Considerations for the Definition, Measurement, Consequences, and Prevention of Dating Violence Victimization among Adolescent Girls

Andra L. Teten, Ph.D.,1 Barbara Ball, Ph.D.,2 Linda Anne Valle, Ph.D.,1 Rita Noonan, Ph.D.,1 and Barri Rosenbluth, LCSW2

Abstract

Violence experienced by adolescent girls from their dating partners poses considerable threat to their health and well-being. This report provides an overview of the prevalence and consequences of heterosexual teen dating violence and highlights the need for comprehensive prevention approaches to dating violence. We also discuss some considerations and future directions for the study and prevention of dating violence. We begin with a discussion of the definition of dating violence and also discuss measurement concerns and the need for evaluation of prevention strategies. Although women and men of all ages may be the victims or perpetrators, male-to-female dating violence experienced by adolescent girls is the main focus of this article. We incorporate research regarding girls’ perpetration of dating violence where appropriate and as it relates to prevention.

Introduction

Defining dating violence

Dating violence is a general term used to capture three forms of violent behavior that may occur in dating relationships: emotional/psychological, physical, and sexual aggression. Emotional/psychological abuse refers to aggressive acts, such as verbal intimidation or threatened or completed acts of violence, that may cause emotional trauma.1 Psychological abuse may also include isolating a partner from her or his friends and family, controlling or jealous behavior, and acts of dominance such as assertion of power over decision making, put-downs, and name calling.2 Physical aggression is the intentional use of physical force that has the potential to harm or kill.3 Physical aggression involves hitting, slapping, stabbing, choking, or otherwise physically assaulting one’s partner. Sexual violence includes nonconsensual completed or attempted penetration, unwanted nonpenetrative sexual contact, or noncontact acts such as verbal sexual harassment, by any perpetrator. This includes incidents when the victim is unable to consent (e.g., due to age or illness) or unable to refuse (e.g., due to physical violence or threats).3

Over time in the field, several terms have been used to capture emotional, physical, and sexual violence that occurs in dating relationships. In the Centers for Disease Control and Prevention (CDC) uniform definitions for intimate and sexual violence,3 intimate partner violence (IPV) refers to violence that occurs in the context of an intimate or romantic relationship; however, in the literature, the term tends to be less inclusive and often describes adult violent relationships. Dating violence is often employed to describe violence among adolescents, whereas courtship aggression typically refers to violence in young adult or collegiate relationships. Other terms, such as relationship aggression/abuse, may be applied nonspecifically to violent relationships. Although not used extensively in recent research literature, domestic violence continues to be used by advocacy groups that specialize in the remediation and sheltering of victims of violence.

Variation in terminology across the field is problematic,3 in that dating violence may be used to refer to physical violence,4,5 physical and psychological violence,6 and physical and sexual violence7,8 or may include all three forms.9 Although the three forms of dating violence share some common risk factors for perpetration, such as exposure to violence in the home,5,10 evidence suggests they may have some unique risk factors. For example, sexually aggressive boys report more nonaggressive sexual behavior and a history of more severe sexual abuse than do physically aggressive boys.11 Using general terms may obscure the nuances in the etiology of these behaviors. Specificity of terminology is essential in understanding the prevalence, patterns, causes, and consequences of emotional, physical, and sexual violence. For the

1Centers for Disease Control and Prevention, Atlanta, Georgia.
2SafePlace, Austin, Texas.

923
purposes of this article, we use the terms dating violence and intimate violence when speaking generally about violence in adolescent and young adult relationships. When possible and when supported by the cited research, we refer to specific forms of aggression that occur in relationships.

**Prevalence of Adolescent Female Victimization**

Reports of victimization suggest many adolescent girls experience aggression from their dating partners or acquaintances. Estimates of the prevalence of victimization are complicated by a number of issues, including inconsistent definitions and different assessment metrics across studies. Given this variation and the wide range of estimates we found in the literature, the findings reported should be interpreted with caution, as some studies have reported prevalence estimates that fall outside the presented ranges. In the 2007 National Crime Victimization Survey, approximately 23% of all violent crimes against adolescent and adult women were committed by a current or former spouse or dating partner. In nationally representative samples, 3%-10% of adolescent girls reported being a victim of physical (10%) and/or sexual (3%) assault by a dating partner in their lifetimes. In studies using the Youth Risk Behavior Survey, which assesses dating violence victimization with one or two summary questions, approximately 9% of girls reported physical victimization, and up to 20% of girls reported physical and/or sexual victimization from a dating partner. Studies using more extensive and in-depth questionnaires have reported a prevalence as high as 57% for physical victimization, 43% for sexual victimization, and 65% when verbal abuse is included; however, most studies report the prevalence of dating violence victimization for girls to be between 10% and 30%. Variation across studies occurs based on the nature of violence assessed, with trends suggesting emotional/psychological aggression is the most common form, followed by physical assault, and sexual violence. Within each type of violence, mild forms tend to be more frequent than severe violence. Studies also differ based on the sample, with higher rates among samples that evidence risk factors for dating violence perpetration or victimization, such as witnessing violence in the home. Additionally, older adolescent women report more frequent victimization than younger adolescent girls. Differences in measurement may also account for variation across studies: the duration of the time captured in the assessment sometimes involves lifetime reports (e.g., Have you ever?), victimization since age 14, or violence experienced during specified periods of time (e.g., in the past 3 months, in the last 12 months). Longer reporting periods are more likely to yield higher prevalence rates. Some studies use single items to assess victimization (e.g., Youth Risk Behavior Surveillance System), whereas others use more comprehensive behavioral checklists, such as the Conflict Tactics Scale or Sexual Experiences Survey. Most work relies on self-report; collateral reports of violence increase reporting accuracy but may be ethically unacceptable when assessing victimization if they put victims at increased risk for future victimization. Methodological differences make it difficult to generalize across samples and to obtain stable estimates of the frequency and scope of dating violence over time. Despite variation in estimates, it is clear that many girls are victims of violence from their dating partners.

A particular issue in examining dating violence is that it has been difficult to identify its onset, although some research suggests teens may be at risk beginning with their first dating relationships. One study of 11–14-year-olds found 72% of the adolescents indicated dating relationships began before age 14. Among 11–14-year-olds who were in dating relationships, 62% reported a friend had been the victim of verbal abuse from a dating partner. To our knowledge, no study has examined the prevalence of dating violence in children younger than sixth grade, or 11 years old. We suspect this may result from concerns about the age-appropriateness of asking young children about sensitive information. In addition, the nature of dating relationships changes over time, with relationships in early adolescence being particularly short term, fluid, and amorphous. Psychological, physical, and sexual aggression toward a boyfriend or girlfriend in elementary school may be similar to other forms of aggression in this age group, such as sexual harassment, teasing, and bullying, and may necessitate different measurement strategies and, ultimately, different prevention strategies.

**Consequences of Dating Violence Victimization**

As noted, violence may affect males or females of any age, but the current discussion focuses on victimization of adolescent girls, as evidence suggests girls and women are most susceptible to severe forms of partner violence. Evidence from several fields suggests that dating violence victimization is associated with deleterious effects on multiple levels of functioning for women. Because of the limited work on consequences of violence experienced by adolescents, we discuss findings from both adolescent and adult literature. Outcomes associated with dating violence may include depression, substance use, suicidal ideation/attempt, poor quality of life, poor self-concept, disordered eating/weight management problems, pregnancy, fears of pregnancy from forced sex, posttraumatic stress disorder (PTSD), relationship dissatisfaction, school problems, social support, sexual risk behaviors, and future victimization. Moreover, sexual assault during adolescence poses a greater risk for PTSD than does victimization during adulthood. Some of the associations are moderated or mediated by other factors; for example, when examining the association between victimization and relationship satisfaction, girls who held beliefs accepting of violence were less likely to be dissatisfied in a relationship in which they were victimized. Also, depression and substance abuse mediated the association between victimization and school problems, with teens who reported the most school problems also reporting depression and substance abuse following victimization.

Other conditions may be associated with dating violence several years after adolescent victimization and may take the form of medical disorders or health risk behaviors. Data from the Behavioral Risk Factor Surveillance System found women over 18 who experienced violence from an intimate partner reported cardiovascular disease, joint disease, asthma, risk factors for sexually transmitted diseases (STD)/HIV, smoking, and heavy drinking more frequently than did women who did not report violence from an intimate. Similarly, a review of the literature found victimized women compared with nonvictimized women report more somatic complaints,
more frequent medical visits/expenses, chronic pelvic pain, and gastrointestinal disorders, in addition to serious physical injury that results from an incident of partner-perpetrated physical and/or sexual aggression.\textsuperscript{36} Death is the most serious consequence of dating violence. From 1976 through 2005, 5% of 12–17-year-old female homicide victims and 29% of 18–24-year-old female homicide victims were killed by an intimate partner.\textsuperscript{37} Given inconsistency and nonspecificity in definitions across studies, it is sometimes unclear which consequences are associated with specific forms of violence. Sexual violence work is an exception to this, and some consequences, such as pelvic pain, appear to be unique to sexual victimization.\textsuperscript{36} The range of negative behaviors and conditions associated with dating or IPV victimization underscores the importance of early prevention.

**Adolescent Girls as Perpetrators of Dating Violence**

We have highlighted the complications that arise from variations in definitions and measurement as they relate to girls’ dating violence victimization. However, this discussion has not taken into account the potential for girls to be perpetrators of dating violence. Although not the primary aim of our discussion, we consider it remiss not to acknowledge female-perpetrated violence and, in particular, the implications for prevention of girls’ violence. Although research on female-perpetrated violence is controversial,\textsuperscript{38} a meta-analysis of data primarily from adolescent and college-age women found that they tend to perpetrate comparable rates of physical violence as men,\textsuperscript{39} and many adolescent couples report mutual violence,\textsuperscript{4} meaning both partners engage in physical violence. One study demonstrated that the strongest predictor for inflicting violence was being the recipient of violence.\textsuperscript{40} However, perpetration of male-to-female physical violence among adolescents and adults has generally been found to result in greater injury and fear than perpetration of female-to-male violence.\textsuperscript{39,41} Women who report engaging in violence toward their partner are at greater risk for injury from their partners than are women who do not engage in such violence,\textsuperscript{28} although some have suggested this effect is an artifact of women acting in self-defense when experiencing violence from a partner.\textsuperscript{45} In a review of 120 studies of sexual violence, 90 of which involved adolescent or collegiate samples, comparable frequencies of sexual coercion perpetration (e.g., pressuring partners to obtain sex) and victimization were found for men and women, whereas female survey respondents were four times more likely to report experiencing rape than men.\textsuperscript{42} Substantial variation across the studies included in the review was found, suggesting other factors may need to be considered to accurately capture sex differences and similarities in dating violence. Differences in measurement and the use of behavioral checklists that may not capture the context of the conflict have been suggested as contributors to mixed results across studies.\textsuperscript{38} Many studies use small or nonrepresentative samples, suggesting some results may not be generalizable. Moreover, the extent to which sex differences in willingness to report perpetration of dating violence influences sex-specific prevalence estimates is poorly understood. Also unclear are the function and pattern of female-perpetrated vs. male-perpetrated violence. Those who report an isolated incident of violence may differ from those who use violence to control or intimidate their partner. Indirect or relational aggression, in which an adolescent uses a social group or roundabout way to harm another (e.g., gossip), tends to be most common among girls\textsuperscript{43} and may be an important consideration in understanding the development and expression of female-to-male dating violence. These findings have important implications for understanding the dynamics of relationship violence and identifying targets for prevention. The intensity of an intervention may be varied based on the pattern of the violence (discrete vs. chronic). Primary prevention programs to reduce the likelihood of adolescent perpetration of sexual coercion and psychological and physical violence may need to involve boys and girls, as both can be perpetrators of such violence, whereas programs to prevent rape and sexual assault perpetration may focus primarily on boys.

**Toward Prevention of Dating Violence**

The prevalence and consequences of dating violence suggest it is a serious risk factor for subsequent dysfunction that occurs as early as sixth grade and potentially earlier, thus creating an impetus for prevention. The social-ecological model provides a framework through which to conceptualize prevention efforts. Working from the inner to the outer layers, the social ecology is defined as the interaction of individual, peer/family, school/community, and societal influences. The scope and nature of dating violence suggest the benefits of a comprehensive prevention approach that combines interventions at each level of the social ecology. Policy change efforts are ongoing in some states, such as Texas and Rhode Island, which require schools to provide education about dating violence.\textsuperscript{44} Dating violence has been recognized as a public health problem, given its prevalence and potential for injury and other negative health outcomes.

The CDC responded to the gap in prevention efforts with multiple strategies, including the development of Choose Respect,\textsuperscript{45} a national campaign that targets 11–14-year-olds, and an empowerment evaluation of existing and established programs in the community.\textsuperscript{46} Choose Respect (www.chooserespect.org) is based on social marketing principles and models of behavior change. The integrated communications efforts include creative materials, media outreach, public relations, technical assistance and training, and educational events in communities and schools. Expect Respect, developed by SafePlace, a Texas-based domestic violence and sexual assault survival center, was one of the community-based programs that participated in the empowerment evaluation process, which spurred program development and increased evaluation capacity.\textsuperscript{47} Expect Respect targets multiple levels of the social ecology (www.safeplace.org). Schoolwide prevention activities\textsuperscript{48} encompass working with the school system to develop school policies and prevent sexual harassment and dating violence on campus. Choose Respect is featured in Expect Respect trainings for teachers and staff, seminars for parents and community members, and classroom activities. The SafeTeens youth-leadership training\textsuperscript{49} invites youth on campus and in the community to take action and become actively involved in changing norms for healthy relationships in the peer group. The Expect Respect support groups\textsuperscript{50} are provided for students involved in or at risk for dating violence in a 24-week program engaging boys and girls in gender-separate groups. Preliminary results of a pilot study of Expect Respect support groups \((n = 144)\) suggest the intervention
significantly reduced emotional and physical victimization and perpetration among the most at-risk girls and boys who participated in the groups (Ball B, et al., unpublished observations). Further evaluation of the support groups and their effectiveness in conjunction with other schoolwide, universal prevention strategies is needed.

Discussion

Dating violence threatens the health and well-being of adolescents. Although much work has been done, much is still needed, specifically in the development and evaluation of comprehensive prevention strategies. Only two programs, Safe Dates and the Youth Relationships Project, have demonstrated reductions in dating violence behaviors in controlled evaluations. To protect young people by allocating resources to strategies with demonstrated utility in interrupting and preventing dating violence, evaluation of additional programs is needed, including those programs currently in the field. Work is also needed to understand, measure, and analyze the relative effects of interventions aimed at different levels of the social ecology and examine how intervention effects may interact. The issues of defining and measuring the nature, course, type, and pattern of dating violence must be addressed to move the field toward best practices for the prevention of teen dating violence. The CDC and our partners are dedicated to the prevention of dating violence to protect adolescents and promote the health of our young people.

Acknowledgments

The findings and conclusions of this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Disclosure Statement

The authors have no conflicts of interest to report.

References


Address correspondence to: Andra L. Teten, Ph.D. National Center for Injury Prevention and Control Centers for Disease Control and Prevention 4770 Buford Highway, MS F-63 Atlanta, GA 30341 E-mail: ateten@cdc.gov