Can Adolescent Dating Violence Be Prevented Through School-Based Programs?

Each year in the United States, an estimated 10% to 20% of adolescents experience physical forms of intimate partner abuse. The costs of exposure to relationship violence during adolescence are high, with adolescents who are victimized experiencing higher rates of depression, anxiety, and associated social and health problems. Importantly, adolescent dating violence also predicts involvement in domestic violence in adulthood. Strong support for a causal link between exposure to relationship violence and poor health outcomes suggests that relationship violence prevention programs may have the potential to reduce the adult-health burden and improve the lives and well-being of adolescents. As a result, the prevention of relationship violence among adolescents is now recognized as an important public health problem and a prime candidate for intervention efforts.

This study contributes to what we know about the prevention of adolescent dating violence in 2 important ways. First, randomization of adolescents to an intervention condition provides support for the position that school-based interventions can have causal effects on adolescents’ romantic relationships, although this may be true only for boys. At first glance, the intervention effects appear to be relatively small. However, a 2% reduction in dating violence at the population level has the potential to result in millions of dollars in long-term medical, mental health, and criminal justice savings. The intervention appeared to be particularly effective for boys, with a 7.1% vs 2.7% difference in the prevalence of partner violence observed between intervention and control groups, respectively. The relatively large effect of the intervention among boys is important considering that partner violence perpetrated by males is most likely to result in physical injury and may carry heavier costs. Second, this study provides proof of principle that effective classroom-based interventions can be delivered by leveraging existing resources (eg, teacher time and modifications to existing curriculum) and for the relatively low cost of $16.00 per student. In short, Wolfe and colleagues provide a compelling case that classroom-based interventions can provide value for money with respect to delivering relatively low-cost early interventions that hold the promise of reducing the long-term health costs associated with partner violence.

The results presented by Wolfe and colleagues also raise important questions regarding how future interventions can more effectively reduce partner violence during this key developmental window. Decades of research on the prevention of conduct disorder and violence among children and adolescents has demonstrated that a multisystemic approach that integrates the family is most effective. Indeed, many adolescents who engage in partner violence have been exposed to domestic violence within their own homes. Thus, it seems critical that future school-based interventions designed to prevent partner violence contain a familial component. On a broader level, media campaigns may be required to change peer and societal cultures that are accepting of violence within adolescent relationships, and indeed these campaigns are currently under way (http://www.prevnet.ca). Intervention research with conduct disorder has also taught us that adolescents rarely specialize with respect to involvement in different forms of antisocial and aggressive behaviors. Therefore, it will be important to assess the effects of future relationship violence prevention programs.
The Family Is (Still) the Patient

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IN THIS ISSUE OF ARCHIVES, SILVERMAN ET AL1 PRESENT data from the 2004 Bangladesh Demographic Health Survey, revealing that more than 40% of Bangladeshi mothers with children younger than 5 years of age experience intimate partner violence (IPV) and that their children sustain significantly elevated rates of 2 leading causes of mortality in Bangladeshi children, respiratory infection and diarrhea. Although 2 in 5 mothers may seem to be an extraordinary prevalence of IPV to some, it is a value compared with those in neighboring Asian countries2 and in some American states.3 In the current study, younger Bangladeshi mothers and the mothers of very young children were more likely to have been assaulted, and IPV was more prevalent among households with lower levels of maternal education and without sanitary resources. Importantly, ascertainment of IPV was based on husbands’ reports of violent incidents during the past year, mensurate with those in neighboring Asian countries2 and in some American states.3 In the current study, younger Bangladeshi mothers and the mothers of very young children were more likely to have been assaulted, and IPV was more prevalent among households with lower levels of maternal education and without sanitary resources. Importantly, ascertainment of IPV was based on husbands’ reports of violent incidents during the past year, while mothers independently described children’s illnesses during the 2 weeks prior to the study interview. Although men’s underdisclosure of IPV could have biased the reported association, such bias would operate in a conservative direction, producing an overestimation of childhood illness rates among families without IPV and obscuring the IPV-related differences. Furthermore, the association persisted after adjustment for many possible confounders, such as maternal age, education, household wealth and size, number of children, sanitation, cooking fuels, and crowding.

Such observations, emanating from a survey of health determinants and conditions in a resource-poor nation of South Asia, challenge several of the enduring shibboleths of pediatric orthodoxy, among them the conceptual and disciplinary division between mental and physical health; the separability of child health from maternal well-being; and the view that societal malaise lies outside the rightful perimeter of pediatric medicine’s attention and concern. Nearly 30 years ago, pediatrician Bayard Allmond and colleagues4 reminded us that, although...