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Efficacy and feasibilities of an evidence based program for seventh graders on teen dating violence : an evidence based nursing practice project

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Running head: TEEN DATING VIOLENCE

Efficacy and Feasibilities of an Evidence Based Program for Seventh Graders on Teen

Dating Violence

An Evidence Based Nursing Practice Project

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Abstract

The presence of teen dating violence (TDV) among the adolescent population is becoming recognized as a significant problem in the U.S. and worldwide. A growing body of evidence has begun to reveal the magnitude of the problem to include not only the negative effects on health throughout life, but also on the severity of the problem which can begin early and continue into adulthood. The purpose of this project was to determine if an evidence-based TDV prevention program for 7th grade students in a rural middle school was feasible and effective for increasing knowledge and understanding of dating violence and improve problem-solving skills. The project was guided by the revised version of the model for evidence-based practice change originally developed by Rosswurm and Larrabee (1999). A dating violence curriculum called Safe Dates, is a school-based program designed to change social norms and improve problem-solving skills (Foshee and Langwick, 2010). The program was adapted and implemented in a rural school seventh grade class (N=18). Comparison of the pre and post-test questionnaire's indicated a trend in raising students' awareness of what constitutes healthy and abusive dating relationships, its causes and consequences, and their ability to address the problem. The delivery of the adapted program was feasible and cost effective for the rural school. Recommendations for implementation in other settings are presented.

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Introduction and Overview of the Problem

The presence of dating violence among adolescents is becoming recognized as a significant problem in the U.S. and worldwide. According to the Centers for Disease Control (CDC, 2012), approximately 9.8% of high school students report being hit, slapped, or physically hurt purposely by their boyfriend or girlfriend in the past 12 months. Teen dating violence is considered to be physical, sexual, or psychological (emotional) violence within a dating relationship, according to the CDC (Centers for Disease Control [CDC], 2012, p.1). There are different terms used to describe teen dating violence (TDV): Relationship Abuse, Intimate Partner Violence (IPV), Relationship Violence, Dating Abuse, Domestic Abuse, or Domestic Violence (DV). A growing body of evidence has begun to reveal the magnitude of the problem, identifying the negative effects on health throughout life.

In a study conducted over 15 years ago of 1,952 female primary care patients McCauley, et al., (1995) reported that one out of every three women had experienced violence as either a child or an adult. These patients represented a large community population that was diverse in age, marital status, education and socio-economic status. McCauley, et al., (1995) also further purport that the magnitude of these associations support the idea that DV is a significant public health problem. In November 2005, the World Health Organization (WHO) advocated for a wide range of critical interventions in an effort to change attitudes and challenge the inequities and social norms that propagate the abuse. The WHO endorsed health service providers to be trained adequately to identify women experiencing violence and to respond properly (World Health Organization [WHO], 2005). Another study, conducted by Witt and Kendra (2010) emphasized the important implications for dating/violence prevention programs across all ages (i.e. teaching victims to detect and recognize danger) after their findings provided evidence that

victims of IPV displayed distinct deficits in recognizing danger in physically violent dating situations.

Adolescent dating violence is one of the strongest precursors to intimate partner violence (IPV) in adulthood (Centers for Disease Control and Prevention, 2006). The CDC purports four tenets related to adolescent dating violence, which are:

1. Teen dating violence can have deleterious health consequences across the lifespan. For example, teens are more likely to be depressed, have poor school performance, engage in drug or alcohol use, and are more likely to have eating disorders. Teens may consider or attempt suicide.
2. Teen victims of dating violence are at higher risk for dating violence in college.
3. Strategies to promote healthy relationships need to begin in the preteen and teen years.
4. Prevention programs can change attitudes & behaviors linked with dating violence such as Safe Dates: a school-based program designed to change social norms & improve problem-solving skills (Centers for Disease Control [CDC], 2012, p.2).

Ohio Substitute House Bill 19 (HB 19), also known as the Tina Croucher Act, became effective March 29, 2010 and served as an impetus for this project. The bill requires public schools to incorporate dating violence into their policies prohibiting harassment; intimidation or bullying within six months after the amendment was passed in 2010. School districts were required to include dating violence prevention education in the health curriculum for grades seven through 12 (130th General Assembly, 2013). Although there are links to resources for

TDV programs, the Ohio Department of Education (ODE) does not recommend a particular program for implementation, leaving school districts to determine what program to utilize. After a recent review of the ODE website in October 2013, there remains no developed toolkit available to assist schools in the implementation process or policy development, which will be necessary for meeting the requirements of HB 19. For some schools, implementing a TDV program will prove challenging without adequate assistance and guidance. Healthcare providers, researchers and community members can assist in the implementation process of a feasible and effective TDV curriculum. HB 19 requires each school district to:

1. Incorporate violence within a dating relationship into its policy prohibiting student harassment, intimidation, or bullying.
2. Integrate dating violence prevention education for grades seven to 12 within the district's health curriculum.
3. Include provisions for training in dating violence prevention for certain middle & high school employees (130th General Assembly, 2013).

A TDV program called Safe Dates was chosen after evaluating multiple other programs that appeared to lack many attributes that Safe Dates offered. The process of selecting a feasible and effective program will be discussed later in the paper under *Program Selection*.

Identification of the Problem

Among communities of educators, healthcare providers, parents, students and policy makers, there is increasing awareness that TDV is an issue that needs to be addressed in an effort to not only prevent the problem, but to reduce the issue through increasing knowledge and understanding of TDV and improve problem-solving skills. Identification of the problem served as part of the initial step of the model for Evidence-Based Practice Change by Rosswurm and

Larrabee (1999) that guided this project, which will be briefly described in the subsequent section of this paper after the PICOT statement is postulated. The PICOT question is a helpful method for summarizing a research question that explores the outcome of an intervention.

PICOT is an abbreviation for population (sample of subjects), intervention (treatment provided to subjects), comparison, outcome (anticipated result), and time (duration of data collection).

PICO Statement

The PICOT question of interest was: In 7th graders (P), how does providing a school-based dating violence program (I) compared to no previous dating violence program (C), affect knowledge, understanding, and problem-solving skills of dating violence (O) following a 10-session curriculum (T).

Aims of this project related to the PICOT question were as follows:

1. Determine the feasibility and effectiveness for the implementation of the Safe Dates curriculum in a select rural school district.
2. Determine implementation recommendations of the Safe Dates curriculum that maintain the viability of the curriculum, yet address cost effectiveness, as school districts are challenged with economic issues.
3. Develop a toolkit for the using a TDV curriculum based on the evidence and results of the implementation of the Safe Dates curriculum that will serve as a prototype for other school districts.

Framework Guiding Project: Model for Evidence-Based Practice Change

The model for evidence-based practice change chosen to guide this project was the revised version of the model originally developed by Rosswurm and Larrabee (2009). The model was selected to guide the process for change to evidence-based practice. The model represents

principles of quality improvement, utilization of team-work, and evidence-based translation strategies to promote adoption of a new practice. Other models might also be very useful, but the model appears to offer ease of use and applicability to a variety of practice change ideas. The model is valuable in the systematic process of integrating evidence into practice at the individual level and served as the best evidence based practice model to provide structure for this project. The model is derived from literature on theory and research in relation to evidence-based practice, research use, and change theory according to Melnyk & Fineout-Overholt (2011). The model can guide practitioners through the process of changing to evidence-based practice, from the assessment of a need for change to the integration of an evidence-based protocol (Rosswurm & Larrabee, 2009). The model was directed towards a team of educators and education administrators. It is recognized that an important aspect of the model is that when implementing evidence, revisions are anticipated, in order to facilitate change. The model contains six steps presented briefly in this section of the paper. The six steps are: assessing a need for change, identifying the best evidence, analyzing the evidence, designing practice change, implementing and evaluating change, and integrating the change in practice.

The key activities in the initial step, *assessing a need for change in practice*, were to identify a problem or a practice change. Parts of step one of the model, were previously described in the sections of this paper titled: *Introduction and Overview of the Problem* and *PICOT statement*. Other key activities in this step are identifying key stakeholders that can be directly or indirectly involved with the identified problem as well as begin collecting internal and external data to evaluate best practice benchmarking strategies. Another important action in this stage was refining the problem statement by linking the problem with potential interventions and anticipated outcomes (Melnyk & Fineout-Overholt, 2011). Refining the problem can be done

through development of a PICOT question, which identifies the population, intervention, comparison, outcome, and time frame for the problem. Building a team comprised of the key stakeholders will be important for the progression and guidance through each step of the model as the evidence-based practice (EBP) evolves.

Activities in the second step, *locate the best evidence*, entail an initial review of the types and sources of potential evidence, identification of important concepts and key terms through development of the research question that guided the search, and determine inclusion and exclusion criteria for the search (Melnik & Fineout-Overholt, 2011). And most importantly, an exhaustive review of the literature occurred in this step; in addition to selecting the process for critically appraising the evidence in order to organize the literature chosen for this project.

Critically analyze the evidence is step three of the model which involved critically appraising evidence and evaluating strength of the evidence as a means to assess feasibility, benefits, and risks of implementing a practice change from the identified problem in step one of the model chosen for this project (Melnik & Fineout-Overholt, 2011).

In step four, *design practice change*, primary activities were to define the potential practice change, identify resources needed for the change, develop an evaluation strategy or plan for piloting the practice and lastly, design an implementation plan (Melnik & Fineout-Overholt, 2011). The activities in step three are critical for pulling together what will be the pilot for testing, in order to evaluate the proposed practice change and make necessary changes before the project is implemented in step five and integrated into practice in step six.

Implementation and evaluation of the pilot study occurred in step five of the model. The implementation plan that was originally designed in step four was implemented. The purpose of step five was to evaluate the process, outcomes, and costs of the pilot study and then collect and

analyze develop the data obtained during the pilot in order to develop recommendations and conclusions, which leads into the final step of the model (Melnik & Fineout-Overholt, 2011).

Step six, *integrate and maintain change in practice*, builds on the recommendations identified in step five. Recommendations were developed and communicated to the stakeholders involved with the practice change in this step in order to determine what was feasible and effective based on evidence delineated from the pilot. The results of the pilot were disseminated. Currently there are on-going efforts to promote this project on a state and national level through efforts including a poster presentation which took place March 29, 2014 at the Midwest Nursing Research Society (MNRS) Conference in St. Louis as well as an upcoming conference in October 2014 with the Doctors of Nursing Practice. It is anticipated that the project will be developed into a manuscript for submission to the Journal of School Health or Journal of School Nursing. Also of interest, which is described later in the paper is the current development of a toolkit that is anticipated to be distributed at the state level with policy makers that were originally involved with HB 19. This final step allows for the pilot to be incorporated into practice with activities of ongoing monitoring in order to evaluate the outcomes originally identified in step one.

The Rosswurm and Larrabee (2009) model guided the project leader through the process of identifying TDV as a significant problem, identifying and evaluating the best evidence, designing a practice change and integration of the evidence-based protocol into practice. Each of the six steps of the model served as a section of this paper.

Step One of Model: Assess the Need for Change in Practice

Gathering Stakeholders

As previously discussed in section: *Introduction and Overview of the Problem*, evidence exists which support a need for improving knowledge and understanding of TDV in an attempt to reduce and prevent the public health problem (Melnyk & Fineout-Overholt, 2011). When seeking to identify and build a team of stakeholders, the project leader found these individuals to be highly engaging and welcomed exploration of the identified problem of TDV. Stakeholders were primarily interested in getting involved for three key reasons: 1) state mandate (HB 19), 2) concern for addressing TDV which is a growing problem that the school administrators identified as a significant challenge that had not been adequately addressed prior to the project proposal, and 3) the emerging need for updating the school policy which originally only contained policies that prohibited harassment, intimidation, or bullying. Stakeholders identified that were directly involved with the project were: school administrators (including the Superintendent, high school Principal, and middle school Principal, school guidance counselor, school nurse practitioner (NP), 7th grade health teacher, and Parent Teacher Community Organization (PTCO), which includes members of the community with or without children. Indirectly involved stakeholders were: the Safe Dates trainer, who serves as the Ohio Director of Partnership for Violence Free Families (PVFF), the principal investigator (Foshee & Langwick, 2010) who originally developed and extensively researched the Safe Dates program, the Ottawa County Health Commissioner, and local law enforcement. The direct and indirect stakeholders provided support from the initiation of the project, to its completion.

The need to implement the program prior to summer break limited the opportunity to create the originally planned “Teens for Safe Dates Team”, a peer group of student stakeholders. Time

was a limiting factor primarily due to the school schedule being intermittently reduced because of academic testing schedules or various field trips. It seemed that recruitment was challenging because students were already spread thin with other academic commitments. The teen group could have created advertisements within the school along with other creative ideas (i.e. school t-shirts to sell...proceeds can go to the local domestic violence shelter), to promote support of the program and anti-dating violence awareness efforts. This is a potential concept that could be applied in the future during other topically appropriate educational blitzes that the school gets involved with (i.e. during their anti-bullying program). While a teen team did not form during the initial phase, the direct and indirect stakeholders assisted with spreading news of Safe dates throughout areas within the school (offices of library, guidance, nursing, and administration) with visible signage, information pamphlets, and stickers promoting information and support regarding TDV. These materials had students from other grades talking about the topic and the students took notice of the researcher's presence during the implementation of the project.

The setting: Collecting Internal and External Data

The setting for the implementation of the project was Danbury Local School District (LSD) in rural Lakeside-Marblehead, Ohio. Kindergarten through the 12th grade at Danbury LSD is contained in one school building. The health curriculum begins in the 6th grade at Danbury LSD and the Safe Dates program according to Foshee and Langwick (2010), is geared for beginning in the 7th grade, thus students targeted for the project that participated were in 7th grade. The district enrollment is approximately 650 students in grades K-12. The district receives services from the Erie-Ottawa County Educational Service Center and is affiliated with the EHOVE (Erie, Huron, Ottawa Vocational Education) Career Center for vocational programs. The Danbury LSD is accredited by the North Central Association of Colleges and Schools. The

estimated total population of the community is 4,300 with a median age of 54.90. The race is broken down as follows: 96.24% of people are White, 1.01% are Black, 0.14% are Asian, 0.55% are Native American, and 2.05% claim 'Other'. The average household income is \$42,000. Approximately 56.01% of people are married and 15.58% are divorced (ZIP Code Database, 2010). Although Lakeside-Marblehead crime rate is not available, Ottawa county data provide crime rates (Refer to Table 1). Rape risk rate of the county as compared with the state and U.S. rates is also included in the table. As of October 2013, there were no updated crime rates available for Ottawa County, as it appears that this is measured every 10 years. The crime rate data for Ottawa County is collected by the local policy agency and reported to the Federal Bureau of Investigation Unified Crime Reports program.

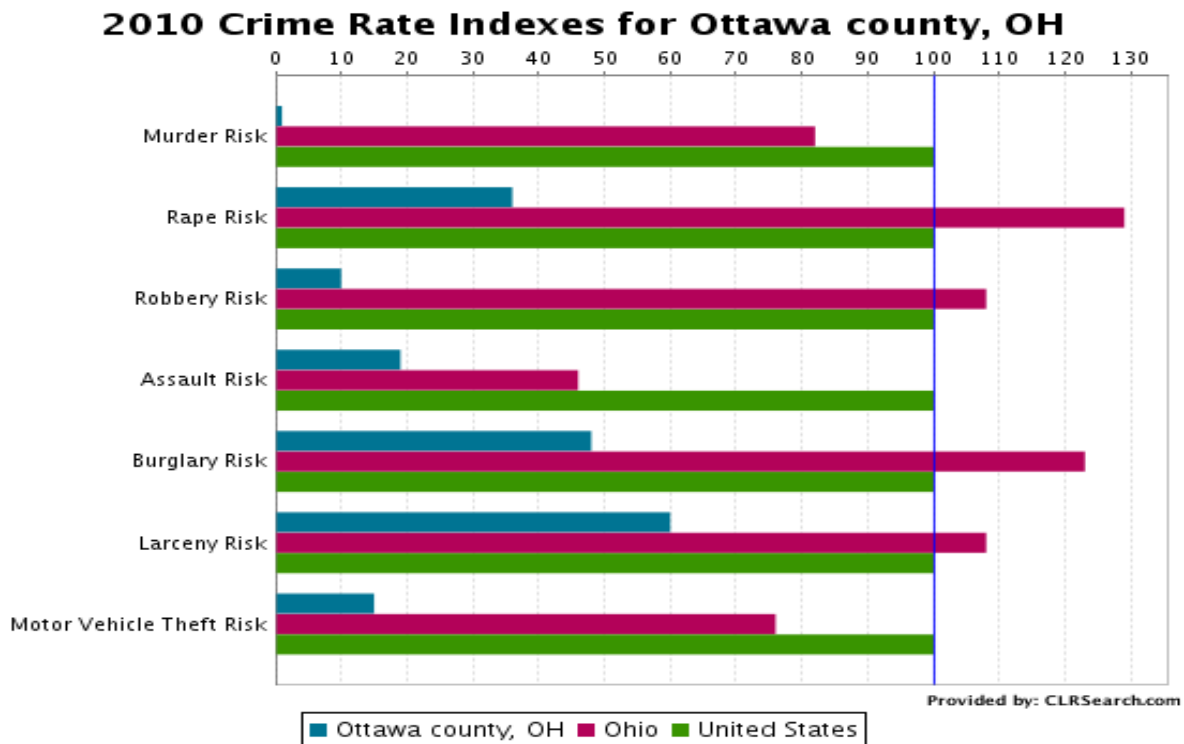


Figure 1. Crime Rate Index 2010 of Ottawa County (Compared with Ohio and United States Rates). The Crime Rate Index score for Ottawa County is compared to the national average of

100. A score of 200 indicates twice the national average total crime risk, while 50 indicates half the national risk. A score of 100 would mean that a city's crime risk is equal to the national average. From a different perspective, the 10 most dangerous cities in the country are listed with a crime risk index score of 331 or higher.

The Ottawa County Community Health Assessment, which is comprised of health-related data for Ottawa County adults (19 years of age and older) and youth (ages 12 through 18) who participated in a county-wide health assessment was recently conducted in 2012. The youth survey was comprised of questions from the Youth Risk Behavior Surveillance System survey. Schools and grades were randomly selected from general English or health classrooms throughout Ottawa County, to collect health-related data. The following data below reflect grades nine through 12. Some key findings from the Youth Survey are listed below:

1. 15% of Ottawa County youth had carried a weapon (such as a gun, knife, or club) in the past month
2. 2% indicated they brought the weapon to school in the past month
3. 6% had been threatened or injured by a weapon in the past year
4. 29% bullied on school property in past year
5. 55% reported that firearms were kept in or around their home and 10% report the firearm was loaded and unlocked
6. 7% reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months
7. 11% seriously considered suicide in the past year

8. 5% were physically forced to have sexual intercourse when they did not want to, increasing to 7% of females (Ottawa County Community Health Partners, 2012).

The key findings of the 2012 health assessment project revealed the need for addressing youth violence issues for the past 6 years since the 2006 assessment was last conducted.

Step 2 of Model: Locate the Best Evidence

Literature Review

In a recent study conducted by the CDC (2013), nearly 72% of 8th and 9th graders report “dating.” Of these students, more than half reported seeing dating violence among their peers after reaching high school (Centers for Disease Control, 2013). The CDC has launched an initiative aimed at adolescents to raise awareness about teen dating violence through offering education on healthy dating practices starting at the 6th grade. The CDC recommends the following:

1. Develop and implement a comprehensive program that promotes nonviolent, respectful dating relationships among teens
2. Develop local public health initiative that offer EBP related to violence prevention strategies
3. Develop a system of indicators of TDV among a community (Centers for Disease Control, 2013).

Although the CDC provides recommendations to pursue efforts that assist in preventing or reducing teen dating violence, there are no formal guidelines developed. The recommendations that the CDC provides are generalized statements. In addition to the more than 14 states that have laws that urge or require schools to develop and implement programs on teen dating

violence into their curriculum, no formalized guidelines, policies or protocols presently exist. In reviewing Ohio's HB 19 (parallel to the CDC's general recommendations), there are merely basic statements requiring the implementation of a dating violence program with no detailed directions or guidance upon which program to implement, or how to implement a particular program. It is evident that guidelines may need to be established in the future. School districts in every state may potentially need protocols, policies or guidelines in order to effectively and efficiently implement an appropriate TDV program regardless of the presence of HB 19.

The Task Force on Community Preventive Services by Hahn et al., 2007 (Task Force) conducted a Systematic Review (SR) during the period of 2004-2006 of published scientific evidence related to the effectiveness of universal school-based programs to reduce or prevent violence among children across all grade levels. The intent of the programs were to educate students about the problem of violence and its prevention, which also included efforts to reduce aggressive or violent behavior through emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, and team work. The authors of the SR analyzed 53 studies of universal school-based programs for the prevention of violent and aggressive behavior. Programs in the lower grades focused on disruptive and antisocial behavior, whereas in the upper grade levels, programs focused on general violence and bullying and dating violence. The review examined the effects of the school programs across all school grades and found a 15.0% relative reduction in violent behavior among students that received the program. The SR also explored the effects of universal school programs in schools defined by the presence of lower socioeconomic status (SES), higher crime, or race and ethnicity variations among the study school population. Overall, universal school-based programs were effective in decreasing all forms of violence at all school levels and across the various populations within

each school. The SR also evaluated the limited economic data available on implementing school-based programs and determined such programs to be cost-effective (Hahn, et al., 2007). The review, which utilized a comprehensive search strategy, is level-one evidence, which compiled similar studies addressing all forms of adolescent violence.

According to Silverman, Raj, Mucci, and Hathaway (2001), IPV against women is a significant public health concern. The authors were interested in studying lifetime prevalence rates of physical and sexual dating violence due to the lack of representative epidemiologic studies of dating violence experienced by adolescents. The main goal was to provide a reliable estimate of the scope of the problem. The article does not directly contribute to the PICOT question regarding the implementation of a dating violence program among adolescents, but results from the study reveal the scope of the problem. The researchers conducted a study of female 9th through 12th grade students that completed the 1997 and 1999 Massachusetts Youth Behavior Risk Surveys (YBRS). The data from the YBRS revealed that approximately 20.2% of females in 1997 and 18.0% of females in 1999 reported being physically or sexually abused by a dating partner. The researchers controlled for the effects of confounding demographics and risk behaviors to determine if there was an association of substance use, weight problems, sexual risk behaviors, pregnancy and suicidality when exposed to dating violence. The results from the YBRS showed that females experiencing physical, and/or sexual dating violence is associated with increased risk of substance use, unhealthy weight control behaviors, sexual risk behaviors, pregnancy, and suicidality (Silverman, et al., 2001).

A study conducted by Wolf et al. (2009), explored whether a curriculum that integrates dating violence prevention reduces physical dating violence in adolescents. The study was a cluster randomized control trial conducted during 2007 in 20 public schools throughout Ontario that

included a 2.5-year follow-up. The researchers implemented an experimental intervention curriculum called the “Fourth R: Skills for Youth Relationships” in the schools. The researchers measured physical dating violence 2.5 years after baseline evaluation. The results showed that physical dating violence was significantly higher for students in control schools (9.8%) at follow-up when compared to those schools in the intervention group (7.4%). Wolf et al., revealed that their study supports the effectiveness of school-based universal programs can be successful in the reduction of dating violence among adolescents. Both the Safe Dates and Fourth R programs have been researched and published in literature (Hahn, et al., 2007; Wolfe et al., 2009) suggesting evidence that a school-based program can improve knowledge and understanding of dating violence and even assist in the reduction or prevention of dating violence.

Three articles were appraised which studied results from a large scale randomized control trial conducted in North Carolina in 1994. The first article published in 1998 by Foshee et al., studied the effects of the Safe Dates program on the primary and secondary prevention of adolescent dating violence. Eighth and 9th graders in fourteen schools in North Carolina were randomly allocated to treatment conditions. In addition, subsamples of primary prevention and secondary prevention treatment groups were evaluated. Baseline questionnaires were completed in both the treatment and control groups prior to implementing the Safe Dates program. The treatment and control groups were comparable at baseline. One month after program activities ended, the adolescents in the entire study completed a second questionnaire which was compared to the baseline questionnaire. Of importance, at both baseline and the first follow-up one month after the program was completed, approximately 70% of the adolescents reported dating. Of those adolescents that were dating at baseline, 34.9% of the girls and 38.0% of the boys reported being

a victim of dating violence at least once (Foshee et al., 1998). At the one month follow-up after the program completed, the study revealed there was 25% less psychological abuse perpetration, 60% reduction in sexual violence, and 60% fewer violent acts against the current dating partner in treatment schools when compared to the control schools. After the study was completed, Foshee et al., (1998) suggested the importance of addressing the public health problem of dating violence and the need for the implementation of a program in schools. The researchers explained that although there are many youth violence prevention programs, most of the programs do not actually address the issues related to dating violence. In addition, the study showed promise for preventing adolescent dating violence and the researchers involved in the original study in 1998, made the recommendation to continue conducting further follow-up studies of the Safe Dates program.

Leaping ahead by nearly a decade to appraise an article published by Foshee, et al., (2005) evaluated and summarized all four waves of follow-up data of the Safe Dates program from the original randomized control trial conducted in 1998. In this study, which extends beyond the earlier work using the four waves of follow-up data (at 1 year, 2 years, 3 years, and 4 years), the researchers created a fifth wave of data which also assessed program effects up to three years post-intervention, utilizing a different analytical strategy (random coefficient regression modeling) and multiple computation procedures to account for missing data due to attrition of the original 1998 study. Applying the different strategy allowed the researchers to examine the effects of Safe Dates over time in preventing and reducing psychological, physical and sexual dating violence. The analysis revealed significant effects of the treatment condition on psychological, physical, and sexual violence. Adolescents who received Safe Dates reported less

psychological, physical and sexual dating violence at all four follow-up periods when compared to control groups.

Jackson and Foshee (1998) examined the relation between parenting behavior and violence-related behaviors in a sample of 9th and 10th grade adolescents. The study evaluated two areas of parenting behavior: responsiveness and demandingness. The two areas of parenting behavior were then compared to adolescent involvement in violence-related behaviors. The study gathered data on parent responsiveness and demandingness and adolescent violence-related behaviors. The results of the study showed that higher perceived parental responsiveness and demandingness of parents inversely related to adolescent violence-related behaviors. In other words, an adolescent was less likely to engage in violence against other peers when parents were highly responsive and demanding (Jackson & Foshee, 1998). Although, this article is identified in the Synthesis Table in Appendix A as not meeting the specific interests of the PICOT question, the data may provide additional information regarding the importance of parenting skills in relation to adolescent involvement in violence.

There are two additional articles that also investigate the relationship between family factors and adolescent dating violence. Wolf and Foshee (2003), explored anger expression style and whether it mediates the relationship between exposure to family violence and dating violence by adolescents. The authors administered questionnaires to 8th and 9th grade students in 1994. The results revealed that both females and males exposed to family violence have more destructive anger expression styles compared to adolescents who have not experienced family violence. The findings of the study suggest that adolescents exposed to family violence learn anger expression styles (such as destructive) that place them at risk of being a perpetrator of dating violence. Additionally, adolescents that react with negative expressions when angered, (i.e. yelling,

screaming, destroying property), are at risk of perpetrating dating violence (Wolf & Foshee, 2003).

Similar in subject to the Wolf and Foshee (2003) study described above, a separate study which examined the relationship between family violence and adolescent dating violence and whether it varies by race, SES, and family structure was conducted by Foshee et al. (2005). The results of this study are based on a questionnaire administered to 8th and 9th grade students in 14 public schools in North Carolina. Although the total sample had no racial differences in the amount of exposure to family violence, the study results indicated that exposure to family violence predicted dating violence by Black adolescents but was not associated with dating violence for White adolescents. Ultimately, Noonan and Charles (2009) endorse prevention efforts that emphasize skill building, tailoring efforts for particular subgroups, and identifying innovative ways of reaching youth.

The data from the previous four articles discussed (Foshee, et al., 2005; Jackson & Foshee, 1998; Noonan & Charles, 2009; Wolf & Foshee, 2003;) provide insight into the importance of addressing adolescent dating violence in the schools. Adolescents may not be receiving adequate support at home in the development of social skills, especially relationship skills. Schools may be a significant conduit of information and support for the adolescent in the development of healthy relationship behaviors. Regardless of a program being conducted short or long term, strong evidence indicates that the implementation of a teen dating violence curriculum can enhance knowledge of dating violence, as well as prevent dating violence (Hilton, et al., 1998; Jaycox, et al., 2006; Lavoie, et al., 1995).

Gaps in the Literature

Substantial evidence in the literature identifies a need for implementing an adolescent dating violence program in the curriculum among schools in the United States. With the plethora of evidence available in a multitude of research databases, gaps exist in clinical knowledge related to the problem of adolescent dating violence. There are very few longitudinal studies that have been conducted in determining the effects of implementing an educational/prevention program. Although the available evidence to date shows consistent significance that implementing a prevention program can yield success (Hilton, et al., 1998; Jaycox, et al., 2006; Lavoie, et al., 1995), the body of evidence is not expansive. As adolescent dating violence prevention programs develop, more researchers are developing interest in measuring the outcomes of baseline data compared to post-program data. Evidence on the importance and need for TDV prevention programs is fairly substantial, yet there remains minimal data that is available to date related to the evaluation of TDV programs.

Step 3 of Model: Critically Analyze the Evidence

Critical Appraisal of Evidence

The process used to summarize and critically analyze the relevant available research related to the PICOT question of inquiry is presented in this section. At the start of the project, two databases were searched: PubMed and CINAHL. Key words were carefully considered in order to generate results that related to the PICOT question. An advanced search of PubMed was used to limit the results to relevant citations, which narrowed the search. The limits used were: meta-analysis, randomized controlled trial, and English only. Refining the key words to search in PubMed assisted in narrowing the results to be more appropriately related to the PICOT question. Using the limits with the following terms revealed narrow results: “school-based

programs” and “domestic violence prevention,” yielding 18 articles directly related to the PICOT question. Applying the same key words used in searching PubMed yielded very minimal data during the initial search of CINAHL. After refining the search in CINAHL by using broader terms with less combinations’ and no limits, useful results were found and applicable to the PICOT question. The terms that yielded the most appropriate results in CINAHL were: “dating,” “intimate partner violence,” “prevention,” and “adolescents,” with the use of the Boolean operator “AND.” The main criteria for inclusion and exclusion of articles centered upon whether or not an article contained all of the keywords within the PICOT question as well as the population of interest, type of intervention, and the outcomes studied. It was important to focus on the criteria because there were thousands of research articles in the databases on the general topic. Articles that focused around the combined keywords chosen, provided references most directly related to the PICOT question. Specifically, criteria for inclusion included the use of the following key terms: dating violence, adolescents, and prevention programs in schools.

In searching for the best evidence, it was important to establish a hierarchy of evidence in order to guide the different types of evidence employed in the research of this project. There are different levels (or hierarchies) of evidence that were incorporated in this project. Level I evidence such as from a systematic reviews or meta-analyses are considered the strongest level of evidence in projects that explore an intervention or treatment question, where as Level VII evidence such as from opinions of authorities or reports of expert committees, are considered the lowest level of evidence. The rating system for the hierarchy of evidence for intervention/treatment questions was used for this project, which was modified from Guyatt and Rennie’s Users’ guides to the medical literature (as cited in Melnyk and Fineout-Overholt, 2011). All levels of literature (primary, secondary, conceptual/theoretical and case studies) were

included to gain a comprehensive understanding of the topic. Refer to Appendix B for a description of the rating system utilized for determining the level of evidence (Appendix B, Hierarchy of Evidence for Intervention Studies). Of the twelve articles appraised, eight articles specifically met the criteria for inclusion: dating violence, adolescents, and prevention programs in schools. The eight articles identified statistical significance of the effectiveness of school-based programs in improving knowledge and understanding (as well as reducing or preventing) violent behavior. Although three articles did not meet the criteria for inclusion, the findings in the articles contribute to an understanding of the problem. For example, Silverman, Raj, Mucci, and Hathaway (2001), (as previously mentioned, is found in Appendix A), did not meet the inclusion criteria, but established data which revealed lifetime prevalence rates of physical and sexual violence from dating partners among adolescent girls. Although the article does not directly provide data on the implementation of a school-based prevention program for dating violence in adolescents, it does provide useful information regarding the scope of the problem previously identified in the *Introduction* of this paper. The twelve articles appraised ranged from the highest level of evidence (level-one) to lower level evidence (level-six). Although twelve articles have been formally appraised and synthesized, there were approximately 20 articles that were originally considered for inclusion in the research process. While the implementation of the project was completed in June of 2012, the evaluation process occurred over the course of 2013, which led to an updated search of the literature in October 2013, adding to the body of evidence under the subheading *Literature Review* prior to this section of this paper in step two of the model. The twelve articles appraised are evaluated for the level of evidence and the applicability of each article to the PICOT question of interest, located in Appendix A (Synthesis Table).

Compelling New Evidence

With the passage of time being approximately two years since the initial research began for the project, a recent review of the evidence was conducted in October 2013. The entire electronic journal center (EJC) was searched using different search terms from the original literature review. The following terms were chosen after gaining more experience with observing what appeared to be commonly used terms for TDV in general. Search terms used were: “teen dating violence,” “youth violence prevention,” and “middle schools.” Two current research studies surfaced. One journal article was recently published in abstract only format at the CDC.gov website (Ybarra, et al., 2013), and the other article was focused on educating teens about the laws and consequences for perpetrators and was discarded. In the future, it will be interesting to see the entire study by Ybarra, et al., (2013) because the abstract reveals new evidence of worsening trends of TDV. The abstract reported national prevalence rates of physical, psychological, and sexual TDV perpetration and victimization. The abstract offered a reasonably detailed results section, indicating that two in five (41%) of females and one in three (37%) of males reported experiences as a TDV victim. To further add, their research showed that one in three U.S. teens between the ages of 14 and 20 have been victims of TDV and almost the same percentage of teens indicated in the study that they also have committed relationship violence themselves. This new piece of information, while it is only an abstract that was accessible, shows the significance of the problem of TDV. When this project began, the statistics shared earlier in the paper, were one in four U.S. teens being victims of TDV. If we compared older studies presented in this paper (which typically purported a TDV prevalence rate of 25%) to the new data available in the Ybarra et al., abstract, (prevalence rate of 33%), that is

an 8% increase since the beginning literature review of the problem. This knowledge further underscores the scope of the problem and the dire need for intervention among teens.

Step 4 of Model: Design Practice Change

Program Selection

The project leader directed the EBP team of stakeholders previously identified in step one of the model in the selection process of Safe Dates, which is a school-based middle and high school program designed to stop or prevent the initiation of psychological, physical, and sexual abuse on dates or between individuals involved in a dating relationship. The program goals were to:

1. Raise students' awareness of what constitutes healthy and abusive dating relationships
2. Raise students awareness of dating abuse and its causes and consequences
3. Equip students with the skills and resources to help themselves or friends in abusive dating relationships
 - a. Equip students with the skills to develop healthy dating relationships, including positive communication, anger management, and conflict resolution.

Safe Dates is an evidence-based curriculum that has supported the prevention of dating abuse with strong, long-term outcomes (Foshee & Lankwick, 2010). The program is highly engaging and interactive. The program helps teens recognize the difference between caring, supportive relationships and controlling, manipulative, or abusive dating relationships. It has also been designated as a Model Program by the Substance Abuse and Mental Health Services Administration. In 2006, Safe Dates was selected for the National Registry of Evidence-based

Programs and Practices (NREPP), and received high ratings on all criteria. The curriculum includes:

1. Updated statistics and facts
2. Information on dating abuse through technology
3. All handouts and parent resources on CD-ROM
4. New Families for Safe Dates program to get families talking about healthy dating relationships and dating abuse

The fidelity of the product and the accompanying outcomes are best maintained by completing all ten sessions. There are options of combining the ten sessions that can be accomplished in either a six-session program or four-session program, but with the author receiving a Safe Dates training grant through Verizon Wireless, it was required that the program be taught in ten individual sessions as the program was originally intended.

Other programs were considered prior to choosing the Safe Dates program. Such programs included: “Love Is Not Abuse,” “Expect Respect,” and “The Date Safe Project,” otherwise known as “Can I kiss you?” The program “Love Is Not Abuse,” (Break the Cycle, 2012) appeared to have similar goals to the Safe Dates program, but lacked a comprehensive curriculum, covering key topics in only four sessions, yet was not tested for validity or reliability. While comprehensive through offering 24 sessions, the “Expect Respect” program (Expect Respect, 2014) had no theoretical basis or evaluation of the program effectiveness. And lastly, the “Date Safe Project,” (Can I Kiss You, 2013) appeared to be the most informal of the available programs, and had minimal session material and offered only general activities about dating safely, and was merely reviewed by previous clients, students or teachers.

Foshee et al., (2004) purported that Safe Dates changes adolescent dating violence norms, changes adolescent gender-role norms, improve conflict resolution skills for dating relationships, promote victims' and perpetrators' beliefs in the need for help and awareness of community resources for dating violence, promote help-seeking by victims and perpetrators, and improve peer help-giving skills. The Safe Dates program can stand alone or fit easily within a health education, family, or general life-skills curriculum. Because dating violence is often tied to substance abuse, Safe Dates also may be used with drug and alcohol prevention and general violence prevention programs. Safe Dates could also be part of a school's support group or counseling program, after school, or enrichment program. The Safe Dates program consists of five components:

1. A ten-session dating abuse curriculum (can be altered to become a six-session or four-session program)
2. A play about dating abuse: There's No Excuse for Dating Abuse
3. Parent materials, including a letter, newsletter, and the Families for Safe Dates program
4. A pre-program and post-program evaluation questionnaire

The Safe Dates program provides a questionnaire to determine if a change in knowledge of the participants occurs as a result of the program. Stakeholders were asked to review the questionnaire as appropriate for the participants of this project. The review indicated that the components of the questionnaire appeared to be both feasible for the project and appropriate for the needs of the students, parents and school.

Program Validity and Reliability

In 2006, the NREPP had external viewers independently evaluate the quality of research for the intervention's reported results using six criteria: reliability of measures, validity of measures, intervention fidelity, missing data and attrition, potential confounding variables, and appropriateness of analysis. NREPP's Quality of Research ratings are indicators of the strength of the evidence supporting the outcomes of the intervention. A higher score indicates stronger, more compelling evidence. Each outcome was rated individually because interventions may target multiple outcomes, thus the evidence supporting the different outcomes may vary. The overall ratings determined by the NREPP for each of the six outcomes previously listed are rated above 3.0 (on a 0.0 to 4.0 scale).

With assistance from the Director of PVFF, the project leader was able to connect with the publisher of Safe Dates, Hazelden, which provided contact information for the principal investigator and author of Safe Dates. The project leader received information from the author and reviewed the evidence and briefly summarized the evaluative data provided from the initial 1998 study that led to the development of the Safe Dates curriculum that is utilized in schools today (Foshee, et al., 1998). This study was previously described in the literature review, but how the data was translated from the study into a more refined product had not been described. Essentially the researchers took fourteen schools and trained each school during a span of 20 classroom hours, and provided training on TDV and the Safe Dates curriculum, which at the time had not been published until 2004. The Safe Dates questionnaires were still in the developmental stages because the researchers wanted to obtain in depth input from those that taught the program at all fourteen schools. Outcome variables in the first analysis included: four victimization and four perpetration variables, using Wilcoxon signed rank test. In the second

analysis, the researchers evaluated prescribed norms, conflict management skills, gender stereotyping and the belief in need for help, using Wilcoxon signed rank test. The data from the questionnaires were collected from the students. The individuals teaching the program across the fourteen schools also received a battery of questionnaire's that evaluated the fidelity of each session including allotted time, material, well-received verses problematic, subjective feedback from the students and teachers of the evaluative questions that were on the pre-program test and post-program test. The students then were evaluated, separate from receiving the program and asked a series of questions of how strongly they agreed or disagreed with a series of statements measuring different concepts that were taught in each session, and using the 5-point Likert scale format to extract the data and determine a summary of the material collected from both the teachers and students involved with the program. The researchers concluded that the curriculum and program questionnaire reveal a 25% reduction of psychological abuse perpetration, 60% reduction of sexual violence perpetration, and 60% reduction of violence perpetrated against the teen in a relationship (Foshee et al., 1998).

The identified facilitating factors to implementing the project were:

1. Ohio HB 19 requires all school district's to adopt a program that addresses teen dating violence (education, prevention, & reduction)
2. School, parent, and community interest
3. Individuals and stakeholders on the team were actively interested in participation in the development of the program and the change process
4. Cost-effectiveness and feasibility of the Safe Dates program

The identified barriers to implementing the project were:

1. Gaining trust and acceptance within the community: outside individuals not from the community need to develop a connectedness with the school and community
2. General lack of awareness and denial of the dating violence issues in the county
3. Concern for financial cost was an initial concern due to being a financially burdened school district
4. Scheduling conflicts for implementation of the program.

Actions Taken to Address Identified Barriers

Gaining trust and acceptance both within the school and among the parents and community members primarily involved investing time during multiple meetings with the key stakeholders as well as and regular attendance at PTCO meetings. Such meetings provided the project leader with the opportunity to introduce the Safe Dates program. With their assistance and input, the project leader developed and organized a formal schedule and plan for the implementation process. Pamphlets of the Safe Dates program were developed and disseminated during PTCO meetings in the months prior to implementation. The pamphlets were made available in the school library, all administrative offices, and each health classroom across the grades. The Safe Dates informational pamphlet is part of the toolkit which is in Appendix C. This was important because it was a small school and many students had siblings or other relatives in the school that could potentially be exposed to the start of the program and spread the information. The pamphlet provided a description of the goals of the program, and the rationale for the program.

After providing education of the benefits and cost-effectiveness of the program (including a cost analysis, described in a later section on p. 37), the school supported the additional costs

incurred, which were fees associated with paper (for printing session materials) and anticipated mailings. The need for mailings was eliminated to further reduce cost, which led to sending consent forms and informational letters home with each student. For example, if a student did not return a consent form or have the informational letters signed by their parents as proof of receipt on behalf of the parents, the 7th grade health teacher and project leader directly called those parents at home to make sure they received the program materials. The consent form for the project can be found in Appendix D.

The project leader and the school evaluated identifiable schedule conflicts (such as Ohio Graduation Test, government sanctioned holidays, and other classroom trips) and developed the implementation process around the identified conflicts in order to make the project feasible for the school, with minimal interruption.

Supporting Resources

With the support of Hopeline from Verizon Wireless and the Ottawa County Job and Family Services, additional resources were provided during the initial step of the project. The two organizations provided national and local vital statistics and included information of other community programs available for children and parents, but also specific support available through the local domestic violence programs and shelters. They also delivered a box filled with stickers and buttons, signs to hang throughout the school with messages promoting the end of abuse, along with a large decorated cardboard box by Verizon that served to collect un-used cell phones for women, children and men needing access to help. In addition to providing other resources previously mentioned, the organizations provided large quantities of wallet sized informational cards that offered local and national resources for domestic violence or TDV assistance, which were distributed throughout the school during step one of the model. This

initial blitz of tangible resources spread a level of interest well beyond the 7th grade health classroom, sparking other classes to ask the health teacher and guidance counselor if they could have this program in their classroom.

After collaboration with school administrators and key stakeholders involved in the project, it was clear that change within this school system was highly feasible. They were extremely supportive and enthusiastic to have a TDV curriculum implemented after careful consideration of all aspects of the project and Safe Dates. One of the greatest concerns of the program surfaced in this step of implementation, with both the Superintendent and the high school and middle school Principals, describing concerns regarding the presence of inappropriate dating relationships among their students and the lack of parental guidance for the teens. The administrators identified not only their concerns of the issue, but also the need for the program that can provide education through building a foundation of what a healthy relationship is and how to seek help when a relationship is unhealthy. The school was, and continues to be proactive and highly engaging in addressing the issue of TDV and clearly, exhibited a commitment in allowing the project leader to collaborate with the district in the implementation and evaluation of Safe Dates. The school administrators and the project leader also had early discussions regarding a variety of plans for incorporating the practice change into the school's current policies, which is discussed in step six of the model later in the paper.

The University of Toledo Institutional Review Board (IRB) approved the project with the aim of protecting the rights and welfare of the participants. Parental consent and student permission were obtained from all participants of the Safe Dates program. There were no other anticipated permissions identified or required, but the school preferred that a consent form be developed in order to be aligned with the requirements of the project leader's University IRB and be

transparent with parents about the program. As previously suggested by the school administrators and key stakeholders, ethical barriers developed among several parents that declined to have their child involved with the project. A separate consent form was developed that also required the inclusion of an “opt-out” for parents that felt the program is against their teachings or religion or family beliefs. The administrators suggested that several parents may not want their child involved with the project and hence, offer the “opt-out”. Although parents could choose to not have their child partake in the project, it is still required by the state to have an alternative option to the Safe Dates program if a parent chooses to not have their child participate in the implementation process. To address this anticipated issue, the health teacher provided a separate, extremely abbreviated education to those that students and parents that declined the project. Unfortunately, those that declined participation in the project were unable to receive more than a basic chapter that was available in the 7th grade health book. Of striking concern, the guidance counselor and health teacher indicated that those parents that would not consent their child to participate in the project had actively known domestic violence issues at home.

Cost-Benefit Analysis

The cost-benefit analysis is modest which is summarized in Appendix E. The Safe Dates program is not expensive, but can incur a relatively moderate to high cost depending on how the training is arranged. There are two primary training options available. First option is an on-site one-day formal training (\$2200.00) on implementation of the Safe Dates program that is provided at the school (not including air fare, travel expenses or purchase of the program). The second training option is open enrollment implementation training, which involves having one person from the school attend a full day training session (\$175.00) with a group of other

participants at a location that provides a Hazelden trainer. The author requested to receive information regarding the purchase and training of the Safe Dates curriculum. Later, the Director of PVFF approved the project leader to receive a Verizon Wireless grant, which provided financial coverage of the formal Safe Dates training in January 2012. The Safe Dates curriculum guide/package sells at a cost of \$225.00 for the 2nd edition, which includes a CD-ROM with handouts that are organized for the ten-session program, which was also covered by the grant. The Director of PVFF indicated that the majority of schools opt to have the open enrollment full day training because it is more affordable.

Aside from the two training options and the purchase of the program, the other primary expense is: needing paper for photocopying each session (1 ream of paper: \$5.99); stamps for mailing consent forms (N=25 students: .46cents/\$11.50 stamps); and envelopes (\$10.00). And lastly, if an instructor opts to use poster board instead of the chalkboard, approximately 5 poster boards will be needed (\$10.00). The total cost of the program is \$425.99 if choosing the open enrollment training option along with the previously mentioned expenses.

Although, the Safe Dates program is available for purchase and can be learned independently of hiring costly trainers, it is recommended by the Safe Dates authors to maintain fidelity of the curriculum implementation by receiving the formalized training prior to teaching students. The program guide/package is self-explanatory and easy to understand if a school or group choose not to invest in the individualized/comprehensive training session.

Method of Outcome Measurement

The Safe Dates Evaluation Questionnaire assesses the knowledge, attitudes, skills, and behaviors that Safe Dates is designed to change. The Safe Dates pre and post-test evaluation surveys primarily determine knowledge and understanding and not measuring occurrence of

dating violence. The survey, which is included in the program package was designed by the developers of Safe Dates program. The EBP project team and leader determined that the use of the questionnaire was acceptable after conducting the basic pre-evaluation described earlier. Additionally, the project leader reached out to the authors of Safe Dates to have specific questions addressed about how they determined the questionnaire to be valid and reliable, which was also discussed in an earlier section under the subheading: *Program Validity and Reliability*. Prior to implementation of the program, confidentiality issues of the students were considered and the decision was made to not include student names on the evaluation questionnaire. The project leader independently provided the teaching of Safe Dates in the classroom. The health teacher assisted each session of the program. Additionally, the project leader, with the assistance of the guidance counselor and 7th grade health teacher, analyzed the results from this questionnaire. Separately, PVFF staff in collaboration with grant money provided by Verizon Wireless, analyzed the data collected from the pre and post surveys after the program commenced.

Step 5 of the Model: Implement and Evaluate Change in Practice

Implementation of the Pilot Study

Educators are essentially first responders to dating violence in the school setting. While schools are especially affected by dating violence, they also provide a rich setting for proactively addressing abuse. All staff involved with the implementation of the curriculum should feel confident in responding to dating violence appropriately. Teachers, faculty, coaches, counselors and other school personnel can all benefit from regularly-scheduled training about abuse. In an ideal scenario if time was readily available, awareness training and education for the school community would occur during a potential faculty/staff in-service. It was originally anticipated

that multiple sessions would be provided prior to implementation of the project. Due to time constraints, there was a single session which occurred during a faculty in-service that was already pre-set with other topics, hence the TDV session was integrated into the in-service to be more feasible to a tightened busy faculty/staff schedule. The single session for the faculty/staff included a brief lesson on defining the issues of TDV and sexual violence, recognizing warning signs, identifying issues of confidentiality and safety, the laws pertaining to interpersonal violence, and appropriate school-based interventions. If more time was available for a full day of in-service, potentially methods of teaching the dynamics of power and control in dating relationships, as well as strategies for effectively teaching TDV prevention could also be included. The information for the in-service was pulled from materials within the Safe Dates curriculum. It was also important to emphasize during the session, information on the barriers teenagers face in ending abusive relationships, and information on resources from which teenagers can seek help and services for themselves and for others.

The implementation began in the last two months at the end of the 2012 academic year after previously stated school conflicts came to a close. Before the first session began, the project leader met with students in both 7th grade health classes to provide a meet and greet and give an overview of Safe Dates. At the end of this initial pre-session meeting, the pre-program questionnaire was administered to students with the assistance of the health teacher. One week later, the ten-session program began and was scheduled around the health teachers' plans for their own classroom curricula to make the implementation process more flexible. Over the course of the end of the ten-sessions, it was originally anticipated that both a play about dating abuse and a poster contest would take place to complete the program. This did not occur due to time constraints and multiple conflicts with other 7th grade trips and topics that the health teacher

still needed to cover in his limited time with the students, as health class is no longer two semesters as previously mentioned. After all Safe Dates program sessions were completed, the post-program questionnaire was provided at the end of session 10, during the last week of school. Data from the pre-program questionnaires and post-program questionnaires were photocopied. The original questionnaire's were filed by the project leader and the copied questionnaire's were sent in an expedited fashion via next day mail with receipt of the mailing to the director of PVFF for analysis of the data. After the questionnaire's were broken down question by question, the project leader took the information provided by PVFF and began an initial analysis, taking each question and organizing the percentage of students that correctly and incorrectly answered a question and entered the data into Microsoft Excel. With 17 questions, the project leader looked for trends in each question between pre and post-test data taking into consideration alternative explanations by looking for differences in responses or observations and evaluated if there was a difference between the answers prior to the program and after the program was administered by establishing content categories for each question as appropriate. After this data were placed into categories, each question was then built into a table to organize the pre and post-test results and include an explanation for each question based on an observable trend. The evaluation questionnaires can be viewed in Appendix F.

Evaluation of the Safe Dates Pre-Test and Post-Test

The results of this project are presented in two sections. First the response of the participants to the pre and post knowledge questionnaire will be presented. The evaluation of the program by the stakeholders is then presented. A content analysis of the responses to the open ended questions was conducted. The categories created are summarized. Changes in the categories from the pretest to the posttest are examined. Changes are also examined in the responses to the

multiple choice/true false questions. The questions were organized into tables to further evaluate patterns or trends between pre-test and post-test results, which will be expounded upon further. Additionally, refer to Appendix G, which provides a summarized table of the process for implementation and evaluation.

Question one (refer to Table 2) asked students to list three examples of emotional dating abuse and question two asked students to list three examples of physical dating abuse. The range of answers revealed overall trends of improvement between pre-test and post-test. In pre-test, 100% of students were able to identify emotional abuse as “name-calling, hurtful words/spreading rumors, insults and put-downs.” Their prior exposure to an annual anti-bullying program that the school provides likely enables this pretest response. Whereas in the post-test, more than half of the students were able to identify that emotional abuse was not just “name-calling” as evident in category 2 with 58.8% of students being able to identify “neglect, isolation, ignoring feelings,” as well as “making threats,” (response 3) or “lying” (response 4) (35%) and (47%), respectively. Interestingly, all of the students gained a better understanding of the potential challenging experiences of relationships as they did not identify in post-test that “something that feels painful/hurtful” in a relationship is not necessarily considered a form of abuse and had a better understanding that painful/hurtful experiences in a relationship can be part of normal challenges (ups and downs) of relationships.

Table 2

Pre and Post Test Responses of Participants for Question 1 Categorized

| Content Analysis of Responses to Question 1: List three examples of emotional dating abuse | | | |
|---|---|------------------------------|-------------------------------|
| Response Content Category | Most Common Answers (Themes/Categories): | PRE-TEST Numbers N=11 | POST-TEST Numbers N=17 |
| Response 1 | Name-calling/Hurtful words/Spreading | 11 students | 10 students |

| | | | |
|--|--|------------------|---------------------|
| | Rumors/Insults/Put-downs | (100%) | (58.8%) |
| Student answered this question with ease because they had prior knowledge of what was considered “emotional” abuse with the assortment of answers for this question; students felt that this was more of an obvious type of emotional abuse and found the question to be easy to answer prior to the program. | | | |
| Response 2 | Neglect/Isolation/Ignoring feelings | 1 student (<1%) | 10 students (58.8%) |
| Although this is still in the area of assessing types of emotional abuse, students had no knowledge prior to the program that emotional abuse could involve neglect, isolation behaviors for instance. | | | |
| Response 3 | Making Threats | 1 student (<1%) | 6 students (35%) |
| Similar to 1b, students had no prior knowledge or understanding that threats could be considered a type of emotional abuse | | | |
| Response 4 | Lying | 1 student (<1%) | 8 students (47%) |
| Similar to 1b and 1c, students had no prior knowledge or understanding that lying could be considered a type of emotional abuse | | | |
| Response 5 | Something that feels painful/hurtful but NOT a form of abuse | 4 students (36%) | NO students (0%) |
| Prior to the program students thought that a painful experience (such as getting into a disagreement with their friend or significant other) could be abuse. After receiving the unit on “how we feel/how we deal” and “equal power through communication,” they developed a better understanding that it is normal to have ups and downs in a relationship and having a challenge does not necessarily make it considered abuse, even though it may be a painful/hurtful experience | | | |

The second question (refer to Table 3) asked the participants to list three examples of physical dating abuse. The responses to this question were grouped into two content categories. These categories were “rape” and “generalized physical types of violence.” No general changes in trend pre-post test responses were found. The exposure of the students to an anti-bullying program informed the students that forced sexual behaviors (particularly rape) and physical types of violence were forms of physical abuse.

Table 3

Pre and Post Test Responses of Participants for Question 2 Categorized

| |
|--|
| Content Analysis of Responses to Question 2: list three examples of physical dating abuse |
|--|

| | Most Common Answers (Themes/Categories): | PRE-TEST Numbers N=11 | POST-TEST Numbers N=17 |
|--|--|--|--|
| Response 1 Content Category | Physical abuse in form of rape | 4 students (36%) | 8 students (47%) |
| No change in trend with this question as students clearly understood that any sort of forced sexual behavior (especially rape) was considered abuse. | | | |
| Response 2 Content Category | Generalized physical violence (i.e. hitting, kicking, shoving, grabbing, strangling) | Collective category: Total of 17 answers fell into one of these 6 possible answers within the category, hence $6 \times N = 11$ students in pretest could have answered this: total of 66. Calculation $17/66 = 25\%$ of students in this category answered this category. | Collective category: Total of 35 answers fell into one of these 6 possible answers within the category, hence $6 \times N = 17$ students in posttest could have answered this: total of 102. Calculation $35/102 = 34.3\%$. |
| Not a dramatic change pre-post, as students felt this was “obvious” to identify what could be considered abusive. | | | |

Question three (refer to Table 4) asked students to list two warning signs, or “red flags” that a person may be a victim of dating abuse. The responses to this question were grouped into two content categories. These categories were “isolative behaviors” and “generalized acts of violence.” Overall, students did not initially understand the terms “warning signs” or “red flags” prior to the program, but after the program, they had a much clearer understanding of these terminologies. Separate from this confusion of verbiage in question 3, students showed improvement in being able to identify that isolative behaviors (response 1) were considered warning signs or red flags (pre-test 54.5%: post-test 70.5%). They were also better able to identify that generalized acts of violence such as “yelling,” or “anger” (response 2) were also warning signs or red flags (pre-test <1%: post-test 17.6%). During the program, students believed it was the generalized norm or acceptable that fits of extreme anger and yelling were appropriate behaviors in a relationship. Interestingly, after the communication session and “how

we deal, how we feel” session, with much to the surprise of the students; learned that these acts of behavior were indeed not considered appropriate or normal and were actually warning signs or red flags.

Table 4

Pre and Post-Test Responses of Participants for Question 3 Categorized

| Content Analysis of Responses to Question 3: list two warning signs, or “red flags,” that a person may be a victim of dating abuse. | | | |
|--|--|------------------------------|-------------------------------|
| | Most Common Answers (Themes/Categories): | PRE-TEST Numbers N=11 | POST-TEST Numbers N=17 |
| Response 1 Content Category | Isolative behaviors (i.e. keeping to themselves, changes in behavior, losing friends) | 6 students (54.5%) | 12 students (70.5%) |
| In general students had trouble understanding Question 3 due to the verbage of "warning signs" and "red flags"; by the end of the program this was much more clear to them. | | | |
| Response 2 Content Category | Generalized acts of violence (i.e. yelling, anger) | 1 student (<1%) | 3 students (17.6%) |
| Some change seen here. This was interesting because before the program, students just assumed it was generally accepted that when they saw their peers (in relationships) yelling, screaming or angry, that it was normal to them. After the program, it was much more clear to the students that this sort of behavior is still considered a level of generalized violence. | | | |

Question 4 (refer to Table 5) also initially felt confusing to the students for the same reasons as question 3 which asked students to list two warning signs, or “red flags,” that a person may be abusing his or her girlfriend or boyfriend. The responses to this question were grouped into one content category “signs of friend being abusive.” Although they did not know these terms initially, and after the program they understood these new terms, what was most concerning which question 4 elicited was that the students were desensitized to observing their peers in such negative scenarios. Both on the pre-test (0%) and post-test (16.6%), students could identify what an abuser might appear to be, such as “bad treatment of others in public, intimidation of partner, violence, angry, aggressive, yelling, texting or calling too much.” These behaviors were

“normal” for the students. When asking the students if they could identify or picture an abuser (based on the abuser’s actions), as a general class, they overlapped one another in dialogue, stating similar comments, “we see this all of the time and we just figure it is normal.” With further inquiry, students as a collective also added, “what we see on TV and the movies that we love to watch and what we see among the high schoolers...this mean stuff happens everyday and seems normal and expected between boyfriends and girlfriends.” And, “reality TV shows are all like this, with lots of hitting and back talking and almost stalking kinda behavior between boyfriends and girlfriends, like calling the other one all the time and being jealous” students stated this as well and felt that this was also just normal and expected. Although the ten sessions are approximately 50-60 minutes each, session two, which assesses the identification of warning signs/red flags of physical and emotional abuse in dating relationships needed more dedicated time to complete the session. In addition, this session teaches concepts of recognition, such as being able to identify abusive behaviors as abusive and develop the ability to reject abuse as normal in dating relationships. Students in general, were still unable to clearly picture or identify an abuser, nor completely accept that this sort of behavior is NOT normal. This is undoubtedly quite concerning and could simply not be captured adequately over a single session for these seventh graders.

Table 5

Pre and Post-Test Responses of Participants for Question 4 Categorized

| Content Analysis of Responses to Question 4: list two warning signs, or “red flags,” that a person may be abusing his or her girlfriend or boyfriend | | | |
|--|--|---|--|
| | Most Common Answers (Themes/Categories): | PRE-TEST Numbers N=11 | POST-TEST Numbers N=17 |
| Response 1 Content Category | Signs that your friend is abusive toward their partner (i.e. not kind, gives orders to partner, talk down to partner, hitting, fighting w/ partner, bad treatment of others in public, intimidation of partner, violence, angry, aggressive, yelling, drinking or getting drunk, texting or calling constantly) | Collective category: Total of 0 answers fell into one of these 12 possible answers within the category, hence $12 \times N = 11$ students in pretest could have answered this: total of 132. Calculation $0/132 = 0\%$ of students in this category answered this category correctly. | Collective category: Total of 22 answers fell into one of these 12 possible answers within the category, hence $12 \times N = 17$ students in post-test could have answered this: total of 132. Calculation $22/132 = 16.6\%$ of students in this category answered this category correctly. |
| In general students had trouble understanding Question 4 due to the verbiage of "warning signs" and "red flags"; the same similar confusion that they experience in question 3a. | | | |

Question five (refer to Table 6) asked students how can you help a friend who is in an abusive relationship? Prior to the program students had no previous knowledge of how to help another peer in an abusive relationship and those students that were able to recognize or acknowledge and then communicate to a friend in an abusive relationship (pre-test 45.4%) stated that they would “walk away,” or “ignore” any observed abusive behaviors. Several students stated that they “did not feel comfortable,” or “figured it was normal even though it didn’t seem so good,” and hence would just act passively in such a scenario. Students response on the post-test (82.3%) indicated they had a better understanding of ways to better communicate and provide supportive measures for their peers if observed in an abusive situation. On another note, students

were observantly more confident with how to handle being a “better friend” via known supportive measures and even seemed enthusiastic and empowered with such knowledge.

Table 6

Pre and Post-Test Responses of Participants for Question 5 Categorized

| Content Analysis of Responses to Question 5: how can you help a friend who is in an abusive relationship? | | | |
|--|--|----------------------------------|-----------------------------------|
| | Most Common Answers (Themes/Categories): | PRE-TEST Numbers N=11 | POST-TEST Numbers N=17 |
| Response 1 Content Category | Acknowledge/Recognize & Communicate to friend in abusive relationship | 5 students (45.4%) | 14 students (82.3%) |
| Students had no understanding or knowledge of “how to help” someone else (a friend) that they saw in an abusive relationship...they would just “walk away” or “ignore” what they saw. After the program, they had a much larger understanding of ways to respond to seeing a friend in an abusive relationship as well as how to help them (or who to suggest could help their friend) | | | |

Question 6 (refer to Table 7) streamlined from question 5, which asked students to list two things you can do to keep your anger from getting out of control and in pre-test 54.4% of students were responding with physical means of controlling anger, whereas in post-test, 94.1% of students learned enhanced ways to communicate in a relationship and how to respond during periods of anger without being physical.

Table 7

Pre and Post-Test Responses of Participants for Question 6 Categorized

| Content Analysis of Responses to Question 6: list two things you can do to keep your anger from getting out of control | | | |
|--|--|------------------------------|-------------------------------|
| | Most Common Answers (Themes/Categories): | PRE-TEST Numbers N=11 | POST-TEST Numbers N=17 |
| Response 1 Content Category | Anger reduction techniques (i.e. remove oneself from situation) | 5 students (54.4%) | 16 students (94.1%) |
| Students began to learn not only how to communicate better in a relationship, but also if they felt themselves “boiling over” and becoming angry; and rather than respond physically to their anger, how to respond during bouts of anger. | | | |

Question 7 (refer to Table 8) asked students to list two things you can do to protect yourself from sexual assault on a date. In pre-test (0%), students had no knowledge or understanding of methods to protect oneself from potential sexual assault or harm. Whereas in post-test 23.5% of students readily identified ways to protect themselves. Students found this question somewhat challenging because they have not been in social settings exposed to leaving alcoholic drinks unattended where they could be placed at risk for sexual assault or harm, hence understanding this experiential concept was difficult to relate to as seventh graders. Of concern are the comments that were categorized “carrying a gun to protect oneself from sexual assault.” Although carrying a gun in defense may sound like the answer to students, all of the students in pre-test understood that carrying a weapon could likely lead to further violence verses actually providing protecting from bodily harm. In post-test, 11.7% of students chose to answer that carrying a gun was a method to protect oneself. In further analysis, the students that answered this question in this manner exhibited more aggressive answers to what was acceptable behaviorally. For example, these students were quoted in the discussion as stating, “we were

raised to just hit others or use objects to defend ourselves if angry....you can't talk your way out of an angering situation, you are just supposed to beat someone up." Even with the sessions and dialogue with their open responses that caused other students frustration, these students that felt that aggression was the acceptable normal first line of defense simply were not open to other options, attributing it to "the way they were raised."

Table 8

Pre and Post-Test Responses of Participants for Question 7 Categorized

| Content Analysis of Responses to Question 7: list two things you can do to protect yourself from sexual assault on a date | | | |
|--|---|------------------------------|-------------------------------|
| | Most Common Answers (Themes/Categories): | PRE-TEST Numbers N=11 | POST-TEST Numbers N=17 |
| Response 1 Content Category | Protection from sexual assault by not drinking or not leaving drink unattended | 0 students (0%) | 4 students (23.5%) |
| Students had no knowledge or understanding of ways/or how to protect themselves from potential sexual harm/assault. | | | |
| Response 2 Content Category | Carry a gun to protect oneself from sexual assault | 0 students (0%) | 2 students (11.7%) |
| This was a question intended to confuse the students. All of the students but 2, knew that having a gun in one's possession would more likely lead to further violence rather than protect someone. The 2 students were boys who were consistently the first to answer questions during class teachings with a more aggressive type of an answer to respond to the course material, stating that they "were raised to hit others or objects when angry." | | | |

The last half of the pre and post test (questions eight through 17 refer to Table 9) was True or False statements. With prior exposure to a school wide anti-bullying program in the prior year, students did very well during the pre and post-test when answering questions eight and nine. The true or false statement for question eight was: emotional abuse can be just as serious as physical abuse, which 100% of students were correct in pre and post-test evaluations. While

question nine was: any force sexual activity is sexual assault, even kissing, which 81.8% of students were correct in pre-test and 82.3% in post-test evaluation. Students felt in general that this was general knowledge provided to them from a previous anti-bullying program. While they seemed to have knowledge of the concepts assessed in these questions, it was my observation during sessions that they still could not fully grasp the more complex concepts with the educational program. It may be due to their young age and brief one-hour lesson during session 2 of Safe Dates that reviewed the topic of defining dating abuse. Because it was still a challenge for them to verbally identify through real-life observation of a possible abusive scenario, causes pause to an individual evaluating the results of question eight and nine. For example, while the two questions reveal good results, if asking the students in an open forum more details of readily identifying observed abusive behavior (whether emotional, physical or sexual- especially something as simple as kissing), they hit a wall of reaching a deeper understanding ultimately. When given a list of examples or scenarios of abusive examples, there were many things that seemed to be a normative type of behavior. Review of these responses indicates that these two questions adequately assessed what they inherently understood as abusive behavior. In this young age group, possibly these concepts could have more lessons (time) devoted to the “what’s right and what’s wrong in a dating relationship” in order for the students to take this basic level of knowledge to a deeper level, which at this point as seventh graders may be a challenge.

There was no change in trend between pre and post-test results in question 10 T/F statement, which asked students: Both females and males can abuse the people they date. Pre-test, 90.1% of students were correct and in post-test 94% of students were correct. While responses to this question may seem surprising, with students being primarily correct, the researcher anticipated students to assume that abuse was mostly gender oriented towards males, but their prior exposure

to an anti-bullying program in school, students were well aware that abuse is not gender-specific as well as their previous observations with see other females act abusive to their male counterparts, through observation from older siblings or parents/relatives.

The next two questions, 11 and 12 had similar evidence, with minimal change between pre and post-test data. Question 11 (T/F) statement: Abuse usually goes away over time if you just ignore it, with 90.9% of students were correct on the pre-test and 94.1% of students were correct in post-test. While question 12 (T/F) statement: Abuse may be used to control the way a person thinks, acts, or feels, with 90.9% of students were correct on the pre-test and 94.1% of students correct in post-test. Both of these questions appeared to be very clear to the students because the wording was easy to understand and their previous general knowledge from the school anti-bullying program in the past year.

The most confusion among the pre and post-test was clearly identified in questions 13 and 14 (T/F), which asked: sometimes a person's response to anger is uncontrollable and conflict will occur in all relationships, respectively. One of the most difficult sessions (seven and eight) during Safe Dates involved "how we feel, how we deal," and "equal power through communication." While these are extremely important and necessary topics, these two topics are extremely complex, hitting on understanding physiological and psychological cues for sensing or experiencing anger (which students did not understand any of these terms in the entire previous sentence), or areas of understanding stages of communication skills during a conflict and the process of conflict resolution on a more complex level. These sessions left students more confused or at the same level of knowledge prior to the program because of the complex nature of these two topic areas. Their level of understanding relationship/conflict resolution is at a basic level (i.e. text to talk out a problem, or end the relationship all together without a deeper

discussion), because they simply are not at the age where they can fully understand how to work through complex issues, nor recognize “cues” of when another person is starting to boil over for example.

Students were able to identify gender stereotypes among men and women prior to the program based on their observations from personal experience (i.e. parents or grandparents) as well as generally understand what gender stereotypes mean, but had no knowledge or understanding prior to the program, that gender stereotypes can contribute to abuse if certain expectations are held for another dating partner. While this is a fairly complex topic, students were able to answer questions 15 with ease, with an observe dramatic change in trend between pre and post-test, with 72.7% of students correct pre-test and 94.1% of students correct in post-test. With the exposure to the anti-bullying program in the prior year at school, students easily recognized that both males and females could be victims of abuse, with 100% of students answering correctly in both the pre and post-test evaluation.

The last question of the pre and post-test related to preventing dating sexual abuse. Unfortunately, a number of influences prevented the last session from being fully effective. The end of the implementation process was also approaching the last week of school for these students and by the last week, students were not only less focused, but also on an abbreviated class schedule. Instead of having a full 55-minute period, the last week of classes were reduced to 22-minute sessions. The sexual abuse session literally was squeezed into a reduced school schedule due to other end of year conflicts anticipated by the school. Separately, I was informed by the health teacher, school nurse practitioner and guidance counselor that a number of parents that consented their students for the program did not even want the topic of sexual abuse to be discussed during the program. To appease these variables, I abbreviated the sexual abuse session

to fit into the shortened time-period during health class. To abbreviate the session, the sexual assault quiz was eliminated at the opening of the session, as well as the scenario provided in the handouts, which seemed too graphic of an example for these students and the parents after reviewing the material. With the limitations of this session, the most appropriate piece in the sexual abuse segment was to provide as detailed of a lesson as possible on how to decrease the likelihood of being a victim of sexual assault, with dating tips and cards that included date rape drugs, as well as leaving a drink unattended at a party. While the session was short, the students benefitted from the abbreviated lesson. Although there was an observed impact during the teaching session, the 17th question by no means accurately evaluated their direct knowledge of how to decrease the chance of a sexual assault or knowledge of date rape drugs and drinking behaviors that would place someone at risk for date rape. The question ultimately addressed the general session by asking: date and acquaintance rape victims are most often teenagers, which did not capture their specific areas of knowledge gained during this particular session.

Components of the session were difficult to address for the above reasons which might account for the unclear results of this question after analysis, which in pre-test, 72.7% of students were correct and 64.7% of students were correct in post-test. Clearly this does not correlate with observations, but merely the fact that the trend was wavering on being muddled, indicates that the dramatically abbreviated teaching opportunity as well as the elimination of very important areas during the session, markedly influenced the pre and post-test data.

Table 9

Pre and Post-Test Responses of Participants for Questions 8 through 17

| Questions 8-17 are objective True/False (T/F) | | | |
|---|---|---------------------------|--------------------------|
| | | N=11 students | N=17 students |
| | | % Correct Response | |
| Question 8 | Emotional & physical abuse are BOTH serious | 100% | 100% |
| No change (they seemed to just know prior stating that they had a brief educational unit during an Anti-Bullying rally at school that included dating violence). | | | |
| Question 9 | Forced sexual activity is assault | 81.8% | 82.3% |
| No change for same reasons as Question #8. | | | |
| Question 10 | Females & Males can be abusive | 90.9% | 94.1% |
| No change for same reasons as Question #8 and #9. | | | |
| Question 11 | Abuse goes away if ignoring it | 90.9% | 100% |
| Good previous knowledge on this topic due to prior Anti-Bullying program that the school presents annually where there is a very brief unit offered on abuse. | | | |
| Question 12 | Abuse may be used to control the way a person thinks, acts, or feels | 90.9% | 94.1% |
| No change in trend with question. Good previous knowledge on this topic due to prior Anti-Bullying program that the school presents annually (brief unit offered on abuse). | | | |
| Question 13 | Person's response to anger can be uncontrollable | 18.1% | 41.1% |
| Consider eliminating- this question was confusing to the students. | | | |
| Question 14 | Conflict occurs in ALL relationships | 54.5% | 35.2% |
| Consider eliminating question- confusing to the students. Possibly you age- ability to understand that normal conflict and challenge can exist in relationships; learning how to resolve conflict was the key during this lesson unit, but was not enough for this age group to understand fully what relationships are all about. They are at an age where relationships are Very basic. | | | |
| Question 15 | Gender stereotyping can lead to abuse | 72.7% | 94.1% |
| This unit seemed like one of the most influential topics relating to gender stereotyping and the negative consequences (i.e. women must be submissive to men). Dramatic trend of improvement. | | | |
| Question 16 | Males & Females can be victims of abuse | 100% | 100% |
| No change due to previous knowledge on this topic due to prior Anti-Bullying program that the school presents annually where there is a very brief unit offered on abuse. | | | |
| Question 17 | Date & Acquaintance rape victims are frequently teens | 72.7% | 64.7% |
| The unit on this topic was very brief. Trend was questionable in part due to many students already knew that date rape and acquaintance rape are familiar to them from prior discussions on | | | |

this topic in their health class during a pregnancy lecture.

Stakeholder Feedback

After further inquiry with school administrators (guidance counselor, principal and health teacher), all were not surprised with the results of portions of the session responses stating that, “to these kids, these sort of negative, abusive or inappropriate behaviors are completely normal to them,” “they are very young and impressionable at their age and unfortunately they’re exposed to a lot of junk both on TV and for many, at home also.” The administrators further added, “many of these students are exposed to a lot of negativity at home...even worse, those that were not given permission to partake in Safe Dates are the most at risk students we have sadly.” Those reading this may also wonder “what” this question means both in the short-term and more importantly, in the long-term. Clearly, this is a significant area of concern for all of those individuals interested in answering the question “why do these 12-13 year olds see this behavior as the norm?” Aside from potential environmental exposures (i.e. home, media outlets) quite possibly part of this discrepancy could be explained by Psychiatrist Erik Erikson, who developed the eight stages of social-emotional development in 1956. During the fifth stage (ages 13-18 or 20): learning identity verses identity diffusion whereby adolescents begin to ask, “who am I?” In this stage, mature time perspective is developed with self-certainty as opposed to self-consciousness or self-doubt. Additionally, Erikson identified in this stage that the adolescent should experiment with constructive behaviors generally verses negative behaviors such as delinquency. With these 7th grades being around 13 years of age, they are just in the beginning of this stage, where the groundwork is being set for the successful development of learning identity. After discussing Erik Erikson’s eight life stages with school administrators, everyone concluded that these students who are ages 12 and 13, are just entering the fifth stage of Identity

verses Role Confusion during adolescence (12-18 years of age) and are beginning to question oneself, with “who am I, how do I fit in.” They are beginning to explore identity and new views and experiences, which help them achieve completion of this stage in order to move on to the next stage after the age of 18 (according to Capps, 2009, p. 109-157).

Potentially this could account for some of their lack of maturely identifying or picturing an abuser or an individual that is being abused as this concept is difficult to relate or identify with because they are still trying to find their own individual identities. Further research would need to be conducted to consider these aspects, to better answer the various reasons behind their difficulty in understanding this concept as well as their general belief system that these behaviors are accepted as the norm.

The health teacher also felt that while the program was very thorough and detailed, the areas previously mentioned during the description of the sessions were challenging or confusing to the students due to their lack of knowledge of certain terms, or concepts and level of ability to understand complex concepts and apply those concepts to real life. Furthermore, the health teacher had concerns of the prolonged length of the program during an already abbreviated health class curriculum, yet observed that the students still needed reinforcement of many concepts because they were allotted less than an hour per session. When speaking with the Principal of the school, he shared that “this particular seventh grade is very immature compared to previous seventh grade classes and also has more difficulty as a whole with behavioral issues, in part due to many problems at home, making them higher risk,” which also may have contributed to having the perception that the sessions were a bit rushed, as students indicated they needed more time because of not understanding many words and concepts. The sentiments shared by the administrators further emphasize the need for this program.

The largest concern that surfaced after completion of the project was the lack of consideration of the complexity of this program for this particular cohort of students. While the project went very well overall and is geared for this age group, the project leader did not anticipate the unpredictable needs of the students or the challenges that were faced with students that could not receive the program. The project leader made adjustments during sessions by taking time to further explain concepts or terms that they did not understand. And even more disconcerting, was the number of at-risk students (7-10 students) who were originally considered for the project yet not permitted to experience the program because of lack of parental consent. This sheds light on a growing concern that goes well beyond the scope of this project. How can this school address this issue? While there are provisions available for these students that merely meet the requirements of HB 19, such provisions fall dramatically short of what these students needed whom could not experience the Safe Dates program. This is a significant problem that will further drive the cycle of violence if supporting this program is declined or does not transcend out of the classroom and into the home environment. There was a distinct sense that the community does not want to acknowledge that this is a large issue, particularly in both the community and the school. The school administrators even recognized this long before the project leader became involved, with which they continue to struggle with the same issue today. The Superintendent at one point directly stated, "I wish we had a dorm for those students who do not have a secure environment at home, it would just be easier if we could take this into our own hands, because we continue to struggle with their social learning process....we teach them anti-bullying skills and then it is forgotten when they return home to an environment that is littered with varying levels of abuse."

Evaluation of Program Implementation: Feasibility and Effectiveness

The ten-session program can be implemented over ten weeks (1 session weekly), or be presented over five weeks (2 sessions weekly), or adjusted to meet the needs of the school schedule by abbreviation of the sessions (Foshee & Langwick, 2010). The sessions could be reduced to four to six sessions to present the program material. While the sessions may be accomplished in 50 minutes, each session could have extended beyond the allotted classroom time for presenting all of the concepts of a session. The students needed time to get adjusted to each visit with a new but familiar face in their classroom (the project leader), making it challenging to move from each segment of the session to progress during the period in a timely fashion. The students consistently needed more than the allotted session time to adequately cover the material for each session. The initial activities that helped promote the program were imperative for beginning the program session material because the administrators, parents and students developed a connection with the scope of the problem and the needs of the school in integrating a TDV program.

Session one through three (defining caring relationships, defining dating abuse, why do people abuse) served as the backbone for understanding teen dating abuse, yet the students only experienced these topical areas in under 50 minutes per session, being left with questions and need for further discussion. These areas are foundational to understanding teen dating abuse, but with in depth material and discussions to take place in a set period of time was unrealistic for the seventh graders, who clearly needed more time because many items were left without discussion and questions regarding the initial three sessions were left unanswered. Allotment of time was the defining limitation to accomplishing all lesson materials throughout the entire program, however it seemed to be the most apparent need during the initial three sessions where the

foundations of a healthy relationship could be defined and understood. After discovering that they were left with extra questions at the end by the time the bell rang to change periods, the suggestion came from the seventh grade health teacher, to have students write questions down on a piece of paper and put it in their Safe Dates folder to be addressed the next day in class with him. A helpful idea, that provided students an opportunity to have more questions answered if needed since the sessions took more time for these students during implementation.

During session four and five, “how to help friends” and “helping friends,” students perceived the information with understanding of the challenges of leaving an abusive relationship, recognition of friends experiencing an abusive relationship and identification of methods to assisting a friend who is a victim of dating abuse (via school, family, or community resources). Of note, students were generally appreciative of knowledge gained during session four, with statements such as, “I had no idea that there were options for getting out of a scary relationship...”, while other students heard this statement, also confirmed that this was familiar and relatable.

While session six was time-consuming and complex regarding the topic of “overcoming gender stereotypes,” students were able to identify stereotypes, yet with the allotted time of approximately a single 50 minute session, addressing further needs such as harmful consequences of gender stereotyping and understanding the role that gender stereotyping plays in dating relationships was very complex and difficult to comprehend for these students. Although students were aware that women have opportunities to be independent and career oriented, they still felt that it was the norm for women to act as servants or be passive to men because they see it in their day to day life at home. One student added, “society has started to change and women can do so much more, yet they are expected to still do and be everything at home too.”

Session seven: “how we feel, how we deal” was accomplished within the activities provided and students were left with a better understanding of the concepts including understanding nonviolent ways to respond to anger, how to respond to anger, and identify physiological and psychological cues to anger. The cues of physiological and psychological anger were unfamiliar terms that had to be explained further, and may still not have been fully grasped, but ultimately, students flowed through session seven activities with ease during a fifty minute time period. While most students progressed well within this session, the two boys in the first seventh grade class continued to say that “carrying a gun” was still the best way to protect themselves because “this is what we have known our whole lives and if someone angers me, I am going to punch them, not have a discussion and talk it out because that is not something I know, and it just is the way it is because it is what my family does....” Though the student was being very honest, other students generally scowled at this idea, with one student stating, “just because you’ve done one thing your whole life doesn’t mean that is the only way...” The session started a debate and time which was of the essence, was completely lost and more time, possibly another full session of the materials covered in session seven would be helpful.

“Equal power through communication,” during session eight explored the acronym “SAFE” that identified four core communication skills with role-play activities, building on concepts from session seven. Similar to the foundational importance of sessions one through three that need time extended, session eight also could have been expanded over two sessions. The material of session eight had numerous complex scenarios that led to many questions and discussions about conflict management. Additionally, the same two male students discussed in session seven’s description, challenged the teaching concepts of this session, indicating that the first inclination was not to talk or communicate a problem, but address a problem through

physical violence. With this being an important topic to developing foundational skills of enhanced communication and conflict management, students would need more exposure time to session eight.

While session nine was perceived as awkward for the students because of the topic being about dating sexual abuse, the information gained from the session was both helpful because the material could be grasped during a modified shortened 30-minute session. The session was shortened due to a previously known school assembly that abbreviated the school day. Students reacted with surprise when learning sexual assault facts and precautions related to reducing the likelihood of being a victim of sexual assault. Additionally, the date rape drug precautions in potential social settings were explored during the session was also perceived as a distant concept to the students. Importantly, the unit had difficult concepts to learn; yet the concepts were easy enough to understand with basic terminologies and realistic scenarios that they could be exposed to that provided clarity for the students during the abbreviated time block.

The last session of the program, session 10, focused on discussion and evaluation of the skills learned during the course of the program as well as the conduct a poster contest. The last session could have spanned over two session periods because of the need for lengthy discussion to accomplish a thorough review of concepts learned after administration of the post-program questionnaire. The entire session focused on administration of the post-test and then review of concepts. Time simply was not available to proceed forward with a poster contest all in the last session over 50 minutes. Students would have greatly benefitted with having the opportunity to build a poster among groups that could have been distributed throughout the school and displayed. With anticipating the time challenge, the project leader pre-prepared a Safe Dates treat bag that was filled with various candy mixed with stickers advertising “love is not abuse,” a

national initiative with breakthecycle.org, as well as baseball sized cards with dating abuse facts and safe dating tips provided by Verizon Wireless, and a handout that provided a list of contact information (and national website links) of local resources if in need of help, or to help another friend in need. While there was not a poster contest, the treat bag provided the students an opportunity to share their dating abuse stickers and cards to other classmates throughout the seventh and eighth grades at the end of the last day of school, during a school assembly.

Recommendations for Modification of the program: Reaching feasibility

The limited schedule to implement all ten sessions was carefully structured with no possibilities of expanding beyond ten sessions due to time constraints with an altered academic year. To further explain, a year prior to the implementation of the program, students in the middle school were provided a full year of health class or two semesters. As preparations began with the implementation process during the 2011-2012 academic school year, the health curriculum at the school dramatically changed to meet state budget cuts, leading to seventh grade students being offered only a half year of health class versus a full year. The change made it very difficult for the health teacher to meet the health curriculum requirements over half the allotted time. Adding the Safe Dates curriculum took much creativity and willingness for the health teacher to alter an already tightened schedule to also accommodate ten sessions of Safe Dates. To make the program more feasible with the limited schedule, sessions were implemented over a five-week period, with two sessions per week, on Monday and Friday weekly, in order to cover all ten sessions. The Safe Dates program also offers a program plan if a school only has time for six-session programs or four-session programs, but is highly discouraged because the reliability of the Safe Dates product was tested for covering all ten sessions. The students were already pressed for time to address all components and comprehend

concepts of the program. If sessions were eliminated, it would appear that many of the important parts of the program would be potentially lost. If students had access to the program on an annual basis, possibly the idea of reducing the sessions could be possible, only after students have had the comprehensive program in its entirety (including the dating abuse play, poster contest and repeating some of the session materials). Of note, while students expressed that the program was very helpful and enjoyed the activities, they indicated the need for more time to experience the lessons of each session because the majority of the information was new and fairly complex. Students in general, indicated that the program should be done every year as they get older because they felt in general that although they learned a lot, many of the materials in the program they have not had lived experiences with yet and also observe many problems in the school between other classmates that have boyfriend or girlfriend issues.

While the program can be used as a dating abuse prevention tool for middle and high school students, concern was raised regarding readability of the program material. At this point, there is lack of clarity for both the learning level of the participants and the ability to read and understand the material for their age and grade. With the intermittent time challenges during various sessions due to lack of knowledge or understanding, the anticipated 50-minute session allotment seemed to be a challenge. At this point, it would be recommended that the developers of Safe Dates further identify the concerns related to readability that was experienced.

Additionally, the Safe Dates program content might be more feasible if the material was integrated into the current school-wide anti-bullying program activities. Both topic areas share commonality with building and maintaining a healthy and safe relationship. Streamlining the two programs would potentially enhance sustainability of continuing this program because time

management would be better managed and the subject matter would share similar attributes that may contribute to increased retention of both program materials.

In this particular student population and rural school district, exposure beyond the school environment should be encouraged and recommended. The integration of community health workers that could serve as champions of healthy relationships and non-violent lifestyles may improve the feasibility and sustainability through being more cost-effective, while circulating the program material well beyond the school district and into the homes and community centers.

Although in draft form, a toolkit and TDV school policy will be provided as a template for other school districts to use to make the program more feasible. While many components of the toolkit and school policy kit are in development, a school district may receive greater benefit if these are available online, possibly accessible as a link through the local or county health department website.

Obtaining parental consent was challenging because the original IRB consent form provided by the University of Toledo required that parents consent to the risk that their child would need to undergo a pregnancy test in order to participate in the program. This presented challenges and after review, the project leader and administration made adjustments to the consent form, eliminating verbiage regarding the need for a pregnancy test. The consent form was changed to explain the program and offer an alternative program option to meet the needs of HB 19, which can be viewed in Appendix D. In the future, it would be recommended that the consent form be shortened to state along the lines of, “you are consenting to your child to receive a program about healthy and safe relationships” and possibly have a statement of recruiting parents to enhance engagement among parents and students within the school. A basic consent form that schools can utilize will be made available in the toolkit that is in developing stages. Also, the

satisfaction levels of parents at completion of program implementation should be evaluated to show evidence of approval and acceptance of the program, not only with the administrators and students, but also with the parents whose support is greatly needed for sustainability.

In order for this program to make a difference in a rural school with the challenges and barriers that were described earlier in this paper, the project leader made specific, yet modest recommendations for making this project feasible and effective in a small rural school. A summative description explaining why Safe Dates is both feasible and effective can be found in Appendix H. The effectiveness of Safe Dates has been evaluated and reported throughout literature dating back to 1994 (Foshee, et al., 1998). The primary recommendation for making a practice change in schools that includes several key supporting references with the level of effectiveness of those references, which is predominantly level one and level two evidence can be found in Table 10.

Table 10

Statement of recommendation with supporting references and level of effectiveness

| Statement of Recommendation | References | Level of Effectiveness |
|--|---|--|
| Implement a school-based dating abuse prevention program such as Safe Dates to adolescents to meet the requirements of HB 19. The implementation of a program can address the severity of adolescent dating abuse in the population (based on evidence throughout literature) through improving knowledge & understanding. | Hahn, R., Fuqua-Whitley, D., Wethington, H., et al. (2007) | A1 Systematic Review of 53 studies |
| | Foshee, V.A., Bauman, K.E., Ennett, S.T., et al. (2005); Wolfe, D.A., Crooks, C., Jaffe, P., et al. (2009); Foshee, V.A., Bauman, K.E., Arriaga, X.B., et al. (1998); Jaycox, L.H., et.al, (2006); Lavoie, F., et al., (1995) | A2 Evidence from RCT |
| | Hilton, N.Z., et. al (1998) | A3 Evidence Controlled trial without randomization |
| | Foshee, V.A., Ennett, S.T., Bauman, K.E., et al. (2005); Noonan, R.K. & Charles, D. (2009). | A6 Evidence from Research/Descriptive |

Note. Level of effectiveness was determined by the rating system for the hierarchy of evidence for intervention/treatment questions modified from Guyatt and Rennie’s Users’ guides to the medical literature (as cited in Melnyk and Fineout-Overholt, 2011).

Step 6 of Model: Integrate and Maintain Change in Practice

Policy Change

This project not only paves the path for integrating a feasible and effective TDV curriculum, it also serves as the impetus for school district’s throughout the state of Ohio to integrate new policy and/or update existing policies. With the passage of HB 19 in 2010 in the state of Ohio, each school district is required to not only implement a dating violence curriculum, but also prepare a model policy that prohibits harassment, intimidation and bullying. According to the

Ohio Department of Education (ODE), each public school district may choose to either adopt the model policy provided by the ODE, or develop its own policy that is parallel to the model policy. The ODE model policy provides procedures for reporting, documenting and investigating incidents of harassment, intimidation and bullying. Also, the model policy outlines responsibilities of school personnel and offers student intervention strategies (Ohio Department of Education, 2011). The model policy appears to lack a feasibility segment related to adjusting to time and cost factors depending on the needs of the school. Nor does the model policy suggest direct alternatives when a parent does not consent to receiving such programs. After discovering this gap that is clearly present based on the results of the project and lack of State supported strategies for schools implementing TDV programs, the project leader is currently building a toolkit that will be recommended at the state level for all schools to use. The toolkit will serve to address current needs with both program implementation and policy development. Previously discussed earlier in the paper, the toolkit (located in Appendix C) is in development, which provides a summarized list of items to be included in a toolkit.

Originally, the author anticipated the purchase of a **School Policy Kit: A Comprehensive Approach to Addressing Dating Violence in Schools** for \$49.00, which the Safe Dates curriculum recommends utilizing to guide researchers and educators in creating new or updating existing dating abuse policies. While this is not necessary, the School Policy Kit specifically addresses issues of school safety and legal liability and may serve as a resource for some school districts. As stated previously, the administrators were highly interested in amending existing school policy after the Safe Dates program was implemented. Immediate needs of HB 19 were met by adjustment of the language in the existing anti-bullying policy and added policies related to TDV to suffice the state requirements.

Although support for policy and protocol development was present during the implementation of the project, the school underwent multiple administrative leadership changes. With the changes, the new administration wanted to further review the outcomes of the project after completion and integrate the project leader's recommendations for feasibility before altering the already amended school policies, which were essentially centered around anti-bullying. After a recent discussion with the new Principal, the project leader learned that the school has formally integrated a TDV policy into the existing harassment and anti-bullying policies. The TDV policy currently present at the school is not a stand-alone policy, as it is streamlined into the policies for anti-bullying. The school administration is open to expanding on the TDV policy more in depth because it is apparently very basic in structure. The anticipated stand alone TDV policy is currently in the developing stages, which can serve as a template for a variety of school districts.

Drafting and Implementing a Dating Violence Policy

Discussions recently have continued with the Principal regarding the project leader assisting the school in drafting a comprehensive TDV policy that stands alone from the anti-bullying policy. A comprehensive policy will be developed beyond the completion of the project to include specific guidelines for: responding to complaints of TDV, involving local police, providing services and accommodations for victims, enacting appropriate consequences for abusive students, and referring students to community based organizations. A potential policy has been created for addressing dating violence in Ohio schools. Although it is not the ODE model policy, it is similar, yet can be adjusted in consultation with school board members, administrators, teachers, parents and community members in a school district and is provided in Appendix I.

A Discussion of the Pilot Project with Literature

The key recommendation for making a practice change in schools included level one and level two evidence as previously indicated in Table 10, which reveal substantive evidence of the need for both a feasible and effective program such as Safe Dates. While schools have a priority to meet the requirements of HB 19, schools are also fundamentally responsible for providing a program that is both feasible and effective based on evidence provided throughout this paper. The recommendations for practice change outlined previously are consistent with requirements of HB 19 and findings from this project are comparable to the critically appraised literature that was discussed in the synthesis of evidence section earlier in the paper.

The evidence examined earlier in the paper that related directly to the implementation outcomes of improved knowledge and understanding of TDV and improved problem-solving skills are directly aligned to this project. As Witt and Kendra (2010) highlighted the implications for TDV programs after their findings strongly indicated that victims of dating violence were markedly unable to recognize danger in physically violent dating situations, the project also indicated that students exceedingly struggled with concepts of recognizing an abusive situation, even when trying “to picture” an abuser after considerable prompting during educative sessions. The systematic review by Hahn et al., (2007) of universal school-based programs evaluated 53 studies that implemented programs aimed at the reduction or prevention of violence among children. The systematic review revealed that the programs were cost effective and effective at educating students about violence among children as well as decreasing all forms of violence across the ages in schools. The information ascertained from the systematic review also streamlines with the evidence from this project in the areas of improved knowledge and problem-solving skills, including cost-effectiveness of implementing a school-based program.

The cluster randomized trial conducted over two and a half years by Wolfe, et al., (2009) showed that after providing an interactive TDV program known as “The Fourth R” significantly ($P=.05$) reduced physical dating violence. Although Safe Dates and the program implemented by Wolfe, et al. are quite differently structured curriculums, both share similar aspects related to emphasis of improving relationships, increasing knowledge of TDV and enhancing conflict resolution skills that can be also evident in this project.

To further add to the body of evidence shared throughout this paper, the outcomes ascertained in this project are also aligned with Jaycox, et al., (2006) that conducted a randomized pre and post-intervention program that focused on similar aspects of this project, including improved knowledge, less acceptance of teen aggression and enhanced perception of seeking assistance from other resources. Similar to this project, the researchers also observed improved knowledge of TDV, even six months post-program. Additionally, the principal investigators that extensively researched and developed the Safe Dates program also were included in the literature review of this project earlier in this paper. The Safe Dates program developers provided some of the most compelling and parallel evidence for this project because the large scale randomized studies revealed sizeable levels of improvement for all levels of violence after implementation of the Safe Dates program. While this project does not follow-up trends in acts of violence, it can be postulated that the knowledge gained from the Safe Dates educational program by Foshee et al., (1998) contributed to the documented decreased acts of violence. In consideration of the contributions of Foshee et al., potential exists that the long term follow up of the students who experienced this program would demonstrate a trend of improvement for dating violence if the research were to continue at multiple follow-up points long-term, because the evidence of this

project indicated that they had increased knowledge gained of TDV and improved problem-solving skills.

Implications for Maintaining Change in Practice: A Summary

The Safe Dates program, in its entirety is affordable, effective, feasible and interactive. These program characteristics help with the feasibility and effectiveness of the implementation process. The program deals with attitudes and behaviors associated with dating abuse and violence. Six sessions can be accomplished in approximately 50 minutes whereas, more time was necessary to complete four sessions with this sample of students. The students needed additional time with the concepts covered in these specific sessions, due primarily to the complexity of material over the time allotted. Future users of the program may be hesitant to implement the program because of the length of material spanning over multiple weeks, in what could potentially be an abbreviated health curriculum among other school districts. While this is a known concern, the program offers a fully developed and well-articulated comprehensive dating abuse curriculum for any provider considering implementing a teen dating violence curriculum within in a school system. Depending on the needs of the school, the curriculum can be presented over a set of days, weeks or streamlined over a couple of months to accommodate academic scheduling. The program is ready made, containing reproducible student and parent handouts and materials that can easily be pre-prepared in a short period of time. Instructors of the program are guided by the session outlines, which serve to facilitate the exercises and teaching lessons. The program is incredibly flexible depending on the needs of a class, curriculum or school system, and has the potential for growth among not only presenting in a single grade or health class, but to an entire school system. Simply by word of mouth, students from other grades were inquiring about when they would receive the program in their classes because many positive comments were shared

about the experience among the seventh graders. Although several sessions could be adjusted to be taught over longer than 50 minutes, the program can still be implemented with ease, provided the school teachers and school system are open to adequately addressing the requirements of HB 19. And to re-iterate a previously mentioned point, the school does not need to invest in training for implementing the Safe Dates program, but would need to purchase the program itself to obtain the necessary program material available, which is copyrighted.

Dissemination of the project

The dissemination phase included media coverage during Step 5 of the model (implementation process) via the local and county newspapers as well as follow-up information during a PTCO meeting at the close of the school year. The Health Department of Ottawa County, faculty/staff, students, parents, and community members of the Danbury LSD were provided with results from the program during several separate meetings: 1) faculty/staff meeting, 2) PTCO monthly meeting, and 3) an administrative meeting which included the Superintendent, Principal and Board members. The third meeting with the administrators was specifically requested, so that they possessed the necessary information and knowledge of the program in order to disseminate the project findings to other individuals that may not have attended these meetings. Additionally, the director at PVFF and the author of Safe Dates have indicated interest in receiving the project leader's completed work for review and consideration of the key recommendations, feasibility and effectiveness of this project as well as the review of the proposed school policy and toolkit. Other dissemination efforts are in process. An abstract of the project was accepted as a student poster presentation, representing the University of Toledo, at the annual conference of the Midwest Nursing Research Society (MNRS). Dissemination in the form of a published manuscript is being explored with the Journal of

School Nursing and/or Journal of School Health, which are initial potential options for publishing this project.

Conclusion

Prevention is one of the most important ways to address the problem of TDV. Safe Dates is one of the only evidence based prevention programs to date for teens in a school setting. Safe Dates has been evaluated for changing attitudes and behavior and serves a program for general use for all students in a middle or high school. The data evaluated in this project and data from previous articles discussed over the course of this paper (such as Foshee, et al., 2005; Jackson & Foshee, 1998; Noonan & Charles, 2009; Wolf & Foshee, 2003) provide a distinctive awareness of the importance of comprehensively addressing TDV in schools. As discussed previously after multiple conferences with the school administrators, including consideration of the evidence in literature, teens may not be receiving adequate support at home in the development of social skills and relationship skills. Schools are in direct contact with students for long periods of time daily and can serve as the structure that underscores information and support of teens in the development of knowledge and problem-skills as it relates to healthy and unhealthy relationship behaviors. Regardless of a program being conducted short or long term, the evidence that has been discussed throughout this paper indicates the scope of the problem of TDV and the need for implementation of a TDV curriculum that is both feasible and effective in enhancing knowledge of dating violence, as well as improving problem-solving skills in dating relationships.

Each of the program goals of this project were met successfully. Students developed keen awareness of what represents a healthy and unhealthy relationship (i.e. abusive). Students gained an understanding of what dating abuse is, including the causes and negative consequences including how to safely leave an abusive relationship or help a friend in an abusive dating

relationship. And lastly, students developed skills in the areas of positive communication, anger management, and conflict resolution. An evidence-based TDV prevention program for 7th grade students in a rural middle school was highly feasible and effective in three main areas: increasing knowledge and understanding of dating violence, improving problem-solving skills and cost-effectiveness. As schools attempt to address TDV and the requirements of HB 19, a larger scale effort must be undertaken among all stakeholders or those individuals directly or indirectly involved with schools to address the issue. This project offers a call for change that could serve as a facilitator in the development of enhanced support by offering an appropriate toolkit with resources for schools to use. The toolkit provides a simple and efficient method for implementing the Safe Dates program. The toolkit includes templates, listed key points and suggestions for the implementation.

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Appendix A: Synthesis Table of Research Articles Relevant to the Project

| Study | Level/Design (Fineout-Overholt, et al, 2010) | Intervention in Study | Variable/Outcomes Met for PICOT Question |
|---|--|--|--|
| Hahn, R., Fuqua-Whitley, D., Wethington, H., et al. (2007). The Effectiveness of Universal School-Based Programs for the Prevention of Violent and Aggressive Behavior. <i>MMWR Recommendations and Reports</i> , 56 (RR07), 1-12. | LEVEL I evidence Systematic Review | To assess effectiveness of 53 studies that researched school-based programs to reduce or prevent violent behavior in adolescents. | Study is aligned with the PICOT question: school-based programs are effective in increasing knowledge and understanding dating violence in adolescents. remove |
| Foshee, V.A., Bauman, K.E., Ennett, S.T., et al. (2005). Assessing the Effects of the Dating Violence Prevention Program “Safe Dates” Using Random Coefficient Regression Modeling. <i>Prevention Science</i> , 6 (3), 245-258. | Level II evidence Randomized control trial | Used Safe Dates program to test for effects of a school-based intervention program for adolescents w/ follow-up at 1 month, 1 year, 2 years, 3 years & 4 years after program implementation. | Study is aligned with the PICOT question: the specific program Safe Dates program can increase knowledge and understanding of dating violence (short-term & long-term) |
| Silverman, J.G., Raj, A., Mucci, L.A., et al. (2001). Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality. <i>Journal of American Medical Association</i> , 286 (5), 572-579. | Level VI evidence A research/descriptive study | Study of YRBS survey to assess prevalence rates of physical & sexual violence of dating partners in adolescent girls in year 1997 and then year 1999. | Study not aligned with the PICOT question: but the data of the study provides useful information of the magnitude of the presence of dating violence. |

| | | | |
|---|---|---|--|
| <p>Wolfe, D.A., Crooks, C., Jaffe, P., et al. (2009). A School-Based Program to Prevent Adolescent Dating Violence. <i>Archive of Pediatric Adolescent Medicine</i>, 163 (8), 692-699.</p> | <p>Level II evidence Randomized Control Trial</p> | <p>Studied a curriculum implemented in grade 9 students to assess reduction of physical dating violence.</p> | <p>Study is aligned with the PICOT question: a school-based program can improve knowledge and understanding of dating violence.</p> |
| <p>Foshee, V.A., Bauman, K.E., Arriaga, X.B., et al. (1998). An Evaluation of Safe Dates an Adolescent Dating Violence Prevention Program. <i>American Journal of Public Health</i>, 88 (1), 45-50.</p> | <p>Level II evidence Randomized Control Trial</p> | <p>Studied 14 public schools that implemented Safe Dates program to determine primary & secondary prevention of adolescent dating violence with baseline data and at 1 month follow-up.</p> | <p>Study is aligned with the PICOT question: Safe Dates program can improve knowledge and understanding of dating violence after the program is implemented.</p> |

Take literature review down to 3 paragraphs (they look for these tables)

| Study | Level/Design (Fineout-Overholt, et al, 2010) | Intervention in Study | Variable/Outcomes Aligned with PICOT Question |
|---|--|---|--|
| <p>Wolf, K.A. & Foshee, V.A. (2003). Family Violence, Anger Expression Styles, and Adolescent Dating Violence. <i>Journal of Family Violence</i>, 18 (6), 309-316.</p> | <p>Level VI evidence Research article/descriptive study</p> | <p>A research study that surveyed anger expression style and the relationship to exposure of family violence and dating violence in adolescents.</p> | <p>Study not aligned with the PICOT question: but the data provided in the study provide information of how the perpetration of dating violence is related to anger expression style and exposure to violence.</p> |
| <p>Foshee, V.A., Ennett, S.T., Bauman, K.E., et al. (2005). The Association Between Family Violence and Adolescent Dating Violence Onset: Does it Vary by Race, Socioeconomic Status, and Family Structure? <i>Journal of Early Adolescence</i>, 25(3) 317-344.</p> | <p>Level VI evidence Research/Descriptive Study</p> | <p>Longitudinal research study that evaluated effectiveness of an adolescent dating violence program (Safe Dates) in 14 public schools that measured baseline data, 1 month follow-up and 1 year follow-up.</p> | <p>Study is aligned with the PICOT question: Safe Dates program can improve knowledge and understanding of dating violence after the program is implemented.</p> |
| <p>Jackson, C. & Foshee, V.A. (1998). Violence-Related Behaviors of Adolescents: Relations With Responsive and Demanding Parenting. <i>Journal of Adolescent Research</i>, 13(3), 343-359.</p> | <p>Level VI evidence Research/Qualitative Study</p> | <p>A research study analyzing information collected from the original Safe Dates study using criteria to analyze parenting behavior (demandingness & parental responsiveness) and the relation to adolescent involvement in violence-related behaviors.</p> | <p>Study not aligned with the PICOT question: but the data provide additional information of the relationship of parenting behavior with adolescent involvement in violence.</p> |
| | | | |

| | | | |
|--|---|---|--|
| <p>Hilton, N.Z., et. Al, (1998). Antiviolence Education in High Schools: Implementation and Evaluation. <i>Journal of Interpersonal Violence</i>, 13 (6), 726-742.</p> | <p>Level III evidence Controlled trial without randomization</p> | <p>4 high schools were nonrandomly assigned to either a dating violence intervention curriculum or not. The goal was to assess improved knowledge of dating violence.</p> | <p>Study is aligned with the PICOT question: high school students who attended the prevention program experienced improved knowledge and understanding. Occurrence of dating violence was not measured.</p> |
| <p>Jaycox, L.H., et.al, (2006). Impact of a School-Based Dating Violence Prevention Program among Latino Teens: Randomized Controlled Effectiveness Trial. <i>Journal of Adolescent Health</i>, 39, 694-704.</p> | <p>Level II evidence Randomized Control Trial</p> | <p>Urban high school classrooms were randomized to the Break the Cycle's Ending Violence curriculum and impact on Latino youth regarding improved knowledge of dating violence.</p> | <p>Study is aligned with the PICOT question: the program can improve knowledge and understanding of dating violence after the program is implemented in addition to improving help-seeking behaviors which provides additional support for the Picot question. Occurrence of dating violence was not measured.</p> |

| Study | Level/Design (Fineout-Overholt, et al, 2010) | Intervention in Study | Variable/Outcomes Met for PICOT Question |
|---|---|---|--|
| Noonan, R.K. & Charles, D. (2009). Developing Teen Dating Violence Prevention Strategies: Formative Research With Middle School Youth, Violence Against Women, 15 (9), 1087-1105. | Level VI evidence Research/descriptive study | A research study analyzing information data collected from focus groups with middle school youth to determine behaviors and beliefs regarding dating violence and develop recommendations for prevention efforts. | Study not aligned with the PICOT question: but the data provide additional information regarding recommendations for prevention efforts. |
| Lavoie, F., et al., (1995). Evaluation of a Prevention Program for Violence in Teen Dating Relationships, 10 (4), 516-524. | Level II evidence Randomized Control Trial | Studied 2 high schools that implemented a program to determine the effectiveness of a primary prevention program on dating violence for teens and to compare two different program formats (short program and long program). Used a pre-test and post-test. | Study is aligned with the PICOT question: the program can improve knowledge and understanding of dating violence after the program is implemented for both the short term program and long term program. |

Appendix B: Hierarchy of Evidence for Intervention Studies based on Melnyk, and Fineout-Overholt

| Synthesis Statement | Level of Evidence | Description |
|---|--------------------------|---|
| Systematic review or meta-analysis | I | A synthesis of evidence from all relevant randomized controlled trials. |
| Randomized controlled trial | II | An experiment in which subjects are randomized to a treatment group or control group. |
| Controlled trial without randomization | III | An experiment in which subjects are nonrandomly assigned to a treatment group or control group. |
| Case-control or cohort study | IV | Case-control study: a comparison of subjects with a condition (case) with those who don't have the condition (control) to determine characteristics that might predict the condition. |
| Systematic review of qualitative or descriptive studies | V | A synthesis of evidence from qualitative or descriptive studies to answer a clinical question. |
| Qualitative or descriptive study | VI | Qualitative study: gathers data on human behavior to understand why and how decisions are made. |
| Expert opinion or consensus | VII | Authoritative opinion of expert committee. |

Melnyk, and Fineout-Overholt. (2011).

Appendix C

A list of components of a Teen Dating Violence program Toolkit

- Recommendations for individuals who need to be directly or indirectly involved with the program
- Template of a parental consent form allowing student participation that is an appropriate representation of the program
- Template of letters (administrators and parents) that offers information about TDV and the program highlights
- PowerPoint presentation that offers informative material of TDV that can be presented to parents at a PTCO meeting or at a faculty workshop
- Condensed list of “challenges that may be encountered” for the 10 session program with approaches to address each challenge
- Template that offers a summary of program highlights after program completion that can be provided to the school administrators and others
- Template for a TDV policy
- List of items/resources that can be added to enhance the student experience of the program and where to find these items/resources
- List of handouts for each session that should be provided to each student and a list of handouts reserved for the classroom setting (to avoid extra cost of copying)
- Recommendations of extra-curricular ideas/resources to provide enhancement of the program (i.e. having a dating abuse survivor speak to class, or connect to a webinar with another school during a session, build “penpals” from other schools

Safe Dates Program Pamphlet

Goals of the Program:

- Raise students' awareness of what constitutes healthy and abusive dating relationships
- Raise students awareness of dating abuse and its causes and consequences
- Equip students with the skills and resources to help themselves or friends in abusive dating relationships
- Equip students with the skills to develop healthy dating relationships, including positive communication, anger management, and conflict resolution

SAFE DATES
Teen Dating Violence
Prevention Program



7th Grade Health Class

What is Safe Dates?

The curriculum is a 10-session dating abuse program that deals with attitudes and behaviors associated with dating abuse and violence. Each session can be completed in about 50 minutes and can be presented over a period of days or weeks, depending on the school schedule.

Each session includes detailed instructions on presenting the information, activities to reinforce the key concepts, that also include student handouts.

Importance of the Problem

The presence of dating violence among adolescents is becoming recognized as a significant problem in the U.S. and worldwide. According to the Centers for Disease Control (CDC), approximately 9.8% of high school students report being hit, slapped, or physically hurt purposely by their boyfriend or girlfriend in the past 12 months.



Appendix D**Danbury Local Schools**

9451 East Harbor Road

Lakeside-Marblehead, OH 43440

www.danbury.k12.oh.us

| DISTRICT OFFICE | ELEMENTARY | MIDDLE SCHOOL | HIGH SCHOOL |
|------------------------|-------------------|----------------------|--------------------|
| 419-798-5185 | 419-798-4081 | 419-798-2258 | 419-798-4037 |
| FAX 419-798-2260 | FAX 419-798-2261 | FAX 419-798-2259 | FAX 419-798-2262 |

3/28/2012 Consent Form

Dear Parent:

Our school has been selected to take part in a research study that is collecting information through a pre and post-program survey. The purpose of the survey is to assess the health risk behaviors of students in 7th and 8th grade health classes that are provided the 10-session Safe Dates program.

All students among the 7th and 8th grades have been selected to participate in this anonymous and confidential study. A blank copy of the survey will be kept on file at the school's front office and you can request to see it during normal school hours and also at have the opportunity to speak to the doctoral researcher at any time regarding the program. If you would like to see a copy of the survey or any of the sessions within the Safe Dates curriculum, please contact Jaclyn Lanham at 419-934-1212.

Your child will answer health-related questions about personal safety, healthy and unhealthy relationships and violence related behaviors. The results of this survey may help meet the school districts requirements of House Bill 19, in addition to identifying key health problems and needs of teens within Danbury Local Schools. The survey and any reports about the study will not contain your child's name.

Students do not have to answer all of the questions and can skip any question they feel uncomfortable answering. There are no known risks of completing this. Students will be told NOT to put their name on the survey. Students' names or any personal identification will not be attached to the survey. You will not be allowed to see your child's responses to the survey.

Your child is not required to take part in the survey, as their participation is completely voluntary. Your child's alternative is to not complete the survey. Your child will not be penalized or treated differently if he/she chooses not to take part in this survey or later decides to stop participating. He or she will not be paid or compensated for completing the survey.

Researchers outside of the school will analyze completed surveys. The results of the survey will be combined into a report to be released early summer of 2012.

You can ask questions about this letter or the survey at any time. If you have any questions about the survey, please call Dan Parent, the Superintendent at 419-798-5185.

If you have any questions about your child’s rights as a research subject, you may contact the Study Subject Adviser at University of Toledo by calling at 419-383-5825.

If you chose to NOT have your child participate in the study, there will be an option for your child to receive an alternative program through the school guidance counselor that can be taught individually that meets House Bill 19 mandate.

Sincerely,

Jaclyn A. Lanham, MSN, FNP-BC
Doctoral Graduate Student
University of Toledo
419-934-1212
E-mail: Jaclyn.Lanham@rockets.utoledo.edu

Return this portion to the school office if you DO or DO NOT want your child to participate in the study described above.

I **DO or DO NOT** want my child, _____ to take part in the teen dating violence program being conducted at Danbury Local School District.

Parent/Guardian Signature

____/____/____
Date

Appendix E**Cost Analysis**

| Item | Estimated Cost | Actual Cost | Unpredicted Cost |
|---|--|---|--|
| Safe Dates Complete Program (Curriculum book) | \$225.00 | \$225.00 | None known |
| Option 1: Safe Dates Training with one individual on-site at school | \$2200.00- no cost incurred for this aspect. | \$2300.00 (includes gas/travel expenses)- no cost incurred for this aspect. | If another individual would need training in the school district (if a larger school). |
| Option 2: "Open Enrollment Option" where instructor-to-be attends full-day training session | \$175.00 | \$175.00 | None known None known |
| Curriculum materials: handouts for each student for all 10 sessions | \$5.99 | 1 ream of white paper (500 sheets per ream) \$5.99 at Office Max (left with extra paper) | Optional: Some handouts may not be reproduced during sessions to reduce paper waste (cost may be lowered or more depending upon paper usage) |
| Poster Board Mailing stamps Letter envelopes | \$10.00 \$11.50 \$10.00 | \$31.50 | Likely additional cost may be incurred depending upon the volume of stationary supplies needed that are not predicted yet. |

Appendix F**Safe Dates Pre-/Post-Test**

Age: _____ Grade: _____

Fill in the Blank:

1. List three examples of emotional dating abuse.
2. List three examples of physical dating abuse.
3. List two warning signs, or “Red Flags,” that a person may be a victim of dating abuse.
4. List two warning signs, or “Red Flags,” that a person may be a victim of dating abuse.
5. How can you help a friend who is in an abusive relationship?
6. List two things you can do to keep your anger from getting out of control.
7. List two things you can do to protect yourself from sexual assault on a date.

T/F Questions:

8. Emotional and physical abuse are equally serious.
9. Any forced sexual activity is sexual assault, even kissing.
10. Both females and males abuse other people.
11. Abuse goes away over time if you just ignore it.
12. Abuse may be used to control the way a person thinks, acts, or feels.
13. Sometimes a person’s response to anger is uncontrollable.
14. Conflict will occur in all relationships.
15. Gender stereotyping can lead to abuse.
16. Both males and females are victims of abuse.
17. Date and acquaintance rape victims are most often teenagers.

Adapted from “Safe Dates: An Adolescent Dating Abuse Prevention Curriculum, Second Edition” by V. Foshee, and S. Langwick. Copyright 2010 by Hazelden Foundation.

Appendix G**Summary Table: Process for Implementation and Evaluation**

| Phase | Goal | Brief Plan of Phase | Timeline/Date |
|--------------|--|---|--|
| Phase 1 | Introduction to Safe Dates program | Develop plan/formal schedule with school administrators; provide mini-informational snapshot to hand out to individuals; place posters, media items around school to inform of dating safe; develop consent form with administrators; reviewed consent and program process at PTCO meeting; send letter to all faculty/staff to inform of program; work closely with health edu teacher, Edu/Curriculum Consultant; developed plan for implementation; develop leadership teams: parents/staff and students | February and March 2012 |
| Phase 2 | Training School Personnel involved with the implementation of Safe Dates | Develop a schedule for a mini-in-service during day or after a school day to train those individuals directly assisting the author in the teaching process in the classroom. | March 2012 |
| Phase 3 | Educating Students with 10-session program | Follow schedule developed in phase 1 and provide pre-test initially; teach the 10-sessions two sessions per week; after session ten, administered post-test to both groups of students that received program. | April and May 2012 |
| Phase 4 | Evaluation upon completion of program | Author developed a report of the results of the program (from the pre-post tests) in addition, provided a summation of the program process for feasibility and effectiveness; held meeting with administrators, PTCO members, teachers/staff to determine feasibility of the successes and failures of the program | May and June 2012 |
| Phase 5 | Dissemination of program success/failures, results | Ongoing process with Phase 5 that is intertwined among Phase 4: i.e. journal publications, newsletters, conferences | June 2012 into 2014 for MNRS conference) |

Appendix H

Why Safe Dates is Feasible and Effective

A brief Summary with Recommendations.

- 1.) Cost-Benefit Analysis (in Appendix E)- training can be expensive but is not required.

An untrained individual can study the sessions and present the material with ease because there are helpful hints throughout each session of “how to respond” to a student question or “ways to present the material.” The main cost relates to photocopying the handouts, which can be made for a classroom worth of students and re-used between each class if the program is taught across several periods during a school day.

- 2.) Effectiveness- overarching goals of program achieved and listed:

- A.) raised students’ awareness of what constitutes healthy and abusive dating relationships; raised students’ awareness of dating abuse and its causes and consequences;

- B.) equipped students with the skills and resources to help themselves or friends in abusive dating relationships;

- C.) equipped students with the skills to develop healthy dating relationships, including positive communication, anger management, and conflict resolution.

- 3.) Feasibility- the need exists to have all ten sessions presented, but with time constraints that likely most school districts experience, to make this program feasible and timely, if all ten sessions are to be presented, the project leader would recommend eliminating the dating abuse play and poster contest that is part of the program materials. If time is extremely limited, then further reduction of the sessions to 6 or 8 sessions is suggested.

- 4.) Concepts/Terminologies: With small areas of misunderstanding of program materials and the complexity of the program topics (i.e. picturing/recognizing an abuser, or understanding words such as derogatory, intimidation, warning signs or red flags), the project leader would recommend that adjusting the words to be age appropriate is needed and to avoid reducing the sessions to anything less than 8 sessions in general.
- 5.) Community acceptance: it is recommended that the project leader be interactive with parents, teachers, school administrators by attending faculty meetings, board meetings and especially parent teacher meetings.
 - Usability for other school districts: ease of usability exists if at minimum the Safe Dates curriculum is purchased for a fee of \$225.00. This fee is nominal when considering the comprehensive material that is available with a provided CD ROM, for the project leader to pull various handouts for the students that can be organized in folders for each student to have open during each session. The curriculum is oriented to be user-friendly with the project leader to present the material autonomously.

Appendix I

A Proposed TDV Policy

A. Definitions: provide definitions of teen dating violence, sexual harassment, sexual violence, bullying, alleged perpetrator, and victim.

B. Victim Safety: develop a safety plan for increasing student safety. Address how school personnel can respond to an incident of bullying, sexual harassment, dating violence or sexual violence in collaboration with the victim.

C. Prevention and Training: training and awareness education on dating violence that includes but is not limited to modeling respectful behavior, training for teachers and administrators, counseling for affected students, awareness education for students, and awareness education for parents/guardians.

D. Developing a Response: involve the entire district and community in the work against teen dating violence and sexual violence to ensure that their program is efficient and effective. For example: provide a district-wide code of conduct for behavioral expectations, provide notice to parents/guardians, and students of the districts' dating violence policy, regulations, and programs. Conduct community coordination through the development of an advisory team of local experts to assist the school.

E. Intervention in Schools: develop a set response of documentation of incidents to ensure that all victims and alleged perpetrators receive consistent, fair treatment (i.e. use forms). Provide protocol for staff members, administrators and counselors in responding to an incident of bullying, sexual harassment, dating violence, or sexual violence between students occurring at school.

