Outcomes from a Targeted Dating Violence and HIV/STD Prevention Program for Girls

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Dating Violence and Sex Risk

- Dating Violence Victimization linked to:
  - Lack of condom use
  - Multiple sex partners
  - Pregnancy

- Gender
  - Boys had more sexual risk taking early in high school but girls had higher risk by 12th grade
  - More than half of girls testing positive for an STI or HIV report experiencing dating violence

- Dating violence should be integrated into sexual health and pregnancy prevention programs
Prevention Gap

• Most programs...
  • Target DV alone
  • Primary prevention
  • School-based
  • Mixed gender

• Goal
  • Develop skills-based program for high risk girls that addresses the co-occurrence of relationship violence and sexual risk taking.
  • Focus on both victimization and perpetration
Prevention Targets

- Depression
- Behavioral Dysregulation
- Interpersonal Factors

- Sexual Risk Bx
- Dating Violence
Phase I Study

• Develop Date SMART Skills and Knowledge-Only interventions
• Focus groups
  • Content, language, games
• Open trial
  • Timing, refining recruitment, ACASI, # sessions
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<thead>
<tr>
<th></th>
<th><strong>Skills</strong></th>
<th><strong>Knowledge-Only</strong></th>
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<tbody>
<tr>
<td><strong>Session 1</strong></td>
<td>• Healthy v. Unhealthy Relationships (brainstorm)</td>
<td>• Healthy v. Unhealthy Relationships (list)</td>
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<td></td>
<td>• Dating Violence Behaviors</td>
<td>• Dating Violence Behaviors</td>
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<td></td>
<td>• HIV/STD Facts (part 1)</td>
<td>• HIV/STD Facts (part 1)</td>
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<td></td>
<td>• Thoughts ➔ Feelings ➔ Behaviors</td>
<td>• Identifying Relationship Role Models</td>
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<td>• SMART Problem Solving</td>
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<tr>
<td><strong>Session 2</strong></td>
<td>• Dating Violence Safety Planning (brainstorm)</td>
<td>• Dating Violence Safety Planning (list)</td>
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<td>• Self-Checks</td>
<td>• Dating Violence in the Media</td>
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<td>• Cognitive Restructuring/Thinking Errors</td>
<td>• Gender Roles</td>
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<td><strong>Session 3</strong></td>
<td>• Affect Management (ANGER and JEALOUSY)</td>
<td>• Identifying Peer and Relational Aggression</td>
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<td>• Emotional Thermometer</td>
<td>• Cyberbullying</td>
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<td></td>
<td>• Identifying and Avoiding Triggers</td>
<td>• Online Safety</td>
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<td></td>
<td>• Opposite Action (Part 1)</td>
<td>• Alcohol Facts</td>
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<td></td>
<td>• Mindfulness and Self-soothing (part 1)</td>
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## Group Sessions

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<tr>
<th>Session</th>
<th>Skills</th>
<th>Knowledge-Only</th>
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</table>
| **Session 4** | • Affect Management (DEPRESSION)  
• Changing Unhealthy Thoughts  
• Opposite Action (Part 2)  
• Mindfulness and Self-soothing (Part 2)  
• Evaluating Relationships/Partner Selection  
• Communication Skills (Part 1) | • Mental Health Symptoms and Disorders  
• Marijuana Facts  
• Facts and Risks of Other Drugs |
| **Session 5** | • Communication Skills (Part 2)  
• Sexual Communication  
• Condom Skills/Practice  
• Identifying Sexual Values | • Body Image  
• HIV/STDs (part 2)  
• Condom Steps (handout) |
| **Session 6** | • HIV/STD Testing  
• Social Support  
• Personalized Skills Plan  
• Relationship Values Discussion | • HIV/STD Testing  
• Family of Origin  
• Handling Violence at Home  
• Role Models |
| **Booster/Review** | • Skills Review  
• Values/Integrity/Empowerment | • Facts Review  
• Role Models |
Phase II Study

- RCT
  - Compare Date SMART Skills Group to Knowledge-Only Group
  - 6 group-based sessions (with one booster)
  - Weekly, 2 hours in length.
  - Off school grounds

- ACASI and TLFB at baseline, 3, 6, and 9 months.
Sample

- 108 high-risk adolescent females
  - History of physical dating violence identified in school-based screening (CADRI; Wolfe et al, 2001)

- Urn randomized to:
  - Date SMART Skills group (n = 59)
  - Knowledge-only group (n = 49)

- Dating violence severity and history of sexual activity were balanced across arms
Screened: 358
Eligible: 144 (40%)

Focus Groups: 13
RCT: 108
Open Trial: 8

Skills: 59
3 mo: 50 (91%)
6 mo: 50 (91%)
9 mo: 53 (95%)

KO: 49
3 mo: 41 (87%)
6 mo: 45 (96%)
9 mo: 42 (91%)
Intervention

• **Fidelity**
  - Structured manuals
  - Facilitator training to competence – post-doctoral trainees and clinicians
  - Rated adherence > 20% of sessions per arm
  - Adherence to content > 90%
  - Performance > 90% “very well”

• **Attendance**
  - Participants attended 4.98 out of the 6 core sessions
  - 83% attended the booster
## Baseline Demographics

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<th>Skills</th>
<th>Knowledge</th>
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<tbody>
<tr>
<td>Age, mean (SD)</td>
<td>15.75 (.90)</td>
<td>15.76 (.99)</td>
<td>$t = .05$</td>
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<tr>
<td>Race</td>
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<tr>
<td>American Indian or Alaskan Native</td>
<td>6 (10%)</td>
<td>3 (6%)</td>
<td>$\chi^2 = .57$</td>
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<tr>
<td>Asian</td>
<td>0 (0%)</td>
<td>3 (6%)</td>
<td>$\chi^2 = 3.72$</td>
</tr>
<tr>
<td>Black</td>
<td>22 (37%)</td>
<td>16 (33%)</td>
<td>$\chi^2 = .25$</td>
</tr>
<tr>
<td>White</td>
<td>12 (20%)</td>
<td>12 (25%)</td>
<td>$\chi^2 = .27$</td>
</tr>
<tr>
<td>Other Race</td>
<td>27 (45%)</td>
<td>23 (47%)</td>
<td>$\chi^2 = .02$</td>
</tr>
<tr>
<td>Ethnicity (% Hispanic)</td>
<td>29 (48%)</td>
<td>25 (51%)</td>
<td>$\chi^2 = .04$</td>
</tr>
<tr>
<td>Father figure in Home</td>
<td>32 (53%)</td>
<td>35 (71%)</td>
<td>$\chi^2 = 3.36$</td>
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<tr>
<td>Free or reduced price lunch</td>
<td>49 (82%)</td>
<td>39 (80%)</td>
<td>$\chi^2 = .44$</td>
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## Baseline Characteristics

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<th></th>
<th>Skills</th>
<th>Knowledge</th>
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<tbody>
<tr>
<td><strong>Mental Health</strong></td>
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<tr>
<td>Depression (BDI –II)</td>
<td>16.98 (11.82)</td>
<td>15.02 (9.36)</td>
<td><em>t = -.94</em></td>
</tr>
<tr>
<td>PTSD (UCLA-RI PTSD Severity Score)</td>
<td><strong>27.16 (15.84)</strong></td>
<td><strong>18.70 (14.18)</strong></td>
<td><em>t = -2.57</em></td>
</tr>
<tr>
<td><strong>Risk Behavior</strong></td>
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<tr>
<td>Had vaginal sex (lifetime % yes) (ARBA)</td>
<td>28 (47%)</td>
<td>20 (41%)</td>
<td><em>χ² = .46</em></td>
</tr>
<tr>
<td>Used condom at last sex (% yes, among sexually active participants) (ARBA)</td>
<td><strong>16 (57%)</strong></td>
<td><strong>15 (75%)</strong></td>
<td><em>χ² = 1.27</em></td>
</tr>
<tr>
<td>Shortened Peer Delinquency Scale (% yes)</td>
<td>52 (87%)</td>
<td>43 (88%)</td>
<td><em>χ² = .10</em></td>
</tr>
<tr>
<td>CADRI – DV perpetration score</td>
<td>1.45 (1.30)</td>
<td>1.29 (1.27)</td>
<td><em>t = -.54</em></td>
</tr>
<tr>
<td>CADRI – DV victimization score</td>
<td>1.39 (1.27)</td>
<td>1.17 (1.21)</td>
<td><em>t = -.77</em></td>
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Data Analyses

• Intervention efficacy (intent to treat)
  • Between and Within Group Effects using MPLus with robust standard errors

• Effect size estimates
  • Ordinal data – Odds Ratios
  • Scale data – Standardized Difference Scores (d)
  • Count data – Rate Ratios

• Missing data – multiple imputation

• Inverse probability of treatment weighting (IPTW) was used to obtain unbiased estimates of average treatment effects
CADRI Victimization

Effect Sizes at 9 months
Skills $d = -0.69, p < .001$
Knowledge $d = -0.67, p < .001$
CADRI Perpetration

Effect Sizes at 9 months
Skills $d = -0.73$, $p < .001$
Knowledge $d = -0.67$, $p < .001$
Unprotected Sex

Effect Sizes at 9 months
Skills  OR = 0.42, p = .07
Knowledge OR = 0.34, p < .05
Self-Efficacy for Condom Use

1=very sure – 4=couldn’t do it

Effect Sizes at 9 months
Skills $d = -0.35, p < .05$
Knowledge $d = -0.15, p = ns$
Conclusions

• Able to recruit and retain a sample of DV-exposed adolescent girls to participate in a 6 weekly, after-school groups and 1 booster session

• Both groups reduced dating violence and sexual risk behaviors among high risk girls at 9 month f/up
  • Consistent on all measures of DV (CADRI, TLFB, SNIT, ARBA)

• No between group differences on target behaviors
Limitations and Considerations

- Small RCT
- Knowledge-Only condition NOT a control
  - Why?
- Skills may matter!
  - # days in violent relationship
  - # break-ups, duration to break-ups
  - Maintenance effects
Acknowledgments

The adolescents that participated in our research!

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