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Advances in Psychotherapy –
Evidence-Based Practice

Adolescent Dating Violence

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Contents

our hope that the too-often-overlooked phenomenon of dating violence will be seen, understood, and responded to with the deep level of concern that is warranted. Far too many cases of ADV have been ignored or minimized by well-meaning people who have bought into the idea that "puppy love" is inconsequential or that aggressive behavior by boys is acceptable because "boys will be boys."

Dispelling myths: Victims aren't to blame, and perpetrators can be treated effectively

Other pervasive myths about dating violence are that victims are at least partially to blame, for reasons ranging from how flirtatious or sexually active they are, to whether they have witnessed interparental violence at home, to whether they drink alcohol or use other illicit substances. None of these factors explain responsibility for dating violence perpetration, and none should cloud the judgment of mental health clinicians whose goal is to treat dating violence as an adolescent health issue equally as important to safety and health as eating disorders, mood disorders, or personality disorders. A final myth that we wish to dispel is the widely held belief that perpetrators of dating violence cannot be treated. We have every confidence that clinicians and other youth-serving providers can make a significant difference in the lives of young people. Education about the topic of dating violence, as well as recommended practices for preventing, counseling, and referring those affected, is the first step.

1.1 Terminology

Historically, when clinicians and researchers first began to study the phenomenon of violence in youth dating relationships, they generally referred to it as *teen dating violence* (TDV). While the term TDV is still commonly used in the literature and popular press, there is increasing use of the terms *adolescent dating violence* (ADV) and *adolescent relationship abuse*. These last two terms are more inclusive and encompass a wider age range. *Dating violence* is often used to refer to any abuse in emerging and young adult dating (nonmarital) relationships. The terms *intimate partner violence* (hereafter referred to as IPV) and *domestic violence* are generally used by researchers and practitioners when discussing violence in cohabiting or married adult relationships.

ADV includes multiple abuse types, can be one- or two-sided, and varies in severity and impact

Adolescent dating violence (ADV), our preferred term, refers to actual or threatened physical violence, sexual assault, stalking, psychological and/or emotional abuse, or any combination thereof (all defined below). Abusive acts can occur between dating partners of any gender or sexual identity. ADV can be unidirectional (i.e., one dating partner is violent toward the other) or bidirectional (i.e., both dating partners violent toward each other). In the latter case, it is important to note that bidirectional or mutual violence does not necessarily mean that the violence is equal in frequency or severity (Temple et al., 2005). Some individuals may use infrequent or minor aggression or self-defensive violence in a relationship, but nevertheless experience powerlessness.

external stressors (e.g., financial, academic pressure). Fear of future violence may develop, met with efforts to placate the perpetrator.
2. **Violent incident:** An act of verbal, emotional, physical, or sexual violence occurs. Anger, blaming, arguing, threats, and intimidation may also occur. This is considered the "flashpoint" explosion when the built tension reaches an apex.
3. **Reconciliation:** Perpetrator may apologize, explain, or excuse their violent behavior. Blaming the victim or denying the occurrence or severity of violence is also common. Perpetrators may use gifts, bribes, and other tools to "prove their love" and negate the violence.
4. **Calm:** The violence incident is "forgotten" or temporarily overlooked. Overt abuse pauses, and partners experience a "honeymoon" phase of increased affection and intimacy.

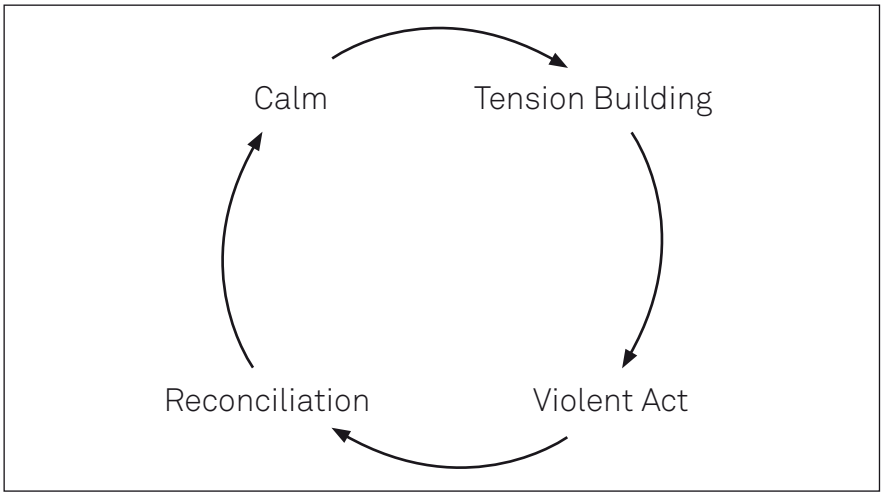

Figure 1
Four stages in cycle of an abusive dating relationship, as originally described by Walker (2016).

The cycle model may oversimplify abuse, yet it can help teens recognize patterns and reconcile calm and violent phases

Valid criticisms of this model include its underlying assumption of unidirectional violence (i.e., a sole victim and a sole perpetrator) and its focus on clear, isolated violent incidents. Thus, persistent occurrence of humiliation, insults, social isolation, or other acts of psychological abuse are not well-captured or addressed. Nevertheless, many providers find the cycle a helpful visual tool when working directly with youths who may be less familiar with abuse definitions and/or may be struggling to reconcile their experience of "honeymoon" calm phases and incidents of violence.

to shape individuals' propensity for behaving aggressively or impulsively with other people (Cohen et al., 2018). Situational factors, such as using alcohol, having a conflict with a dating partner, or feeling a flash of jealousy, may increase the likelihood that an individual will act aggressively in a particular moment.

Focusing exclusively on one factor is unlikely to create a change for a person to stop using aggressive behavior long term

Clinicians can utilize this theory with perpetrators of ADV as they discuss their diagnosis and treatment plan, pointing out that their abusive behavior is the result of multiple factors likely from both their past and whatever was going on at the time. For the clinician and the client, this means that focusing exclusively on one factor, such as recovering from the trauma of child abuse, or quitting alcohol, is unlikely to create enough of a change for a person to stop using aggressive behavior in the long term. For behavior to become reliably healthier, it may mean attending to many underlying issues, from their upbringing to their circumstances and choices in present day life.

About Anger

An important caveat related to the background-situational model is that while it is true that feeling irritable, angry, or hostile on a given day may be a proximal antecedent of ADV perpetration, and there is evidence to suggest that the trait of hostility is associated with ADV perpetration, the media and general public tend to misunderstand the role of anger in ADV perpetration. Research suggests that "anger is neither a necessary nor sufficient cause" of partner abuse (Crane & Eckhardt, 2013).

Many people who perpetrate ADV may appear angry to others, may perceive that they use aggression because they feel angry, and may even ask for help with anger management. The challenge for the clinician in such situations is to discern which clients can truly benefit from anger management resources in addition to clinical support for the development of healthier intimate partnership skills, and which are using anger as an excuse for behaving in a way that is controlling toward a dating partner. ADV can look like anger from the outside because what is observed is yelling, hitting, or other aggressive behaviors that we tend to associate with conflict and anger.

ADV often appears as anger, but underlying issues usually involve power and control

Sometimes, even for people in an unhealthy relationship, the idea that anger is what is causing the problems may be the easiest cause to imagine. But decades of partner violence advocacy, practice, and research suggest that generalized anger alone is rarely at the heart of the matter. Because the most severe and dangerous forms of partner violence may typically be characterized as one person in the relationship being desperate to have power over and control of the other, assuming that anger management is the primary clinical problem is not recommended. Clinicians may want to assess clients for trait hostility, generalized aggression, and anger management problems, as well as other treatable factors.

3.3 Assessment

No single measure is considered the gold standard for ADV identification and assessment; thus, professional best practice should be utilized whenever possible (Table 2). This includes use of multiple data sources (i.e., self-report, caregiver report, clinical interview, behavioral observations, and/or records review) and continued monitoring throughout treatment, with reevaluation conducted as necessary. Below we introduce both behaviorally based (i.e., act frequencies) measures of ADV as well as attitudinal indicators of ADV risk or involvement.

Despite diagnostic limitations, advances in interpersonal violence research offer helpful measurement tools for assessing the frequency, duration, and extent of ADV violence. Measurement is often selected based on researcher or clinician goals. Many professionals rely on behaviorally based measures of ADV, such that respondents provide frequencies for specific violent acts (experienced as either victim or perpetrator). Advantages to this approach include specificity of the act experienced, as well as getting around youth (mis)perceptions regarding sexual assault or appropriate dating behavior (e.g., items that assess "They kissed me when I didn't want them to" vs. "I was sexually assaulted"). Selecting developmentally appropriate behavioral assessments is paramount – the reading level, sexual maturity, and experiences relevant to a 21-year-old are unlikely to be the same as those of an 11-year-old navigating early puberty.

Attitude-driven measures are also commonly used, particularly among researchers. These assessments tap adolescents' attitudes around the acceptability of interpersonal aggression, belief in harmful stereotypes (e.g., rape myths), and agreement with imbalanced or violent power dynamics.

Table 2
Commonly Used ADV Measures

Measure	Citation	Construct assessed
Behavior, acts, and frequencies		
1. Conflict in Adolescent Dating Relationships Inventory (CADRI)	Wolfe et al. (2001)	Frequency of victimization and perpetration in past 12 months. Covers subtypes of physical violence, verbal abuse, threatening behavior, sexual violence, relational aggression, and positive conflict resolution skills.
2. Measure of Adolescent Relationship Harassment and Abuse (see Appendix)	Rothman, Paruk, et al. (2022)	Dating partner perpetration of social media control, stalking, physical, emotional, and sexual violence, and intimidation.
3. Youth Risk Behavior Survey (YRBS)	Mpofu et al. (2023)	Victimization in past 12 months.
4. Revised Conflict Tactic Scales (CTS-2)	Straus et al. (1996)	Frequency of negotiation, psychological aggression, physical assault, sexual coercion, and injury victimization, and perpetration.

Primary Prevention

In line with the public health method to ADV prevention, primary prevention approaches seek to stop violence before it starts, to reduce the incidence of ADV. As such, common applications of primary prevention include universal prevention for all youths early prior to the initiation of dating in hopes of preventing ADV from ever occurring. Examples include universal school-based prevention programs and bystander interventions.

Table 4
Classroom-Based *Shifting Boundaries* Lesson Overview

Lesson	Objectives
What is a boundary?	To define boundaries – from personal through geopolitical: to define the meaning and role of boundaries in student relationships and experiences, and to introduce boundaries as a theme in literature and social studies.
Measuring personal space	To continue experiential learning and discussion of boundaries from previous lesson.
Big deal or no big deal?	To help students differentiate between behaviors that are acceptable and behaviors that are against school policy or against the law.
DVD segment on Shantai from *Flirting or Hurting* by PBS	To continue discussion and application of acceptable and unacceptable behaviors from previous lesson. Note: For the combined campus-based and classroom-based intervention, this lesson also (1) introduces students to the respecting boundaries agreements (i.e., restraining orders) in their school and (2) makes students familiar with such agreements by completing one as practice.
"Says Who" questionnaire on myths/facts about sexual harassment; "What Can I Do?" tips on possible response to being sexually harassed	To define sexual harassment; to dispel common myths about sexual harassment; to raise awareness of the prevalence of sexual harassment.
Mapping Safe and Unsafe Spaces at School	To identify where (exact locations) in the school the students feel "hot" and where they feel "cool"; (B) to help students identify these places; to provide information for the school to use in order to develop a "cooler" school environment; to empower students to transform "hot" areas into "cool" areas by examining why they consider particular locations to be "hot" and what the school can do to make those areas "cooler." *Note that campus-based intervention is limited solely to this component

Note. Based on Taylor et al., 2011. The authors gratefully acknowledge the US Department of Justice, Office of Justice Programs for allowing us to reproduce, in part or in whole, the Shifting Boundaries lesson. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the authors and do not necessarily represent the official position or policies of the US Department of Justice.

healthy relationships, personal responsibility, stereotypes and media portrayals of gender roles, the cycle of violence, and ADV warning signs. KBEP can be integrated into existing high school health curricula. Program strengths include its brevity, discussion of coeducational issues related to gender stereotypes, and portrayal of males and females both as potential perpetrators and victims of ADV.

Community-Based Interventions

SafERteens (Cunningham et al., 2009) is a hospital-based emergency department intervention for alcohol misuse and peer violence, including ADV, among adolescents (Table 11). Rooted in motivational interviewing, this program has been tested using two delivery formats: computer-only and therapist plus computer combination administration. Elements across both delivery formats were designed to enhance motivation and self-efficacy for behavior change, emphasize personal choice and responsibility, highlight the difference between maladaptive current behaviors and their desired goals and values (i.e., develop discrepancy), and increase adolescents' problem recognition. SafERteens also involves skills training for effective alcohol refusal, healthy conflict resolution, and anger management via role-plays. The intervention is brief, made up of a single session of up to 35 minutes long.

For youths who report ADV involvement, intervention content in SafERteens is tailored to directly address ADV prevention strategies during role-plays. Specifically, in the combined administration, the computer program prompts therapists to discuss how the adolescents would handle an argument with a dating partner, and therapists walk through the pros and cons of speaking with that partner when one or both partners are drunk or angry. Safety plans are discussed if adolescents report fear of their dating partner. In the computer-only format, the role-play places the participant in a similar situation, in which they are pressured to drink alcohol and confront their angry, intoxicated dating partner during a conflict. The computer delivery is narrated by a cartoon-style "buddy" for the participant to "hang out" with during the session. Notably, the participant chooses a buddy that is gender-, race-, and age-appropriate. The program offers information on increased risk of violence when drinking, encourages options such as waiting to manage conflicts when both dating partners are calm and sober, and reminds adolescents about adaptive emotion regulation strategies. The computer-only delivery also states, "If your partner has hit you before, or you are afraid of him or her, do not talk to the partner alone. Ask someone for help." For all delivery modes, a brochure with numbers for ADV hotlines is given to adolescents at the end of the intervention.

4.2.4 ADV Prevention Implementation: When

Developmentally, programs delivered earlier in adolescence are likely to differ in content and scope from those offered in late adolescence and emerging adulthood. Thus, we offer example programs across the developmental period of adolescence (i.e., *When*) to illustrate similarities and differences in curricula as youths grow older.

Early Adolescence

Targeting early adolescents, *Me & You* (Peskin et al., 2019) is a healthy relationships curriculum comprising 13 classroom and computer-based lessons with parent–child take-home activities and teacher training that focuses on promoting healthy relationships and explicitly addressing unhealthy dating behavior, including emotional, physical, sexual, and cyber dating abuse. The Me & You curriculum includes the following classroom-, computer-, and classroom/computer hybrid-based lessons (classroom and computer), shown in Box 2.

Box 2 **Me & You Lessons**
Classroom-based lessons
• Introduction to curriculum, personal strengths, and building healthy relationships • Identifying personal rules, and challenges to those rules • Defining active consent, warning signs of dating violence, gender role stereotypes • Skills for managing emotions and communicating • Curriculum review and additional skills practice
Computer-based lessons
• Characteristics of healthy and unhealthy friendships • Recognize connection between thoughts and feelings, skills for managing emotions • Protecting personal rules in the context of technology-related communication • Types of dating violence • Classroom/computer hybrid–based lessons • Refusal skills (clear "no"s and alternative actions) • Effective communication strategies, skills practice • Getting out of unhealthy relationships, accessing social support and resources

Midadolescence

Most rigorously tested interventions have been designed and implemented with adolescents between the ages of 14 and 18, typically delivered in high school settings. *Connections: Relationships and Marriage* (Gardner et al.,

6. **Intersectionality:** Recognize that individuals may experience overlapping forms of oppression and discrimination due to their race, gender, sexual orientation, or other identities. Intersectionality acknowledges the interconnectedness of these factors and the unique challenges faced by individuals with multiple marginalized identities. Incorporating an intersectional lens when treating ADV can help provide more comprehensive and effective support.
7. **Prevention and education:** Promote prevention efforts and educational programs that are inclusive and accessible to individuals from all racial backgrounds. This can involve teaching healthy relationship skills, raising awareness about ADV, and providing resources to empower individuals to recognize and address unhealthy behaviors early on.

4.5.2 LGBTQIA+

Treating ADV in lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and other (LGBTQIA+) adolescents requires a comprehensive and sensitive approach that takes into account the unique experiences and challenges faced by this population.

1. **Create a safe and supportive environment:** Provide a safe and inclusive space where LGBTQIA+ adolescents feel comfortable in openly expressing their experiences, which includes an environment free of judgment and discrimination.
2. **Raise awareness and education:** Educate both LGBTQIA+ adolescents and professionals working with them about healthy relationships, consent, and the different forms of ADV.
3. **Address intersectional experiences:** Recognize that LGBTQIA+ adolescents may face additional challenges related to their intersecting identities, such as racism, ableism, or religious discrimination. An intersectional approach acknowledges and addresses these unique experiences in the context of ADV.
4. **Tailor interventions to LGBTQIA+ needs:** Develop interventions and resources specifically designed for LGBTQ+ adolescents, considering their specific experiences and barriers. This may include addressing issues like outing threats, internalized homophobia or transphobia, and lack of support from family or peers.
5. **Collaborate with LGBTQIA+-affirming organizations:** Partner with organizations and professionals who can provide specialized support, guidance, and resources for both prevention and intervention efforts.
6. **Supportive counseling and therapy:** Encourage LGBTQIA+ adolescents who have experienced ADV to seek professional counseling or therapy. Mental health professionals who are knowledgeable about LGBTQIA+ issues can provide a safe space for discussing trauma, exploring coping strategies, and building resilience.

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Case Vignette

Treating Adolescent Relationship Abuse

This case vignette is a fictional scenario created to illustrate the process of treating adolescent relationship abuse. It is important to note that each case is unique, and the treatment approach may vary based on individual and school circumstances.

Client Information

Sarah is a 16-year-old female high school student in her junior year at Roosevelt High School. She lives with her parents and two younger siblings. Sarah is academically gifted and involved in extracurricular activities. She recently started dating Alex, a 17-year-old junior from her school. Over the past few months, Sarah's friends and family have noticed changes in her behavior and demeanor.

Presenting Concern

Sarah's close friend, Emma, approached the school counselor, expressing concerns about Sarah's well-being. Emma noticed that Sarah has become increasingly withdrawn and anxious, often making excuses to avoid social events. She also witnessed an incident where Sarah and Alex had a heated argument during school lunch, with Alex raising his voice and displaying aggressive behavior.

Initial Assessment

The school counselor, Ms. Johnson, scheduled a meeting with Sarah to discuss her concerns. During the meeting, Sarah appeared nervous and avoided eye contact. Ms. Johnson created a safe and nonjudgmental environment for Sarah to share her experiences. Through gentle probing and open-ended questions, she discovered the following:

1. **Pattern of abuse:** Sarah revealed that Alex frequently insults her, belittles her achievements, and isolates her from friends and family. He often controls her activities and constantly checks her phone and social media

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Appendix: Tools and Resources

The following materials for your book can be downloaded free of charge once you register on the Hogrefe website.

Appendix 1: Measure of Adolescent Relationship Harassment and Abuse (MARSHA) – Victimization and Perpetration Version
Appendix 2: Measure of Adolescent Relationship Harassment and Abuse (MARSHA) SHORT FORM – MARSHA-SF
Appendix 3: Measure of Adolescent Relationship Harassment and Abuse (MARSHA) – 3-Item Screener

How to proceed:

1. Go to www.hgf.io/media and create a user account. If you already have one, please log in.
2. Go to **My supplementary materials** in your account dashboard and enter the code below. You will automatically be redirected to the download area, where you can access and download the supplementary materials.
   Code:

To make sure you have permanent direct access to all the materials, we recommend that you download them and save them on your computer.

Appendix 2: Measure of Adolescent Relationship Harassment and Abuse (MARSHA) SHORT FORM – MARSHA-SF

Instructions: Think about all of the people you were *dating, hooking up with, or in a romantic relationship within the past year*. Answer the following questions thinking about these people. Did the following things happen, *not for fun or as a joke*?

Victimization items		
1. They slapped, pushed, shoved or shook me.	Yes	No
2. They hit, punched, kicked or choked me.	Yes	No
3. They asked or pressured me for a nude or almost nude photo or video of me, when I did not want to give them one.	Yes	No
4. They yelled, screamed or swore at me.	Yes	No
5. They punched the wall, slammed the door, or threw something.	Yes	No
6. They threatened to hit me, which scared or worried me.	Yes	No
7. They made me feel like I could not break up with them or get out of the relationship.	Yes	No
Perpetration items		
8. I slapped, pushed, shoved or shook them.	Yes	No
9. I hit, punched, kicked or choked them.	Yes	No
10. I asked, or pressured them, for a nude or almost nude photo or video of themselves, when they might not have wanted to give me one.	Yes	No
11. I yelled, screamed, or swore at them.	Yes	No
12. I punched the wall, slammed the door, or threw something.	Yes	No
13. I threatened to hit them to scare or worry them.	Yes	No
14. I tried to make them feel like they could not break up with me or get out of the relationship.	Yes	No

Further reading:

Paruk, J., Lancaster, C., & Rothman, E. F. (2005). *A short form of the Measure of Adolescent Relationship Harassment and Abuse (MARSHA-SF)* [Submitted for publication].

Scoring: Add 1 point for each YES response. Respondents will have a total score in the range of 0 to 7.