

# A school intervention for 13- to 15-year-olds to prevent dating and relationship violence: the Project Respect pilot cluster RCT

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**Disclaimer:** This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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## Scientific summary

The Project Respect pilot cluster RCT

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# Scientific summary

## Background and rationale

Dating and relationship violence – intimate partner violence during adolescence – encompasses threats, emotional abuse, controlling behaviours, physical violence, and coerced, non-consensual or abusive sexual activities. Among dating adolescents in England aged 14–17 years, 66–75% of girls and 32–50% of boys report victimisation. Those who have experienced dating and relationship violence are more likely to report substance misuse and teenage pregnancy, and to be involved in partner violence as adults. Emerging evidence suggests that school-based interventions might reduce dating and relationship violence. Project Respect is a new intervention in secondary schools in England, informed by learning from two effective US interventions. We finalised the development of, and piloted, this intervention using a pilot cluster randomised controlled trial to assess the value of conducting a Phase III randomised controlled trial.

## Aims

- With stakeholders, to elaborate and optimise Project Respect, informed by existing research.
- To conduct a pilot randomised controlled trial (four intervention schools and two control schools) in southern England.

## Research questions

- Is progression to a Phase III randomised controlled trial justified in terms of prespecified criteria? These criteria are as follows: randomisation occurs, and four or more schools (out of six) accept randomisation and continue in the study; the intervention is implemented with fidelity in at least three of the four intervention schools; the process evaluation indicates that the intervention is acceptable to  $\geq 70\%$  of year 9 and 10 students, and staff involved in implementation; computer-assisted self-interviewing surveys of students are acceptable and achieve response rates of at least 80% in four or more schools; and methods for economic evaluation in a Phase III randomised controlled trial are feasible.
- Which of two existing scales – the Safe Dates and the short Conflicts in Adolescent Dating Relationship Inventory – is optimal for assessing dating and relationship violence victimisation and perpetration as primary outcomes in a Phase III randomised controlled trial, judged in terms of completion, interitem reliability and fit?
- What are likely response rates in a Phase III randomised controlled trial?
- Do the estimates of prevalence and intracluster correlation coefficient of dating and relationship violence derived from the literature look similar to those found in the UK, so that they may inform a sample-size calculation for a Phase III randomised controlled trial?
- Are secondary outcome and covariate measures reliable, and what refinements are suggested?
- What refinements to the intervention are suggested by the process evaluation?
- What do qualitative data suggest about how contextual factors might influence implementation, receipt or mechanisms of action?
- Do qualitative data suggest any potential harms and how might these be reduced?
- What sexual health- and violence-related activities occur in and around control schools?

## Methods

Project Respect's components and theory of change were developed prior to the study. The study comprised optimisation (March–July 2017) and pilot randomised controlled trial phases (June 2017–November 2018).

During optimisation, the research team collaborated with the National Society for the Prevention of Cruelty to Children, the intervention provider, to finalise development of the intervention (including drafting and refining intervention materials, informed by a review of existing evidence and consultation with students and staff in four secondary schools), and consulted with the Advice Leading to Public Health Action young researchers group. Consultation involved two successive meetings with the school collaborating on optimisation, and one meeting with the Advice Leading to Public Health Action young researchers group, seeking their views on our plans and draft materials. Optimisation schools varied by region (south-east and south-west of England) and local deprivation. For each school optimisation session, we aimed to include 12 students varying by sex and age and three or more staff varying by role. We audio-recorded and took notes on sessions, and summarised findings by topic. Findings informed refinements of intervention materials for the pilot randomised controlled trial. During this phase, we also pilot tested our survey methods in one school, and we subjected key survey measures to cognitive testing in another with 15 students varying by sex, age and academic ability.

We then conducted a pilot randomised controlled trial (four intervention schools and two control schools), with an integral process evaluation and an economic evaluation feasibility study. The pilot randomised controlled trial focused on feasibility and no power calculation was performed. State secondary schools in southern England, excluding pupil referral units and special schools, were sent recruitment e-mails. We selected three schools in the south-east of England and three in the south-west of England, varying by local deprivation and school value-added attainment.

Baseline student and staff surveys were conducted in June–July 2017: the former in classrooms using computer-assisted self-interviewing on electronic tablets with students in years 8 and 9 (aged 12–14 years) and the latter via a staff web survey. Schools were then randomly allocated to the intervention or control arm in a 2 : 1 ratio by a clinical trials unit, stratified by region. We resurveyed students and staff at approximately 15 months (September–November 2018), as students began years 10 and 11 (aged 14–16 years).

The intervention targeted students in years 9 and 10 (aged 13–15 years), comprising training for key school staff by National Society for the Prevention of Cruelty to Children to enable them to implement the intervention; training by these key staff of other school staff in safeguarding to prevent, recognise and respond to gender-based harassment and dating and relationship violence; staff and student mapping of 'hotspots' for dating and relationship violence, and modification of staff patrols to target these; information for parents on the intervention, and advice on preventing and responding to dating and relationship violence; making available to students the Circle of 6 (version 2.0.5, Tech for Good, New York, NY, USA) application, which helps them contact support if threatened by or experiencing dating and relationship violence; and a teacher-delivered classroom curriculum for year 9 and 10 students that included student-led campaigns. The intervention was informed by the theory of planned behaviour and the social development model. It aimed to reduce dating and relationship violence by doing the following: challenging attitudes and perceived norms concerning gender stereotypes and dating and relationship violence; supporting the development of skills and control over behaviour; and increasing student bonding to school and acceptance of school behavioural norms. Schools that were randomly allocated to the control arm continued with usual provision.

We assessed completion rates, reliability and validity of two candidate measures of the primary outcome of binary dating and relationship violence in a Phase III randomised controlled trial: the Safe Dates and short Conflicts in Adolescent Dating Relationships Inventory measures of dating and

relationship violence victimisation and perpetration. The Safe Dates baseline measure assessed ever-occurring dating and relationship violence, and the short Conflicts in Adolescent Dating Relationships Inventory measure and Safe Dates follow-up measure assessed past-year dating and relationship violence.

We assessed secondary outcomes, including dating and relationship violence frequency, mental well-being, quality of life, sexual harassment, psychological functioning and sexual debut, as well as economic outcomes (Child Health Utility-9D for students and Short Form questionnaire-12 items for staff) and potential mediators (social norms and gender stereotyping, awareness of services, help-seeking, communication, anger management, dating violence knowledge and downloading of the Circle of 6 application). We also piloted trial analyses. Data collectors and analysts were masked to allocation.

Our process evaluation assessed intervention implementation and potential mechanisms, and control provision, drawing on data from audio-recordings of training, staff logbooks, lesson observations, surveys and interviews with four staff, eight students and two parents per intervention school, and two staff and four students per control school. Qualitative data were analysed using thematic content analysis. Fidelity was assessed against prespecified metrics. The economic analyses aimed to estimate the costs of delivering the intervention; collect data on use of services and health-related quality of life, and examine response rates and data quality; and make recommendations on the design of a future economic evaluation conducted alongside a Phase III randomised controlled trial.

The research was approved by the London School of Hygiene & Tropical Medicine and National Society for the Prevention of Cruelty to Children ethics committees. Students and adults gave informed assent or consent to participate. Parents and carers were informed of data collection and could withdraw their child(ren) if they wished.

We also undertook two public involvement meetings, one with Rape Crisis South London staff and clients, and one with a group of policy-makers and practitioners.

## Results

The intervention was optimised to the satisfaction of the intervention and research teams, and the Study Steering Committee. Survey pilots were successful and cognitive testing of measures suggested that items were generally well understood, but informed some rewording.

In the pilot randomised controlled trial, student response rates in intervention and control groups were 1057 (84.8%) and 369 (76.6%) at baseline, respectively. Classroom-based computer-assisted self-interviewing surveys were acceptable to students and key to survey approval in two schools, but posed logistical challenges. For both the Safe Dates and the short Conflicts in Adolescent Dating Relationships Inventory dating and relationship violence measures, completion rates were around 99% and Cronbach's and ordinal alphas were around 0.9. At baseline, dating and relationship violence victimisation and perpetration prevalence were both around 50% (ever occurring: Safe Dates) and around 30% (past year: short Conflicts in Adolescent Dating Relationships Inventory). Cronbach's and ordinal alphas for secondary outcome measures were  $> 0.7$ . Alphas for mediator measures were  $< 0.7$ . The staff baseline survey response rate was very low (7.5%).

Randomisation occurred and all six schools accepted their group allocation and continued in the study.

The National Society for the Prevention of Cruelty to Children delivered training in all four schools to staff leading the intervention, but with fidelity  $< 100\%$ . Three schools delivered training to staff: two with fidelity  $> 75\%$  and one with fidelity  $< 75\%$ . School policy review occurred in two schools. Hotspot mapping was undertaken by staff in all schools and by students in three. No schools modified how staff patrolled the school. The curriculum was delivered with fidelity  $> 75\%$  in three schools and  $< 75\%$  in

one. All schools made information about dating and relationship violence available to parents and carers, and informed students of the Circle of 6 application.

Staff interviews suggested that key influences on implementation were the capacity of school management and the overall stability of the school. Delivery was impeded in schools in which management was addressing challenges, such as budgetary problems or poor examination or inspection results. Staff suggested that implementation could be undermined when commitment to delivery was not shared beyond one or two staff members. Some staff suggested that the goals of the training needed to be clearer so that schools could field the most appropriate staff. Staff thought that there should be more emphasis in the training on delivering the curriculum. When a school was part of an academy chain, this was a barrier to school policy review because policies were determined at the chain level. Those interviewed were often only vaguely aware of the written intervention materials intended for parents and carers. Staff and students liked the Circle of 6 application, but schools varied in whether or not they allocated time for downloading it. The curriculum attracted mixed views. Students liked the lessons, but thought that some elements might be uncomfortable for students who had experienced abuse. Some staff saw the large number of lessons as detracting from the curriculum's workability. There were suggestions that lessons should be designed to be taught in a variety of formats, ranging from hour-long lessons to short tutor-led group sessions; slides should have more images and fewer words; lesson plans should be easier to read; lesson plans should include suggestions for adapting lessons for students with different needs or abilities; discussion activities should be better directed (e.g. through suggested group activities); and there should be greater attention to student diversity throughout curriculum materials. Few students recalled engagement with student-led campaigns. Some evidence suggested some aspects of the intervention might be harmful, for example via unclear messages about seeking consent.

According to staff, control schools had written policies addressing bullying and sexual harassment that did not refer explicitly to dating and relationship violence. These schools responded to incidents of sexual harassment, dating and relationship violence or homophobic abuse via the safeguarding officer, and involved the police when necessary. Violence prevention was covered in lessons, assemblies and events run as part of antibullying weeks. This provision generally did not focus specifically on dating and relationship violence. The control school staff reported that relationship and sex education lessons encompassed topics relating to dating and relationship violence prevention, but could not quantify this. These staff also referred to various forms of student-led action against bullying and challenging sexism.

In routine annual reporting, the mean number of serious adverse events and suspected unexpected adverse reactions per school was six among intervention schools and three among control schools (data missing from one intervention school not reporting on this in the second year of the pilot). None was plausibly linked to Project Respect.

The response rates for students in the intervention and control group were, respectively, 1177 (76.8%) and 352 (83.4%) at follow-up. The staff follow-up response rate was 6.5%, similarly low to that at baseline, despite the addition of a paper survey option. At follow-up, the overall prevalence of past-year dating and relationship violence victimisation was around 35% (Safe Dates and short Conflicts in Adolescent Dating Relationships Inventory measures). Among year 9 and 10 intervention students who reported that their school had been taking steps to reduce dating and relationship violence, almost 90% supported this work. However, students in intervention schools were less likely than students in control schools to report that the school had been taking such steps. Of the approximately 37% of students in intervention schools reporting that in the past year they had been learning about respectful relationships, just under 60% reported that these lessons were good. Owing to the low staff follow-up survey response rate, we assessed acceptability to intervention school staff using qualitative interviews, finding that the intervention was acceptable to 10 (59%) staff.

We piloted intention-to-treat analyses of primary and secondary outcomes.

The economic study determined that it would be feasible to calculate the costs of intervention components. Usable survey data on use of health services and contact with police were available for almost all respondents at baseline and follow-up. It was possible to compute utility scores using Child Health Utility-9D for almost all participants at baseline and follow-up. Cost-effectiveness analyses on the primary and secondary trial outcomes could be conducted alongside a cost-utility analysis. Long-term modelling of costs and outcomes beyond the end of the trial would be challenging because of the lack of data.

Consultation with Rape Crisis South London suggested the need for greater clarity in lesson materials about perpetrators' sole responsibility for abuse and sensitivity to the experiences of those who have survived abuse. Consultation with policy and practitioner stakeholders suggested ways to increase school buy-in.

## Conclusions

Our findings suggest that progression to a Phase III trial of this intervention is not indicated because of limited fidelity (e.g. training, policy review, staff patrols) and acceptability. A refined intervention could ensure stronger school buy-in; ensure that training components have clearly defined audiences and objectives; have a longer timetable for policy review; guide schools to identify staff to lead the intervention, including the curriculum; ensure that curriculum materials allow adaptability and support discussion; ensure that student-focused components are inclusive, accessible, clear about perpetrators' sole responsibility for abuse and sensitive to the experiences of those who have survived abuse; allow time for students to download the Circle of 6 application; ensure that schools have comprehensive systems to send materials to parents and carers; and include a defined package of external support.

Any future randomised controlled trials could consider having a longer lead-in from randomisation to intervention commencement, using the short Conflicts in Adolescent Dating Relationships Inventory as the primary outcome and not relying on staff surveys. Any future trial should examine innovative ways to link individuals' baseline and follow-up student surveys, while maintaining anonymity. If administering surveys using electronic tablets, careful planning and staffing is needed to mitigate logistical challenges. Staff surveys appear unfeasible and other methods are required to assess staff experiences and views.

## Trial registration

This trial is registered as ISRCTN65324176.

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