothers.

Setting: The adapted Safe Dates curriculum was implemented in three schools designed for the unique needs of teens who are pregnant and/or parenting.

Participants: The final sample of 41 teen participants, with a mean age of 16.27, completed 80% of the curriculum and two of the three assessments. Most of the teens were pregnant during participation in the curriculum, and six had infants between age 1 and 3 months.

Methods: The teen mothers completed the pretest, participated in the 10-session adapted Safe Dates curriculum, and completed the posttest at the end of the program and 1 month after program completion. The pre/posttest was adapted from the Safe Dates curriculum-specific evaluation instrument. Senior, undergraduate nursing students were trained in and implemented the curriculum.

Results: Participation in the adapted Safe Dates program yielded significant differences in the areas of responses to anger, gender stereotyping, awareness of resources for perpetrators and victims, and psychological violence perpetration.

Conclusions: This adapted program may be effective in changing selected outcomes. The implementation of a larger scale, experimental/control group study may demonstrate the program's efficacy at reducing the incidence of TDV among teen mothers.

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Although teen pregnancy and birth rates continue to decline, largely due to improved prevention education and behavior changes, the needs of teens who are pregnant or parenting continue to warrant attention and intervention (Kearny & Levine, 2012). Teen pregnancy and concurrent social issues continue to be significant concerns. One area of emphasis is that of teen dating violence (TDV) in childbearing couples. Teen mothers report higher rates of dating violence than older women, and TDV is more prominent in teens who are pregnant and/or parenting than in teens who are not (Kennedy, 2005; Leaman & Gee, 2008). Partners of some teen mothers control of their ability to work, attend school, or seek economic independence (Kennedy, 2005). The issues of TDV, intimate partner violence, reproductive coercion, and repeat pregnancy are difficult to dissect and create a complex web of circumstances that affects teen mothers, fathers, families, and communities (De Koker, Mathews, Zuch, Bastien, & Mason-Jones, 2014; Kennedy, 2005; Miller et al., 2007; Raphael, 2005). For the purposes of this article, the term *teen mothers* will be used to describe pregnant and/or parenting teens.

Experts support systemic and focused interventions to foster healthy relationship skills and prevent TDV, especially during the vulnerable times of teen pregnancy and/or parenting (Florsheim, McArthur, Hudak, Heavin, & Burrow-Sanchez, 2011). Only one published program was designed specifically for the needs of teen mothers. Florsheim et al. (2011) described the Teen Parents Program, a 10-week intensive counseling program and reported decreased intimate partner violence and enhanced paternal engagement in participating couples. This program was counseling based,

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considered by the authors as labor intensive and costly, and did not include a specific curriculum.

Although curricular strategies designed to reduce the perpetration and victimization of TDV have been noted to be effective, no curricular interventions were found specific to the unique needs of teen mothers (De Koker et al., 2014). Safe Dates is an evidence-based curriculum designed to reduce victimization and perpetration of dating violence in teens (Foshee et al., 1998; Foshee et al., 2000). The purpose of this feasibility study was to explore the effectiveness of an adapted Safe Dates program for teen mothers. We addressed the following research question: What is the effectiveness of an adapted evidence-based curriculum, Safe Dates, in reducing the victimization and perpetration of TDV in teen mothers? As noted by Bowen et al. (2009), feasibility studies provide the forum for assessing the efficacy and effectiveness of adapted interventions for new populations and may provide the foundation for ongoing full-scale research studies.

Review of the Literature

Teen Dating Violence among Teen Mothers

The exact rates of TDV among teen mothers are difficult to measure. Statistics reflecting the incidence of TDV vary and indicate that between 6% and 55% of teen women who are pregnant and/or parenting report experiencing TDV (Covington, Justason, & Wright, 2001; De Koker et al., 2014; Kennedy, 2005; Miller et al., 2007; Newman & Campbell, 2011). Pregnancy and risky sexual behavior, including multiple sex partners, early initiation of sexual activity, and unprotected sex, are significant predictors for TDV (Silverman, Decker, Reed, & Raj, 2006; Silverman, Raj, Mucci, & Hathaway, 2001). In fact, pregnancy is a protective factor against intimate partner violence in women older than age 25 years and a risk factor for those younger than that age (Silverman et al., 2006). Teens who are pregnant experience higher rates of interpersonal violence than adults who are pregnant, and pregnancy is more likely to be reported as unintended during the teen years, potentially indicating a risk for violence (Kennedy, 2005; Leaman & Gee, 2008; Silverman et al., 2006; Silverman, Raj, & Clements, 2004). Teen relationships are often characterized by instability, and a pregnancy may challenge the relationship in such areas as financial support, stress, or parenting and thereby increase the risk for violence (De Koker et al., 2014; Herrman, 2013).

Relationship violence during teen pregnancy and parenting has significant consequences, including pervasive family violence, economic dependence and poverty, child maltreatment, physical effect on the pregnancy, and myriad emotional sequelae (Covington et al., 2001; Herrman, 2009, 2013; Miller et al., 2007). In addition, teen girls who are victims of TDV have an increased risk of pregnancy; teens reporting TDV tend to participate in high-risk sexual behaviors, such as substance use with sexual encounters, multiple sexual partners, and lack of condom use, and violence has negative effects on the health of the teen mother and the infant (Silverman et al., 2004; Silverman et al., 2001; Weimann, Agurcia, Berenson, Volk, & Rickert, 2000). Researchers have reported that women who are abused during their pregnancy are more likely to deliver preterm, report more frequent use of substances and smoking, report more emergency room visits, have substandard prenatal care and assessments, and have poorer birth outcomes than nonabused women, including miscarriage and low birth weight (Covington et al., 2001; Glass et al., 2003; Weimann et al., 2000). Violence in the postpartum period may slow the healing process and foster an environment that spreads violence to the children and other family members (Covington et al., 2001; Glass et al., 2003).

Teen mothers retrospectively reported that the announcement of their pregnancies was the prime stressor that precipitated TDV in their relationships (Kennedy, 2005; Rosen, 2004). Parents' or guardians' disapproval of the pregnancy, childrearing methods, requests for child care, or the infant's father may further instigate violence (Herrman, 2009; Kennedy, 2005). Teen mothers reported that jealousy over attention to the infant, episodes of infidelity, and conflict with partners are often exacerbated during the first year of parenting, predisposing the relationship to violence (Kennedy, 2005). Harrykissoon, Rickert, and Weimann (2002) reported that violence in the postpartum period peaked at 3 months related to high levels of stress. Stressors during this time may be related to family discord, substance use, lack of sleep, finances, dependency, and