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Examining the Preliminary Efficacy of a Dating Violence Prevention Program for Hispanic Adolescents

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Abstract

The purpose of this study is to evaluate the preliminary efficacy of a dating violence (DV) prevention program for Cuban American adolescents (*JOVEN/YOUTH: Juntos Opuestos a la Violencia Entre Novios/Together Against Dating Violence*). A randomized-controlled experimental design with a delayed condition was used to evaluate the effects on DV victimization and perpetration ($N=82$). Self-administrated assessments were completed at baseline, 1 week, 3 months, and 12 months after the intervention to assess for psychological victimization and perpetration and physical and sexual victimization and perpetration. Effect sizes were estimated, and generalized estimating equations were generated to test intervention effects over time and potential gender interactions. The intervention had medium to strong effects on DV victimization and perpetration for male participants but not for females. However, intervention effects were not statistically significant over time. More research is needed to enhance intervention effects of JOVEN on DV outcomes and to evaluate these effects among a larger and more diverse sample.

Keywords

Hispanic or Latino; adolescent dating violence; youth; prevention; randomized clinical trial

Introduction

Dating violence (DV) has been identified as a serious public health problem among adolescents and young adults in the United States because of the significant short- and long-term consequences associated with these experiences (Centers for Disease Control and

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Prevention [CDC], 2014a). Researchers have identified adolescents and young adults of age 16–24 as being particularly vulnerable to experiencing DV, with higher rates reported among these individuals than among adults over 25 (Noonan & Charles, 2009; Silverman et al., 2011). Given the disproportionate rates at which DV occurs among youth, programs that effectively prevent victimization and perpetration during adolescence and early adulthood are urgently needed. School-based violence prevention programs have begun to show promise in reducing violence, especially in schools with a majority of White student population (Hahn et al., 2007). However, because the vast majority of studies have included samples of students who were predominately White, less is known about the effectiveness of school-based prevention programs for minority adolescents (Hahn et al., 2007).

Racial and ethnic minority adolescents have been shown to experience DV at disproportionately higher rates than their non-Hispanic White counterparts. A large national study conducted in 2013 by the CDC (2014b) reported that high school students identifying as Hispanic or Latino (herein referred to as Hispanic) were more likely than non-Hispanics White students to experience physical (10.4% vs. 9.7%) and sexual (11.5% vs. 9.8%) DV over the past year. Nevertheless, few DV prevention programs and strategies have been developed to address the unique cultural characteristics of Hispanic adolescents as a whole and the specific subgroups that comprise this diverse population (Malhotra, Gonzalez-Guarda, & Mitchell, 2014). The purpose of this study is to evaluate the preliminary efficacy of a theoretically grounded, family- and school-based DV prevention program (i.e., JOVEN/ YOUTH: *Juntos Opuestos a la Violencia Entre Novios*/Together Against Dating Violence) designed specifically for Hispanic high school students. Here, we will examine the effects of this program on the experiences of DV victimization and perpetration among a predominately Cuban American sample of Hispanic-identified adolescents in the ninth grade.

Background

The Need for Culturally Specific DV Prevention for Hispanics

The CDC (2015) and the World Health Organization (WHO, 2015) recommend that violence prevention programs are accessible to all and that programs utilize a social–ecological framework that addresses individual, relationship, community, and societal-level factors. Universal, school-based violence prevention programs have demonstrated to be effective in preventing violence among youth. In fact, in a meta-analysis evaluating the effectiveness of universal, school-based violence prevention programs of different types (e.g., bullying, teen DV [TDV], and general violence), authors reported a 20.4% reduction in violence in schools where >50% of the student population were White (Hahn et al., 2007). Yet, studies show that Hispanic adolescents do not seem to be benefiting completely from current approaches in violence prevention. For example, Safe Dates is a school-based DV curriculum that has a comprehensive evaluation demonstrating its effectiveness in preventing DV victimization and perpetration up to 4 years after program completion (Foshee et al., 2005). However, few Hispanic adolescents participated in this study, with the majority of the participants being non-Hispanic White students (72.2%) from a rural and suburban area of the United States. In a recent systematic review of the literature, Malhotra and colleagues (2014) identified only

three studies that evaluated the effects of a prevention program among a predominately Hispanic population, and none of these found long-term effects on DV perpetration or victimization beyond 6 months. Clearly more research is needed to identify promising prevention strategies that can be used to target Hispanic adolescents from diverse backgrounds.

Development and Theoretical Foundations of JOVEN/YOUTH

JOVEN/YOUTH was developed using the staged model of behavioral therapy that involves the development and manualization of the intervention (i.e., Stage Ia) and pilot testing of a nearly final version of the intervention (i.e., Stage Ib; Rounsaville, Carroll, & Onken, 2001). The development of JOVEN was guided by a community-based participatory research partnership between a large university in South Florida, a leading domestic violence agency, and a local public school in response to research identifying needs, preferences, and opportunities for the prevention of DV among Hispanic identified by individuals in the community (Gonzalez-Guarda, Cummings, Becerra, Fernandez, & Mesa, 2013; Gonzalez-Guarda, Lipman-Diaz, & Cummings, 2012). Results from this study yielded a need to target adolescents at the earlier stages of their development, with regard to dating relationships and the importance of engaging the family and school in these prevention efforts. First, the representatives from the partnership developed an outline of the program based on ecodevelopmental (Pantin et al., 2009; Szapocznik & Coatsworth, 1999) and social cognitive (Bandura, 1977) theories. Ecodevelopmental theory, a theory that builds and expands upon Bronfenbrenner's (1979, 1986) socioecological framework, was selected to guide the development of the intervention because it has been the basis of a number of efficacious prevention programs targeting substance abuse and HIV among Hispanic adolescents (Pantin, Schwartz, Sullivan, Prado, & Szapocznik, 2004; Prado et al., 2007) and was consistent with the risk and protective factors identified by the community as being important to address in DV prevention efforts targeting the Hispanic community (Gonzalez-Guarda et al., 2013). Key to ecodevelopmental theory is the idea that adolescents are in constant interactions with their peers, families, and schools (microsystem—e.g., adolescent and parent interactions), which, in turn, are in constant interaction with one another (mesosystem—e.g., parent and school interactions). These internal and intermediate systems are then influenced by external factors such as stressors and resources (exosystem—e.g., common stressors experienced by Hispanics in America related to immigration status and limited access to community resources) and the sociocultural context (macrosystem—e.g., culturally ascribed gender norms and laws regarding DV). Social cognitive theory (Bandura, 1977) was selected to guide the development of activities that could contribute to behavioral change (e.g., skills building activities that increased self-efficacy) and has been successfully used to address other maladaptive behaviors such as risky sexual behaviors among Hispanic adolescents (Villarruel, Jemmott, & Jemmott, 2006). In summary, while ecodevelopmental theory guided the factors and levels of influence that needed to be targeted, social cognitive theory was used to guide the development of activities within the program.

After an outline of JOVEN was developed, the representatives presented it to a community advisory board (CAB). The CAB consisted of representatives of a number of social service agencies, government, and private, non-for-profit agencies that worked with victims of

domestic violence and children. The CAB's feedback was used to revise and further develop JOVEN. Later, eight focus groups with Hispanic adolescents, their parents, and school personnel were conducted ($n = 74$; Gonzalez-Guarda, Cummings, Pino, Lopez, & Becerra, 2014). The JOVEN program was presented and feedback was obtained regarding the additional areas that needed to be addressed and the most effective ways to engage adolescents, parents, and school personnel in these activities. Based on the information that was collected from this formative research, the program was revised to include stronger sexual health and bystander components. Additionally, feedback indicated a need for increased cultural flexibility to address the needs of both recently immigrated adolescents and more highly acculturated/U.S.-born Hispanic adolescents who may have significant cultural differences. For example, participants explained that there were different sexual norms for dating relationships among recently immigrated Cuban American girls who were raised with less religious influences than females who were raised in the United States and had parents immigrate prior to the time that religion was banned in Cuba. Lastly, JOVEN was manualized in both English and Spanish.

The program consisted of six large group sessions for Hispanic adolescents, two for their parents, and two for school personnel. Each session included psychoeducational and skill-building activities that were delivered using videos, music, group discussion, and other modalities. For example, in the first session, a TV sitcom about the acculturation differences between adolescents and adults were shown to highlight some of the differences in norms about relationships according to acculturation level and generation. In the second session, students used their phones to take pictures of images that represented healthy qualities of relationship and shared these images with one another to encourage discussion on healthy intimate relationships. In the fifth session, the students engaged in a number of role-playing activities that provided them with opportunities to act out healthy bystander behaviors with friends who were in risky situations and at risk for physical or sexual harm. Finally, parents joined the adolescent in the last session to practice the healthy communication skills in negotiating around curfews and dating. An overview of the JOVEN curriculum is provided in Table 1.

Method

Design

This study was a Stage I behavioral treatment development pilot test of a newly developed DV prevention program for Hispanic adolescents—JOVEN (Rounsaville et al., 2001). A small randomized-controlled trial including a convenience sample of Hispanic adolescent ninth-grade students was carried out to compare reported DV victimization and perpetration across two groups: 41 students were assigned to the JOVEN intervention and 41 to a time-delayed control condition. The time-delayed control condition included the JOVEN intervention as originally designed when the trial was complete. Self-administered paper-and-pencil assessments were administered at baseline, 1 week, 3 months, and 12 months after the intervention was implemented. The intervention was delivered in October, November, and January of the 2012–2013 academic years. These dates were selected to minimize overlap with holidays and testing days, and for the initial 3 months follow-up

assessment was to be administered within the same academic year. Although the intervention included components for the parents of the participants as well as school personnel who had direct contact with these students, only effects on self-reported DV victimization and perpetration were considered among student participants 12 months after JOVEN was delivered to determine the longer term effects of the intervention. Approval from the university's institutional review board (IRB) and public school system's IRB were obtained prior to recruitment and data collection.

Sample Participants

Participants were recruited from a large, urban public school in Miami-Dade County, FL. Approximately 97% of the school population self-identified as Hispanic, predominantly of Cuban descent. Recruitment of participants took place through brief presentations offered to approximately 750 ninth-grade students in a required preparatory course for high school. This brief presentation provided an overview of the eligibility criteria, the topics to be discussed in the JOVEN program, and the incentives offered to students. In order to be eligible for the JOVEN study, students were required to be in the ninth grade, should be of age between 13 and 16, self-identify as Hispanic, and have at least one parent or legal guardian willing to participate in the program. Neither parent/legal guardian nor school personnel were required to be Hispanic in order to participate. However, school personnel were required to have some level of contact with Hispanic ninth-grade students to be eligible.

Procedures

Students interested in participating were asked to provide their name, the name of a parent or legal guardian, and a phone number to reach them. The parent or legal guardian of each student was contacted via telephone or met in person with the school counselor, also a member of the research team. A telephone screening script was completed by study personnel and instructions provided to the prospective participant. Based on student and parent preferred language (English or Spanish) and availability, students and parents were assigned to attend the initial group meeting. During the initial group meeting, the parents and students were introduced to the research team and an overview of the study was provided. As part of the introduction, confidentiality and its limits, including the research teams' role as mandated reporters, were clearly defined to the participants. The group was made aware that any suspicion or statement of physical or sexual abuse and/or neglect would be reported to ensure the child's safety and allow for appropriate assistance of the family. Parents were asked to provide informed consent for themselves as well as their participating son or daughter. The student's assent was also obtained.

Adult participants and students were placed in separate rooms to complete the self-administered assessments. Once these were completed, student participants were asked to pick from a deck of index cards to randomly select their assignment to the JOVEN or time-delayed control conditions. Three iterations of the JOVEN intervention were offered to student-parent dyads with a range of 6–25 participants and were offered in English, Spanish, or a combination of the two languages. Each group consisted of at least one bilingual facilitator. While the lead facilitator presented the activities and prompted group discussions,

the cofacilitator assisted with the preparation of materials and took notes on group dynamics and nonverbal behaviors. Audiovisual and interactive small group activities were used to engage students in the topics presented. At the end of each session, participants completed a session evaluation form and received monetary compensation (US\$10 for students and US \$20 for adults). Additionally, service hours which public schools in the area required the students to complete were given to students for their participation.

Fidelity was assessed by a third member of the research team using an intervention checklist. The checklist assessed whether the topics and activities of that session were covered and the quality of facilitator, participant, and group interactions. The flow of candidates from recruitment to enrollment to evaluation is reported in Figure 1 according to CONSORT guidelines.

Measures

Demographic questions—The adolescent was asked to answer questions regarding their age, gender, country of birth, preferred language, and whether they were currently in a dating relationship.

DV victimization and perpetration—The Safe Dates DV Victimization and Perpetration Scale (Foshee et al., 1998) was used to measure DV victimization and perpetration. This is measured through four subscales that assess psychological victimization, psychological perpetration, physical and sexual victimization, and physical and sexual perpetration. Each subscale asks the participant to report how often someone whom they went on a date with had ever used the tactics described with them (i.e., victimization) or vice versa (i.e., perpetration). Participants responded according to a Likert-type scale, *never*, *1–3 times*, *4–9 times*, or *10 or more times*. The psychological victimization and perpetration subscales included 14 questions each and assessed for tactics such as insulting in front of others, damaging property, and controlling behaviors ($\alpha = .98$ and $\alpha = .97$, respectively). The physical and sexual victimization and perpetration subscales included 18 questions assessing for tactics ranging from scratching to choking, and forced sex ($\alpha = .95$ and $\alpha = .97$, respectively). Because the responses to these subscales were positively skewed, these variables were dichotomized to identify participants who denied any experiences of DV and participants who reported experiencing any of the DV victimization and/or perpetration tactics included in the subscales 1 or more times.

Analysis

The sample size for this study was guided by Stage I treatment development guidelines of including 15–30 participants per cell (Rounsaville et al., 2001). An intent-to-treat design was employed, including all participants in the study, whether they were in dating relationship or not. The analysis was completed in three phases. First, at each time point, the intervention and control groups were compared by plotting the percentages of participants reporting psychological victimization, psychological perpetration, physical or sexual victimization, and physical or sexual perpetration on a bar graph. These were plotted for both male and female participants. Next, effect sizes were estimated for the intervention and control group across the three follow-up periods according to gender by calculating odds ratios. Finally,

generalized estimating equation (GEE) models were generated for the four DV outcomes to compare groups according to randomization. Gender was included as a covariate. Because there appeared to be a curvilinear relationship between reported victimization and perpetration and the time point in which data were collected, time point squared was also included as a covariate. Interaction terms considering two- and three-way effects between randomization, gender, time point, and time point squared were also included in the models.

Results

Participant Characteristics

The participants of this study have been described elsewhere (Gonzalez-Guarda, Williams, Merisier, Cummings, & Prado, 2014). The sample consisted of a predominately Cuban American sample of female (56%, $n = 46$) and male (44%, $n = 36$) adolescents between the age of 13 and 16 ($M = 14.34$, $SD = 0.65$). The majority of the sample was born in the United States (48%, $n = 39$) or Cuba (48%, $n = 39$) and preferred to speak Spanish (English, 74.4%, $n = 61$). The majority of the parents were born in Cuba (75.6%, $n = 62$) and preferred to speak Spanish (78.0%, $n = 64$). A minority of students endorsed being in a dating relationship at baseline (28%, $n = 23$). There were no statistically significant demographic differences between groups. However, there was a larger proportion of males in the intervention condition (51.2%, $n = 21$) than the control condition (36.6%, $n = 15$).

Graphed Comparisons of Intervention and Control Conditions According to Gender

The trends in reported DV victimization and perpetration among participants of the intervention and control conditions appear visually different for females and males. For females, the percentage reporting psychological victimization and perpetration appears to be less for the 1-week and 3-month follow-up periods when compared to baseline rates for both conditions. At the 12-month follow-up, reported psychological victimization and perpetration rates among females increase to slightly lower levels than those reported at baseline for both conditions. Similar trends appear for reported physical and sexual perpetration for females. The pattern in the percentage of females reporting physical and sexual victimization, however, appears different with comparable rates being reported at baseline, 1 week and 3-month follow-up periods for both the intervention and the control conditions, but a higher rates being reported by the intervention condition during the 12-month follow-up. Overall, positive effects of the intervention on DV victimization and perpetration are not noted for females, with potential iatrogenic effects for reported physical and sexual victimization (Figure 2).

For males, although there appears to be differences in reported psychological victimization and perpetration at baseline between the intervention and the control conditions, the percentage reporting psychological victimization and perpetration at the follow-up periods appears to be lower for the intervention than control condition relative to their baseline rates (Figure 3). There also appears to be differences in the frequency of reported physical and sexual victimization between the intervention and control conditions, with the intervention condition reporting less victimization at the follow-up periods. An unusual pattern for reported physical and sexual perpetration appears whereby males in both the intervention

and the control conditions report higher perpetration at the 1 week follow-up, and a much lower frequency at 3- and 12-month follow-up periods. Overall, the intervention appears to have more positive effects on DV victimization and perpetration for males than females.

Effect Sizes

Overall, there were medium effects on the DV victimization and perpetration outcomes over time for both the intervention and the control conditions for females. For males, there were medium effects on DV victimization and perpetration for the intervention condition only. These are summarized in Table 2.

GEE

The results from the GEE analysis indicated that there were no statistically significant intervention effects over time for psychological victimization ($B = -.004$, $SE = .01$, $p = .71$), psychological perpetration ($B = .002$, $SE = .01$, $p = .82$), physical and sexual victimization ($B = -.007$, $SE = .01$, $p = .46$), and physical and sexual perpetration ($B = -.003$, $SE = .01$, $p = .75$), when gender was controlled for and gender interactions were considered.

Discussion

DV prevention efforts are needed to address the unique needs and preferences of Hispanic, since this group appears to be disproportionately affected by DV and has not been adequately addressed through prevention programs in the past (CDC, 2014a; Malhotra et al., 2014). JOVEN was a school-based DV prevention program that was guided by ecodevelopmental theory and social cognitive theories and input from DV social service providers, community leaders, parents, students, and school personnel. This program was different to those in the past because it addressed unique issues for Hispanic adolescents, which previous prevention programs have failed to address. This included addressing Hispanic cultural norms around gender and dating, the influence of norms and generation on these norms, legal rights around immigration and DV, and the important role that families, particularly parents and grandparents, play in dating among Hispanics. Eighty-two predominantly Cuban American parent–student dyads were randomized to participate in the JOVEN intervention or a time-delayed control condition. School personnel who interacted with the student participants also received training on recognizing and addressing DV.

The JOVEN intervention appears to have a stronger effect on DV victimization and perpetration among males than females in a predominately Cuban American sample of adolescents. Interestingly, females in the intervention condition reported higher rates of physical and sexual victimization at the 12-month follow-up assessment than their counterparts in the control condition. This could indicate a potential iatrogenic effect of the JOVEN intervention on females. Yet, the difference in reported rates may reflect a reporting bias such that participants in the intervention condition learned detailed information about DV and so they may have been more attentive to experiences of DV in their relationships and, thus, reported higher rates 1 year later. On the other hand, female participants may not have benefited from JOVEN because their vulnerability to DV may be more determined by their partners' risk rather than their own. Formative research completed by the JOVEN

research team with the targeted community indicated that it was normative for Cuban American adolescent females to date older males who may have not benefited from the prevention program directly, given that the study was limited to ninth-grade students (Gonzalez-Guarda, Cummings, et al., 2014). There may also be important developmental differences between Cuban American adolescent males and females, which may have varying maturation effects on DV and call upon gender-specific approaches for prevention. More research is needed to identify general and gender-specific strategies that could be incorporated into JOVEN and other DV prevention programs to improve effects for females as well as partners not directly participating in prevention activities.

Despite the effects that JOVEN appeared to have on DV outcomes for adolescent males, these differences were not statistically significant and appeared to fade over time. The lack of statistically significant findings may have been a result of the error that was introduced due to the differences in baseline rates between male participants of the intervention and control conditions or the small number of males in the sample ($n = 36$; 15 in the control and 21 in the intervention). Also, the JOVEN intervention may not have been of a sufficient dose to produce the desired impact on the outcome. In a recently published systematic review of primary and secondary prevention programs for sexual violence perpetrations, authors underscored the need for programs with a higher level of intensity in order to change complex behaviors such as sexual violence (DeGue et al., 2014). Additionally, more time may have been needed to observe JOVEN effects on DV victimization and perpetration, given that a small proportion of the participants in this study were dating at baseline (28%) and that student participants may have not had the opportunities to prevent DV in their own lives. Indeed, Safe Dates, the most extensively evaluated DV prevention program that has demonstrated to have positive outcomes on reported DV victimization and perpetration, consisted of eight, 90-min sessions. Positive long-term effects on DV victimization and perpetration behaviors were not seen until 4 years after the intervention was implemented (Foshee et al., 2004). More research is needed to identify the required dose of DV prevention programs, including JOVEN, and to test intervention effects among a larger, more diverse sample of Hispanic adolescents over a longer period of time.

Limitations

There are a number of additional considerations that must be taken when interpreting the results of this study. First, the sample consisted primarily of Cuban American adolescents, approximately half of whom were immigrants. Therefore, caution must be taken when generalizing beyond this group. More research is needed to explore the effects of JOVEN with other Hispanic adolescent subgroups. Second, the JOVEN intervention included components that addressed parents and school personnel and promoted bystander behaviors. As such, it is possible that the participants of the control condition also benefited from JOVEN. This may help explain the improvements in DV victimization and perpetration among this group. Future trials should be conducted with randomization occurring at the school level. Third, participants were only assessed for a 12-month follow-up period. Stronger effects could have become more apparent if we followed students over a longer period of time. Fourth, only a small portion of students were in dating relationships when they enrolled in the study. Therefore, they may have not had opportunities to experience

relationship, thus limiting our likelihood to observe intervention effect. Fourth, because this was a pilot of the JOVEN intervention, only a small number of participants were evaluated, especially since the analyses were conducted according to gender. This may have limited the ability to observe the true nature of effects. Finally, the assessments that were given to students in this study were sensitive with regard to topic, cumbersome, and originally developed for a primarily White rural population of adolescents. Consequently, the measurement of DV may have been influenced by reporting bias and issues related to cross-cultural equivalence, even though the measures were translated into Spanish by bilingual members of the study team. More research is needed to continue to refine the JOVEN intervention to improve its efficacy, generalizability, and capacity for sustainability.

Despite the limitations that were inherent in the design of this preliminary evaluation of JOVEN, there are important strengths and opportunities that should be highlighted. The JOVEN program was built upon a strong theoretical basis that included ecodevelopmental theory and social cognitive theory. Prevention programs built upon these theoretical approaches have demonstrated to work effectively in preventing substance abuse and risky sexual behaviors among Hispanic adolescents in the past (Pantin et al., 2004; Prado et al., 2007). JOVEN was informed by DV advocates, community leaders, school personnel, and Hispanic families, helping to ensure that the approach adequately addressed the cultural needs and preferences of this population. Nevertheless, more research is needed to advance the science in the prevention of DV among Hispanics. More longitudinal research is needed to better elucidate the phenomena of DV among Hispanics, the similarities and differences of this phenomenon across and within cultural groups, and the specific and universal risk and protective factors that predict DV among Hispanic individuals. This knowledge is essential in helping to refine the mechanisms in which DV prevention programs can influence DV outcomes over time among Hispanics and to better understand the need for culturally specific versus universal approaches.

School Nursing Implications

There are several implications from this study that can be used to inform the efforts of school nurses in addressing DV. First, school nurses need to pay special attention to gender. The JOVEN program targeted both males and females using the same strategies and found that the program had medium effects for males and iatrogenic effects for females. Therefore, school nurses designing culturally tailored programs to address DV should consider not only the specific cultural factors associated with DV according to ethnicity but also gender. Caution must be taken in assessing potential iatrogenic effects according to gender and other subgroups and what contribute to these. Second, the JOVEN program had specific components to address parents and school personnel. The engagement of the parents and school personnel not only helped address the socioecological of DV (e.g., both individual norms and norms within the family and school) but also facilitated with the acceptability of the program and student participation. School nurses addressing DV should incorporate strategies to engage the environment that surrounds their students, especially their families and schools. Finally, the biggest strength of the JOVEN program was that it was theoretically based and used multiple methods to engage the targeted community in the design. This helped ensure that the intervention was culturally specific to the community's

needs, preferences, and strengths. School nurses addressing DV need to ensure that the programs they implement are based on theory that explains how the intervention influences DV and appropriate in addressing the cultural factors relevant to DV in the schools they serve. This will help increase the likelihood that programs are effective and favorably looked upon by the community.

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Figure 1. CONSORT flow diagram for a randomized-controlled trial evaluating the preliminary efficacy of a dating violence prevention program for Hispanic adolescents ($N= 82$).

Figure 2.

Bar graphs depicting the percentage of girls in the intervention and control conditions reporting psychological and physical and sexual dating violence victimization and perpetration at baseline, 1 week, 3 months, and 12 months after the intervention ($n = 46$).

Figure 3.

Bar graphs depicting the percentage of boys in the intervention and control conditions reporting psychological and physical and sexual dating violence victimization and perpetration at baseline, 1 week, 3 months, and 12 months after the intervention ($n = 36$).

Table 1

Overview of JOVEN Curriculum Components for Hispanic Adolescents and Parents, and School Personnel.

Participant	Session Title	Topics
Adolescent males and females	Hispanic traditions, pop culture and dating	Gender and relationship norms; Hispanic cultural influences; generational changes; dating in the Facebook era; the role of media in influencing norms
	Healthy and unhealthy relationships in Hispanic culture	Dating violence in Hispanic adolescents; characteristics of unhealthy and healthy relationships; teen power and control wheel; respectful behaviors; warning signs
	Sex and drugs	Adolescent sexual development; normative risky sexual substance abuse behaviors in Hispanic culture; safe and safer sexual practices
	Legal rights and accessing services	Laws relating to immigration, dating and domestic violence and sexual health; school policies; the role of police; community services; safety planning
	Life and bystander skills	Conflict management skills; handling breakups in relationships; skills to avoid risky situations and peer pressure; prosocial behaviors in Hispanic families
	Speaking up	Assertive communication; positive communication strategies; applications to communication with girlfriend/boyfriend, peers, school personnel, and parents according to culturally appropriate ways
Parents and school personnel	DV among Hispanic youth	Dating violence statistics in Hispanic adolescents; power and control; warning signs; legal rights; safety planning; community resources
Parents	Effective parenting and communication practices (parents)	Parental monitoring behaviors in Hispanic families; communicating effectively with your children and their friends; prosocial behaviors relating to dating violence and other risky situations; understanding and working with the school system
School personnel	Mentoring youth on relationships	Modeling healthy relationships; prosocial behaviors relating to relationships; communicating with at-risk youth; prosocial behaviors relating to TDV and other risky situations; working with parents in culturally appropriate ways

Note. JOVEN/YOUTH, *Juntos Opuestos a la Violencia Entre Novios*/Together Against Dating Violence; TDV = teen dating violence; DV = dating violence.

Table 2

Percentage of Males and Females Reporting Dating Violence Victimization and Perpetration at Baseline, 1 Week, 3 Months, and 12 Months After Implementing JOVEN and Estimated Effect Sizes According to Gender.

Variable	% Reporting DV (OR Estimating Effect Sizes)													
	Baseline		1 Week		3 Months		12 Months							
	Control	JOVEN	Control	JOVEN	Control	JOVEN	Control	JOVEN						
Males (n = 36)	%	%	%	%	%	%	%	%	OR	OR	OR	OR		
Psych Vic	46.7	61.90	33.3	1.75	23.8	5.20	40.0	1.31	1.79	46.1	1.02	42.9	2.16	
Psych Per	40.0	52.40	33.3	1.34	19.0	4.69	33.3	1.34	19.0	4.69	40.0	1.00	33.3	2.20
Phy and Sex Vic	33.3	42.90	40.0	0.75	19.0	3.20	40.0	0.75	23.8	2.41	40.0	0.75	28.6	1.88
Phy and Sex Per	40.0	33.30	33.3	1.34	19.0	2.13	40.0	1.00	14.3	2.99	40.0	1.00	28.6	1.25
Females (n = 46)														
Psych Vic	76.9	75.00	57.7	2.44	45.0	3.67	42.3	4.54	40.0	4.50	61.5	2.08	55.0	2.45
Psych Per	46.2	50.00	38.5	1.37	30.0	2.33	30.8	1.93	20.0	4.00	46.2	1.00	40.0	1.50
Phy and Sex Vic	34.6	40.00	38.5	0.85	35.0	1.24	38.5	0.85	35.0	1.24	38.5	0.85	55.0	0.55
Phy and Sex Per	42.3	35.00	34.6	1.39	30.0	1.26	30.8	1.65	30.0	1.26	46.2	0.85	45.0	0.66

Note. *N* = 82. Psych = Psychological; Phy and Sex = Physical and Sexual; Vic = Victimization; Per = Perpetration; DV = dating violence; OR = odds ratio; JOVEN/YOUTH, *Juntos Opuestos a la Violencia Entre Novios/Together Against Dating Violence*.