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MISSION of SDRG

To understand and promote healthy behaviors and positive social development among diverse populations, we:

- ◆ Conduct research on factors that influence development
- ◆ Develop and test the effectiveness of interventions
- ◆ Study service systems and work to improve them
- ◆ Advocate for science-based solutions to health and behavior problems
- ◆ Disseminate knowledge, tools, and expertise produced by this research

Improving Social and Emotional Functioning in Childhood Can Reduce Risky Sexual Behavior and Sexually Transmitted Infections in Adolescence and Young Adulthood

Original research published in *Prevention Science*.

Could early teacher, parent, and child skills training in elementary school affect risky sexual behavior and the onset of sexually transmitted infection years later in adolescence and young adulthood? Research from the University of Washington Social Development Research Group (SDRG) recently found that they could. Our work showed that a prevention program aimed broadly at positive social development in childhood significantly reduced these problems in adolescence and young adulthood.

SDRG's approach was different from most sexually transmitted infection (STI) and pregnancy prevention programs in the United States, which are provided just before a teen might engage in risky sex. Though these programs seek to strengthen adolescents' knowledge, attitudes, and skills to avoid sexual intercourse or to use protection properly, they have short-lived

and moderate effects on adolescent sexual risk behavior. SDRG's prevention program was based on research showing that strengthening protective factors in families and schools might have greater impact on adolescents' health and behavior.

Prevention Program Goals

The goal of the Seattle Social Development Project (SSDP) was to improve protection and youth development and reduce problem behavior in racially diverse, high-crime neighborhoods in Seattle. It was conducted in 18 public elementary schools that served these neighborhoods and involved 608 youth (49% boys, 51% girls) who participated in the intervention from Grades 1 through 6 and have been followed to age 30. The ethnic composition of the sample is 47% Caucasian, 26% African American, 22% Asian American, 5% Native American, with 5% of the sample identifying as Hispanic.

Key Messages

The Seattle Social Development Project (SSDP) tested a universal prevention program called *Raising Healthy Children*. It was offered to elementary school children in high-risk urban neighborhoods in Seattle, and reduced risky sexual behavior and sexually transmitted infection (STI) in adolescence and young adulthood.

- SSDP included separate skills-training components for teachers, parents, and youth to strengthen protection, reduce risk, and promote positive development.
- Youth who received the intervention from Grades 1 - 6 had significantly lower lifetime STI onset through age 30 (27%) than control youth (41%).
- Prevention effects were especially strong among African American participants. Lifetime STI onset through age 30 was 26% among participants, 65% among controls.
- Key mechanisms for prevention program effects: better functioning family environments (higher involvement, management, and bonding), stronger bonding to school, and delayed initiation of sexual behavior.

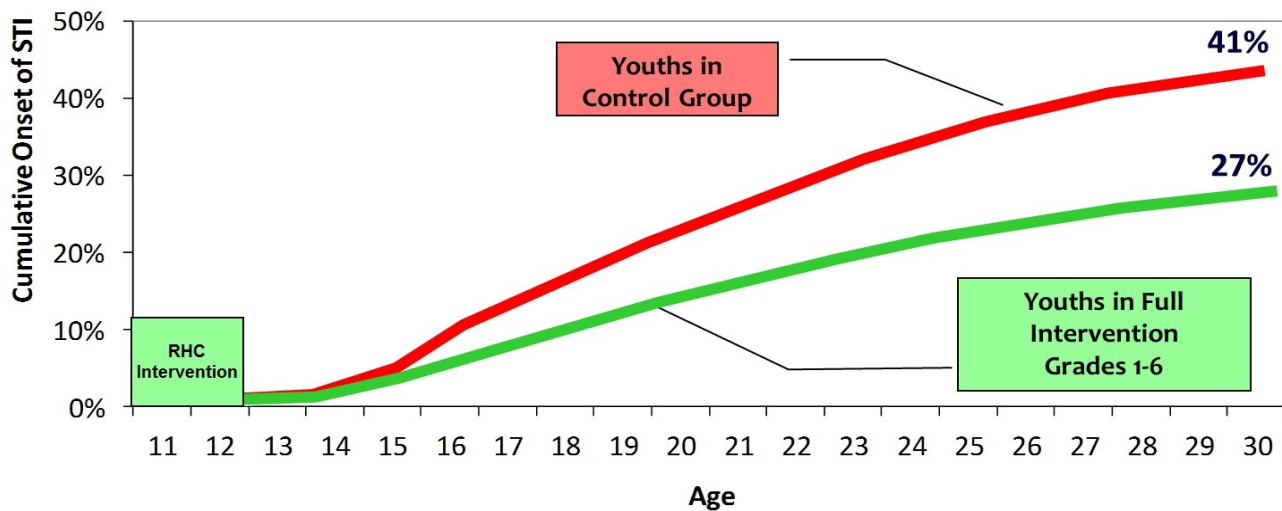


Figure 1. Youths who received the Raising Healthy Children intervention tested in SSDP during Grades 1 through 6 had a significantly lower onset of sexually transmitted infections by age 30.

The SSDP Intervention (called *Raising Healthy Children*) had three major components. *Elementary school teachers* received in-service training in proactive classroom management, interactive instructional methods, and the use of a cognitive and social skills training curriculum. *Parents* were trained in child behavior management skills, skills for supporting their children’s academic development, and skills to reduce their children’s risks for problem behaviors. *Children* received training in refusal skills designed to help them refrain from risky behavior. None of the components included sex education or discussion about sexual risk behaviors, but instead focused broadly on improving social and emotional functioning during the elementary grades.

Research Questions

- (1) Did skills training offered from Grades 1 through 6 lead to lower lifetime onset of STI in adolescence and young adulthood among intervention group participants compared to a non-intervention control group?
- (2) Did these effects differ by ethnicity?

All analyses also controlled for the effects of other predictors of STI onset.

Results

Figure 1 shows that youths who received the full intervention from Grades 1 through 6 had significantly lower lifetime STI onset through age 30 (27%) compared to control group youths (41%). The effect of the program was especially strong for African American youths; lifetime onset through age 30 was 26% among participants vs. 65% among controls. Additional analyses showed that African American youths who received full treatment had better functioning family environments (higher involvement, management, and bonding) in adolescence, were more bonded to school, and delayed initiation of sexual behavior. Each of these factors predicted lower lifetime onset of STI by age 30.

Conclusions

SDRG’s research shows that social developmental interventions in childhood can have long-lasting effects and help reduce risky sexual behavior and STIs in adolescence and young adulthood. Key mechanisms are: better functioning family environments, stronger bonding to school, and delayed sexual initiation by youth who participated in SSDP from Grades 1 through 6.

For additional information on this topic, please refer to the original article:

Hill, Karl G., Bailey, Jennifer A., Hawkins, J. David, Catalano, Richard F., Kosterman, Rick, Oesterle, Sabrina, Abbott, Robert D. (2014). **The onset of STI diagnosis through Age 30: Results from the Seattle Social Development Project intervention.** *Prevention Science, 15(Suppl 1), S53-S32.*