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

Kelley Jones, PhD, MPH
Postdoctoral Associate
Division of Adolescent and Young Adult Medicine
Children's Hospital of Pittsburgh
Department of Pediatrics, University of Pittsburgh School of Medicine

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*

3

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

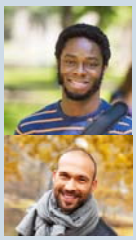
1 in 3 U.S. women

report having experienced contact sexual violence

(Black et al, 2011; Silverman et al, 2001; Smith et al.2017)

Prevalence

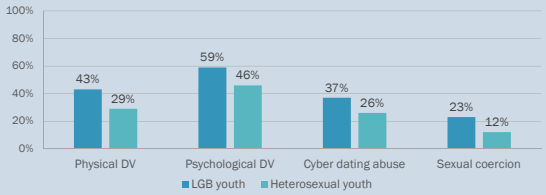
- **1 in 6** men have experienced abusive sexual experiences before age 18.
- **1 in 7** men have experienced severe physical violence by an intimate partner.



(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)

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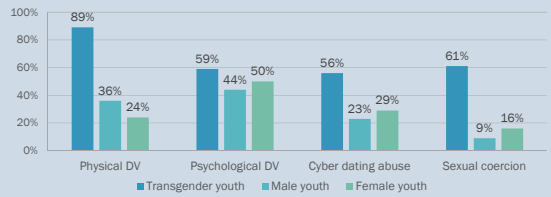

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Prevalence

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?

Health Consequences of DV/SV

(CDC, 2010)

Health Consequences in Teens:

Substance use

- Binge drinking
- Smoking and heavy smoking
- Driving after drinking
- Marijuana and cocaine use

Mental health

- Depression
- PTSD
- Suicidal ideation
- Suicide attempt

Unhealthy weight control

- Diet pill use
- Laxative use

Sexual and reproductive health

- First sex <15 years old
- Condom nonuse
- More recent sex partners
- History of pregnancy
- STI

(Eshelman & Levendosky 2012; Exner-Cortens et al. 2013, Silverman et al. 2001)

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

Elements of successful 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	Attitudes & Skills	Knowledge
■ Social skills	■ Gender equitable norms	■ Violence risk and protective factors
■ Nonviolent conflict resolution	■ Rejection of rape myths and victim blaming	■ Ability to label ape scenarios as rape
■ Violence	■ Intolerance of IPSV	■ Awareness of risks/consequences of IPSV
■ Gender equitable behavior	■ Ability to resolve couple disputes nonviolently	■ HIV prevention knowledge
■ Protective behaviors	■ Self-efficacy dealing with sexual coercion	
■ SRH health	■ Intention to intervene	

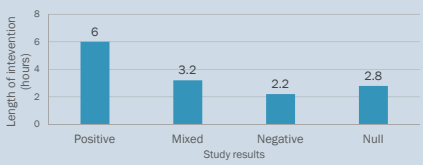
(Table adapted from Lundgren and Amin 2015)

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
    - **21%** 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

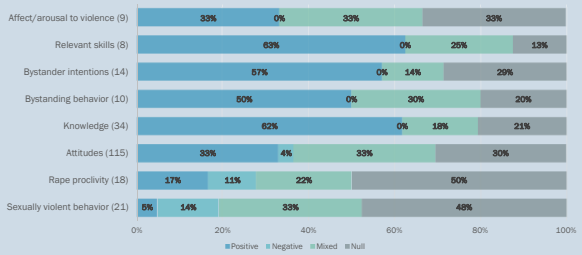
Characteristic: Length of intervention program

- Longer intervention exposure → more positive outcomes



(Adapted from DeGue et al. 2014)

Characteristic: Outcomes assessed (SV)



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

Intervention	Outcome*	Key components
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 ↓SV 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)

Effective programs: SV/DV outcomes

Intervention	Outcome*	Key components
Fourth R: Healthy Relationships Plus	↓ DV perpetration	• 21 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?

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

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

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

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

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