

Preventing perinatal teen dating violence through nurse home visiting augmented with relationship education and commitment: Reanalyzing an Oregon trial University of Colorado

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Introduction

Perinatal teen dating violence (PTDV) is a serious adverse childhood experience. In teen parents, the lack of a vision of commitment for future-oriented decisions (e.g., precocious coresidential unions, infidelity, jealousy, and second pregnancy) leads to relationship instability & PTDV (Figure 1). 1,2 In 2018 in the US, 44,291 births were to teen moms aged 15–17.

*With potentials to prevent PTDV, two evidencebased preventive interventions have been in Denver for more than 20 years. As a service delivery model, home visiting in the Nurse Family Partnership (NFP) has been transforming.^{3,4} Meanwhile, the Prevention and Relationship Enhancement Program (PREP) reduced family distress and partner violence.5

However, commitment and relationship education were taught only in one NFP trial.4,6 Built upon Travis Hirschi's control theory (1969) and a dissertation,^{7,8} we hypothesize that weak social bonds and lack of commitment are modifiable precursors of PTDV.

Methods

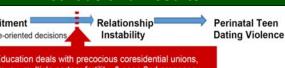
Study Design: In a randomized controlled trial (RCT).^{4,5} first-time and low-income moms were recruited and randomly assigned to (1) NFP or (2) NFP and PREP (NFP+) group in Multhomah County Oregon from 2007 to 2011. After 238 moms had the baseline survey, retention was 81% after 1- and 2year surveys. Among 63 moms aged 15-17 (Table), we analyzed the effectiveness of NFP+ program to increase commitment and prevent PTDV.



Figure 1. Mechanism of change on how comprehensive relationship education addresses relationship instability and disrupts the generation of perinatal teen dating violence

✤ In the Within My Reach (WMR)^{4,9} curriculum based on the PREP, commitment was taught along with decision-making (e.g. sliding vs. deciding, select a mate). The sum of physical and sexual victimization and/or perpetration last year in the Revised Conflict Tactics Scale all 0 across 3 time points indicated PTDV free. Commitment was operationalized as being married or engaged and reported in 22 moms (Table and Figure 2).

Т	Table. Teen Moms and Outcomes					Figure 2. Maternal Relationship with Child's Father across 3 Times						
s	NFP WMR	- (n=26)) + (n=37)				WMR = 0			WMR = 1		
	Age*	16.2(0.8)	16.2(0.7)									
	Race	. ,	. ,		Married -		15					
	White	42%	10%		Engaged -		$f \propto$					
	Black	8%	19%									
	Hispanic	38%	59%			Nie	r X	×.	/			
	U.S. Born	81%	60%		Living together, _	1	_//	1				
	Education*				dating exclusively	N N					$\setminus \mid$	
	Elementary	4%	3%		Living separately,	\ \	X.				$\langle \rangle$	
	6-8 grade	12%	19%		dating exclusively		1					
	9-12 grade	77%	73%				N.					
	GED	0%	5%		Living separately, dating casually		×					
Ι,	High School	8%	0%									
	Graduate	- (n=11))+ (n=11)			Baseline	1 Year	2 Year	Baseline	1 Year	2 Year	
	PTDV free 2 years	2/5 40%	4/6 66%						ear		_	
	Relationship				Same	dad across 3 t	Stable Rela imes	itionship	Same dad aci	ross 2 adjacent tin	nes	
	Baseline	6E 4C	1M 4E20	;	Dads a	at 2 nonadjace	nt times or missing			,		
	Year 1	4E 1M	3M 5E	Note	s:*p =0.82;	M· Ma	rried E.	Enda	ned C	l ivina t	oneth	
	Year 2	5E 2C			ig exclusive							



Study strengths: Integrate criminology & psychology to advance mechanism of change, target early and

upstream factors of PTDV, build upon two RCTs which started in 2005,^{6,10} and use rich relationship measures

Discussion Preliminary findings show this augmented NFP

program improved commitment and relationship

stability and prevented PTDV among 22 teen moms.

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Study limitations: Small sample size, not a priori subgroup analysis, and missing data

We plan an R34 adaptation pilot study and then an R01 cluster RCT to perform covariate constrained randomization and mediation analyses, to test the hypothesis, and to improve the NFP program model.

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