

Approaches to Preventing Psychological, Physical, and Sexual Partner Abuse

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Adult partner abuse has its roots in childhood, adolescence, and young adulthood. Many childhood and adolescent risk factors such as exposure to parental domestic violence (Ehrensaft et al., 2003; Magdol, Moffitt, Caspi, & Silva, 1998), exposure to child abuse, physical punishment and/or harsh discipline (Bank & Burraston, 2001; Ehrensaft et al., 2003; Herrenkohl et al., 2004; Magdol et al., 1998), substance use (Magdol et al., 1998), poor educational achievement and school drop-out (Magdol et al., 1998), aggression against peers (Andrews, Foster, Capaldi, & Hops, 2000; Capaldi, Dishion, Stoolmiller, & Yoerger, 2001; Herrenkohl et al., 2004; Magdol et al., 1998), and adolescent associations with deviant peers (Capaldi et al., 2001) have been found to predict adult partner violence victimization and perpetration. Being a victim of dating abuse during adolescence or during courtship prior to marriage has been associated with being a victim of partner abuse as an adult (Gayford, 1975; Roscoe & Benaske, 1985; Smith, White, & Holland, 2003). Thus, efforts to prevent adult partner abuse need to begin early, by preventing the psychological, contextual, and behavioral precursors to domestic violence that develop during infancy, childhood, adolescence, and young adulthood.

This chapter describes approaches to the prevention of dating and partner abuse perpetration and victimization targeted at each of these stages in the life span. For each approach, we describe the links to dating or partner abuse prevention, and when available, we provide empirical findings related to efficacy based on randomized trials. Dating and partner abuse include psychological abuse, physical violence, and sexual abuse (Saltzman, Fanslow, McMahon, & Shelley, 2002). Because of the interrelatedness of the three types of abuse and their harmful consequences, we describe approaches to

preventing each type. Finally, national probability samples (Caetano, Cunradi, Clark, & Schafer, 2000; Sorenson, Upchurch, & Shen, 1996; Straus & Gelles, 1990) and local adult samples (Archer, 2000) have found that women are as likely or more likely than men to engage in certain forms of physical partner abuse, although men are more likely than women to inflict injury (Archer, 2000; Morse, 1995). Almost all studies have found that the prevalence of dating abuse perpetration among adolescents was either nearly the same for males and females (Bennett & Fineran, 1998; Capaldi & Crosby, 1997; Johnson-Reid & Bivens, 1999; O'Keefe, Brockopp, & Chew, 1986; Pflieger & Vazsonyi, 2006; Symons, Groër, Kepler-Youngblood, & Slater, 1994; Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998) or greater for females than males (Avery-Leaf, Cascardi, O'Leary, & Cano, 1997; Carlson, 1990; Cascardi, Avery-Leaf, O'Leary, & Slep, 1999; Chapple, 2003; Chase, Treboux, O'Leary, & Strassberg, 1998; Foshee, 1996; Hird, 2000; Malik, Sorenson, & Aneshensel, 1997; McCloskey & Lichter, 2003; O'Keefe & Sela-Amit, 1997; O'Leary & Slep, 2003; Ozer, Tschann, Pasch, & Flores, 2004; Plass & Gessner, 1983; Schwartz, O'Leary, & Kendziora, 1997; Wekerle et al., 2001). Therefore when available, we also describe findings related to the efficacy of each prevention approach for males and females. This chapter concludes with clinical recommendations.

Prevention Efforts Targeted at Parents of Infants, Children, and Adolescents

A number of parent and family related characteristics have been identified as risk factors for adolescent and adult partner abuse. Corporal punishment of children has been found to correlate with (Foshee, Bauman, & Linder, 1999) and predict (Simons, Lin, & Gordon, 1998) adolescent dating abuse perpetration, and to predict adult partner violence (Magdol et al., 1998). Being abused as a child has been associated with perpetrating

dating abuse as an adolescent (Bank & Burraston, 2001; Smith & Williams, 1992) and has been found to predict adult partner abuse (Ehrensaft et al., 2003; Herrenkohl et al., 2004; Magdol et al., 1998; D. Smith, 1999). And witnessing parents hit one another has been correlated with dating violence perpetration by adolescents (Chapple, 2003; Foshee et al., 1999; Malik et al., 1997; O'Keefe, 1997; O'Keefe et al., 1986) and predicts adult partner abuse (Ehrensaft et al., 2003; Magdol et al., 1998). Several studies have found that maltreatment, defined by a composite of family violence indicators such as exposure to domestic violence, corporal punishment, child abuse, and sexual abuse, is positively correlated with adolescent dating abuse perpetration (Schwartz et al., 1997; Wekerle et al., 2001; Wolfe et al., 2001; Wolfe et al., 1998; Wolfe, Wekerle, Scott, Straatman, & . Grasley, 2004).

Other measures of parenting and family functioning also have been associated with dating violence. For example, one study found that supportive parenting during early adolescence (including warmth, adequate monitoring, consistent discipline, and inductive reasoning with the child) decreased the likelihood of dating violence perpetration by boys in late adolescence (Simons et al., 1998). In another study, unskilled parental discipline practices when boys were in fourth to sixth grades predicted dating abuse perpetration by boys 10 years later (Bank & Burraston, 2001). One study found that boys who perpetrated both street and dating violence had lower scores on family functioning characteristics than those who did not perpetrate those types of violence (Gorman-Smith, Tolan, Shiedow, & Henry, 2001). Also, lack of parental supervision has been found to predict adolescent dating abuse perpetration (Brendgen, Vitaro, Tremblay, & Lavoie,

2001; Capaldi & Clark, 1998; Foshee et al., 1999; Foshee, Linder, MacDougall, & Bangdiwala, 2001; Lavoie et al., 2002).

These findings suggest that one approach to preventing adolescent and adult partner abuse is to intervene with parents to decrease the likelihood that children will be exposed to parental and family risk factors associated with partner abuse as adolescents and adults. Randomized trials suggest that programs targeted at the parents of infants, children, and adolescents can be effective in reducing family-related risk factors and aggression.

Among such programs, home visitation programs have been most extensively evaluated. Typically, in these programs new parents at risk for problematic parenting are visited, usually by health professionals such as nurses, on a regular basis beginning when the child is born, or sometimes even while the woman is pregnant, and continuing into the child's preschool years (Fergusson, Grant, Horwood, & Ridder, 2005; Love et al., 2005; Seitz, Rosenbaum, & Apfel, 1985; Wagner & Clayton, 1999). The focus of the visits varies, but almost all include an emphasis on problem solving family challenges and teaching effective parenting skills, including appropriate discipline techniques to prevent child abuse. The most widely known and comprehensively evaluated home visitation program is the *Nurse Home Visitation Program* developed by Olds and colleagues (D. L. Olds et al., 1999), but there are a number of others as well, including *Early Start* (Fergusson et al., 2005), *Early Head Start* (Love et al., 2005), *Parents as Teachers (PAT)* and *Teen Parents as Teachers (TPAT)* (Wagner & Clayton, 1999), and the *Prenatal/Early Infancy Project* (Seitz et al., 1985).

These programs have been effective in decreasing the use of corporal punishment (Love et al., 2005), improving parent-child interactions (Fergusson et al., 2005; Love et al., 2005; Olds et al., 1999; Wagner & Clayton, 1999), improving the emotional support of parents for their children (Love et al., 2005; Wagner & Clayton, 1999), reducing the number of emergency room visits for the child (Eckenrode et al., 2000; Olds et al., 1997; Olds et al., 1999), reducing the number of verified cases of child abuse and neglect (Olds, Henderson, Chamberlin, & Tatelbaum, 1986; Seitz et al., 1985; Wagner & Clayton, 1999) and decreasing parental self-reports of severe physical violence against their child (Fergusson et al., 2005).

These programs have also been effective in decreasing internalizing by the child (i.e., inhibition, depression) (Fergusson et al., 2005) and decreasing aggression (Fergusson et al., 2005; Love et al., 2005; Tremblay et al., 1992). Program effects have been found to last for many years. For example, in an evaluation of a modified version of the *Nurse Home Visitation Program*, Olds and colleagues found at follow-up when children were 6 years old that children whose parents had been in the treatment group expressed less aggression than control children (Olds et al., 2004). At a follow-up of the original *Nurse Home Visitation Program* when children were 15 years old, there were no differences in the number of major delinquent acts by adolescents, but there were significantly fewer adolescent arrests in the treatment than control group (Olds et al., 1998).

Another mode of delivering parent-based programs is through group sessions with other parents, typically conducted in the evenings at schools or other facilities. These programs have targeted parents at different stages of child development, including

toddlers (Shaw, Dishion, Supplee, Gardner, & Arnds, 2006), elementary school-aged children (Hawkins, Von Cleve, & Catalano, 1991; Webster-Stratton & Hammond, 1997), and middle school-aged children (Eddy, Reid, & Fetrow, 2000; Martinez & Eddy, 2005). The programs have increased monitoring and supervision (Eddy et al., 2000; Hawkins et al., 1991), increased appropriate use of rewards and punishment (Hawkins et al., 1991), improved other discipline-related skills (Eddy et al., 2000; Hawkins et al., 1991; Spoth, Redmond, & Shin, 2000), promoted positive parenting (Webster-Stratton & Hammond, 1997), improved parent-child communication skills (Hawkins et al., 1991; Spoth et al., 2000), increased involvement of the child in family activities (Hawkins et al., 1991), and increased parental involvement with the child (Shaw et al., 2006).

The programs have also been effective in improving children's outcomes associated with dating and partner abuse (Foshee & Matthew, in press), for example, decreasing destructive activities (Hawkins et al., 1991; Shaw et al., 2006), decreasing aggression (Hawkins et al., 1991; Martinez & Eddy, 2005; Spoth et al., 2000), improving conflict management skills (Webster-Stratton & Hammond, 1997), improving problem-solving skills (Webster-Stratton & Hammond, 1997), decreasing hostile behavior (Spoth et al., 2000), and delaying substance use initiation (Eddy et al., 2000). However, for a number of these outcomes, the effects of the parent training component could not be separated from the effects of teacher training (Eddy et al., 2000; Hawkins et al., 1991) or intervention directly with the child (Spoth et al., 2000).

Despite the evidence that parenting factors are associated with adolescent dating abuse and adult partner abuse, and despite the evidence that programs focused on parents are effective in altering family-related risk factors, there have been no published

evaluations of family-based programs for preventing adolescent dating abuse. However, we are currently conducting such a study. In this study, 515 families across the United States with 13 to 15 year olds were identified via listed telephone numbers, and a caretaker and child completed a baseline telephone interview assessing risk factors for dating violence. Parents randomly allocated to the treatment condition were delivered the *Families for Safe Dates* program, which included a series of six booklets mailed to caretakers with information on dating abuse and interactive activities to do with the adolescent to address risk factors associated with adolescent dating abuse, and telephone calls from a health educator 2 weeks after mailing each booklet to a family, to answer questions and determine if the booklet was completed before mailing the family the next booklet. The treatment group families have completed the program and we are currently conducting 3-month post intervention interviews with parents and adolescents. Preliminary findings are promising, but we have to await the final findings to determine whether this approach to preventing adolescent dating violence is effective.

Efforts Targeted at Children and Adolescents to Prevent Behavioral Precursors to Partner Abuse

It has been suggested that one way to prevent partner abuse is to intervene with children and adolescents to prevent behavioral precursors of partner and dating abuse such as sexual harassment, bullying, and aggression towards peers (Cascardi & Avery-Leaf, 2000; Cascardi et al., 1999; Connolly, Pepler, Craig, & Taradash, 2000; Wolfe & Jaffe, 1999). However, no studies have examined whether sexual harassment is in fact a precursor to adolescent or adult partner violence, and there have been no evaluations of sexual harassment prevention programs for children and adolescents. Although bullying

has been proposed as a precursor to dating violence, only one study has directly assessed this association (Connolly et al., 2000). In a sample of adolescents in grades 5 to 8, Connolly et al., (2000) found that bullies started dating earlier than non-bullies, participated in more types of dating activities, spent more time outside of school with other-sex friends, were more likely to have a current boy or girl friend, perceived their relationship with their boy/girlfriend as less intimate, affectionate, and durable, were more likely to engage in undesirable activities to keep a boy/girl friend, and perceived dating relationships as less equitable in power. Also, bullies were more likely than non-bullies to be perpetrators and victims of social and physical dating aggression, although the sample for these analyses was very small. Also, many longitudinal studies have found that aggression towards peers by younger boys predicted adolescent dating violence (Brendgen et al., 2001; Capaldi & Clark, 1998; Herrenkohl et al., 2004; Lavoie et al., 2002; Simons et al., 1998) and adult partner abuse (Andrews et al., 2000; Capaldi et al., 2001; Herrenkohl et al., 2004).

Several randomized trials suggest that school-based bullying prevention programs targeting children and early adolescents can reduce bullying behaviors (DeRosier, 2004; Fekkes, Pijpers, & Verloove-Vanhorick, 2006; Frey et al., 2005). However, in a review of both experimental and quasi-experimental studies of school-based bullying prevention programs, Vreeman and Carol (2007) found that effects are sometimes modest and they have been inconsistent across outcomes and intervention types. For example, they found that three of four interventions targeted at children involved in bullying (which focused primarily on teaching social skills training) did not reduce bullying, and six of ten programs implemented in class-rooms (which mostly involved implementing curricula or

using videotapes) were not effective in reducing bullying, but seven of ten programs that took a “whole-school approach” (a combination of school-wide rules and sanctions, classroom curriculum, conflict resolution training and individual counseling) were effective in reducing bullying behaviors (Vreeman & Carroll, 2007).

Many of the anti-bullying programs that have taken a whole-school approach are based on the principles set forth in Olweus’ *Bullying Prevention Program (BPP)* (Olweus & Limber, 1999), a school-based intervention for the prevention or reduction of bullying behavior and victimization by bullies. Program components target the classroom, school and individual and include increased monitoring of “hot spots” for bullying, establishment and enforcement of classroom and school rules against bullying, and targeted interventions with children identified as bullies and victims, including discussions with parents of involved students. Activities are designed to heighten students’ concern for victims and improve student bystander intervention. Programs based on *BPP* principles have generally been shown to reduce elementary, middle and junior high school student reports of bullying and victimization, reduce student reports of delinquent behaviors and improve the “social climate” of classrooms (e.g., student reports of improved order and discipline) (Mihalic, Fagan, Irwin, Ballard, & Elliott, 2004; Olweus & Limber, 1999).

Numerous studies have assessed the effects of programs targeted at children and adolescents to prevent aggression against peers, and there have been a number of outstanding reviews of these studies (for reviews, see Mihalic et al., 2004; Mytton, DiGuseppi, Gough, Taylor, & Logan, 2006; Thorton, Craft, Dahlberg, Lynch, & Baer, 2000; U.S. Department of Health and Human Services, 2001; D. B. Wilson, Gottfredson,

& Najaka, 2001; S. J. Wilson, Lipsey, & Derzon, 2003). These reviews suggest that effective strategies for preventing aggression include parent and teacher training in behavior monitoring, appropriate reinforcement of behaviors, and classroom management, early-home visitation programs to build and promote positive family interaction and communication (as described earlier), building school capacity (e.g., through the reorganization of grades or classes, and training of administrators and teachers in discipline management), altering school climate or culture (e.g., establishing norms and expectations for behavior), and promoting cooperative learning and children's social competencies. Ineffective strategies include boot camps and alternative schools for aggressive youth, peer counseling, firearm training and gun buyback programs, individual counseling, and zero-tolerance policies at school with regard to weapons that do not also attend to school climate or promote feelings of safety.

Although programs for preventing behavioral precursors to partner violence such as bullying and aggression toward peers have been effective in preventing those precursors, their effectiveness in preventing dating and partner abuse have not been assessed. However, as the children in the intervention studies described above become older, assessments of the impact of bullying prevention or general aggression prevention programs on dating abuse may become available.

Prevention Efforts Targeted at Children and Adolescents Who Have Been Exposed to Family Violence

As indicated earlier, children who have been exposed to domestic violence or child abuse are at increased risk for becoming perpetrators and victims of dating and partner abuse, and therefore it is particularly important to target those children for dating and partner abuse prevention programs. However, only one dating abuse prevention

program evaluated in a randomized trial has targeted adolescents exposed to family violence (Wolfe et al., 2003). In fact, despite substantial evidence that children exposed to family violence experience a number of negative outcomes including depression, anxiety, aggression, and social relationship problems (see Graham-Bermann & Hughes, 2003; Graham-Bermann, 2001; Jouriles et al., 2001; Rossman, 2001; Sullivan, Bybee, & Allen, 2002, for reviews of the negative consequences of exposure to family violence), very few prevention programs addressing these issues have been evaluated.

This lack of evaluation research reflects the challenges of doing such research. Recruitment is particularly challenging. Recruiting children through domestic violence shelters is problematic because the length of stay in a shelter is often not long enough to deliver a full prevention intervention (Graham-Bermann, 2001); further, women who enter shelters are extremely distressed (Christopoulos et al., 1987; Hughes & Luke, 1998; Moore & Pepler, 1998; Wolfe, Zak, Wilson, & Jaffe, 1986) and may not be able to take on the responsibility of having their child in a time-intensive program; and finally, shelter recruitment results in limited generalizability of findings because most children exposed to family violence, never go to a shelter, the number of children in shelters tends to be too small to have adequate numbers for a randomized trial, and mothers who go to shelters are very mobile after leaving the shelter, presenting challenges to follow-up. Recruitment for such studies is often done through community advertisements, but because of stigma and embarrassment, many women exposed to domestic violence may not participate in research opportunities for themselves and their child, and those who do may be particularly motivated to make changes, again limiting the ability to generalize study findings to other children exposed to family violence. Because of child abuse reporting

requirements, recruitment of children exposed to child abuse occurs primarily through social services agencies after the child abuse case has already been reported. However, a small proportion of abused children are reported to social services and therefore, again, the generalizability of findings using this approach is questionable. An additional obstacle to conducting trials to evaluate the effectiveness of prevention programs for children exposed to family violence is ethical considerations in allocating children in such need for intervention to a control group (Ammerman, 1998).

Probably because of these obstacles, there have only been four randomized trials of programs for preventing problematic behaviors and attributes of children exposed to domestic violence (Graham-Bermann, 2000; Jouriles et al., 2001; Sullivan et al., 2002; Wagar & Rodway, 1995). One of these four recruited participants through shelters (Jouriles et al., 2001), one recruited participants through community service agencies (Wagar & Rodway, 1995), one used both of these methods for recruitment (Sullivan et al., 2002), and one recruited through community advertisements (Graham-Bermann, 2000).

Three of the four studies evaluated programs that included both a psycho-educational component for the child and a component intended to provide support to the mother. Jouriles et al (2001) evaluated the effectiveness of *Project SUPPORT* on conduct problems of children 4 to 9 years old who met the *Diagnostic and Statistical Manual of Mental Disorders* criteria for an oppositional defiant disorder or conduct disorder (treatment group n = 18, control group n = 18). The intervention, which involved weekly visits for 8 months provided mothers and children with social and instrumental social support, taught mothers problem solving skills, and taught mothers child management

skills designed to reduce the child's conduct problems. The results demonstrated significant treatment group effects, in the expected direction, on conduct problems such as noncompliance and aggression and mother child management skills at later assessments.

In the program evaluated by Sullivan and colleagues (2002), trained paraprofessionals helped 40 women victims of domestic violence generate, mobilize, and access community resources and advocate for their children's needs for 16 weeks and delivered a 10-week group support and education program to the children (ages 7 to 11). When outcomes were compared to those of the randomly allocated control group (n = 40), treatment significantly improved the children's self-worth, physical appearance, perceptions of athletic competence, and witnessing of abuse against the mothers, and mothers' self-esteem, depression, and victimization from abuse also improved. However, there were no significant differences between the treatment and control group in the children's scholastic competence, social acceptance and competence, or behavioral conduct or in the amount of abuse experienced by the child.

Graham-Bermann (2000) tested whether adding mother support to a psycho-educational program for children who had witnessed domestic violence was more effective than a child-focused component alone. In this trial, 221 women victims of domestic violence with children 6 - 12 years old were randomly allocated to a child-only condition, a child-plus-mother support condition, or a no intervention control group. Children in the child-plus-mother support intervention group showed the greatest improvement in internalizing and externalizing problems from pre-test to 8-month follow-up, but there were no group differences in depression or impulsivity/distractibility

(Graham-Bermann, 2000).

One of the four programs evaluated included only a child component. Wagar and Rodway (1995) evaluated Jaffe and colleague's (1986) 10-week-long group treatment program with children 8-13 years old who had witnessed wife abuse (treatment group n = 16, control group n = 22). Significant group differences in the expected directions were found in attitudes and responses to anger and in the sense of responsibility for their parent's violence. However, there were no differences in knowledge or problem solving abilities related to safety skills and support. Aggressive behaviors were not assessed.

In a recent meta-analysis of psychological interventions for maltreated children, Skowron and Reinemann (2005) included a total of 21 evaluations of programs targeted at these children and adolescents to improve cognitive, emotional, and behavioral outcomes. Only eleven of the studies included were experimental. The overall effect size across the 21 studies was .54, which is considered medium; the analyses indicated that exposure to programs increased average improvement across multiple outcomes for participants by 28%; effect sizes were larger for studies that had a no-treatment control group than studies with a placebo treatment condition; effect sizes also increased as the duration of the intervention increased, although these findings were confounded by the type of intervention (non-behavioral programs, which were longer, had larger effect sizes than behavioral interventions, which were shorter). Mandated and volunteer programs were equally effective.

Wolfe and colleague (2003) conducted the only evaluation of a dating violence prevention program for maltreated adolescents, but the study was not included in the Skowron and Reinemann meta-analysis. Their program, titled the *Youth Relationship*

Project (Wolfe et al., 1996), consisted of eighteen 2-hour sessions with small groups of participants, aged 14 to 16 years who had been identified through child protective services. A man and women co-facilitated all sessions and modeled positive relationship skills. The program included skills for communication, conflict negotiation and help-seeking, as well as activities designed to educate participants about partner abuse, gender inequalities, gender stereotypes, power dynamics in intimate relationships, and community resources for seeking help for dating violence.

Data were collected at baseline and 4 months later, after an intervention/control period, then bi-monthly for a total of seven waves of data (treatment group n = 96; control group n = 62). The treatment significantly reduced physical abuse perpetration, emotional dating abuse victimization and victimization from threatening behaviors. It was more effective for boys than girls in reducing victimization from physical abuse, and more effective in reducing physical victimization for boys with higher levels of maltreatment. There was no effect on perpetration of emotional abuse or threatening behaviors. Wolfe et al. (2003) also examined the effects of the program on proposed mediating variables, including trauma symptoms, hostility and communication and problem solving skills. Treatment reduced trauma symptoms but had no effects on hostility or communication and problem solving skills. However, formal mediation was not tested statistically.

Children exposed to family violence are clearly in need of programs to prevent negative outcomes that can affect the quality of their entire lives, including the likelihood of being perpetrators or victims of partner abuse. Those interested in conducting such research may want to refer to the literature on mediators and moderators of the

relationships between exposure to family violence and dating and partner violence as a guide for developing interventions. Studies examining mediators have identified the causal processes through which family violence influences use of violence against a partner and those mechanisms can become the targets for change in programs. For example, studies have identified dating abuse norms, aggressive conflict-response style (Foshee et al., 1999; Lewis & Fremouw, 2001), participation in various deviant actions (Swinford, DeMaris, Cernkovich, & Giordano, 2000), hostility (Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998; Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004), and trauma symptomology (Wekerle et al., 2001; Wolfe et al., 2004) as mediators of exposure to family violence and dating violence, and each of these could be targeted for change in prevention programs offered to children exposed to family violence. A consistent mediator between exposure to domestic violence and other child outcomes is the mental health and stress level of the mother, and that is why many prevention programs for children exposed to domestic violence also provide support and resources to the mother (Graham-Bermann & Hughes, 2003). Graham-Bermann and Hughes (2003) and Wolfe and Jaffe (1999) have reviewed studies of mediators between exposure to family violence and other problematic child outcomes, such as conduct disorder, aggression, anxiety and depression.

Studies examining moderators have identified conditions under which family violence does and does not lead to partner violence; prevention programs can attempt to alter these conditions so that the impact of family violence on partner violence is weakened/dampened. Only two studies, however, have assessed moderators of the associations between exposure to family violence and dating violence; they found that

attachment style (Wekerle & Wolfe, 1998), race, family structure, and socioeconomic status (Foshee et al., in press) moderated associations. Although not strictly a moderation analysis, O'Keefe (1998) found that for boys exposed to domestic violence, lower socioeconomic status, exposure to school and community violence, acceptance of dating abuse, and lower self-esteem distinguished perpetrators of dating abuse from non-perpetrators. For girls exposed to domestic violence, exposure to school and community violence, poor school performance, and the experience of child abuse distinguished perpetrators of dating abuse from non-perpetrators.

Dating Abuse Prevention Efforts Targeted at Adolescents

National surveys report that from 9% to 12% of adolescents have been physically abused by a date in the previous year (Centers for Disease Control and Prevention, 2000, 2002, 2004; Halpern, Oslak, Young, Martin, & Kupper, 2001), and 29% have been psychologically abused (Halpern et al., 2001). Prevalence rates for sexual dating violence victimization range widely, depending on sex and the measure used (i.e., forced sex only or other types of sexual coercion). For forced sex, rates range from 1% to 13% (Ackard & Neumark-Sztainer, 2002; O'Keefe & Treister, 1998; Poitras & Lavoie, 1995; Rickert, Wiemann, Vaughan, & White, 2004), and for other types of forced sexual activity or unwanted contact among girls, they range from 15% to 77% (Bennett & Fineran, 1998; Bergman, 1992; Foshee, 1996; Gagne, Lavoie, & Hebert, 2005; Jackson, Cram, & Seymour, 2000; Jezl, Molidor, & Wright, 1996; Poitras & Lavoie, 1995; Rhynard, Krebs, & Glover, 1997; Rickert et al., 2004).

Dating abuse during adolescence has been hypothesized to predict abuse against adult partners, although prospective studies have not empirically tested this assertion.

Because of this hypothesized link and the prevalence of dating abuse during adolescence, most efforts at preventing adult partner abuse have focused on preventing dating abuse by adolescents. Several reviews describe in detail the limitations of the evaluations of these programs (Cascardi & Avery-Leaf, 2000; Foshee & Matthew, in press; Hickman, Jaycox, & Aronoff, 2004; O'Leary, Woodin, & Timmons Fritz, 2005; Wekerle & Wolfe, 1999). Although there have been twelve evaluations of adolescent dating abuse prevention programs, only five have been randomized trials. Here we provide a summary of the findings from four of these trials. One trial, the *Youth Relationship Project*, was described earlier, in the section on prevention approaches targeted at children exposed to family violence.

The *Dating Violence Intervention and Prevention for Teenagers* (Kraizer & Larson, 1993) and *Building Relationships in Greater Harmony Together (B.R.I.G.H.T)* (Avery-Leaf et al., 1997) consist of five 1-hour long sessions taught in school by trained teachers. The five sessions of the first program included discussion on 1) violence in society and relationships, 2) the role of self-esteem in interpersonal violence, 3) how to recognize physical, sexual and emotional abuse, 4) the role of power and control in abusive relationships, 5) how to build healthy relationships, including problem-solving and communication skills, and 6) identifying resources for getting help. The five sessions in the *B.R.I.G.H.T* program included discussion of 1) how gender inequality may foster violence, 2) individual and societal attitudes toward violence, and 3) constructive communication skills and support resources for victims of abuse who seek help.

Evaluations of these two programs found that the treatment group showed significant favorable changes in attitudes towards dating violence from pre-test to post-

test, whereas there was no change in scores in the control group (Avery-Leaf et al., 1997; Macgowan, 1997). Gender did not moderate program effects in either study, but Macgowan (1997) found that in the treatment group, male students with the highest academic ability showed the greatest changes in attitudes. Although these findings are promising, in both studies the post-test assessments were conducted immediately after the intervention was completed, and therefore lasting effects of the intervention are not known. Also, it is not known whether changes in attitudes resulted in changes in behavior. Additionally, both studies had limited generalizability. Macgowan's (1997) study was conducted in a single, primarily African-American urban school in Florida and the analyses included about half of the initial sample. *B.R.I.G.H.T* was evaluated in one large New York High school. Although there were significant program effects on one of the scales measuring justification of dating aggression, there were no effects on justification for dating jealousy or on a second scale measuring justification for dating abuse. Despite random allocation of classrooms in both studies, analyses did not account for clustering by classroom.

Ending Violence: A Curriculum for Educating Teens on Domestic Violence and The Law was a three session school-based curriculum taught by attorneys that focused on legal aspects of dating violence and was designed to alter knowledge and norms about dating abuse, promote favorable attitudes towards seeking help for dating violence, and decrease the prevalence of dating violence perpetration and victimization. For the evaluation, 40 educational tracts from 10 schools that were over 80% Latino were randomly allocated to treatment or control condition (Jaycox et al., 2006). There were significant treatment effects, in the expected directions, on knowledge of the laws related

to dating violence, acceptance of female-on-male violence, and likelihood of help-seeking for dating violence, but there were no differences between treatment and control groups in acceptance of male-on-female violence, abusive/fearful dating experiences, or dating violence perpetration or victimization. All program effects had dissipated at the 6-month follow-up except for knowledge of laws and perceived helpfulness of speaking with a lawyer about dating abuse. Program effects were not moderated by gender, but some of the effects on the perceived helpfulness of others (like doctors and nurses) were stronger for those with lower English proficiency.

Our *Safe Dates* program included a 45-minute long theater production, a 10-session school-based curriculum, and a poster contest (Foshee & Langwick, 2004). Content was designed to improve norms related to dating abuse, gender-based expectations, anger and conflict management skills, and help-seeking as ways of preventing dating abuse perpetration and victimization. For the randomized trial, 14 schools with 8th and 9th grades in a primarily rural county were randomly allocated to treatment or control condition. Students were assessed at baseline, one month after activities ended, and then yearly thereafter for four years.

Positive program effects were noted in all four evaluation papers that have been published (Foshee et al., 1999; Foshee et al., 2000; Foshee et al., 2004; Foshee et al., 2005). Here we will summarize the findings from the most recent and comprehensive paper which used random coefficient models to examine the effects of Safe Dates in preventing or reducing perpetration and victimization over time using four waves of follow-up data. Treatment significantly reduced psychological, moderate physical, and sexual dating violence perpetration at all four follow-up periods (Foshee et al., 2005).

Treatment also significantly reduced severe physical dating abuse perpetration over time, but only for adolescents who reported no or average prior involvement in severe physical perpetration at baseline. There was a marginal treatment effect ($p = .07$) on sexual dating violence victimization over time. *Safe Dates* did not, however, prevent or reduce psychological dating abuse victimization. Treatment effects were not moderated by gender or race and were mediated primarily by changes in dating violence norms, gender-role norms, and awareness of community services. The program did not affect conflict management skills or belief in the need for help.

Prevention Efforts Targeted at Young Adults

Only one randomized trial has evaluated the effectiveness of a comprehensive dating violence prevention program with young adults, and even that study did not assess program effects on dating violence behaviors (Schwartz, Magee, Griffin, & Dupuis, 2004). However, a number of programs have been developed for young adult couples to improve partner communication skills, problem solving skills, and marital satisfaction and to decrease marital distress, marital conflict, and divorce. Also, with the high prevalence of sexual assault, particularly acquaintance sexual assault, among young adults on college campuses, many college-based sexual assault prevention programs have been developed. Randomized trials have assessed the effectiveness of such programs in altering risk factors for sexual assault victimization, preventing sexual assault victimization, altering various attitudes supportive of rape, and preventing sexual assault perpetration.

As noted above, Schwartz and colleagues (2004) conducted the only randomized trial of a program specifically designed to prevent dating violence by young adults.

Conducted with college students, the program included four sessions, each 1½ hours long, that incorporated didactic activities and skills development activities designed to decrease gender-role stereotyping and conflict, affect entitlement attitudes, and improve skills in managing anger. At follow-up, treatment group students were significantly less accepting of stereotypical and traditional gender roles, had more confidence in communicating needs and emotions to others, had more healthy entitlement attitudes (i.e., were more willing to stand up for themselves and had more confidence), and had better anger management skills. These findings are promising, though abusive dating behaviors were not measured, and the study was limited by the small sample size (n = 65), precluding examination of program effects by gender.

Randomized Trials Evaluating the Effectiveness of Premarital Education/Counseling

The *Prevention and Relationship Enhancement Program (PREP)*, developed by Markman and colleagues (1988), involves five 3-hour long sessions that cover partner communication skills, problem solving skills, clarification of marital expectations, sensual/sexual education, and ways of enhancing the relationship, all in an effort to prevent marital conflict and divorce. In a randomized trial of this program, 42 couples who planned to marry were matched on a number of characteristics found to predict relationship stability and satisfaction, then were randomly assigned to the treatment or control condition. At the immediate post-test, the only effect was that treatment group couples reported better communication skills than control group couples. At follow-up 1½ years later, fewer couples in the treatment group than the control group had broken off their relationship, and relationship satisfaction scores were higher in the treatment group. At the 3-year follow-up, again, fewer couples in the treatment group than control

group had broken off their relationship; the treatment differences in relationship satisfaction were maintained; and there were group differences, in the expected directions, in the intensity of relationship problems and sexual problems. Positive program effects on many aspects of relationship stability and communication and problem solving continued at the 4- and 5-year follow-ups (Markman, Renick, Floyd, Stanley, & Clements, 1993). Additionally, at the later follow-ups intervention couples reported significantly fewer instances of physical abuse than control couples.

Although these findings are promising, the sample was small, and the 21 couples who completed the treatment represented only 40% of those initially assigned to the treatment condition, therefore there was probably substantial selection bias that could have affected the results of the study. This study, however led to many future evaluations of the *PREP* and variations of *PREP*. Stanley et al. (2001) found significant effects on short-term couple communication and problem solving skills when *PREP* was delivered by clergy and lay leaders, and Laurenceau et al. (2004), found that couples receiving *PREP* delivered by clergy reported communicating less negatively and more positively than couples not getting *PREP*; also, *PREP* delivered by clergy was more effective in altering some outcomes than *PREP* delivered by clinicians. Another trial found differential effects of a program that combined *PREP* with a self-regulation component (involving self-appraisal of relationship skills, self-selection of goals for change to promote relationship functioning, and evaluation of those changed efforts) depending on the risk status of couples (based on relationship characteristics of their parents). One-year follow-up effects on couple communication and 4-year follow-up effects on relationship satisfaction were greater for high than low risk couples, and there were even iatrogenic

effects noted with low-risk couples, who showed poorer post-intervention relationship functioning (Halford, Sanders, & Behrens, 2001). In a Dutch study, however, the effectiveness of PREP was not moderated by risk status (defined by having or not having a divorced parent) (Van Widenfelt, Hosman, Schaap, & van der Staak, 1996). This study also found iatrogenic program effects on relationship stability, quality, problems, and satisfaction.

Because for some couples programs such as *PREP* that are delivered in groups can be inconvenient, uncomfortable, and perceived as a threat to privacy, Halford et al. (2004) developed and evaluated the *Couples CARE* program, which couples can do in the privacy of their own homes. *Couples CARE* includes aspects of *PREP* and the self-regulation component mentioned above, but it is delivered via a videotape, a guidebook, and a series of telephone calls with a psychologist to review progress and trouble shoot problems. Evaluation of the program indicated that *Couples CARE* increased relationship satisfaction and stability and increased women's reports of their partner's relationship self-regulation, but there were no effects on couple communication skills.

Carroll and Doherty (2003) conducted a meta-analysis of 11 experimental studies of premarital prevention programs in addition to PREP, 3 of which were described above. All but one study found positive treatment effects at immediate post-test on a variety of relationship-related characteristics and skills, and five of the six studies that examined long-term effects (6 months to 5 years) found that positive program effects on relationship skills and quality were maintained.

In summary, premarital education/counseling programs appear to have positive effects on some aspects of relationship functioning and satisfaction, and the one trial that

assessed the prevention effects of a premarital education/counseling program on partner violence found encouraging results. In each of these randomized trials there were non-significant program effects as well, but samples sizes were fairly small, with only 20 to 40 couples in each condition, and thus power was probably low for detecting some significant relationships. It is disconcerting, however, that iatrogenic effects were noted in a couple of the trials of PREP, with treatment group couples having poorer post-intervention relationship function than control couples.

Results from Meta-Analyses of Sexual Assault Prevention Programs

A number of studies have found that problematic cognitions, such as acceptance of rape myths, cognitive distortions justifying rape, and male-dominance ideology, poor hetero-social skills such as an inability to perceive negative cues from partners, and an inability to feel empathy for sexual assault victims are associated with sexual offending and rape (Koss, Leonard, Beazley, & Oros, 1985; Rickert & Wiemann, 1998; Schewe & O'Donohue, 1993; Schewe & O'Donohue, 1996). Several meta-analyses have been conducted of studies evaluating the effectiveness of programs in altering these precursors to sexual violence. Flores and Hartlaub (1998) reviewed studies examining effects on rape-myth attitudes; Brecklin and Forde (2001) reviewed studies examining effects on rape attitudes; and Anderson and Whiston (2005) reviewed studies examining effects on rape attitudes, rape empathy, rape-related attitudes, rape knowledge, behavioral intent, awareness behavior, and incidence. The review by Anderson and Whiston (2005) is the most recent and comprehensive of these.

They (2005) included 69 studies in their analysis, 68% (n = 49) of which used random assignment to treatment condition; the rest had some type of comparison group,

and all included pre-tests so that comparability of groups at baseline could be assessed. In addition to calculating effect sizes for outcomes, they analyzed a variety of methodological and content-related factors that could influence program effectiveness. They found that effect sizes were strongest when the outcome was rape knowledge (.57 – a medium effect size) and next strongest when the outcome was rape attitudes ($d = .21$ – a small effect size) (Cohen, 1988). Effect sizes were significantly different from zero for rape-related attitudes (.125), behavioral intent (.136) and incidence of rape (.101), but not for rape empathy or awareness. Effect sizes were smaller in experimental than in quasi-experimental studies. Thus, this meta-analysis suggests that the effectiveness of sexual assault prevention programs depends on the outcomes measured and when significant effects are found they tend to be small (except on rape knowledge). The longer the duration of the program, the stronger the effects and thus the authors suggested that sexual assault prevention programs should be a semester-long or be a multi-session workshop (as opposed to the 1-hour sexual assault prevention programs commonly conducted on college campuses); effect sizes were also stronger when presenters were professionals rather than graduate students or peers; and programs that covered gender-role socialization, provided general information about rape, discussed rape myths/facts, and addressed risk-reduction strategies tended to be more effective in altering rape and rape-related attitudes than other approaches. Also, focused programs were more effective than those covering many different topics; and greater effects were observed on rape-related attitudes when the program targeted Greek members than other type populations. For some outcomes, mixed-gender programs improved effectiveness but for other outcomes, single-gender programs were more effective. The authors were tentative in

making programmatic recommendations based on these findings because of inconsistencies with other meta-analyses (Brecklin & Forde, 2001) and narrative reviews (Berkowitz, 2002; Breitenbecher, 2000; Rozee & Koss, 2001) that concluded that single-gender programs are the most effective approach.

Clinical Implications

This chapter described a number of approaches to the primary prevention of partner abuse. These approaches include intervening with parents to decrease the likelihood that children will be exposed to parental- and family-based risk factors for adolescent dating abuse and adult partner abuse; preventing and reducing behavioral precursors to dating and partner abuse such as bullying and aggression towards peers; intervening with children who have been exposed to family violence and are at increased risk for dating and partner abuse by attempting to alter factors that mediate and moderate the association between exposure to family violence and partner abuse; delivering dating abuse prevention programs to adolescents; offering to young couples premarital education/counseling programs designed to improve couple communication, problem solving skills and marital satisfaction and to decrease marital distress and conflict; and offering sexual assault prevention programs on college campuses because many of the cognitions, attitudes, and behaviors altered by these programs have been associated with the use of sexual violence against partners. For each approach, results from experimental studies were presented to direct the reader to evidence-based programs.

Although we described potential approaches for preventing partner abuse, it is clear that we have a long way to go in understanding how to prevent partner abuse. For example, we chose to review only randomized trials because of the advantage of that

design in controlling for threats to internal validity. But even so, many of the trials reviewed in this chapter were hampered by small sample sizes, short follow-up periods, substantial attrition, limited generalizability, and measurement of attitudes, knowledge, and intentions, rather than actual behaviors such as dating or sexual violence, limiting our confidence in the efficacy of a number of programs. Also, in many instances, we described approaches that have been designed to alter risk factors for dating and partner abuse (e.g. exposure to domestic violence, parenting skills, bullying, aggression against peers, rape myths), however, in many instances, whether those approaches actually lead to the prevention of dating or partner violence has not yet been established. Research on the prevention of partner abuse has been a priority for the Centers for Disease Control and Prevention for some time, and recently a number of other agencies, including the World Health Organization, the Robert Wood Johnson Foundation, and the National Institute of Justice have made the prevention of partner abuse a priority. Hopefully these commitments will facilitate growth in the science base for the primary prevention of partner abuse.

References

- Ackard, D. M., & Neumark-Sztainer, D. (2002). Date violence and date rape among adolescents: associations with disordered eating behaviors and psychological health. *Child Abuse Negl*, 26(5), 455-473.
- Ammerman, R. T. (1998). Methodological issues in child maltreatment research. In J. R. Lutzker (Ed.), *Handbook of child abuse research and treatment* (pp. 117-132). New York: Plenum Press.
- Anderson, L., & Whiston, S. C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly*, 29(4), 374-388.
- Andrews, J. A., Foster, S. L., Capaldi, D., & Hops, H. (2000). Adolescent and family predictors of physical aggression, communication, and satisfaction in young adult couples: a prospective analysis. *J Consult Clin Psychol*, 68(2), 195-208.
- Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin*, 126, 651-680.
- Avery-Leaf, S., Cascardi, M., O'Leary, K. D., & Cano, A. (1997). Efficacy of a dating violence prevention program on attitudes justifying aggression. *Journal of Adolescent Health*, 21, 11-17.
- Bank, L., & Burraston, B. (2001). Abusive home environments as predictors of poor adjustment during adolescence and early childhood. *Journal of Community Psychology*, 29, 195-217.
- Bennett, L., & Fineran, S. (1998). Sexual and severe physical violence among high school students-power beliefs, gender, and relationship. *American Journal of Orthopsychology*, 68, 645-652.
- Bergman, L. (1992). Dating violence among high school students. *Social Work*, 37, 21-27.
- Berkowitz, A. (2002). Fostering men's responsibility for preventing sexual assault. In P. Schewe (Ed.), *Preventing intimate partner violence: Developmentally appropriate interventions across the lifespan* (pp. 163-196). Washington, DC: American Psychological Association.
- Brecklin, L. R., & Forde, D. R. (2001). A meta-analysis of rape education programs. *Violence Vict*, 16(3), 303-321.

Breitenbecher, K. (2000). Sexual assault on college campuses: Is an ounce of prevention enough? *Applied and Preventive Psychology, 9*, 23-52.

Brendgen, M., Vitaro, F., Tremblay, R. E., & Lavoie, F. (2001). Reactive and proactive aggression: Predictions to physical violence in different contexts and moderating effects of parental monitoring and caregiving behavior. *Journal of Abnormal Child Psychology, 29*, 293-304.

Caetano, R., Cunradi, C. B., Clark, C. L., & Schafer, J. (2000). Intimate partner violence and drinking patterns among White, Black and Hispanic couples in the U.S. *Journal of Substance Abuse, 11*, 123-138.

Capaldi, D. M., & Clark, S. (1998). Prospective family predictors of aggression toward female partners for young at-risk males. *Developmental Psychology, 34*, 1175-1188.

Capaldi, D. M., & Crosby, L. (1997). Observed and reported psychological and physical aggression in young, at-risk couples. *Social Development, 6*, 184-206.

Capaldi, D. M., Dishion, T. J., Stoolmiller, M., & Yoerger, K. L. (2001). Aggression toward female partners by at-risk young men: The contribution of male adolescent friendships. *Developmental Psychology, 37*, 673.

Carlson, B. E. (1990). Adolescent observers of marital violence. *Journal of Family Violence, 5*, 285-299.

Carroll, J. S., & Doherty, W. J. (2003). Evaluating the effectiveness of premarital prevention programs: A meta-analytic review of outcome research. *Family Relations, 52*, 105-118.

Cascardi, M., & Avery-Leaf, S. (2000). Violence against women: Synthesis of research for secondary school officials (pp. 1-25).

Cascardi, M., Avery-Leaf, S., O'Leary, K. D., & Slep, A. M. S. (1999). Factor structure and convergent validity of the Conflict Tactics Scale in high school students. *Psychological Assessment, 14*, 546-555.

Centers for Disease Control and Prevention. (2000). Surveillance Summaries. *MMWR Morb Mortal Wkly Rep, 49*(SS05), 1-96.

Centers for Disease Control and Prevention. (2002). Surveillance Summaries. *MMWR Morb Mortal Wkly Rep, 51*(SS04), 1-64.

Centers for Disease Control and Prevention. (2004). Surveillance Summaries. *MMWR Morb Mortal Wkly Rep, 53*(SS-2), 1-100.

Chapple, C. (2003). Examining intergenerational violence: Violent role modeling or weak parental controls? *Violence & Victims, 18*, 143-162.

Chase, K. A., Treboux, D., O'Leary, K. D., & Strassberg, Z. (1998). Specificity of dating aggression and its justification among high-risk adolescents. *Journal of Abnormal Child Psychology, 26*, 467-473.

Christopoulos, C., Cohn, D. A., Shaw, D. S., Joyce, S., Sullivan-Hanson, J., Kraft, S. P., et al. (1987). Children of abused women: Adjustment at time of shelter residence. *Journal of Marriage and the Family, 49*, 611-619.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*: Erlbaum.

Connolly, J., Pepler, D. J., Craig, W. M., & Taradash, A. (2000). Dating experiences of bullies in early adolescence. *Child Maltreatment, 5*, 299-310.

DeRosier, M. E. (2004). Building relationships and combating bullying: effectiveness of a school-based social skills group intervention. *J Clin Child Adolesc Psychol, 33*(1), 196-201.

Eckenrode, J., Ganzel, B., Henderson, C. R., Jr., Smith, E., Olds, D. L., Powers, J., et al. (2000). Preventing child abuse and neglect with a program of nurse home visitation: the limiting effects of domestic violence. *Journal of American Medical Association, 284*(11), 1385-1391.

Eddy, J. M., Reid, R. J., & Fetrow, R. A. (2000). An elementary school-based prevention program targetting modifiable antecedents of youth delinquency and violence: Linking the interests of families and teachers (LIFT). *Journal of Emotional & Behavioral Disorders, 8*, 165-176.

Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology, 71*, 741-753.

Fekkes, M., Pijpers, F. I., & Verloove-Vanhorick, S. P. (2006). Effects of antibullying school program on bullying and health complaints. *Arch Pediatr Adolesc Med, 160*(6), 638-644.

Fergusson, D. M., Grant, H., Horwood, L. J., & Ridder, E. M. (2005). Randomized trial of the Early Start program of home visitation. *Pediatrics, 116*(6), e803-809.

Flores, S. A., & Hartlaub, M. G. (1998). Reducing rape-myth acceptance in male college students: A meta-analysis of intervention studies. *Journal of College Student Development, 39*(5), 438-448.

Foshee, V., & Matthew, R. (in press). Adolescent dating abuse perpetration: A review of findings, methodological limitations, and suggestions for future research. In D. Flannery, A. Vazonsyi & I. Waldman (Eds.), *The Cambridge Handbook of Violent Behavior*: Cambridge University Press.

Foshee, V. A. (1996). Gender differences in adolescent dating abuse prevalence, types, and injuries. *Health Education Research, 11*, 275-286.

Foshee, V. A., Bauman, K. E., Ennett, S. T., Linder, G. F., Benefield, T., & Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health, 94*, 619-624.

Foshee, V. A., Bauman, K. E., Ennett, S. T., Suchindran, C., Benefield, T., & Linder, G. F. (2005). Assessing the effects of the dating violence prevention program "Safe Dates" using random coefficient regression modeling. *Prevention Science, 6*(3), 245-258.

Foshee, V. A., Bauman, K. E., Greene, W. F., Koch, G. G., Linder, G. F., & MacDougall, J. E. (2000). The Safe-Dates program: 1-year follow-up results. *American Journal of Public Health, 90*, 1619-1622.

Foshee, V. A., Bauman, K. E., & Linder, G. F. (1999). Family violence and the perpetration of adolescent dating violence: Examining social learning and social control processes. *Journal of Marriage and the Family, 61*, 331-342.

Foshee, V. A., Ennett, S. E., Bauman, K., Granger, D. A., Benefield, T., Suchindran, C., et al. (in press). A test of biosocial models of adolescent cigarette and alcohol involvement. *Journal of Early Adolescence*.

Foshee, V. A., & Langwick, S. (2004). *Safe Dates: An adolescent dating abuse prevention curriculum. [Program manual]*. Center City, MN: Hazelden Publishing and Educational Services.

Foshee, V. A., Linder, F., MacDougall, J. E., & Bangdiwala, S. (2001). Gender differences in the longitudinal predictors of dating violence. *Preventive Medicine, 32*, 128-141.

Foshee, V. A., & Matthew, R. A. (in press). Adolescent dating abuse perpetration: A Review of Findings, Methodological Limitations and Suggestions for Future Research. In *Cambridge Handbook of Violent Behavior*. In Press.

Frey, K. S., Hirschstein, M. K., Snell, J. L., Edstrom, L. V., MacKenzie, E. P., & Broderick, C. J. (2005). Reducing playground bullying and supporting beliefs: an experimental trial of the steps to respect program. *Dev Psychol, 41*(3), 479-490.

Gagne, M. H., Lavoie, F., & Hebert, M. (2005). Victimization during childhood and revictimization in dating relationships in adolescent girls. *Child Abuse Negl*, 29(10), 1155-1172.

Gayford, J. (1975). Wife battering: a preliminary survey of 100 cases. *Br Med J*, 1(5951), 194-197.

Gorman-Smith, D., Tolan, P. H., Shiedow, A. J., & Henry, D. B. (2001). Partner violence and street violence among urban adolescents: Do the same family factors relate? *Journal of Research on Adolescence*, 11, 273-295.

Graham-Bermann, S. (2000). Evaluating interventions for children exposed to family violence. *Journal of Aggression, Maltreatment, and Trauma*, 4(1), 191-215.

Graham-Bermann, S., & Hughes, H. M. (2003). Intervention for children exposed to interparental violence (IPV): Assessment of needs and research priorities. *Clinical Child and Family Psychology Review*, 6(3), 189-204.

Graham-Bermann, S. A. (2001). Designing intervention evaluations for children exposed to domestic violence: Applications of research and theory. In S. A. Graham-Bermann & J. L. Edelson (Eds.), *Domestic violence in the lives of children* (pp. 237-267). Washington, DC: American Psychological Association.

Halford, W. K., Moore, E., Wilson, K., Farrugia, C., & Dyer, C. (2004). Benefits of flexible delivery relationship education: An evaluation of the Couple CARE Program. *Family Relations*, 53, 469-476.

Halford, W. K., Sanders, M. R., & Behrens, B. C. (2001). Can skills training prevent relationship problems in at-risk couples? Four-year effects of a behavioral relationship education program. *J Fam Psychol*, 15(4), 750-768.

Halpern, C. T., Oslak, S. G., Young, M. L., Martin, S. L., & Kupper, L. L. (2001). Partner violence among adolescents in opposite-sex romantic relationships: Findings from the National Longitudinal Study of Adolescent Health. *American Journal of Public Health*, 91, 1679-1685.

Hawkins, J. D., Von Cleve, E., & Catalano, R. F., Jr. (1991). Reducing early childhood aggression: results of a primary prevention program. *J Am Acad Child Adolesc Psychiatry*, 30(2), 208-217.

Herrenkohl, T. I., Mason, W. A., Kosterman, R., Lengua, L. J., Hawkins, J. D., & Abbott, R. D. (2004). Pathways from physical childhood abuse to partner violence in young adulthood. *Violence Vict*, 19(2), 123-136.

Hickman, L. J., Jaycox, L. H., & Aronoff, J. (2004). Dating violence among adolescents: prevalence, gender distribution, and prevention program effectiveness. *Trauma Violence Abuse, 5*(2), 123-142.

Hird, M. J. (2000). An empirical study of adolescent dating aggression in the UK. *Journal of Adolescence, 23*, 69-78.

Hughes, H. M., & Luke, D. A. (1998). Heterogeneity in adjustment among children of battered women. In G. W. Holden, R. Geffner & E. N. Jouriles (Eds.), *Children exposed to marital violence* (pp. 185-221). Washington, DC: American Psychological Association.

Jackson, S. M., Cram, F., & Seymour, F. W. (2000). Violence and sexual coercion in high school students' dating relationships. *Journal of Family Violence, 15*(1), 23-35.

Jaffe, P., Wilson, S., & Wolfe, D. A. (1986). Promoting changes in attitudes and understanding of conflict resolution among child witnesses of family violence. *Canadian Journal of Community Mental Health, 18*(4), 357-366.

Jaycox, L. H., McCaffrey, D., Eiseman, B., Aronoff, J., Shelley, G. A., Collins, R. L., et al. (2006). Impact of a school-based dating violence prevention program among Latino teens: randomized controlled effectiveness trial. *J Adolesc Health, 39*(5), 694-704.

Jezi, D. R., Molidor, C., & Wright, R. L. (1996). Physical, sexual and psychological abuse in high school dating relationships: prevalence rates and self-esteem issues. *Child Adolesc. Soc. J. , 13*(1), 69-87.

Johnson-Reid, M., & Bivens, L. (1999). Foster youth and dating violence. *Journal of Interpersonal Violence, 14*, 1249-1262.

Jouriles, E. N., McDonald, R., Spiller, L., Norwood, W. D., Swank, P. R., Stephens, N., et al. (2001). Reducing conduct problems among children of battered women. *J Consult Clin Psychol, 69*(5), 774-785.

Koss, M., Leonard, H., Beazley, D., & Oros, C. (1985). Nonstranger sexual aggression: A discriminant analysis of the psychological characteristics of undetected offenders. *Sex Roles, 12*, 981-992.

Kraizer, S., & Larson, C. L. (1993). *Dating violence: Intervention & prevention for teenagers. [Program manual]*. Tulsa, OK: University of Oklahoma, College of Continuing Education, National Resource Center for Youth Services.

Laurenceau, J. P., Stanley, S. M., Olmos-Gallo, A., Baucom, B., & Markman, H. J. (2004). Community-based prevention of marital dysfunction: multilevel modeling of a randomized effectiveness study. *J Consult Clin Psychol, 72*(6), 933-943.

Lavoie, F., Hebert, M., Tremblay, R. E., Vitaro, F., Vezina, L., & McDuff, P. (2002). History of family dysfunction and perpetration of dating violence by adolescent boys: A longitudinal study. *Journal of Adolescent Health, 30*, 375-383.

Lewis, S. F., & Fremouw, W. (2001). Dating violence: a critical review of the literature. *Clin Psychol Rev, 21*(1), 105-127.

Love, J. M., Kisker, E. E., Ross, C., Raikes, H., Constantine, J., Boller, K., et al. (2005). The effectiveness of early head start for 3-year-old children and their parents: lessons for policy and programs. *Dev Psychol, 41*(6), 885-901.

Macgowan, M. J. (1997). An evaluation of a dating violence prevention program for middle school students. *Violence & Victims, 12*, 223-235.

Magdol, L., Moffitt, T. E., Caspi, A., & Silva, P. A. (1998). Developmental antecedents of partner abuse: a prospective-longitudinal study. *J Abnorm Psychol, 107*(3), 375-389.

Malik, S., Sorenson, S. B., & Aneshensel, C. S. (1997). Community and dating violence among adolescents: Perpetration and victimization. *Journal of Adolescent Health, 21*, 291-302.

Markman, H. J., Floyd, F. J., Stanley, S. M., & Storaasli, R. D. (1988). Prevention of marital distress: a longitudinal investigation. *J Consult Clin Psychol, 56*(2), 210-217.

Markman, H. J., Renick, M. J., Floyd, F. J., Stanley, S. M., & Clements, M. (1993). Preventing marital distress through communication and conflict management training: A 4-year and 5-year follow-up. *Journal of Consulting and Clinical Psychology, 61*(1), 70-77.

Martinez, C. R., Jr., & Eddy, J. M. (2005). Effects of culturally adapted parent management training on Latino youth behavioral health outcomes. *J Consult Clin Psychol, 73*(5), 841-851.

McCloskey, L. A., & Lichter, E. L. (2003). The contribution of marital violence to adolescent aggression across different relationships. *Journal of Interpersonal Violence, 18*, 390-412.

Mihalic, S., Fagan, A., Irwin, K., Ballard, D., & Elliott, D. (2004). *Blueprints for violence prevention*. Boulder, CO: University of Colorado.

Moore, T. E., & Pepler, D. J. (1998). Correlates of adjustment in children at risk. In G. W. Holden, R. Geffner & E. N. Jouriles (Eds.), *Children exposed to marital violence. Theory, research, and applied issues* (pp. 157-184). Washington, DC: American Psychological Association.

Morse, B. J. (1995). Beyond the Conflict Tactics Scale: Assessing gender differences in partner violence. *Violence and Victims, 10*, 251-272.

Mytton, J., DiGiuseppi, M. J., Gough, D., Taylor, R., & Logan, S. (2006). School-based secondary prevention programmes for preventing violence. *Cochrane Database of Systemic Reviews*(3).

O'Keefe, M. (1997). Predictors of dating violence among high school students. *Journal of Interpersonal Violence, 12*, 546-568.

O'Keefe, M., & Sela-Amit, M. (1997). An examination of the effects of race/ethnicity and social class on adolescents' exposure to violence. *Journal of Social Service Research, 22*(3), 53-71.

O'Keefe, M., & Treister, L. (1998). Victims of dating violence among high school students: Are predictors different for males and females? *Violence Against Women, 4*, 195-223.

O'Keefe, N. K., Brockopp, K., & Chew, E. (1986). Teen dating violence. *Social Work, 31*, 465-468.

O'Leary, K. D., & Slep, A. S. (2003). A dyadic longitudinal model of adolescent dating aggression. *Journal of Child and Adolescent Psychology, 32*, 314-327.

O'Leary, K. D., Woodin, E. M., & Timmons Fritz, P. A. (2005). Can we prevent the hitting? Recommendations for preventing intimate partner violence between young adults. *Journal of Aggression, Maltreatment and Trauma, 13*(3/4), 125-181.

Olds, D., Henderson, C. R., Jr., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., et al. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of American Medical Association, 280*(14), 1238-1244.

Olds, D. L., Eckenrode, J., Henderson, C. R., Jr., Kitzman, H., Powers, J., Cole, R., et al. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. Fifteen-year follow-up of a randomized trial. *Jama, 278*(8), 637-643.

Olds, D. L., Henderson, C. R., Jr., Chamberlin, R., & Tatelbaum, R. (1986). Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics, 78*(1), 65-78.

Olds, D. L., Henderson, C. R., Jr., Kitzman, H. J., Eckenrode, J. J., Cole, R. E., & Tatelbaum, R. C. (1999). Prenatal and infancy home visitation by nurses: Recent findings. *The Future of Children, 9*, 44-65.

Olds, D. L., Kitzman, H., Cole, R., Robinson, J., Sidora, K., Luckey, D. W., et al. (2004). Effects of nurse home-visiting on maternal life course and child development: age 6 follow-up results of a randomized trial. *Pediatrics*, *114*(6), 1550-1559.

Olweus, D., & Limber, S. (1999). *Blueprints for violence prevention: Bullying Prevention Program*. Boulder, USA: Institute of Behavior, University of Colorado.

Ozer, E. J., Tschann, J. M., Pasch, L. A., & Flores, E. (2004). Violence perpetration across peer and partner relationships: Co-occurrence and longitudinal patterns among adolescents. *Journal of Adolescent Health*, *34*, 64-71.

Pflieger, J. C., & Vazsonyi, A. T. (2006). Parenting processes and dating violence: the mediating role of self-esteem in low- and high-SES adolescents. *J Adolesc*, *29*(4), 495-512.

Plass, M. S., & Gessner, J. C. (1983). Violence in courtship relations: A southern sample. *Free Inquiry into Creative Sociology*, *11*, 198-202.

Poitras, M., & Lavoie, F. (1995). A study of the prevalence of sexual coercion in adolescent heterosexual dating relationships in a Quebec sample. *Violence & Victims*, *10*, 299-313.

Rhynard, J., Krebs, M., & Glover, J. (1997). Sexual assault in dating relationships. *Journal of School Health* *67*(3), 89-93.

Rickert, V. I., & Wiemann, C. M. (1998). Date rape among adolescents and young adults. *Journal of Pediatric Adolescent Gynecology*, *11*, 167-175.

Rickert, V. I., Wiemann, C. M., Vaughan, R. D., & White, J. W. (2004). Rates and risk factors for sexual violence among an ethnically diverse sample of adolescents. *Arch Pediatr Adolesc Med*, *158*, 1132-1139.

Roscoe, B., & Benaske, N. (1985). Courtship violence experienced by abused wives: Similarities in patterns of abuse. *Family Relations*, *34*, 419-424.

Rossmann, B. B. R. (2001). Longer term effects of children's exposure to domestic violence. In S. A. Graham-Bermann & J. L. Edelson (Eds.), *Domestic violence in the lives of children*. Washington, DC: American Psychological Association.

Rozee, P. D., & Koss, M. P. (2001). Rape: A century of resistance. *Psychology of Women Quarterly*, *25*, 295-311.

Saltzman, L., Fanslow, J., McMahon, P., & Shelley, G. (2002). Intimate partner violence surveillance: Uniform definitions and recommended data elements, version 1.0: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

- Schewe, P., & O'Donohue, W. (1993). Rape prevention: Methodological problems and new directions. *Clinical Psychology Review, 13*, 667-682.
- Schewe, P., & O'Donohue, W. (1996). Rape prevention with high-risk males: Short-term outcome of two interventions. *Archives of Sexual Behavior, 25*, 455-471.
- Schwartz, J., Magee, M., Griffin, L., & Dupuis, C. (2004). Effects of a group preventive intervention on risk and protective factors related to dating violence. *Group Dynamics: Theory, Research, and Practice, 8*, 221-231.
- Schwartz, M., O'Leary, S. G., & Kendziora, K. T. (1997). Dating aggression among high school students. *Violence & Victims, 12*, 295-305.
- Seitz, V., Rosenbaum, L. K., & Apfel, N. H. (1985). Effects of family support intervention: a ten-year follow-up. *Child Dev, 56*(2), 376-391.
- Shaw, D. S., Dishion, T. J., Supplee, L., Gardner, F., & Arnds, K. (2006). Randomized trial of a family-centered approach to the prevention of early conduct problems: 2-year effects of the family check-up in early childhood. *J Consult Clin Psychol, 74*(1), 1-9.
- Simons, R. L., Lin, K., & Gordon, L. C. (1998). Socialization in the family of origin and male dating violence: A prospective study. *Journal of Marriage and the Family, 60*, 467-478.
- Skowron, E., & Reinemann, D. H. S. (2005). Effectiveness of psychological interventions for child maltreatment: A meta-analysis. *Psychotherapy: Theory, Research, Practice, Training, 42*(1), 52-71.
- Smith, D. (1999). *Intergenerational transmission of courtship violence: a meta-analysis*. Virginia Polytechnic Institute, Falls Church, Virginia.
- Smith, J. P., & Williams, J. G. (1992). From abusive household to dating violence. *Journal of Family Violence, 7*, 153-165.
- Smith, P. H., White, J. W., & Holland, L. J. (2003). A longitudinal perspective on dating violence among adolescent and college-age women. *Am J Public Health, 93*(7), 1104-1109.
- Sorenson, S. B., Upchurch, D. M., & Shen, H. (1996). Violence and injury in marital arguments: Risk patterns and gender differences. *American Journal of Public Health, 86*, 35-40.

Spoto, R. L., Redmond, C., & Shin, C. (2000). Reducing adolescents' aggressive and hostile behaviors: randomized trial effects of a brief family intervention 4 years past baseline. *Arch Pediatr Adolesc Med*, 154(12), 1248-1257.

Stanley, S. M., Markman, H. J., Prado, L., Olmos-Gallo, A., Tonelli, L., St. Peters, M., et al. (2001). Community-based premarital prevention: Clergy and lay leaders on the front lines. *Family Relations*, 50, 67-76.

Straus, M. A., & Gelles, R. J. (1990). How violent are American families? Estimates from the National Family Violence Resurvey and other studies. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 341-363). New Brunswick, NJ: Transaction.

Sullivan, C. M., Bybee, D. I., & Allen, N. E. (2002). Findings from a community-based program for battered women and their children. *Journal of Interpersonal Violence*, 17(9), 915-936.

Swinford, S. P., DeMaris, A., Cernkovich, S. A., & Giordano, P. (2000). Harsh discipline in childhood and violence in later romantic involvements: The mediating role of problem behaviors. *Journal of Marriage and the Family*, 62(508-519).

Symons, P. Y., Groër, M. W., Kepler-Youngblood, P., & Slater, V. (1994). Prevalence and predictors of adolescent dating violence. *Journal of Child and Adolescent Psychiatric Nursing*, 7, 14-23.

Thorton, T. N., Craft, C. A., Dahlberg, L. L., Lynch, B. S., & Baer, K. (2000). *Best practices of youth violence prevention: A sourcebook for community action*. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

Tremblay, R. E., Vitaro, F., Bertrand, L., LeBlanc, M., Beauchesne, H., Bioleau, H., et al. (1992). Parent and child training to prevent early onset of delinquency: The Montreal Longitudinal Study. In J. McCord & R. E. Tremblay (Eds.), *Preventing Antisocial Behaviour: Interventions from Birth through Adolescence*. New York: Guilford Press.

U.S. Department of Health and Human Services. (2001). *Youth violence: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services.

Van Widenfelt, B., Hosman, C., Schaap, C., & van der Staak, C. (1996). The prevention of relationship distress for couples at risk: A controlled evaluation with nine-month and two year follow-ups. *Family Relations*, 45(2), 156-165.

Vreeman, R. C., & Carroll, A. E. (2007). A systematic review of school-based interventions to prevent bullying. *Arch Pediatr Adolesc Med*, 161(1), 78-88.

Wagar, J. M., & Rodway, M. R. (1995). An evaluation of a group treatment approach for children who have witnessed wife abuse. *Journal of Family Violence* 10(3), 295-306.

Wagner, M. M., & Clayton, S. L. (1999). The Parents as Teachers program: results from two demonstrations. *Future Child*, 9(1), 91-115, 179-189.

Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: a comparison of child and parent training interventions. *J Consult Clin Psychol*, 65(1), 93-109.

Wekerle, C., & Wolfe, D. A. (1998). The role of child maltreatment and attachment style in adolescent relationship violence. *Development and Psychopathology*, 10, 571-586.

Wekerle, C., & Wolfe, D. A. (1999). Dating violence in mid-adolescence: theory, significance, and emerging prevention initiatives. *Clinical Psychology Review*, 19(4), 435-456.

Wekerle, C., Wolfe, D. A., Hawkins, D. L., Pittman, A., Glickman, A., & Lovald, B. E. (2001). Child maltreatment, posttraumatic stress symptomatology and adolescent dating violence: Considering the value of adolescent perceptions of abuse and a trauma mediational model. *Development and Psychopathology*, 13, 847-871.

Wilson, D. B., Gottfredson, D. C., & Najaka, S. S. (2001). School-based prevention of problem behaviors: A meta-analysis. *Journal of Quantitative Criminology*, 17(3), 247-272.

Wilson, S. J., Lipsey, M. W., & Derzon, J. H. (2003). The effects of school-based intervention programs on aggressive behavior: a meta-analysis. *J Consult Clin Psychol*, 71(1), 136-149.

Wolfe, D., & Jaffe, P. (1999). Emerging strategies in the prevention of domestic violence. *Futures of Children*, 9(3), 133-144.

Wolfe, D., Wekerle, C., Gough, R., Reitzel-Jaffe, D., Grasley, C., Pittman, A., et al. (1996). *The Youth Relationships Manual: A group approach with adolescents for the prevention of woman abuse and the promotion of healthy relationships*. Thousand Oaks, CA: Sage.

Wolfe, D., Wekerle, C., Reitzel-Jaffe, D., & Lefebvre, L. (1998). Factors associated with abusive relationships among maltreated and nonmaltreated youth. *Developmental Psychopathology*, 10, 61-85.

Wolfe, D., Wekerle, C., Scott, K., Straatman, A., & Grasley, C. (2004). Predicting abuse in adolescent dating relationships over 1 year: The role of child maltreatment and trauma. *Journal of Abnormal Psychology, 113*, 406-415.

Wolfe, D. A., & Jaffe, P. G. (1999). Emerging strategies in the prevention of domestic violence. *Future Child, 9*(3), 133-144.

Wolfe, D. A., Scott, K., Reitzel-Jaffe, D., Wekerle, C., Grasley, C., & Straatman, A. L. (2001). Development and validation of the Conflict in Adolescent Dating Relationships Inventory. *Psychological Assessment, 13*, 277-293.

Wolfe, D. A., Wekerle, C., Reitzel-Jaffe, D., & Lefebvre, L. (1998). Factors associated with abusive relationships among maltreated and nonmaltreated youth. *Developmental Psychopathology, 10*, 61-85.

Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A. L., & Grasley, C. (2004). Predicting abuse in adolescent dating relationships over 1 year: The role of child maltreatment and trauma. *Journal of Abnormal Psychology, 113*, 406-415.

Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A. L., Grasley, C., & Reitzel-Jaffe, D. (2003). Dating violence prevention with at-risk youth: A controlled outcome evaluation. *Journal of Consulting and Clinical Psychology, 71*, 279-291.

Wolfe, D. A., Zak, L., Wilson, S., & Jaffe, P. (1986). Child witnesses to violence between parents: Critical issues in behavioral and social adjustment. *Journal of Abnormal Child Psychology, 14*(1), 95-104.