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***A Novel Trauma-Informed Screening Approach for Teen Dating Violence
Perpetration in Racially Diverse Adolescents: A Multi-Site Study***

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1. Problem and Purpose

Teen dating violence (TDV), defined as psychological, physical, and sexual violence in an adolescent romantic relationship, is a critical criminal justice and public health issue.¹ Over one-third of adolescents will be victimized by TDV annually, with rates doubling for racial and ethnic minority females.² TDV-victimization leads to significant distress in adolescence and forecasts poor mental health, violent behavior, and impairment in adulthood.³⁻⁶ That 53 risk factors have been identified for TDV-perpetration in the past 20 years reflects the mounting research interest for this problem.⁷ The next step in preventing TDV involves the integration of risk research into culturally-competent, evidence-based protocols for the criminal justice system.

Structured, data-driven screening protocols (i.e., risk algorithms) provide a framework for translating risk factor research into evidence-based tools that guide sentencing decisions and connect vulnerable youth to necessary services. Importantly, risk algorithms can reduce biases associated with “clinical intuition,”⁸⁻⁹ which disproportionately select racial/ethnic minority youth for unneeded, and potentially harmful, surveillance and interventions. Two dominant risk assessment approaches exist that can inform the development of TDV-perpetration algorithms. The first, congruent with the risk factor prevention paradigm (RFPP),¹⁰ advocates for assessing dynamic risk and protective factors targeted by preventive interventions, as opposed to static risks (e.g., past events). Despite representing the dominant paradigm for risk algorithms, a critique of RFPP approaches is that they ignore structural inequalities (e.g., poverty, community violence) that disproportionately impact racial/ethnic minority adolescents.¹¹ To address this limitation, some assessments define risk based on trauma-exposure.¹² Although we have shown that a trauma-focused algorithm for TDV-perpetration is promising,¹³ assessments focused on adverse childhood events (ACEs) presents unique ethical and translational concerns.¹⁴ Thus, the goal of the present study was to identify dynamic risks and strengths linked with TDV-perpetration that were grounded in a developmental trauma framework and valid across adolescents’ diverse identities, as well

as school and juvenile justice settings. Figure 1 illustrates our theoretical model for the dynamic risks and strengths that may be most relevant to assess within a dynamic, trauma-focused approach to TDV screening.

2. Methods

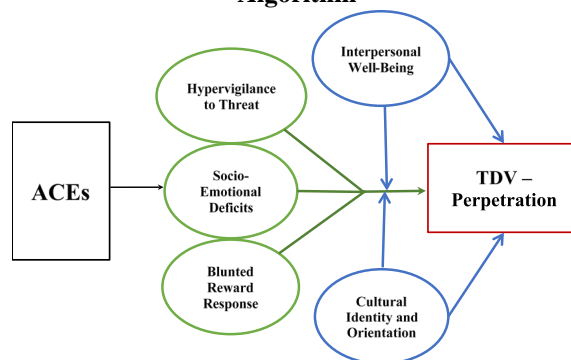
2.1 Participants and Procedure

Three large urban schools in southeast Texas were the primary recruitment locations for study ($N=507$). To maximize our ability to develop trauma-focused algorithms for adolescent violent behavior, we also recruited adolescents involved with the Juvenile Justice System (JJS) from a small city in Illinois.

Demographically, the JJS-involved sample was younger ($M=13.73$; $SD=1.55$) than the school sample ($M=15.17$; $SD=1.05$), $t(580)=10.57$, $p<.001$. Significant differences were also observed for race/ethnicity, $X^2(3)=23.09$, $p<.001$, such that the school sample identified more as Hispanic (22.29%) compared to the JJS-involved sample (1.2%), and the JJS-involved sample as more White (42.85%) compared to the school sample (28.21%). No differences emerged with respect to gender.

Recruitment efforts across the school and JJS-involved sample were similar. For the school sample, study personnel introduced the study to students. If interested, students brought home a description of the study and a consent form for caregivers to sign. For the JJS-involved sample, adolescents were either referred by a case manager at a juvenile diversion program or were recruited from a community event that the JJS diversion program attended. If an adolescent presented alone to these events, a consent to contact form was signed by the adolescent and a member of the study team reached out to a caregiver to explain the study. If interested in participating, caregivers attended the baseline session with the

Figure 1. Original theoretical Model for TDV Algorithm



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adolescent to sign the consent form and have any additional questions answered by a member of the study team. Once parental consent was obtained, procedures across the two sites were similar.

Adolescents provided assent prior to taking a 45-minute survey on demographics, life events, mental health, and interpersonal relationships. Adolescents provided a self-generated ID code¹⁵ preventing any responses concerning adversities or risky behaviors to be linked to identifying information. At baseline, adolescents had a choice to complete the surveys online or in person. Upon completion of the survey, adolescents were compensated with a \$20 gift card to a nationwide retailer of their choosing (e.g., Amazon, Wal-Mart).

Following the baseline procedure, adolescents completed a 6-month (W2), and 1-year (W3) follow-up survey. The survey across the three waves was largely similar, with the notable exception of COVID-19 related items being added to assess exposure to COVID-19 related stressors, as well as subjective experiences during the pandemic. As W2 and W3 coincided with the COVID-19 pandemic, surveys were only completed online. For each wave of data collection, adolescents were compensated with a \$20 gift card. If adolescents completed all three waves of data collection, they received a \$15 bonus. In total, adolescents were able to earn up to \$75 for participating in the study.

2.2 Data Analysis

Preliminary data analyses included examinations of missing data patterns, descriptive statistics of our main dependent and independent variables, and bivariate correlations between relevant study variables. We examined the distribution of certain variables (e.g., dating violence, violent behavior) to determine whether they were best modeled as continuous data, count data, or dichotomous data. Primary aims of the study related to our theoretical model (see Figure 1) were tested in a combination of latent growth curve modeling and regression-based frameworks. Meanwhile, receiver operator characteristics (ROCs) were used to determine the clinical utility of our findings. Findings from these analyses are

summarized below, while details of these models are being prepared for a manuscript to be submitted for publication.¹⁶

3. Results

3.1 Preliminary Results

All waves of proposed data have been cleaned. Descriptive data for some of our relevant data (e.g., violent behavior, social-emotional deficits) was recently published.¹⁶ As Table 1 (see below) shows, we successfully recruited and retained (78.4%) a large and diverse adolescent sample. With regard to poverty, 24.2% of the sample reported a “period of 2 or more years when your family was very poor or on public assistance”.¹⁷ As for caregivers’

highest level of education, adolescents predominately reported some high school (32.4%) or completing high school (18.5%), followed by some college or 2-year degree (12.4%), completing a 4-year degree (10%) or having a caregiver with a graduate degree (10.4%). The at-risk nature of the Vulnerability, Impairment, and Promotive factors (VIP) study sample is highlighted by a number of baseline

Table 1. Demographics for VIP Study

Demographic	Baseline	Follow-up
Total Sample	<i>N</i> =584	<i>N</i> =458
Female (%)	50.9	52.6
Wave1AgeM	14.98	14.97
White (%)	30.1	29.8
Black (%)	29.6	29.6
Hispanic (%)	19.5	20.5
LGBTQ+	19.7	19.9

statistics. For those who dated in the past 12 months (*N*=286), 65% reported TDV-exposure, with 25% perpetrating physical and 12% perpetrating sexual TDV. Alarming, over half of individuals reported being TDV victims. As for overall violence, 25% reported physical fights in the past 6 months and 10% reported gang violence and weapon use.

A major emphasis of our preliminary data analyses have focused on the psychometric properties of our dynamic predictors (i.e., reward processing,¹⁸ psychological well-being¹⁹), which have previously

not been examined within racially/ethnically diverse adolescent samples. Our collective findings suggest that a two-factor reward responsiveness solution and a one-factor psychological well-being conceptualization, best fit the data and was invariant over-time and across relevant dynamic predictors. Further psychometric papers are planned to understand the factor structure of other novel, self-reported dynamic risk factors for TDV in the VIP study.

Prior to testing our aims, it was necessary to examine whether baseline levels of our dynamic predictors (i.e., the intercept in a latent growth curve model) or changes in our dynamic predictors (i.e., the slope in a latent growth curve model) had significant variance. Non-significant variance would suggest that individual differences do not exist and those facets of risk likely would have little utility for our algorithms. Further, we sought to define whether our dynamic predictors were actually trauma-informed by testing whether trauma-exposure actually predicted our hypothesized risk indices in a manner consistent with Figure 1. Demonstration of this relation would help ensure that our dynamic risk indices were in fact trauma-informed and could be compliant with federal mandates for trauma-informed screening protocols within the JJS.²⁰ Across risk indices, we found that the intercept did significantly vary across adolescents ($p < .01$) suggesting meaningful baseline differences did exist for our dynamic predictors. Alternatively, the slopes for most of our dynamic risk indices were not significant ($p > .05$) suggesting that individual differences in most risk trajectories did not manifest within one-year ($p > .05$). Meanwhile, all intercepts for risk indices were associated with levels of ACEs-exposure in a linear manner suggesting our risk indices were trauma-informed ($p < .05$). Thus, we continued forward testing our primary aims but used a fixed effects approach, in which baseline scores on our dynamic predictors served as mediators between ACEs-exposure and TDV-perpetration (or violent behavior more broadly).

3.2 Testing a Trauma-Informed, Dynamic Model for TDV-Perpetration

Initial models were based on baseline data collection in our sample using TDV-perpetration in the past 6 months as the criterion. Mediation models were tested within a Process analytic framework.²¹ We

first tested which indices of our three dynamic risk pathways were significant in predicting TDV-perpetration. Overall, both internalizing (i.e., fear; $p < .001$) and externalizing (i.e., hostility; $p < .001$) indices of hypervigilance to threat were associated with TDV-perpetration. Further, anticipatory reward processing ($p < .01$), as well as social-emotional deficits ($p < .01$), were linked with TDV perpetration ($ps < .05$). These risk indices were subsequently entered into mediation models, in which ACEs-exposure was the independent variable and TDV-perpetration was the dependent variable. In sum, the collective indirect pathway for our risk indices was significant ($B_{ab} = .14$; $CI_{95\%} = .04-.27$).

Next, we examined our model with regard to our prospective outcomes (TDV-perpetration over the past 12 months at Wave 3). Overall, we found that the full collective risk pathway was non-significant and that only the *hypervigilance to threat* pathway mediated the relation between ACEs-exposure and prospective TDV-perpetration ($B_{ab} = .10$; $CI_{95\%} = .02-.20$). Therefore, we found full support for our dynamic risk model in our baseline model, and partial support for our theoretical model for prospective TDV-perpetration.

Consistent with the aims of the initial study, we then examined the clinical utility of our dynamic risk indices relative to an ACEs screening approach. Specifically, we examined the ROC curve compared to ACEs-exposure for predicting TDV-perpetration at baseline and W3, respectively. Overall, for our baseline outcome, we found overlapping area under the curves (AUCs) for dynamic risks (AUC=0.62; $CI_{95\%} : .57-.67$) and ACEs-exposure (AUC=0.66; $CI_{95\%} : .61-.71$), with both suggesting a significant ($p < .001$), albeit small-medium effect. Meanwhile, a similar pattern emerged for future TDV-perpetration with hypervigilance to threat (AUC=.57; $CI_{95\%} : .50-.63$) and ACEs-exposure (AUC=.59; $CI_{95\%} : .52-.65$) showing overlapping, significant ($ps \leq .05$), small-medium effects. Thus, a trauma-informed dynamic risk algorithm and ACEs screening approach conferred similar clinical utility.

Finally, we examined the moderating aspects of our initial theoretical model. Specifically, we examined whether interpersonal well-being (defined by caregiver and peer support) and an adaptive

ethnic identity directly predicted TDV-perpetration outcomes or moderated our mediational model. Baseline scores for both of these protective factors were used in all models. With regard to baseline TDV-perpetration, we found that interpersonal well-being predicted TDV-perpetration ($p < .05$), while ethnic identity did not ($p > .10$). Meanwhile, neither strength was associated with prospective TDV-perpetration ($p > .10$). With regard to moderation, we did not find any clear evidence that either protective factor moderated the effects of ACEs-exposure or dynamic risk in a theoretically relevant manner. Thus, we did not find initial support for the strength-based aspects of our model.

3.3 Testing our Theoretical Model across Gender and Race/Ethnicity

We next tested the moderating effects of gender and race/ethnicity on our significant, risk pathways. With regard to gender, we did not find that the conditional indirect effects varied for boys and girls for baseline TDV-perpetration nor prospective TDV-perpetration (i.e., the confidence interval for the index of moderated mediation included 0). A similar pattern emerged when comparing adolescents who identified as White compared to those who identified as non-White. Therefore, the trauma-informed dynamic risk pathways seem to be robust to these salient demographic characteristics.

Next, we examined whether the clinical utility of an ACEs screening approach or dynamic risk algorithm approach varied as a function of demographics. Overall, we did not find a significant difference between boys and girls nor adolescents who identified as White or non-White for our dynamic risk algorithms. Meanwhile, the AUC for ACEs-exposure screening when using baseline TDV as a criterion was significantly higher for boys compared to girls ($Z\text{-score} = 2.79$, $p < .01$) suggesting potentially disparate outcomes when using an ACEs screening approach within an adolescent sample. Thus, it is possible that the dynamic risk algorithm is more *statistically fair*²² when comparing results between boys and girls compared to a more traditional ACEs screening approach.

3.4 Testing whether our Theoretical Model Generalizes Across Settings and Behaviors

Analyses next examined whether the theoretical model varied as a function of setting (e.g., JJS versus school). Similar to the findings concerning demographics, we did not find that the conditional indirect effects varied for adolescents involved in the JJS compared to the school sample for baseline TDV-perpetration (i.e., the confidence interval for the index of moderated mediation included 0). Alternatively, for prospective TDV-perpetration the index of moderated mediation was significant (i.e., the confidence interval for the index of moderated mediation did not include 0), such that the mediation model was significant for hostility in the school sample but not the JJS sample. These findings suggest that different TDV algorithms may be necessary for predicting prospective TDV-perpetration in at-risk youth presenting in these two settings. However, the relatively small JJS sample ($N=77$) compared to the school sample ($N=507$) suggests that the significant difference may reflect a methodological confound. Continued data collection (see *Future Directions*) may be able to better test whether different algorithms are necessary across school and JJS samples.

Finally, we replicated our analyses for our TDV theoretical model with violent behavior, broadly defined, at baseline and over the 12 months of the study. We first tested which indices of our three dynamic risk pathways were significant in predicting baseline violent behavior in the past 6 months. Overall, both internalizing (fear; $p<.001$) and externalizing (hostility; $p<.001$) indices of hypervigilance to threat were associated with TDV-perpetration. Further, both anticipatory ($p<.001$) and consummatory reward processing ($p<.001$) as well as social-emotional deficits ($p<.001$), were linked with violent behavior. These risk indices were subsequently entered into mediation models, in which ACEs-exposure was the independent variable and violent behavior was the dependent variable. Overall, the indirect pathway was significant for the collective risk pathway ($B_{ab}=.06$; $CI_{95\%}=.02-.11$), suggesting these dynamic risks explain a meaningful amount of the relation between ACEs-exposure and violence. Next, we examined our model with regard to our prospective outcomes (i.e., violent behavior at W3). Overall, we found that our collective risk pathway mediated the relation between ACEs-exposure and

prospective violent behavior ($B_{ab}=.17$; $CI_{95\%}=.04-.32$). Therefore, we found full support for our theoretical model generalizing to violent behavior.

With regard to clinical utility, for violent behavior at baseline we found remarkably similar AUCs for dynamic risks ($AUC=0.72$; $CI_{95\%}:.67-.76$) and ACEs-exposure ($AUC=0.72$; $CI_{95\%}:.67-.76$) algorithm, with both suggesting a significant ($p<.001$) and medium-large effect. Meanwhile, for W3 violent behavior both dynamic risks ($AUC=.67$; $CI_{95\%}:.62-.73$) and ACEs-exposure ($AUC=.64$; $CI_{95\%}:.58-.70$) demonstrated overlapping, significant medium-large effects. Thus, a trauma-informed dynamic risk index and ACEs screening approach seem to confer similar clinical utility for violent behavior as well.

Finally, we examined whether interpersonal well-being (defined by caregiver and peer support) and an adaptive ethnic identity directly predicted violent behavior or moderated our mediation model. With regard to baseline violent behavior we found that neither interpersonal well-being nor ethnic identity predicted the criterion ($p>.05$). With regard to moderation, we did not find any clear evidence that either protective factor moderated the effects of ACEs-exposure or dynamic risk. A similar pattern of findings replicated for prospective violent behavior. Thus, preliminary findings suggest the protective and strength-based aspects of our theoretical model were not supported for violent behavior.

4. Future Directions

There are a number of planned analyses in the upcoming months based on the results of our primary aims. These mostly focus on latent conceptualizations of trauma and dynamic risk that can better capture the nuance of our theoretical model. In addition, in the Fall of 2021 we received notice that NIJ will continue to fund the VIP study for an additional 5 years (15PNIJ-21-GG-02803-MUMU). This additional data collection will be instrumental in determining whether our theoretical model generalizes to emerging adulthood. Further, the continuation grant seeks to better understand (a) new and potentially relevant protective factors that may be critical for a strength-based approach to prevention and (b) the

impact of the COVID-19 pandemic on dating violence risk. Finally, the additional waves of data collection across multiple years, provides us the opportunity to better capture meaningful differences in trajectories of our dynamic risk mechanisms. Given the substantial advantages afforded by an *idiographic* conceptualization of risk,²³ these findings have critical implications in the prevention of TDV and other violent behaviors.

5. Implications for Criminal Justice Policy and Practice in the United States

The importance of reducing TDV-perpetration cannot be overstated. TDV-victimization produces deeply troubling negative outcomes for adolescents and places a tremendous strain on society and criminal justice agencies. Although TDV-exposure exists for both genders, women and girls disproportionately experience more frequent and severe patterns of violence resulting in a greater burden from victimization.²⁴ For instance, intimate partners are responsible for more than one-third of women's homicides compared to 6% of men's.²⁵ Given that the foundation for adult violence-perpetration often begins in adolescence,²⁶ identifying patterns of risk beginning in adolescence is critical from a preventive perspective. As a single, lifetime of violent dating behavior costs the United States billions of dollars annually in criminal justice, law enforcement, and social services,²⁷ developing protocols that can identify risk for these violent crimes early in development can result in significant personal and societal savings.

Over the past 20 years, evidence-based prevention programs for TDV-perpetration have been disseminated, predominantly in school settings.²⁸ These collective efforts show a significant, yet small, effect in reducing violence. One potential explanation for these small effects is the reliance on universal prevention programs, reducing resources for those in greatest need of services. Developing protocols that forecast TDV-perpetration risk will allow prevention programs to become more selective, leading to a greater opportunity to reduce victimization and violent crime. Two critical considerations for these protocols is that they (a) target malleable risks that can be bent and shaped via behavioral interventions¹⁰

and that (b) they are trauma-informed.²⁰ Consistent with these considerations, the present study found preliminary support that hypervigilance to threat, reward processing, and social-emotional deficits may be promising risk indices for TDV-prevention programs to target in diverse, adolescent samples. Findings from this study have not only informed new NIJ (15PNIJ-21-GG-02803-MUMU) and NIH-funded (R21 HD103950 01A1) research focused on risk assessment in the JJS, but will be tested in applied contexts in the coming years to improve how the JJS targets TDV-risk in vulnerable adolescents.

6. Products

6.1 Presentations

Due to the COVID-19 pandemic a number of the planned conferences to present these findings were cancelled. However, planned presentations for 2022 will be done at the annual meetings for the *Association for Psychological Science* as well as the *Association of Cognitive and Behavioral Therapy*.

6.2 Publications (* denotes doctoral student trainee)

Published:

Cohen, J.R., *Choi, J.W., *Thakur, H., & Temple, J.R. (2021). Psychological distress and well-being in trauma-exposed adolescents: A residualized, person-centered approach to resilience. *Journal of Traumatic Stress, 34*(3), 487-500.

In Review or Preparation:

*Choi, J.W., *Thakur, H., Briley, D.A., Temple, J.R., & **Cohen, J.R.** (under review). Testing the factor structure of the temporal experience of pleasure scale in adolescents across gender, race/ethnicity, and time.

Cohen, J.R., *Choi, J.W., & Temple, J.R. (in preparation). Meeting in the middle: Synthesizing a trauma-focused and dynamic approach to TDV screening.

*Thakur, H., *Choi, JW, Andrews, AR, Temple, J.R., & **Cohen, J.R.** (under review). Testing the factor structure and measurement invariance of psychological well-being across gender, race/ethnicity, and time.

*Thakur, H., *Choi, JW, *Stutts, M., Temple, J.R., & **Cohen, J.R.** (in preparation). Adolescent adjustment during the COVID-19 pandemic: The role of pre- and mid-pandemic risk factors.

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