

Examining Teen Dating Violence (TDV) Prevention and Response Practices within New Jersey Public High Schools

Addendum to March 2019 Report

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Introduction

Adolescent dating violence (ADV) has been repeatedly identified as a problem by the New Jersey Domestic Violence Fatality and Near Fatality Review Board. As such, the Board engaged in a two-part project to better understand how the issue of ADV is being addressed in high schools across the state. To understand the impact of New Jersey's ADV statute in the school setting, the Fatality Review Board partnered with the Center on Violence Against Women and Children (VAWC) at the Rutgers School of Social Work to gather data about how schools have implemented ADV prevention and response policies in the state. For the first phase of the study, the project's goal was to understand how high school principals in New Jersey have implemented mandatory ADV policies and their opinions and beliefs regarding ADV more generally (see report by Garcia, DeSilva, McMahon, Johnson, & Glinn, 2019). However, due to a low response rate, the second phase of the study focused on assessing the perspectives of Harassment, Intimidation and Bullying (HIB) counselors regarding ADV at their school. This addendum reports on the findings from the second phase of the study.

Methodology

A survey was mailed to all HIB specialists at public high schools in New Jersey in March, 2019. All methods were approved by the Rutgers University Institutional Review Board to ensure the protection of participants.

Recruitment

The research team previously accessed publically available contact information for every public high school in New Jersey, except for those that did not meet the inclusion criteria. The inclusion criteria was public mainstream four-year high schools that serve grades 9 through 12 within the State of New Jersey. This was to gather email addresses for principals during the first phase of the study. Due to a low response rate, the research team decided to survey HIB specialists to provide additional perceptions on ADV. Using the same list of high schools from the first phase, the research team collected the names of all HIB specialists from information the New Jersey Department of Education (NJDOE) provided, leaving 282 potential participants.

All 282 HIB specialists were invited via mail to participate in the current study. The invitation included a letter of intent, an informed consent form, and the survey. To maximize the response rate, two \$1 bills were attached to the letter of intent. Participants were able to keep the \$2 cash incentive whether they completed and returned the survey or not. This was to reduce nonresponse bias and has been a technique used widely with success in survey research (Dillman, Smyth, & Christian, 2009). The survey was estimated to take no more than 10 minutes to complete. Participants had a six-week timeframe to complete and return the survey.

Survey Instrument

HIB specialists' perceptions of ADV were collected through a two-page 25-item survey that assessed perspectives of: 1) their schools' success in addressing ADV; 2) importance of ADV as an issue to key stakeholders; 3) perceived protective factors and barriers to addressing ADV; 4) policies regarding ADV prevention; and 5) training to address ADV.

The survey instrument was modified from the tool used in the first phase of the study, which was adapted from Khubchandani's (2017) survey. The research team made the decision to shorten the survey significantly and use a paper version instead of online, both to maximize response.

Results

Of the 282 New Jersey HIB specialists who received the survey, 138 responded (49%). Of these, three refused, as evidenced by their returning the letter and incentive, and two letters were sent back due to incorrect addresses. Thus, the final analytics sample was a total of 133 participants, reflecting a 47% response rate. The following sections reflect the categories of results: participant and school demographics, addressing ADV, enablers and barriers towards addressing ADV, importance of ADV as an issue to various key stakeholders, policies regarding ADV, and training to address ADV.

Sample and school demographics

The demographics of participants and their respective schools are presented in Table 1 below. The majority of participants identified as a woman. Most schools represented in the survey are from a suburban location with an almost equal distribution of student body socio-economic statuses in the lower-middle, middle, and upper-middle categories.

Table 1. Demographics of HIB specialists and their schools

	<u>Total #</u>	<u>Percentage</u>
What is your current gender identity? (<i>n</i> = 130)		
Woman	95	73
Man	35	27
Another	0	0
What category best describes the location of your school? (<i>n</i> = 132)		
Urban	22	17
Suburban	96	73
Rural	14	11
What is the predominant socio-economic status of your student body? (<i>n</i> = 131)		
Lower	19	15
Lower-Middle	37	28
Middle	31	24
Upper-Middle	31	24
Upper	12	9
Not Sure	1	1

Perception of the importance of ADV as an issue

Participants reported their perceptions on how important ADV is as an issue to three different key stakeholders – their school community, the administrative leadership at their school, and their school district from a range of 1 (*not very important*) to 4 (*very important*). All reported means were above midpoint, with the highest being 2.81 for school community (Figure 1).

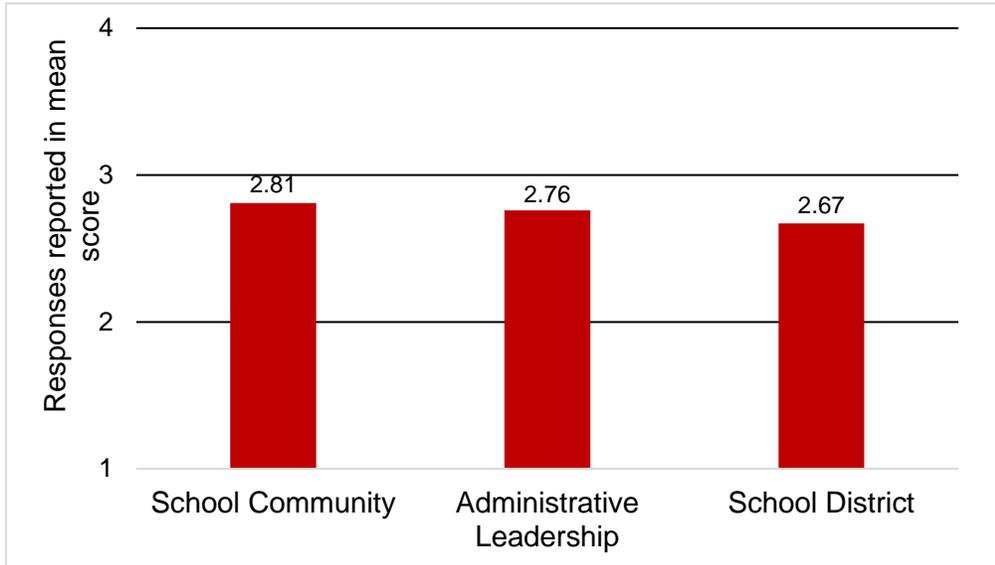


Figure 1. Perceptions of importance of ADV as an issue to key stakeholders ($n = 133$); responses ranged from 1 (*not very important*) to 4 (*very important*)

Addressing ADV

Participants were asked to rate how well they perceive their school is doing in addressing ADV (Table 2). A Likert scale was provided that ranged from 1 (*not very well*) to 4 (*very well*). The mean reported was 2.53, right above the midpoint, indicating that most specialists feel their school is doing between somewhat well and well in addressing ADV.

Table 2. How school is addressing ADV

	<u>Total #</u>	<u>Mean</u>
How well do you think your school is addressing adolescent dating violence?	133	2.53

Protective factors and barriers to addressing ADV

Two scales were adapted in order to provide further information on how schools are addressing ADV. Mean scores for both scales are reported in Figure 2.

The Protective Factors Scale consisted of seven items that inquired about factors that enable schools to address and prevent ADV. The following factors were included in the scale: the promotion of positive attitudes, beliefs, and behaviors about addressing ADV in the school; the presence of education and training on how to address and prevent ADV; the support and involvement of parents in addressing ADV; the support and involvement of the school community in addressing ADV; whether the existence of school policies help to make the addressing and prevention of ADV easier; access to funding to address ADV, and access to resources to address ADV. For each item, participants responded from 1 (*strongly disagree that this factor exists in the school*) to 4 (*strongly agree that this factor exists in the school*). A mean score of 2.73 was reported, which is slightly above the midpoint.

The Barriers Scale consisted of eight items that inquired about factors that were barriers to schools addressing and preventing ADV. The following factors were included in the scale: perceptions on school responsibility to help victims of ADV; amount of personnel to help victims of ADV, the amount of time personnel have to allocate towards helping victims of ADV; parents approval of schools' involvement in addressing ADV; access to funds, the comparative nature of ADV to other student health and/or safety issues; and the level of desire for administration to deal with the sensitive issue. For each item, participants responded from 1 (*strongly disagree that this factor exists in the school*) to 4 (*strongly agree that this factor exists in the school*). A mean score of 2.05 was reported, which is slightly below the midpoint.

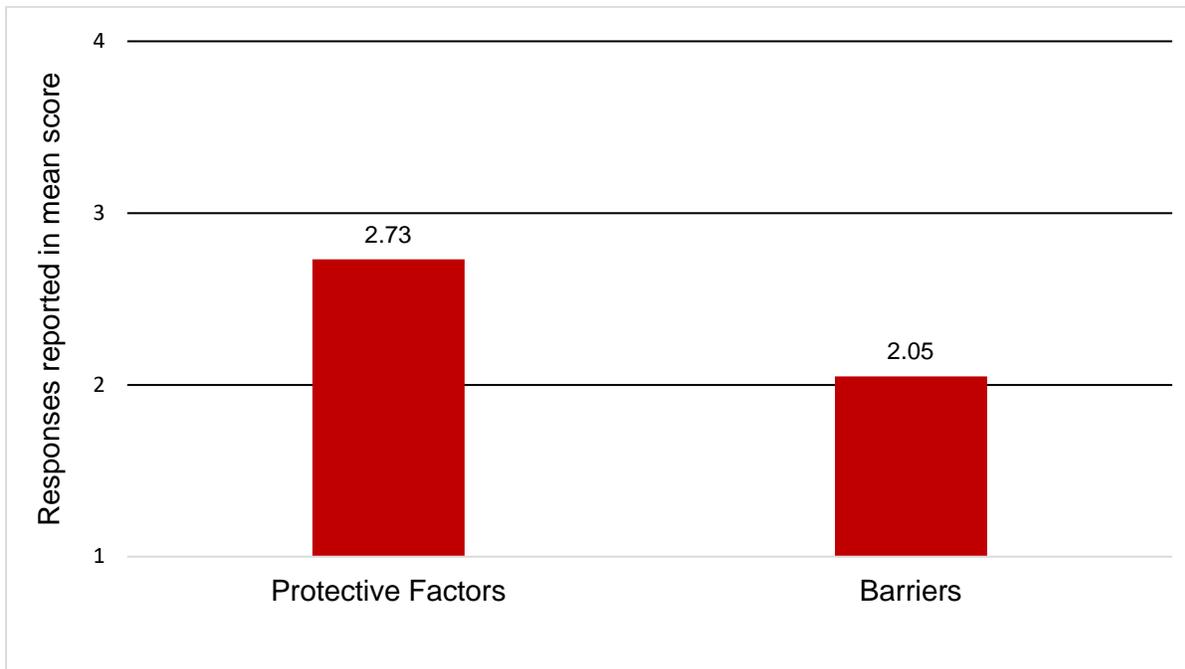


Figure 2. Average (mean) scores for perceptions of the existence of factors to either help (protective) or hinder (barriers) the school's ability to address adolescent dating violence; responses ranged from 1 (*strongly disagree*) to 4 (*strongly agree*)

Correlation analyses revealed that there was a significant and positive association between the presence of a school policy on ADV and participants' perceptions of whether their school promotes positive attitudes, beliefs, and behaviors that address and prevent ADV (see Table 3). There was also a positive association between the presence of an ADV policy and participant receipt of formal training, suggesting that participants working in schools with ADV policies were more likely to receive formal training on the issue.

Table 3. Correlations between Policy, Training, and Protective Factors

Variables	1	2	3	4	5
1. School has an ADV policy	-				
2. Participant had formal training on ADV	.314**	-			
3. School promotes attitudes, beliefs, and behaviors that address and prevent ADV	.273**	.168	-		
4. Parents are supportive and involved in addressing and preventing ADV	.066	-.028	.343**	-	
5. School community is supportive and involved in addressing and preventing ADV	.121	.104	.455**	.634**	-

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

Correlation analyses revealed that there was a significant and positive association between participant receipt of formal training on ADV and participants' perceptions of how ADV is addressed in their school meaning that participants that received formal training on ADV were more likely to have positive perceptions of how their school addresses ADV (see Table 4).

Further, correlation analyses revealed that there was a significant and positive association between formal training on ADV and participants' perceptions of how important the issue of ADV is to their school district, meaning that participants that received formal training on ADV were more likely to affirm that their school administration and district recognize ADV as an important issue.

Table 4. Correlations between policy, training, and perceptions of importance of ADV

Variables	1	2	3	4	5	6
1. School has an ADV policy	-					
2. Participant had formal training on ADV	.314**	-				
3. How well school is addressing ADV	.261**	.182*	-			
4. How important the issue of ADV is to participant's school community	.134	.235**	.546**	-		
5. How important is the issue of ADV to school's administrative leadership	.111	.211*	.576**	.733**	-	
6. How important is the issue of ADV to school district	.233**	.281**	.624**	.678**	.807**	-

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

Policies regarding ADV

Participants were asked whether their school has a policy that addresses ADV. Over half of participants said yes, they do have a policy. However, 20% stated they were not sure (Figure 3). Correlation analyses indicated that having a policy on ADV is positively related to the perception that the participant's school takes ADV seriously.

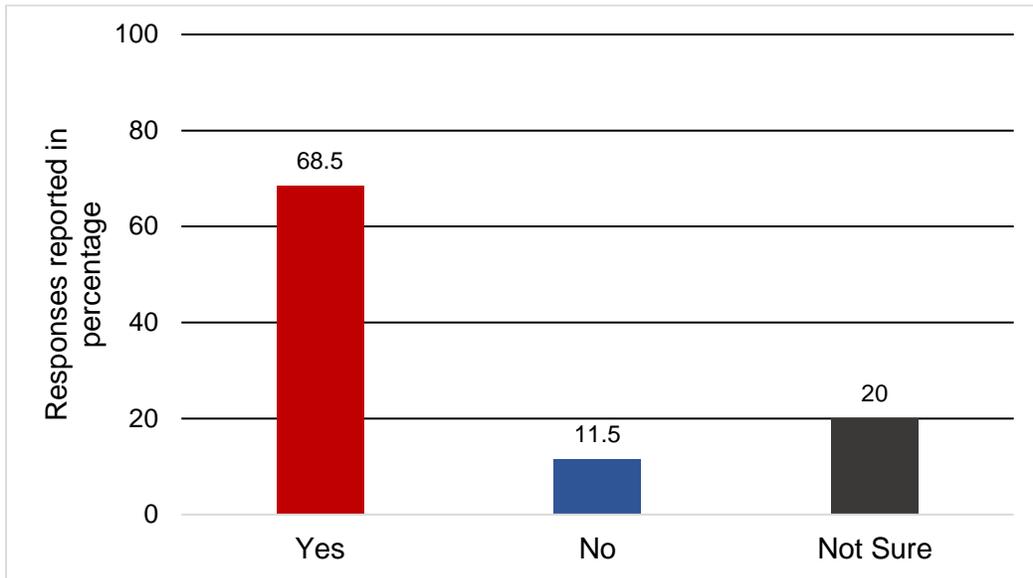


Figure 3. Does your school have a policy that addresses adolescent dating violence? ($n = 130$)

Training to address ADV

Participants were asked to approximate the percent of their school's personnel who have been trained to address ADV. Half of the participants estimated that 25% or less of their school's personnel has not been trained to address ADV, with 27% not sure (Figure 4).

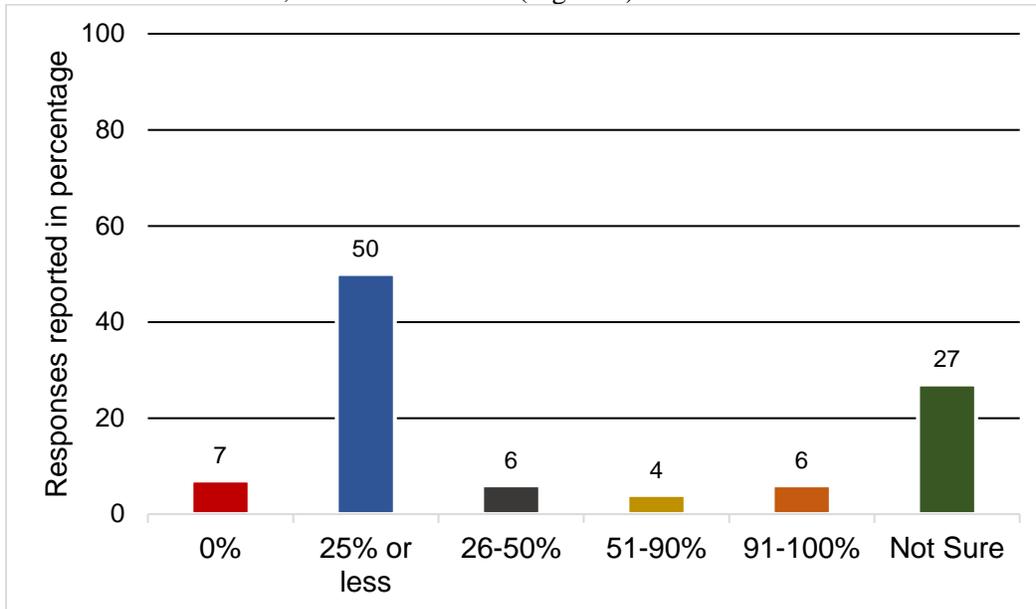


Figure 4. Approximately what percentage of school personnel have been trained to address adolescent dating violence? ($n = 131$)

Additionally, participants were asked if they have ever received formal training to address ADV issues. Slightly over half of the participants said yes, they have received formal training (Figure 5).

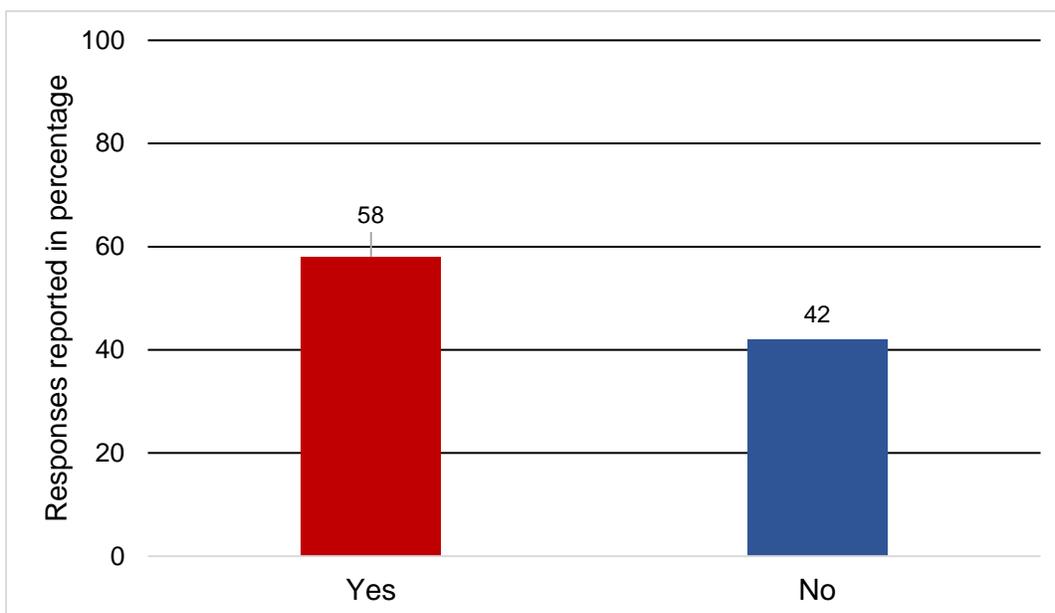


Figure 5. Have you received any formal training to address adolescent dating violence issues? ($n = 131$)

Discussion

Our study reveals a number of positive findings related to HIB specialists and their perceptions of how their schools handle ADV. Specialists generally perceived ADV to be an important issue for all three major key stakeholders (school community, administrative leadership, and school district). This suggests that there is a strong foundation in place to engage in work to address ADV. Additionally, specialists indicated a high mean score on the protective scale, which suggests the presence of a number of positive factors in high schools to address ADV such as the promotion of attitudes, beliefs, and behaviors that acknowledge and prevent ADV; the presence of education and training on how to address and prevent ADV; and the perception of parents and school communities as supportive of this work. However, some barriers New Jersey schools are facing in addressing and preventing ADV include not having enough personnel trained, lack of access to necessary funds, and regarding ADV as a minor issue compared to other student health and/or safety issues at schools. Further work is necessary to investigate these barriers and how to best address them. It would also be helpful to better understand why certain schools have more or less protective factors and barriers, and whether there are certain characteristics that tend to be associated with a school's ability to address ADV (e.g., type or size of school; commitment by school leadership; level of resources; personal commitment of principal or other leaders). It might be useful for schools to share lessons learned about successfully addressing ADV.

According to statute N.J.S.A. 18A:37-33, each school district in New Jersey that serves students in grades 7-12 is required to have a policy in place regarding the prevention, response, and education of students along with the school-wide community to address ADV. The findings from this study reveal that over half (67%) of the schools have a policy that addresses ADV. However, 20% of specialists reported they were not sure if they have a policy that addresses ADV. It is possible that these schools do have policies, yet their work may focus more on other types of violence or bullying therefore resulting in ADV being overlooked. Further research is necessary to examine the presence of ADV policies and why some key school personnel are not aware of these policies.

Our findings also reveal that half of specialists approximated that 25% or less of their schools' personnel had received training to address ADV and only 6% approximating that 91-100% of their schools' personnel have received training. Although these findings are estimates, they indicate that while some training is being offered to school personnel, very few are receiving the training. This was a similar finding to the first phase of our study, which focused on principals and found that 59% of principals reported that some of their school personnel had received training for ADV. Of those, the majority stated that 25% or less of their school's personnel were trained in addressing ADV (Garcia, DeSilva, McMahon, Johnson, & Glinn, 2019). Lack of training can lead to challenges related to implementing ADV education and prevention. Further research is needed in order to examine the barriers that prevent all faculty and staff from receiving training to address and prevent ADV.

This study only focused on the perspectives of HIB specialists, and further work is needed to determine if others such as administration, staff, students, and families have similar perceptions of their school's ability to address ADV. In addition, work is needed to evaluate the effectiveness of the various initiatives implemented to address ADV including training for faculty and staff, service provision for students, and education and awareness raising.

In conclusion, findings from this study reveal significant trends in New Jersey schools' efforts to address ADV. Further research will provide a more comprehensive assessment on the nature of education and prevention efforts in the state.

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