Sexual Violence and Dating Violence Prevention for Teens and Young Adults: What Works?

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Learning Objectives

1. Describe the prevalence of sexual violence (SV) and dating violence (DV) among teens and associated health and social consequences.

2. Recognize essential elements of successful SV/DV prevention programs.

3. Identify opportunities in clinical and community-based settings for implementing SV/DV prevention interventions.

Dating Violence

- Dating violence is controlling, abusive, and aggressive behavior in a romantic relationship. It can include:
  - Verbal
  - Emotional
  - Physical
  - Sexual

- DV is also referred to as:
  - adolescent relationship abuse
  - teen dating violence
  - intimate partner violence
  - domestic violence
  - gender-based violence
Fluidity of Young Adult Relationships

- Dating
- Hooking up
- Going out
- Talking to
- Seeing someone
- Hanging out ... etc.

SV/DV Prevalence and Health Consequences

Prevalence

1 in 4 U.S. women and 1 in 5 U.S. teen girls report having experienced physical and/or sexual violence and/or stalking by a partner.

1 in 3 U.S. women report having experienced contact sexual violence.

(Black et al, 2012; Silverman et al, 2001; Smith et al, 2017)
Prevalence

- 1 in 6 men have experienced abusive sexual experiences before age 18.
- 1 in 7 men have experienced severe physical violence by an intimate partner.

(Dube et al. 2005; Smith et al. 2017)

Prevalence

Sexual- and gender-minority individuals experience higher rates of SV/DV than their heterosexual, cis-gender peers

(Adapted from Dank et al. 2014)

Prevalence

Sexual- and gender-minority individuals experience higher rates of SV/DV than their heterosexual, cis-gender peers

(Adapted from Dank et al. 2014)
Prevalence

Sexual violence in the context of intimate relationships:

1 in 5 women in the U.S. has been raped at some time in their lives, and HALF of them reported being raped by an intimate partner.

(Black et al. 2011)

Prevalence

- Adolescent and young adult women are at highest risk for SV/DV
- Women ages 20 to 24 are at the greatest risk of experiencing nonfatal IPV.
- Young women from ages 20 to 24 experience the highest rates of rape and sexual assault, followed by those 16 to 19.
  - 40-71% of female and male rape victims were raped for the first time before 18 years of age
- Young adults ages 18 and 19 experience the highest rates of stalking.

Cyber dating abuse

- AKA, electronic teen dating violence (among others)
- Abuse perpetrated over technology and media
  - Facebook, texts, email, blogs, instant messaging...
- 26% of middle and high school youth who dated in the past year reported CDA
  - 11% sexual CDA
  - 22% non-sexual CDA
- 50% of college students in past 6 months
- Substantial overlap with physical, sexual, and psychological DV

(Zweig et al. 2013, Zweig et al. 2014, Borrajo et al. 2015)
Let's talk!

What are the problems that you have most commonly observed in your clients/students that arise due to DV/SV?

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Health Consequences of DV/SV

<table>
<thead>
<tr>
<th>Substance use</th>
<th>Mental health</th>
<th>Unhealthy weight control</th>
<th>Sexual and reproductive health</th>
</tr>
</thead>
<tbody>
<tr>
<td>🔄 Binge drinking</td>
<td>🔄 Depression</td>
<td>🔄 Diet pill use</td>
<td>🔄 First sex &lt;15 years old</td>
</tr>
<tr>
<td>🔄 Smoking and heavy smoking</td>
<td>🔄 PTSD</td>
<td>🔄 Laxative use</td>
<td>🔄 Condom nonuse</td>
</tr>
<tr>
<td>🔄 Driving after drinking</td>
<td>🔄 Suicidal ideation</td>
<td></td>
<td>🔄 More recent sex partners</td>
</tr>
<tr>
<td>🔄 Marijuana and cocaine use</td>
<td>🔄 Suicide attempt</td>
<td></td>
<td>🔄 History of pregnancy</td>
</tr>
</tbody>
</table>

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Health Consequences in Teens:

- HIV/AIDS
- Migraines
- Flashbacks
- Sleep disorders
- Suicide attempt
- Unintended pregnancy
- Chronic pain
- Anxiety
- Central nervous system disorders
- Untreated pregnancy
- Depression
- Gastrointestinal disease
- Epilepsy
- Headaches
- PTSD
- Stress disorder

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Teen dating violence and suicide

- U.S. adolescents who experienced physical and/or sexual teen dating violence have:
  - 1.8-3.7x higher prevalence of seriously considering suicide
  - 2.0-4.8x higher prevalence of making a suicide pact
  - 2.5-9.3x higher prevalence of attempting suicide

(Vagi 2015)

Elements of successful SV/DV prevention programs

- There are a wide variety of programs:
  - Setting
  - Focus
  - Participants
    - Age range
    - How selected for program
    - Mixed vs. single gender
  - Primary vs. secondary prevention
  - But what actually works?
Selected outcomes from DV/SV prevention programs

**Behaviors**
- Social skills
- Nonviolent conflict resolution
- Violence
- Gender equitable behavior
- Protective behaviors
- SRH health

**Attitudes & Skills**
- Gender equitable norms
- Rejection of rape myths and victim blaming
- Intolerance of IPSV
- Ability to resolve couple disputes nonviolently
- Self-efficacy dealing with sexual coercion
- Intention to intervene

**Knowledge**
- Violence risk and protective factors
- Ability to label rape scenarios as rape
- Awareness of risks/consequences of IPSV
- HIV prevention knowledge

(Adapted from Lundgren and Amin 2015)

Characteristic: Programs that focus on younger adolescents

- Many DV, and particularly SV, programs target college-aged students
- But, data show us that this is too late
- Studies in Pittsburgh:
  - SA experiences before college:
    - 48% of women
    - 25% of men
    - 60% of trans/non-binary/other gender individuals
  - Middle school male athletes:
    - 22% reported sexual harassment perpetration
    - 36% reported cyber abuse/sexting
  - Among 13-19 year-olds who had ever dated:
    - 34% reported DV perpetration
    - 14% reported SV perpetration

Characteristic: Length of intervention program

- Longer intervention exposure → more positive outcomes

(Adapted from DeGue et al. 2014)
Characteristic: Outcomes assessed (SV)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Positive</th>
<th>Mixed</th>
<th>Negative</th>
<th>Null</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliates to violence (%)</td>
<td>22%</td>
<td>2%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Relevant skills (%)</td>
<td>92%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Bystander interventions (%)</td>
<td>87%</td>
<td>0%</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>Rape proclivity (%)</td>
<td>17%</td>
<td>17%</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Sexual victim behavior (%)</td>
<td>1%</td>
<td>14%</td>
<td>33%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Adapted from DeGue et al. 2014

Characteristic: Mode of delivery

- Engaging participants in multiple ways may be more effective than a single modality
- Most common:
  - Didactic lectures
  - Presentations with limited interaction (e.g., Q&A)
  - Videos
- Incorporating more methods - particularly active methods - may promote better participation, acquisition of knowledge and skills, and retention
  - E.g., role play, writing exercises, skills practice

Characteristic: Positive, personal relationships

- Many programs use “outside” leaders
- Positive changes in peer groups and networks (e.g., peer-facilitated support groups, existing social capital of athletes in schools) may promote better outcomes
Effective programs: SV/DV outcomes

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Outcome*</th>
<th>Key components</th>
</tr>
</thead>
</table>
| Safe Dates                         | ↓ DV victimization & perpetration | • 10 sessions  
• Poster contest  
• School play about DV  
• Materials for parents and home |
| Coaching Boys into Men             | ↓ DV perpetration                  | • Coaches are trained by violence prevention advocate  
• 12 cards to guide weekly discussion |
| Shifting Boundaries                | ↓ DV victimization & perpetration  | • 6-classroom lessons  
• "Hot spot" maps for increased surveillance  
• Posters  
• School-based restraining orders  
• Revised school protocols |

*Not an exhaustive list of all outcomes assessed  
(Foshee et al. 2000; Miller et al. 2013, Taylor et al. 2013)

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| Fourth R: Healthy Relationships Plus| ↓ DV perpetration | • 28 hours  
• Book club units  
• Small group and class-wide discussions and activities  
• Topics are grade-specific  
• Delivered/facilitated by teachers trained in the curriculum |
| SHARP                              | ↓ DV victimization among those victimized at baseline | • School-based health centers  
• Palm-sized safety cards during clinical visits  
• Universal education & warm referrals  
• School-wide outreach events selected and organized by school's youth advisory board |

*Not an exhaustive list of all outcomes assessed  
(Wolfe et al. 2009; Miller et al. 2014)

Effective Programs: Related Outcomes

- Expect Respect
- Bringing in the Bystander
- Feminist Rape Education Workshop
- Brief educational video to dissociate sex from violence
- Campus Rape video
- SHARRP Consent 101
- Acquaintance Rape Education Program
- Rape Supportive Cognitions/Victim Empathy Videos
- Date Rape Education Intervention
Opportunities in clinical and community-based settings for implementing SV/DV prevention interventions

Let's talk!

■ What is most challenging for you about working with a client/student who discloses an experience of violence victimization?

■ What are some of the barriers to having these types of discussions with your clients/students?

Let's talk!

The most common reason that victims choose not to report...

...is that victims believe that the offense was "not serious enough." Even for forced penetration, 59% of victims gave this reason.

- 1/3 of victims of forced penetration did not report because they were embarrassed, ashamed, or thought that it would be too emotionally difficult.
- Just as many reported believing that nothing would be done about it.

(Cantor et al, 2015)
Women who talked to their health care provider about abuse were:

4 times more likely to use an intervention (i.e., hotline, advocate, counselor, protection order)

AND

71% of those who used an intervention reported it being extremely or very useful

(McCloskey et al. 2006; Cantor et al. 2015)

In Progress...

**GIFTSS Intervention:**
Giving Information for Trauma Support & Safety

“I talk to all students about this…”
Clinical interventions to prevent and respond to intimate partner and sexual violence on campus
Addressing the Barriers
Simple process to provide universal education and direct assessment
- Connect IPV/SV and health risks to visit type
- Educational card intervention
- Harm reduction strategies
- Referral & support

GIFTSS: Giving Information for Trauma Support & Safety
1. Discuss confidentiality
2. Provide universal education on consensual sex, healthy relationships, harm reduction
3. Direct assessment for IPV/SV
   - If IPV/SV is disclosed:
     - Harm reduction strategies
     - Warm referral to advocacy services
   - If IPV/SV is not disclosed:
     - Information on resources

Provider and patient tool

Question: Who’s Got Your Back?
**How to Introduce the Card**

"We’ve started giving this card to all our patients so they know how to get help for themselves or so they can help others."

**NORMALIZE conversation**

**UNIVERSAL intervention**

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**GIFTSS benefits ALL patients, even those who have not experienced IPV/SV**

- Supports student health center’s role in providing anticipatory guidance
- Students share cards with friends
- Includes resources for students on how to help a friend
- Provides prevention messages and highlights bystander intervention

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**Introduce the Card as an Upstander Intervention**

"You have probably heard a lot about the role fellow students can play in helping to prevent sexual violence. This card offers some more information."

**ENCOURAGE helping friends**

**UNIVERSAL intervention**
Substance Use

“Has what’s going on with people you’ve had sex with made you feel like drinking/using more?”

Discuss the interaction of substance use, sexual activity, and relationship safety. One study found that when controlling for previous substance abuse history, sexual assault survivors were more likely to abuse alcohol than women who were not assaulted.

Substance Use

“Has anyone pressured you to drink or use drugs?”

In addition to survivors using substances to cope with trauma, perpetrators may also use substances to coerce, control or harm victims.
How are IPV/SV advocates different from in-house behavioral health providers?

- Specialized training
- Safety planning expertise
- Confidentiality
- Free for clients
- Access to other services
- Culturally responsive services

IPV/SV advocates complement behavioral health services

Providing a “Warm” Referral

When you can connect to a local program it makes all the difference!

“If you are comfortable with this idea, I would like to call my colleague at the local program (fill in person’s name), she is really an expert in what to do next and she can talk with you about a plan to be safer.”

Hotline Referral

Offer patients the use of office phone to make the call
Let's talk!

- What do you think would work in your institution?
- What are some steps you can take?

THANK YOU!

Questions? Comments?

Please do not hesitate to contact me with any questions or feedback: kaj25@pitt.edu