B.   STATISTICAL METHODS (Used for collection of information employing statistical methods)

1.   Respondent Universe and Sampling Methods

In order to address the analytical objectives of this study and manage the many operational challenges, the sampling frame will be limited to regular (public, non-charter, and non-magnet) schools with grades 9 and 10 housed in one building. Fifty-four schools across the nation will participate in the Evaluation of the Safe Date Program. High schools that agree to participation will be matched into sets of three. Characteristics that will be considered in the matching process include socioeconomic, demographic, and geographic characteristics. In addition, we will give large schools the option to invite a census of ninth grade students to participate in the study or to invite a subset of ninth grade students (in certain classes) to participate. Schools within a set of three will be matched on census versus subset selection of ninth graders to ensure that all schools use the same selection process. Eighteen matched sets of three schools will be selected. One school from each matched set will be assigned randomly either to receive the Safe Dates program with teacher training and observation, to receive the Safe Dates program without teacher training and observation, or to serve as a control group.

To determine the appropriate number of schools to include in the evaluation, power analyses were conducted using the statistical simulation approach advocated by Muthén and Muthén (2002), using the Monte Carlo features and the Mplus 4 statistical software package. The population model and analysis models were formulated using a model structure of two repeated measures (to mimic a pre-post design) on the simulated outcome variable (i.e., "y1," "y2") (with individual-level variance components for the intercept and slope-over-time) as well as group-level (school) variance components that mimic school-level nesting of observations. Several parameters were set in the simulated population based on estimates obtained from Foshee et al. (2005); specifically, we used the parameters relating to program effects of psychological abuse perpetration ($r^2 = .009$) from the Foshee et al. analyses, which included (a) the regression coefficient capturing the program effect, (b) the residual variance, and (c) the individual-level variance components for the intercept and slope. Parameters that were varied in the simulation were (a) the number of group-level clusters (e.g., simulated "schools"), (b) the number of individual observations within a group-level cluster (e.g., simulated "students" within "schools"), and (c) the group-level variance components for the intercept and slope; these are particularly crucial because they directly correspond to the group-level intraclass correlations (when used in formulas that capture the ratio of group-level variability to total variability in the outcome).

We used group-level intercept and slope intraclass clustering coefficients (ICCs) that corresponded to (a) ICCs of .02 (liberal) and (b) ICCs of .05 (conservative); note that the range of ICCs reported for violent outcomes at the school level does not exceed .017 in published studies (Janega, Murray, Varnell, Blitstein, Birnbaum, & Lytle, 2004). Based on the above-described simulation work, we will have 81 percent power to detect program effects with a minimum of 13 schools per condition and an average of 150 students s per school completing follow-up effectiveness questionnaires provided (a) the effect size is at or greater than an r^2 of 0.009 and (b) the group-level intraclass correlations for the intercept and slope do not exceed 0.01. If the intraclass correlation reaches the maximum ICC observed in school-based violence studies (0.017), then power to detect program effects is reduced to 76.7 percent. Discussions of

our power analysis results with RTI and USF revealed that, while 13 schools is a lower bound for the effectiveness evaluation, a larger number of schools would be preferable. Therefore, we will recruit and collect data from 18 schools per study condition, ensuring the highest level of statistical power feasible within budget limitations. To ensure the minimum number of completed effectiveness questionnaires after parent consent procedures, nonresponse, and attrition from baseline to follow-up, we will select schools with at least 298 ninth graders so that we can begin with this minimum number of students (for a total of $n = 16,111$ students across 54 schools to be contacted for parent consent purposes). The numbers of schools, students, and school staff in the respondent universe and in each sample are shown in **Table 14**.

For the two student mid-implementation surveys, we will survey approximately two-thirds of student classrooms receiving the Safe Dates program ($n = 4,515$ students). We anticipate an 80 percent response rate among students for these surveys. Thus, we expect to receive 3,612 completed mid-implementation questionnaires after Lesson 5 and 3,612 completed mid-implementation questionnaires after Lesson 9.

For the baseline and end-of-school year implementation surveys, we will survey all principals ($n = 54$). For the mid-implementation survey, we will survey only principals at treatment schools ($n = 36$). We anticipate a 91 percent response rate for all school staff surveys. Thus, we expect to receive 49 completed baseline questionnaires, 32 completed mid-implementation questionnaires, and 49 end-of-school-year questionnaires.

For the baseline, end-of-school year, and follow-up implementation surveys, we will survey all prevention coordinators ($n = 54$). For the mid-implementation survey, we will survey only prevention coordinators at treatment schools ($n = 36$). We expect to receive 49 completed baseline questionnaires, 32 completed mid-implementation questionnaires, 49 completed end-of-school-year questionnaires, and 49 follow-up questionnaires.

For the implementation surveys, we will survey all teachers delivering the Safe Dates program at the 36 treatment schools ($n = 108$). For the cost survey, we will survey only teachers at schools receiving the Safe Dates program with teacher training and observation ($n = 54$). We expect to receive 98 completed baseline implementation questionnaires, 98 mid-implementation questionnaires after each teacher's first class' Lesson 5 of the Safe Dates curriculum, 98 mid-implementation questionnaires after the last class' Lesson 5 of the Safe Dates curriculum, 98 mid-implementation questionnaires after the first class' Lesson 9 of the Safe Dates curriculum, 98 mid-implementation questionnaires after the last class' Lesson 9 of the Safe Dates curriculum, and cost questionnaires for 49 teachers.

Table 14. Numbers of Student and Adult Respondents

Respondent	Instrument	Respondent Universe		Expected Response Rate	Expected Completed Instruments
		Year 1	Year 2		
Student					10,472
	Parent consent	16,111		65%	parent consents
	Baseline effectiveness questionnaire	10,472		97%	10,158

	First mid-implementation questionnaire	4,515		80%	3,612
	Second mid-implementation questionnaire	4,515		80%	3,612
	Follow-up effectiveness questionnaire		10,158	80%	8,126
	Baseline implementation questionnaire	54		91%	49
Principal	Mid-implementation questionnaire	36		91%	32
	End of school year implementation questionnaire	54		91%	49
	Baseline implementation questionnaire	54		91%	49
Prevention Coordinator	Mid-implementation questionnaire	36		91%	32
	End of school year implementation questionnaire	54		91%	49
	Follow-up questionnaire		54	91%	49
	Baseline implementation questionnaire	108		91%	98
	First class fifth session mid-implementation questionnaire	108		91%	98
	Last class fifth session mid-implementation questionnaire	108		91%	98
Teacher	First class ninth session mid-implementation questionnaire	108		91%	98
	Last class ninth session mid-implementation questionnaire	108		91%	98
	Cost questionnaires	54		91%	49

2.   Procedures for the Collection of Information

RTI staff will work with each school as they deliver parent consent forms (**Attachment H**) and lead letters (**Attachment I**) to at least 300 parents of ninth grade students. From parent consent forms that are returned indicating willingness to participate, we will glean student names.

RTI project staff will work with schools to coordinate classroom administrations of the baseline effectiveness Teleform survey. Before conducting effectiveness survey administration, all data collectors will be trained on the various ways that distress may be expressed and how to respond appropriately (e.g., reminding that participation is voluntary, reminding that students can skip any question or stop). Data collectors will read a description of the study (**Attachment H**) before asking students to sign the assent form (**Attachment H**), and for students who assent, conduct the classroom administration of the baseline effectiveness survey. If the parent consents to the student's participation, but the student does not assent to being in the study, the student will not participate in data collection.

If a student expresses distress during the survey (e.g., tearful, nervous), an incident report will be completed and distributed to the RTI project leader and CDC Project Officer within 1 business day and to the RTI IRB within 2 business days. In addition, if students verbally report potential or immediate danger for anyone (including themselves), data collection staff will immediately alert the school counselor and the appropriate authorities. As a precaution, all students will be given telephone numbers and/or Web sites for professional or self-help. If a student expresses extreme emotional distress (e.g., cannot stop crying, anger that does not subside), the survey will

be stopped, and an incident report will be completed and distributed to the RTI project leader within 1 business day and to the CDC Project Officer within 2 business days. If a student verbally discloses potential or immediate danger, an incident report will be completed and distributed to the RTI project leader and CDC Project Officer within 1 business day and to the RTI IRB within 2 business days, and the project leader will work with the school counselor to immediately contact the appropriate authorities.

We will survey principals ($n = 54$) and prevention coordinators ($n = 54$) at all schools participating in the study at baseline about program implementation. (Principals and prevention coordinators at control schools will be asked about implementation of general violence prevention activities.) We will also survey teachers at schools delivering the Safe Dates program ($n = 108$) at baseline about implementation. RTI will send lead letters to principals, prevention coordinators, and teachers (**Attachment J**), asking them to complete a Web survey. The lead letters will provide a general overview of the study and contact information should school staff need further information about the study. School staff will receive a $15 gift card incentive for participation in the baseline implementation surveys. School staff who do not consent to participate in the survey will be asked to log into the Web site and indicate this. Requesting school staff who do not consent to indicate this using the Web will decrease the burden on these respondents by eliminating additional mailings, decrease unnecessary postage expense, and assist RTI with tracking the status of questionnaires. We will use telephone and e-mail follow-up for nonresponders (**Attachment K**).

We will survey teachers delivering the Safe Dates program at schools that receive teacher training and observations ($n = 54$) about program delivery costs and implementation. These teachers will receive a $50 gift card incentive for completing the cost questionnaires and a $15 gift card incentive for completing each of two sets of implementation questions. We will survey teachers delivering the Safe Dates program at schools that do not receive teacher training and observation ($n = 54$) about program implementation after the first class' Lesson 5, their last class' Lesson 5, their first class' Lesson 9, and their last class' Lesson 9. These teachers will receive a $15 gift card incentive for completing each mid-implementation survey. RTI will send lead letters to teachers, asking them to complete a Web questionnaire after each Safe Dates lesson/component is delivered. Teachers who do not consent to participate in the cost survey will be asked to log into the Web site and indicate this. We will use telephone and e-mail follow-up for nonresponders.

We will survey selected classrooms of students at treatment schools ($n = 4,515$) about program implementation after Lesson 5 and after Lesson 9. Teachers delivering the Safe Dates program will ask students to complete the questionnaires anonymously in class to put each completed questionnaire into an envelope and seal it. Teachers will collect all sealed envelopes, put them in a FedEx package, and take the package to the school office for shipping to RTI.

We will survey principals ($n = 36$) and prevention coordinators ($n = 36$) at treatment schools about program implementation once during the course of implementation. RTI will send lead letters to principals and prevention coordinators, asking them to complete a Web questionnaire. Principals and prevention coordinators will receive a $15 gift card incentive for participation in the mid-implementation surveys. Principals and prevention coordinators who do not consent to

participate in the mid-implementation survey will be asked to log into the Web site and indicate this. We will use telephone and e-mail follow-up for nonresponders.

We will survey principals ($n = 54$) and prevention coordinators ($n = 54$) at all schools about program implementation at the end of the 2008-2009 school year. RTI will send lead letters to principals and prevention coordinators, asking them to complete a Web questionnaire. Principals and prevention coordinators will receive a $15 gift card incentive for participation in the end-of-school-year implementation survey. Principals and prevention coordinators who do not consent to participate in the mid-implementation survey will be asked to log into the Web site and indicate this. We will use telephone and e-mail follow-up for nonresponders.

Seventeen months after baseline effectiveness evaluation data collection, treatment and control students who completed the baseline survey ($n = 10,158$) will be resurveyed in class, using the same Teleform instruments as at baseline. Students who completed the baseline effectiveness survey but drop out of school before the follow-up effectiveness survey will be contacted by telephone and then sent the follow-up effectiveness questionnaire through the mail for them to complete. Students who complete the baseline effectiveness survey but transfer to a school not participating in the study before the follow-up effectiveness survey will be contacted by telephone and then sent the follow-up effectiveness questionnaire through the mail for them to complete. Students completing the follow-up effectiveness survey by mail will receive a $25 gift card. Students who complete the baseline effectiveness survey but transfer to a school participating in the study before the follow-up effectiveness survey will complete the follow-up effectiveness survey in class. At this time, we will survey prevention coordinators at all schools (n = 54) about violence prevention activities that occurred during the study period. RTI will send lead letters to prevention coordinators, asking them to complete a Web questionnaire. Prevention coordinators will receive a $15 gift card incentive for participation in the follow-up implementation survey. Prevention coordinators who do not consent to participate in the mid-implementation survey will be asked to log into the Web site and indicate this. We will use telephone and e-mail follow-up for prevention coordinator nonresponders.

3.   Methods to Maximize Response Rates and Deal with Nonresponse

We will work closely with each school to ensure that parents who do not return the consent form are sent reminder notices with replacement forms. Follow-up procedures will be repeated, as needed, to achieve the target parental consent rate of 75%. We will include parent consent forms in a packet parents receive at the school's open house during enrollment at the beginning of the school year. Alternatively, homeroom teachers may distribute consent forms to their students, or the school may wish to have the forms mailed directly to the students' homes.

We will schedule two make-up sessions in each school for students with parental consent who missed the regular administration, and we will mail questionnaires to students who were absent for all school data collections. The dropout rate across U.S. schools in 2004 was 4% for 15-16 year olds (Laird, DeBell, & Chapman, 2006). Therefore, it is expected that data will need to be collected from 325 students at dropout (8,126 completed follow-up questionnaires X 4%). The transfer rate across U.S. schools is not known, but assuming a 5% transfer rate (from Foshee et al., 1998), it is expected that data will need to be collected from 406 students who transfer to schools not participating in the study (8,126 completed follow-up questionnaires X 5%). We will

trace dropout and transfer students, then offer a $25 gift card incentive for completing the follow-up effectiveness survey by mail. If the student cannot be located from contact information collected at baseline: 1) School records will be checked to see whether the student transferred to another school or dropped out and to see whether a new telephone number or address is available; 2) the original telephone number will be called; 3) the principal of the transfer school will be contacted; 4) a request for address change will be mailed to the old address; 5) telephone directories, including street directories and reverse directories, will be used; and 6) local and long-distance operators will be contacted. For students who transfer to a school participating in the study, we will attempt to administer the follow-up effectiveness questionnaire in their new schools. We will invite school dropouts to the two makeup days, and we will mail questionnaires to students who were absent for all school data collections if needed to obtain an adequate response rate. For school staff, we will facilitate participation in the surveys by allowing respondents to complete the Web-based questionnaires with some flexibility within the data collection schedule.

The following procedures will be used to maximize cooperation and to achieve the desired high response rates:

- We will ask parents and students to provide the name and contact information for someone who will always know where they are to assist us with tracing at follow-up if needed.

- CDC and RTI will continue to use our best practices in developing relationships of trust and cooperation with schools and parents, as these relationships will impact our ability to engage selected students, principals, prevention coordinators, and teachers for participation and to maintain their involvement throughout the study period.

- RTI will provide two toll-free telephone numbers to all sampled individuals and invite them to call with any questions or concerns about any aspect of the study.

- An advance letter with a study overview will be included in all initial notifications of districts, principals, prevention coordinators, teachers, and parents. The information will present an interesting and appealing image and alert participants to the upcoming study.

- Focused training will be provided to data collectors on the issues surrounding decisions to participate for parents and students. Students will be surveyed during school classroom periods to maximize the possibility of participation. We will thoroughly address concerns about the confidential manner of the data and about the purposes of the study and uses of the data through careful training of all data collectors.

- RTI will employ tracing techniques for students who leave the school between baseline and follow-up effectiveness surveys.

- School-level, parent consent return, consent tracking, and school staff incentives will be offered.

- Data collection staff will work with the project to address concerns that may arise.

4.   Test of Procedures or Methods to be Undertaken

The effectiveness and cost evaluation instruments have been pilot tested. A summary of the pilot studies is provided below. A copy of the complete pilot study report is provided in **Attachment G**.

Effectiveness. We pilot tested the effectiveness student questionnaire with nine 9th grade students. We recruited students through communication with parents at Parent Teacher Student Association (PTSA)-sponsored events at Durham, North Carolina, area high schools. Adolescents were asked a series of questions at the end of the survey about their comfort level in answering questions, the seriousness of their answers, their honesty level, and length of the survey. Based on adolescents' feedback, we were able to identify areas in the instrument that needed to be clarified.

Cost. We pilot tested the cost data collection forms with nine teachers at four high schools in two states. The cost survey forms included questions at the end of the survey about the availability and likely accuracy of the data requested, length of time to complete the forms, and level of difficulty. Based on teachers' feedback we were able to identify areas in the instrument that needed to be clarified.

5.   Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The person with primary responsibilities for the statistical aspects of the study is:

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References

Abreu, D.A., & Winters, F. (1999*). Using monetary incentives to reduce attrition in the survey of income and program participation.* Proceedings of the Survey Research Methods Section of the American Statistical Association.

Avery-Leaf, S., Cascardi, M., O'Leary, K.D., & Cano, A. (1997). Efficacy of a dating violence prevention program on attitudes justifying aggression. *Journal of Adolescent Health, 21,* 11-17.

Bergman, L. (1992). Dating violence among high school students. *Social Work, 37,* 21-27.

Bryk, A., & Raudenbush, S.W. (1992). *Hierarchical linear models for social and behavioral research: Applications and data analysis methods*. Newbury Park, CA: Sage.

Coker, A.L., McKeown, R.E., Sanderson, M., Davis, K.E., Valois, R.F., & Huebner, E.S. (2000). Severe dating violence and quality of life among South Carolina high school students. *American Journal of Preventive Medicine, 19,* 220-227.

Crane-Ross, D. & Maychack, A. (2005). Tobacco Dependence Project: Improving overall health in the mental health system in Ohio. Ohio Department of Mental Health, Columbus, OH.

Eaton, D.K., Kann, L., Kinchen, S., Ross, J., Hawkins, J., Harris, W.A., et al. (2006). Youth risk behavior surveillance—United States, 2005. *Morbidity and Mortality Weekly Report, 55*(5), 1-108.

Foshee, V.A., Bauman, K.E., Arriaga, X.B., Helms, R.W., Koch, G.G., & Linder, G.F. (1998). An evaluation of Safe Dates, an adolescent dating violence prevention program. *American Journal of Public Health, 88,* 45-50.

Foshee, V.A., Bauman, K.E., Ennett, S.T., Suchindran, C., Benefield, T., & Linder, G.F. (2005). Assessing the effects of the dating violence prevention program Safe Dates using random coefficient regression modeling. *Prevention Science, 6,* 245-58.

Foshee, V.A., Linder, G.F., Bauman, K.E., Langwick, S.A., Arriaga, X.B., Heath, J.L., et al. (1996). The Safe Dates Project: Theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine, 12,* 39-47.

Gold, M.R., Siegel, J.E., Russell, L.B., Weinstein, M.C. (1996). *Cost-Effectiveness in Health and Medicine*. Oxford: Oxford University Press.

Grosse, S. (2003). Productivity loss tables (appendix I). In: A. Haddix, S. Teutsch, & P. Corso (Eds.) *Prevention Effectiveness: A Guide to Decision Analysis and Economic Evaluation* (2nd ed., pp. 245-257). London: Oxford University Press.

Haddix, A., Teutsch, S.M., & Corso, P.S. (Eds.). (2003). *Prevention Effectiveness: A Guide to Decision Analysis and Economic Evaluation* (2nd ed.). Oxford: Oxford University Press.

Halpern, C.T., Oslak, S.G., Young, M.L., Martin, S.L., & Kupper, L.L. (2001). Partner violence among adolescents in opposite-sex romantic relationships: Findings from the National Longitudinal Study of Adolescent Health. *American Journal of Public Health, 91,*1679-1685.

Henton, J., Cate, R., Koval, J., Lloyd, S., & Christopher, S. (1983). Romance and violence in dating relationships. *Journal of Family Issues, 4,* 467-482.

Holahan, P.J., Aronson, Z.H., Jurkat, F.P., Schoorman, F.D. (2004). Implementing Computer technology: A multiorganizational test of Klein and Sorra's model, *Journal of Engineering and Technology Management,* 21, 31-50.

Hollis, S., & Campbell, F. (1999). What is meant by intention to treat analysis? Survey of published randomized controlled trials. *British Medical Journal, 319,* 670-674.

Jaffe, P.G., Sudermann, M., Reitzel, D., & Killip, S.M. (1992). An evaluation of a secondary school primary prevention program on violence in intimate relationships. *Violence and Victims, 7,* 129-146.

Janega, J.B., Murray, D.M., Varnell, S.P., Blitstein, J.L., Birnbaum, A.S., & Lytle, L.A. (2004). Assessing the most powerful analysis method for school-based intervention studies with alcohol, tobacco and other drug outcomes. *Addictive Behaviors, 29,* 595-606.

Jezl, D.R., Molidor, C.E., & Wright, T.L. (1996). Physical, sexual and psychological abuse in high school dating relationships: Prevalence rates and self-esteem issues. *Child and Adolescent Social Work Journal, 13,* 69-87.

Jones, L.E. (1991). The Minnesota School Curriculum Project: A statewide domestic violence prevention project in secondary schools. In B. Levy (Ed.), *Dating violence: Young women in danger* (pp. 258-266). Seattle: Seal Press.

Kenny, D. A., Kashy, D. A., & Bolger, N. (1998). Data analysis in social psychology. In D. Gilbert, S. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (Vol. 1, 4th ed., pp. 233-265). Boston, MA: McGraw-Hill.

Klein, K.J., Conn, A.B., & Sorra, J.S. (2001). Implementing computerized tehcnology: An organizational analysis. *Journal of Applied Psychology, 86,* 811-824.

Krajewski, S., Rybarik, M., Dosch, M., & Gilmore, G.D. (1996). Results of a curriculum intervention with seventh graders regarding violence in relationships. *Journal of Family Violence, 11,* 93–112.

Krull, J.L., & MacKinnon, D.P. (1999). Multilevel mediation modeling of group-based intervention studies. *Evaluation Review, 23,* 418-444.

Laffaye, C., Kennedy, C., & Stein, M.B. (2003). Post-traumatic stress disorder and health-related quality of life in female victims of intimate partner violence. *Violence and Victims, 18,* 227-38.

Laird, J., DeBell, M., & Chapman, C. (2006). *Dropout rates in the United States: 2004* (NCES 2007-024). U.S. Department of Education. Washington, DC: Nacional Center for Education Statistics. Retrieved May 5, 2007, from http://nces.ed.gov/pubs2007/2007024.pdf.

Lavoie, F., Vezina, L., Piche, C., & Boivin, M. (1995). Evaluation of a prevention program for violence in teen dating relationships. *Journal of Interpersonal Violence, 10,* 516-524.

Macgowan, M.J. (1997). An evaluation of a dating violence prevention program for middle school students. *Violence and Victimization, 12*, 223-235.

MacKinnon, D.P., Lockwood, C.M., Hoffman, J.M., West, S.G., & Sheets, V. (2002). A comparison of methods to test mediation and other intervening variable effects. *Psychological Methods, 7,* 83-104.

Malik, S., Sorenson, S.B., & Aneshensel, C.S. (1997). Community and dating violence among adolescents: Perpetration and victimization. *Journal of Adolescent Health, 21,* 291-302.

Muthén, L.K., & Muthén, B.O. (2002). How to use a Monte Carlo study to decide on sample size and determine power. *Structural Equation Modeling, 4,* 599-620.

Panzano, P.C., Roth, D., Crane-Ross, D., et al. (2004). The innovation diffusion and adoption research project (IDARP). In Roth, D., & Lutz, W. (eds.), *New research in mental health* (16th ed.) (pp. 78-89). Columbus, OH: The Ohio Department of Mental Health Office of Program Evaluation and Research.

Panzano, P.C., & Roth, D. (2006). The decision to adopt evidence-based and other innovative mental health practices: Risky business? *Psychiatric Services, 57,* 1153-1161.

Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J., et al. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association, 278,* 823-832.

Shettle, C., & Mooney, G. (1999). Monetary incentives in U.S. government surveys. *Journal of Official Statistics, 15*, 231-250.

Silverman, J.G., Raj, A., Mucci, L.A., & Hathaway, J.E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association, 286,* 572-579.

Singer, E., Van Hoewyk, J., Gebler, N., Raghunathan, T., & McGonagle, K. (1999). The effect of incentives in interviewer-mediated surveys. *Journal of Official Statistics, 15,* 217-230.

Slep, A. and Heyman, R. (2006). A randomized controlled trial of a community-based prevention
        approach with United States Air Force bases, State University of New York at
        Stonybrook.

Tjaden, P., & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences
        of violence against women: Findings from the National Violence against Women Survey.*
        Retrieved November 15, 2006, from http://www.ncjrs.gov/

U.S. Department of Labor, Bureau of Labor Statistics. (2006). *National occupational
        employment and wage estimates – United States*. Retrieved November 9, 2006, from
        http://www.bls.gov/oes/current/oes_nat.htm

Vaidyanathan. (2004). Looking beyond the adoption decision in innovation research:
        Investigating innovation implementation, Doctoral Dissertation, The Ohio State
        University, Columbus, OH..

Weisz, A.N., & Black, B.M. (2001). Evaluating a sexual assault and dating violence prevention
        program for urban youths. *Social Work Research, 25*, 89-100**.**

Wittenberg, E., Licther, E.L., Ganz, M.L., & McCloskey, L.A. (2006). Community preferences
        for health states associated with intimate partner violence. *Medical Care, 44*, 738-744).

Yeo, S. (2006). *Climate for diversity: Definition of the construct*. Columbus, OH: The Ohio State
        University.