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Anuja Bandyopadhyay
University of Kentucky

Amit M. Deokar
University of Kentucky

Hatim A. Omar
University of Kentucky, hatim.omar@uky.edu

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Chapter 11

DATING VIOLENCE IN ADOLESCENCE

Anuja Bandyopadhyay, MBBS, Amit Deokar, MD and Hatim A Omar, MD, FAAP*

Division of Adolescent Medicine, Department of Pediatrics,
Kentucky Children's Hospital, University of Kentucky,
Lexington, US

ABSTRACT

Adolescent dating violence is a health and social problem, worldwide. The objective of this chapter was to identify the risk factors and consequences of dating violence, assess the prevention measures taken to increase awareness regarding it and provide an overview of the screening and interventional tools used to support the teens involved in dating violence. Methods: A review of the literature, published in the last 29 years, was conducted and the content was critically analyzed. Conclusions: There is an increasing trend of dating violence in a younger population. Consistent definitions, comprehensive assessment tools and focused screening are required to assess the actual prevalence of dating violence. Dating history, context of the date, peer influence, prior history of abuse, alcohol and drugs have been identified as significant risk factors for dating violence. Dating violence has acute as well as long term effects on the body and mind. Since, victims may not report it or even may not identify dating violence as a hazard, the responsibility of screening for it lies heavily on health care providers. Interventional measures should be implemented in a non-judgmental manner, giving due importance to the safety of the adolescents. Primary prevention programs are the key feature to reduce dating violence and require the co-operative participation of several components of the community including school personnel, health care providers, parents and the youth.

* Correspondence: Hatim Omar, MD, FAAP, Professor of Pediatrics and Obstetrics/Gynecology, Chief, Adolescent Medicine and Young Parent programs, J422, Kentucky Clinic, University of Kentucky, Lexington, KY 40536 United States. E-mail: haomar2@uky.edu.

INTRODUCTION

This article provides a critical overview of the concept of adolescent dating violence and risk factors associated with victimization and perpetration. It discusses the existing literature on the prevalence of dating violence and its health outcomes. It provides a summary of the techniques used to screen teen dating violence along with the different approaches towards managing the patients reporting it. It enumerates the measures that have been adopted till date to prevent adolescent dating violence and provide support for its survivors. It attempts to explore the potential avenues to create a more effective strategy for adolescent dating violence and the need for a formal policy to address teen dating violence. This review is intended to create an awareness regarding adolescent dating violence and help health care providers customize their approach towards the problem in their own clinical settings.

Defining dating violence has always been a difficult task. The term 'dating' may have different significance, when defining relationships between adolescents. Further, the term 'violence' may imply any shade of the spectrum varying between a seemingly harmless 'calling names' to the horrifying act of rape. The most popular definition, modeled around the article by Sugarman and Hotaling (1) stated that dating violence is "the perpetration or threat of an act of violence by at least one member of an unmarried couple on the other member within the context of dating or courtship (same sex or opposite sex)" (1). The Centers for Disease Control and Prevention- Intimate partner violence surveillance (2), further divided the acts of violence into four categories:

1) Physical violence: The intentional use of physical force with the potential for causing death, disability, injury, or harm
2) Sexual violence: This has again been divided into three types,
   a). Use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed
   b). Attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act, e.g., because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure
   c). Abusive sexual contact
3) Threat of physical or sexual violence: use words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm
4) Psychological and emotional violence: Although any psychological/emotional abuse can be measured by the intimate partner violence surveillance system, the expert panel recommended that it only be considered a type of violence when there has also been prior physical or sexual violence, or the prior threat of physical or sexual violence

The Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 1.0 (2) by Centers for Disease Control and Prevention gives a uniform definition for each of the terms associated with dating violence.

A consistent definition is needed to monitor the incidence of intimate partner violence and examine trends over time and jurisdictions. Lack of consistent definitions has led to a

wide array of prevalence rate of dating violence. For example, researchers have found rates as low as 9% (3) and, when verbal aggression is considered, as high as 65% (4). This is further challenged by the teen's varying interpretation of what is being asked of them. Gender-based differences may exist at the level of item interpretation. For instance, males may interpret "hit" as a closed-fisted behavior, whereas females may include an open-handed slap (5). Coercive behavior items usually include the element of force; however, males tend to describe force as psychological pressure, whereas females describe physical force (6). Widespread usage of consistent definitions would help in assessing the magnitude of dating violence and assist in directing efforts towards prevention and intervention.

IMPORTANCE OF DATING VIOLENCE

The period of adolescence is one of continual change and transition (7). Adolescents begin to search for relationships outside the family in an attempt to develop their autonomy and identity. Dating is a prominent activity during adolescent years. In 2000, 89% of adolescents ages 13 to 18 years reported this type of relationship (8). Barely eight years later, Liz Claiborne Survey (9) showed that more than one in three 11-12 years olds (37%) have acknowledged in being in a relationship; while nearly three in four 11-14 years olds (72%) say boyfriend/girlfriend relationships usually begin at age 14 or younger.

Wekerle and Wolfe (5) postulated that adolescent dating violence begins to emerge between the ages of 15 and 16 years. Recent studies show that dating violence has an earlier onset than predicted. Liz Claiborne Survey showed that one in five 13-14 year olds in relationships (20%) said they knew friends and peers who had been struck in anger (kicked, hit, slapped, or punched) by a boyfriend or girlfriend. Two in five 11-14 year olds in relationships (41%) knew friends who had been verbally abused-called names, put down, or insulted-via cellphone, IM, social networking sites (like MySpace and Facebook). More than a third of 11-14 year olds in relationships (36%) knew friends and peers of their age who had been pressured by a boyfriend/girlfriend to do things they didn't want to do. Yet half of all 11-14 year olds (49%) claimed that they did not know the warning signs of a bad/hurtful dating relationship. This may be interpreted as an evidence of inadequacy of the current interventions undertaken to spread awareness regarding this serious health problem. It was also pointed out a disturbing trend of increasing dating violence in a younger age group. The younger they are, the more vulnerable they will be to the consequences of dating violence.

Liz Claiborne Survey found a correlation between early sexual experience and teen dating violence. The survey reported that among all teens age 15-18, one in ten (10%) indicate they have been physically abused by an angry partner (kicked, punched, choked, slapped or hit). By contrast, an alarming one out of three 11-14 year olds who had sex by age 14 (33%) said they have endured such beatings. Teens who were exposed to dating violence were at higher risk for intimate partner violence later in adulthood (10,11). Hence, this rising trend of dating violence at a younger age necessitates introspection.

Apart from vulnerability, another problem posed by teen dating violence is failure to recognize it. Pushing, hitting, and verbal threats may be mistaken for signs of love and caring and younger girls dating older boys may interpret these actions as a deeper commitment to the relationship that will result in long-term positive benefits (5). Adolescents involved in

aggressive dating relationships supported this perception, with 25% to 35% interpreting the violence as an act of love (3,12). One study showed that many girls thought that accepting abuse was a good way to secure the interest of a man with whom they were seeking a relationship (12). This distorted perception of dating violence is definitely alarming.

Dating violence is typically not a single event (13,14). In studies of severe abusive behavior in intimate relationships, chronicity has been related to patterns of alternating cruel and kind behaviors, attachment insecurity, personality disorder (15), expectations that relationships might improve (thus barring exit from it) and a process of adaptation or accommodation to violence that blocks exit (12,16). Appraisals of perceived control may place the victims at increased risk for abuse in the long run, as victims are unlikely to be able to control the violence as it escalates in both severity and frequency over time (16). Apart from its chronic pattern, teen dating violence has been considered to be a "potential mediating link between violence in the family of orientation and violence in the later family (the family of procreation)" (17). If this holds true, then, intimate relationship development during adolescence may offer an important window of opportunity to thwart the continuation of violence and abuse and to learn more adaptive, nonviolent alternatives (5).

VICTIMS

According to National Youth Risk Behavior Survey in 2007 (18), percentage of students between 9th to 12th grade who were hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey was found to be 9.9 (8.9-11.1). Tracing the prevalence from 1999, we see the trend rise from 8.8 (1999) to 9.5 (2001) to 8.9 (2003) to 9.2 (2005) and now to 9.9 (2007).

Overall, the prevalence of dating violence was higher among male (11.0%) than female (8.8%) students and higher among 9th-grade male (10.5%) and 12th-grade male (14.1%) than 9th-grade female (6.3%) and 12th-grade female (10.1%) students, respectively. Overall, the prevalence of dating violence was higher among black (14.2%) and Hispanic (11.1%) than white (8.4%) students; higher among black female (13.2%) and Hispanic female (10.1%) than white female (7.4%) students; and higher among black male (15.2%) than white male (9.3%) students. Overall, the prevalence of dating violence was higher among 11th-grade (10.6%) and 12th-grade (12.1%) than 9th-grade (8.5%) and 10th-grade (8.9%) students; higher among 11th-grade female (10.2%) and 12th-grade female (10.1%) than 9th-grade female (6.3%) students; and higher among 12th-grade male (14.1%) than 9th-grade male (10.5%) and 10th-grade male (9.1%) students.

Nationwide, 7.8% of students had ever been physically forced to have sexual intercourse when they did not want to. Overall, the prevalence of having been forced to have sexual intercourse was higher among female (11.3%) than male (4.5%) students; overall, the prevalence of having been forced to have sexual intercourse was higher among 11th-grade (8.5%) and 12th-grade (8.3%) than 9th-grade (6.6%) students.

Although the prevalence of dating violence among gay, lesbian or bisexual adolescents is similar to that of heterosexuals (19) rural status has been associated with a lower risk of dating violence and higher risk of early sexual debut for sexual-minority girls and a higher risk of dating violence and lower risk of early sexual debut for sexual-minority boys (20).

Another study (21) indicated that students in rural school districts are at greater risk for participating in dating violence than suburban and urban students, with rural female students at greatest risk.

PERPETRATORS

Interestingly, girls have a significantly higher prevalence than boys of reporting violence perpetration within dating relationships (22,23) even when asked to exclude violence perpetrated in self-defense (23). Specifically, girls have a significantly higher prevalence of psychological aggression perpetration within dating relationships than boys do (22). Boys are significantly more likely to perpetrate injuries on their dating partners than girls are. Therefore, the severity and consequences of violence perpetration need to be considered in addition to the prevalence of involvement in violent behaviors (22). It has also been seen that girls were more likely than boys to report forced sex victimization within dating relationships, while boys were more likely than girls to report forced sex perpetration within dating relationship (22).

UNDER-REPORTING OF DATING VIOLENCE

Studies of college-aged populations suggest that a significant portion of young adult victims do not report acquaintance rape, specifically because of the relationship (24). It has been postulated that adolescent victims may be even more reluctant to report acquaintance rape due to past intimacy with the perpetrator or to date-specific behavior such as the use of alcohol or drugs (24). This suggests that the data on dating violence may suffer due to under-reporting. Another reason for inconsistencies in prevalence rate has been suggested by Betz (25) in an article by giving the example of two national surveys, YRBSS (Youth Risk Behavior Study Survey, 2005) and the National Crime Victimization Survey (NCVS) illustrating the differences in methodological approaches. YRBSS data are collected from students via survey in the school setting; the NCVS is completed using an interview format in the presence of family members (26), which may not provide the privacy required to disclose such information.

NEW APPROACH FOR ASSESSMENT OF PREVALENCE

Most of the information regarding dating violence prevalence has been found through surveys relying on self-report questionnaires. It has been suggested that assessment tools need to capture the sequential nature within which violence is embedded. The emotional consequence of the behavior should be measured not only by self-report, but also by other objective methods that measure the immediate response (e.g., distress) and the longer-term effects (5). Rather than focusing on 'unwanted' sexual behavior from a victim or perpetrator's standpoint, an assessment of the couple's sexual parameters may provide a different interpretation of dating violence. It has been suggested that it may be useful to measure acts

of violence as well as violence "misses" (e.g., the number of times the partner was turned down when sexual advances were unwanted, the number of times the partner "accepted" such direct communication, etc) (5).

Tracing the history Table 1 summarizes some of the studies done on adolescent dating violence over the past two decades.

Table 1. Prevalence of adolescent dating violence in various studies

First author (year)	Study design	Study settings	Subject particulars	Age group	Measure of violence and prevalence
Makepeace (17) (1981)	Cross-sectional; Using questionnaires	Medium-sized mid-western university	202 subjects 49% M 51% F	College students	1 in 5 students experienced physical violence 5.1% cases were reported to legal authorities
Henton (83) (1983)	Using self reported questionnaire	Oregon	644 54.5% M 45.5% F	High school students (mean age=17)	12.1% experienced premarital abuse
Roscoe (3) (1985)	Self report	High school in central Michigan	204	Juniors and seniors in high school	Remarkable similarity between high school and college students 'dating violence', suggestive of a pattern
Symons (84) (1994)	Cross-sectional study; using questionnaires	Rural North Carolina	561 77% F 23% M	Age range = 15-20 years	60% reported dating violence; many denied abusive relationships but recorded abusive events
Foshee (76) (1996)	Self administered questionnaire	Rural North Carolina county	1967 49.6% M 50.4% F	8th and 9th graders	25.4% reported as victim of non sexual violence, 8% reported as victim of sexual violence; 14% as perpetrator of nonsexual and 2% of sexual violence
Spencer (21) (2000)	Retrospective study	2 rural, 1 suburban and 2 urban schools of upstate New York	2094 497 (rural) 441 (suburban) 1156 (urban)	7th,9th and 11th graders	Rural students were more prone to dating violence (18%), female students being at increased risk
Swart (85) (2002)	Cross-sectional survey using questionnaires	Eldorado Park, South Africa	928	9th-12th graders	35.3% males and 43.5% females reported as perpetrators; 37.8% males and 41.7% females reported as victims
Ackard (86) (2003)	Cross-sectional survey	Nationally representative sample of United States	3533	9th to 12th graders	17% girls and 9% boys reported as victims; nearly 50% of victims reported staying in the relationship out of fear of physical harm
Smith P.H. (87) (2003)	Longitudinal survey	University of North Carolina	1569	18-19 year old women entering college	Women who were physically assaulted as adolescents were at greater risk for revictimization during their freshman year
Decker M.R.(88) (2005)	Cross sectional survey	Massachusetts	1641	9th to 12th female graders	51.6% girls diagnosed with STD/HIV reported dating violence
Marquart (89) (2007)	Cross sectional survey	National sample (United States)	20,274	Rural adolescents	16% adolescents reported as victims
Rivera-Rivera (40) (2007)	Cross-sectional survey	Mexico	7960 57.63% F 42.37% M	Age range= 12-21 years	Victims: 9.37% (female) and 8.57% (male) for psychological violence; 9.88% (female) and 22.71% (male) for physical violence
Wolitzky-Taylor K.B.(90) (2008)	Telephone-based interview	Nationally representative sample (United States)	3614	12-17 year olds	2.7% girls and 0.6% boys reported as victims of dating violence

RISK FACTORS

Looking at the studies identifying the risk factors for teen dating violence, considerable overlap may be seen between the factors responsible for perpetration and victimization. Although we may attempt to separately identify the risk factors at the individual, family and community level, in reality teen dating violence is a conglomeration of the factors co-existing at all levels.

Dating history: Multiple dating and sexual partners, earlier age at menarche and/or first date, history of dating violence are identified risk factors (27).

Context of the date: The context in which the date occurs may also have an impact on the probability of assault. If the male partner initiates the date, pays for the date, and drives, the possibility of sexual assault increases (28). Going to the perpetrator's house alone and increasing age discrepancy between victim and perpetrator (27) are relevant risk factors.

Abuse and prior violence history: History of sexual victimization before age 18 is a risk factor for sexual dating violence (27). Research has shown that young adult women with a history of sexual abuse may have difficulty in accurately perceiving risk in potentially harmful sexual situations, and therefore may be vulnerable to more repeated victimization (29). Childhood emotional abuse has been uniquely predictive of teen dating violence (30). Exposure to violence during childhood, both in the form of child abuse and family violence, has been linked to dating violence victimization and perpetration (31).

Alcohol, tobacco and drugs: Alcohol and drug use have been consistently associated with teen dating violence in most studies across the world (32-34). Early alcohol use has been found to be an important risk factor for dating violence victimization, independent of both peer and parental influences (35). Riding with a drinking driver has been regarded as a factor as well (36). Amongst the drugs, special mention may be made of the "date rape drugs", a term coined by the media to label a few specific drugs (i.e. Rohypnol, GHB and ketamine), because of the frequency with which they are used by men to facilitate rape (37). The use of these drugs for the purpose of inducing amnesia and rapid sedation of the victim is becoming more common (38). Interestingly, it has been seen that women's voluntary consumption of drugs prior to a sexual assault reduces perpetrator responsibility and blame and increases blame to the victim compared to other situations (39). Tobacco use has been implicated as a risk factor for perpetration, particularly in case of males (36).

Peer influence: Gang membership has been significantly associated with dating violence victimization in boys and perpetration in both genders (40). A sexually active peer group has been implicated as a risk factor for sexual dating violence (27).

Prior criminal history: Studies have found that history of prior criminal acts is associated with an increased probability of assaulting a partner. The relationship was greater when there was prior violent crime compared to property crime, when there was early onset of criminal behavior, and when the offender was female (41).

Parent education: At all ages, the lower the parent education, the greater the acceptance of dating abuse, likelihood of gender stereotyping, and exposure to family violence (42).

Community: Exposure to weapons and violent injury in the community was correlated to teen dating violence (43). Students in rural school districts are at greater risk for participating in dating violence than suburban and urban students, with rural female students at greatest risk (21).

Role of media: Media has a powerful influence on young minds. A study reported that exposure to violent music led to normalization of the use of violence (including violence against women) among listeners (44). Controlling for public financial assistance, relative to adolescents not experiencing dating violence, those who did were 1.9 times more likely to have viewed X-rated movies (45). The relationship between watching wrestling on television and being the perpetrator of dating violence was also stronger among females and remained consistent over a 6- to 7-month time period (46). Studies have assessed media use as a risk factor for dating violence (47).

Others: For males, having low self-esteem and having a friend who has been a victim of dating violence predicted chronic victimization while for females, living in a single parent household, having a friend who has been a victim of dating violence and being depressed predicted chronic victimization (34).

CONSEQUENCES

Studies examining dating violence and adolescents have focused primarily on physical and mental health outcomes for female victims. Limited research has examined health outcomes for adolescent male victims or for perpetrators (girls and boys) of dating violence (48).

Important sex differences have been observed in the risk behaviors associated with date violence, indicating that if girls have been involved in physical fighting with a dating partner as opposed to someone other than a dating partner, they are at particularly increased risk of attempting suicide, engaging in sexual and HIV risk behaviors, getting pregnant, and riding in a car with a drunk driver (49).

Physical impairment: Physical aggression decreased significantly across the age groups, but health consequences become more severe with age. A study found that broken nose, black eye, broken bone, went from 1% at 16 years to 4.5% at 20 years of age (50). Severe physical dating violence may cause profound physical injury.

Victims of sexual violence: Consequences of adolescent sexual violence has been considered separately, due to its wide spectrum of manifestations. Apart from the physical injury, women who are sexually assaulted experience a dramatic negative impact on their functioning. Up to 50% of rape victims develop post traumatic stress disorder as well as other psychological problems (51). In addition, victims tend to have more somatic complaints and chronic pains.

In 1974, Ann Burgess and Lynda Holmstrom described 'rape trauma syndrome' in context to the varied behavioral, somatic and psychological reactions occurring after forcible rape or attempted forcible rape. The period after sexual assault was divided into:

- Acute phase-Disorganization: It comprises of impact reactions (within hours) and immediate effects (within weeks). Impact reactions may manifest in expressed style (such as sobbing, restlessness or even smiling) or controlled style (calm, composed or subdued effect). Immediate effects may be seen as somatic manifestations (skeletal muscle tension, genitourinary disturbances) or emotional reactions (guilt, powerlessness, loss of trust, disbelief, shame, depression, denial).

- Reorganization phase: It comprises of short term effects up to 3-4 months (like generalized anxiety and fear, impaired social functioning, eating disorders) and intermediate effects up to 1 year (like phobia, sleep disturbance, increased dependence)
- Long term reactions: It comprises of reactions up to 4 years like anger, continued sexual dysfunction, hyper vigilance to danger

Furthermore, dating violence was associated with a number of risky attitudes, beliefs, and norms among sexually active girls (52), including being more than twice as likely to have a perceived risk of acquiring an STD, being more than twice as likely to have norms nonsupportive of a healthy relationship, and being 2½ times as likely to perceive themselves as having limited control over their sexuality (52).

Psychological impairment: Adolescent dating violence increases nonspecific risk toward behavioral and psychological impairment in youth, particularly female adolescents (53,54). Dating violence was associated with higher levels of depression, suicidal thoughts, and poorer educational outcomes (54). Physical dating violence was associated with poorer psychosocial functioning, substance dependence and comorbid Axis I diagnoses (55). Abusive experiences during dating relationships may disrupt normal developmental processes, including the development of a stable self-concept and integrated body image during adolescence (56). This may give rise to higher rates of eating disorders and a low sense of emotional well-being (56).

LEGAL ASPECTS

Although, there are laws regarding intimate partner violence, a specific law regarding 'dating' violence does not exist. Restraining orders are a common legal alternative by which to seek protection from an abusive partner. A study revealed that most female intimate partner homicide victims did not have a restraining order when they were killed hinting that restraining orders may protect victims of intimate partner violence (57). However, in most states of United States, one can apply to get a domestic violence restraining order only if one is above 18 years; if one is under 18 years, then one must have an adult's name on the court papers and that adult must ask for the order on one's behalf. This may restrict the teen's options to seek help from the jurisdiction, if the teen does not want to involve an adult.

If a victim is identified after screening, they may turn to the health care providers for further information and advice. As health care providers, it may be pertinent to be well-informed about the state legal recourses for dating violence. According to the book on the "Impact of domestic violence in your legal practice: A Lawyer's Handbook" (58), providing information regarding protective order should be accompanied by a discussion with the teen of the repercussions of a legal action. Often a civil or criminal case may be followed by a violent retaliation by the abuser. In such cases, a non-legal action to keep the teen safe may be a better option. In such a situation, the responsibility for safe intervention lies heavily on the health care system. As health care providers, it is also important to familiarize oneself with the child abuse law of one's state. If the abuser be an adult, then it may be a case of child abuse. Sexual relationships between an adult and a minor partner may constitute child abuse or sexual assault depending on jurisdiction's treatment of 'statutory rape'.

Apart from legal measures, health care providers should be aware of the community resources which may be mobilized to assist the minor victims and perpetrators. Non-legal remedies utilizing combined support from health care providers, social workers, school teachers, school security, guardians, and counselors may be as effective as legal remedies in preventing recurrence of dating violence and providing support to the teens involved in it.

INTERVENTIONAL MEASURES

Screening: Studies reveal that spontaneous disclosure of dating violence is an infrequent occurrence (59,60). According to Brown et al (59) this secrecy may be because of several factors. First, adolescents may want to keep their dating/romantic lives private and feel shy or reluctant to divulge details. Secondly, as discussed before, they may not recognize the behavior as abusive, and may even view it as a demonstration of love. Finally, the term 'dating' may be outdated. Sex and intimacy may happen in a variety of relationship contexts, and the details may be missed if the interview is focused on dating.

The study by Brown et al (59) showed that forced sex was screened more commonly even though it may be easier for the adolescents to disclose incidents of verbal or physical abuse rather than sexual abuse. The study found that hospital settings and female clinicians were more likely to screen for dating violence. The strongest predictor of screening was screening for other risk behaviors. Although it has been recommended that all female patients over age 14 years be screened regardless of symptoms, signs or suspicion of abuse (61) the actual screening rates remain low (59,62). One study showed that that 52% of women reported that they had never been screened for sexual violence by a health care professional (51).

Regarding health care provider's failure to screen patients for dating violence a review of studies identified several barriers. Potential barriers include lack of training specific to this topic, lack of awareness of the prevalence of dating violence and lack of time. In a study (63), residents in pediatric training programs reported that they would not routinely screen for or manage appropriately their adolescent patients in violent dating relationships. Residents believed that although it is a physician's role to discuss adolescent dating violence, they felt that they were not adequately trained to do so. Another barrier is the provider's concern about patient's non-disclosure, fear of repercussions and non-compliance (62). However, contrary to this belief, a study reported that women find discussions of sexual violence by their health care providers to be helpful and nonintrusive. Educational, linguistic, and cultural factors appear to affect the likelihood that health care providers discuss sexual violence with their patients (51).

Several studies (48,64) have tried to overcome these barriers and have suggested means to improve screening for teen dating violence. A few salient points have been mentioned in table 2.

Table 2. Measures to be taken while screening for teen dating violence

• To maximize safety and comfort it is important to interview in private, without the partner or parents
• Create an environment of trust and assure confidentiality • Make eye contact • Use specific phrases of questions which would create a comfortable disclosure climate Example: Asking a girl whether she has been abused by her boyfriend may elicit a "no", whereas asking the girl if she has felt threatened or scared in the company of her boyfriend may facilitate the truth • Avoid words like "dating violence" or "abuse" or any such words that sounds demeaning or judgmental or anything technical and so, beyond the comprehensibility of people without professional health care training Example: Use simple questions like "At any time, has a partner hit, kicked or otherwise hurt, frightened, threatened or demeaned you?" • If time permits it is better to use multiple open-ended questions to allow more opportunities for patients to disclose • Do not put any blame or judgment on the victim; make it clear that you are someone they can look to for guidance • Be aware of the symptoms of dating violence such as injuries in various stages of healing, pattern injuries where the imprint of an object, like a belt is present on the body, pelvic pain, insomnia, depressive symptoms. • Injured patients should always be asked to explain how it happened and clinicians must be alert for answers that don't explain the injuries • Express compassion Example: "I'm sorry this happened" • Show respect Example: "You did not deserve such a treatment. This violence is not your fault. You have a right to be respected." • Assess the patient's perception of abuse Example: "Some people think that such treatment is a way of expressing love. What do you think?" • Screen for violence using gender neutral term, do not assume perpetrator is male

Protocols that provide guidelines about what types of questions to ask patients regarding dating violence are available (64). A study (59) suggested the use of HITS screening tool with the questions "Has your partner ever":

- **H**urt you physically?
- **I**nsulted you or talked down to you?
- **T**hreatened you with harm?
- **S**creamed at you or cursed you?

A study by Brown et al (59) suggested inclusion of screening procedures as a part of training program for students, interns and residents to promote screening by health care providers. It said that board exams could emphasize the importance of dating violence by including relevant items. According to the study, health care professionals could be sensitized to detect dating violence by symposia and seminars at conferences.

Table 3. Measures to be adopted after identifying a victim of adolescent dating violence

• Listen to the victim without expressing shock or judgment
• Determine the nature of the relationship with the perpetrator, and whether the victimization occurred in the distant/recent past or is ongoing • Assess for exposure to multiple forms of violence (parental, guardian, sibling, community) • Explain the victim's rights and options with regards to reporting, prosecution and treatment • Assure dating violence will not be revealed to the parents or the perpetrator without consent. However, try to involve the victim's parents when possible and appropriate, if victim allows doing so. • Perform a physical examination, if appropriate, including tests for sexually transmitted infections and pregnancy. • Be familiar with emergency contraception for rape victims and with the facilities that provide rape counseling in your area so that immediate referral can be implemented • Help the patient assess danger Assess for risk factors associated with intimate partner homicide utilizing a valid risk assessment instrument such as the Danger Assessment (DA) (91) Assess specifically for threats to kill, access to firearms, severity of physical and sexual violence, controlling and jealous behavior, stalking and harassing behavior, children in the home that perpetrator is not biological parent to, substance use (victim and perpetrator), perpetrator suicidal ideation/attempts • Be familiar with your state's mandatory reporting laws (child abuse and intimate partner violence). Determine if adolescent is an emancipated minor and not legally reportable under child abuse laws • Assess whether the victim feels entrapped. Being isolated from support other than the abuser can interfere with medical access and complicate discovery of future abuse. Assess whether it is safe to go home on that day. • Promote planning for safety Asking questions like "What steps can you take in the future to keep yourself safe?" "Some young people choose to date with a group of friends they trust. Would that be an option?" "If someone hurt you again, where could you go in an emergency? How would you get there?" • Make a safety plan for emergency • Offer information about legal resources, such as restraining orders, mandatory arrest, police/911 • Assist in identifying trusted individuals (teacher, counselor, family member, friend) • Assist in identifying appropriate community-based resources, programs that target adolescents including the following: Emergency housing and long-term housing advocacy, resident and nonresident counseling (individual and group) legal options (criminal justice relief, civil protection, peace order, child custody, and visitation orders), job training program • Offer information on dating violence through brochures, internet resources (give safety alerts that computer use can be monitored) • Offer counseling • Assess need for referral to a medical or mental health specialist • Mobilize intervention measures for the perpetrator • Assess need for substance abuse treatment if needed • Offer follow-up • Schedule a follow-up appointment • Document all findings in medical records. S- Document what the victim Said, using exact words O- Document whatever you observed. Documentation using forensic techniques—body map with site and injury and date, photographs of injuries with written description of size and appearance, name of perpetrator, concise and objective statements A-Your assessment of potential dating violence P-Describe safety planning, mandatory reporting and follow-ups

SURVIVING DATE VIOLENCE

Once dating violence has been recognized, it is important to proceed in a cautious manner, since the issue is sensitive. Several studies have outlined subsequent measures which may be adopted (48,64,65). A few key points have been mentioned in Table 3.

Support groups have emerged as a key element in promoting health and providing support to the teens involved in dating violence. The groups provide a trusting and safe environment for members to share feelings and experiences and support the group members as well as encourage healing and introspection of the mind. School based support groups target the at-risk population and is tailored to students at schools who have experienced abuse. School-based support group programs, like the Expect Respect Program(66) have shown to expand awareness of abuse in the peer group, increase relationship skills and increase self-awareness. Safe Dates Program is another school and community based program which has a secondary preventive component. Secondary prevention activities target cognitive factors which influence the decision to take preventative measures; for instance, to seek help with leaving an abusive partner or to stop perpetrating dating violence. The program increases the awareness of the participants regarding their options while seeking help in the community (67).

PRIMARY PREVENTION

Apart from secondary and tertiary prevention efforts, in the form of support groups, there has also been considerable attempt to mobilize awareness and encourage primary prevention of dating violence.

Although most of these programs are based on curricula with 4 to 10 sessions that are delivered in a classroom setting (68-71), researchers have urged that prevention programs should also be made available in non-traditional settings such as housing complexes, community centers and clinics (72). Programs in special care systems like the Girl Talk 2 intervention in the juvenile justice system has found relative success in promoting protective behavior amongst the girls in the system (73).

A study by Cornelius et al (74) revealed that, commonly used scare tactics designed to highlight the deleterious effects of dating violence often employed in encouraging participation in prevention programming, are ineffective in recruitment for dating violence prevention program. Instead, potential participants should be informed about the high prevalence of dating violence and about personal and relationship risk factors. The benefits of the prevention program should be emphasized as well, such as learning nonviolent communication, problem solving skills, and increases in relationship satisfaction (74). There is also some evidence that making programs as convenient as possible and minimizing concerns about the revelation of sensitive material by marketing programs as education rather than counseling, for example, may also be fruitful recruitment strategies (74).

A review of published literature reveals that only a few evaluations of the preventive programs have been conducted till date. Nearly all used design without random assignment to experimental and control group (68,70,71,75) and measured attitude, knowledge and skills but not behavior (68,70,71). The Safe Dates Program evaluation (67,69,76-78) was

randomized, controlled, evaluated behavior in addition to other aspects and was conducted at baseline, at 1 month and then yearly for 4 consecutive years. Another study by Wolfe and associates (79) was also randomized, controlled and it had a follow up of two years.

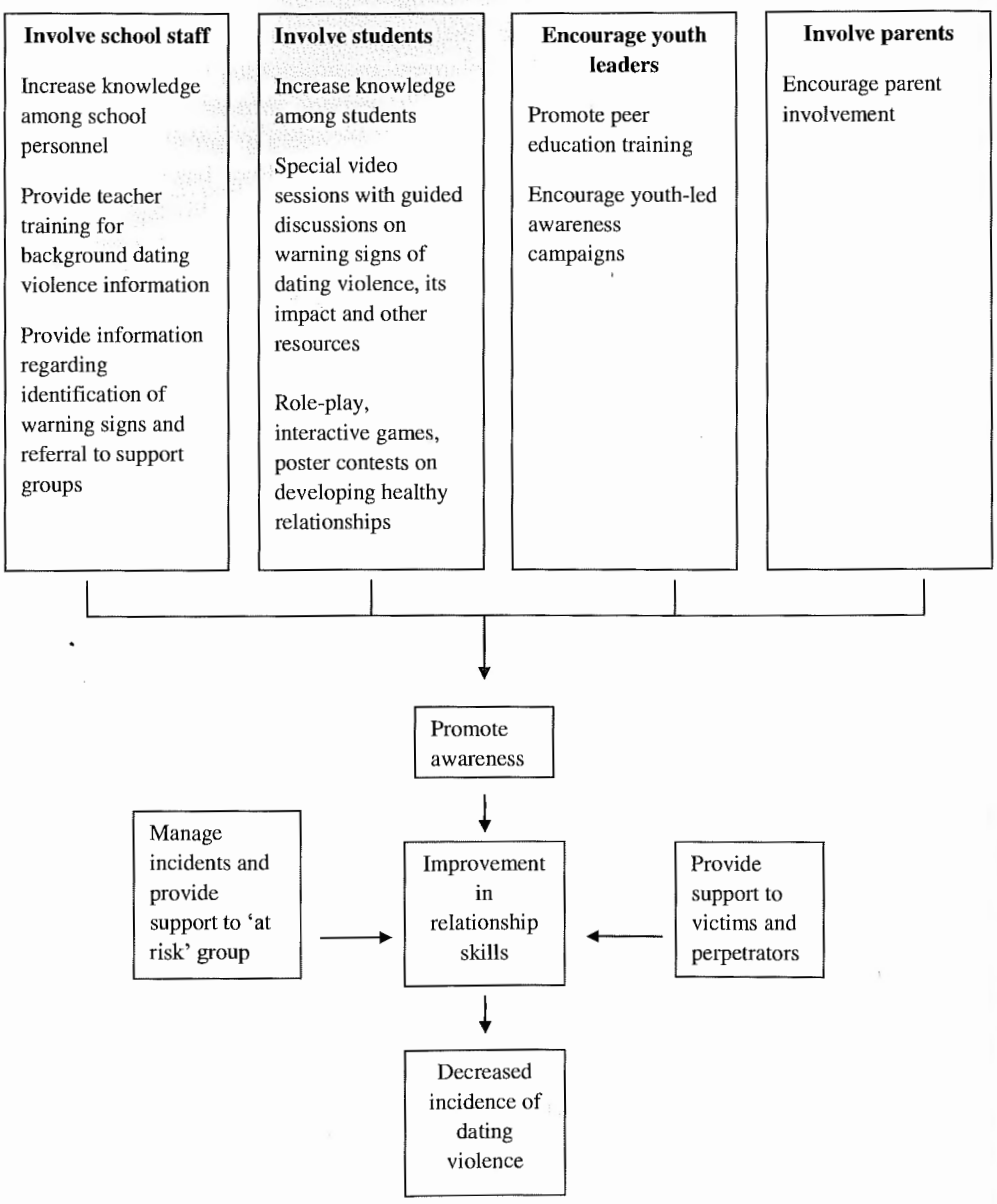

Figure 1. Basic model for school based dating violence prevention program.

Safe Dates program provides an example of primary prevention of teen dating violence. It is based on the Safe Dates conceptual Model (78). The theoretical base for the model revolves around the key concepts of changing norms and improvising conflict management skills. Norms are instruments of social control and thus have a significant effect on behavior and conformity (80). Safe Dates program activities were designed to alter dating violence norms

by increasing the adolescent's perception of negative consequences associated with dating violence and altering peer responses to dating violence. Activities were also designed to decrease adolescent acceptance of tradition gender-role norms which put females in a submissive position relative to males and males in position of power and authority. An evaluation of Safe Dates showed that the program was effective in preventing and reducing dating violence in adolescents as many as three years post intervention. Program effects were not moderated by gender or race but some effects were moderated by prior involvement in dating violence. Although it found that the design holds promise, the evaluation suggested modification in the content focusing on teaching conflict resolution skills and altering beliefs in the need for help (78).

A basic model for school based dating violence prevention program based on the examples of the Expect Respect Program (66) and Safe Dates Program (69) has been presented in figure 1, with emphasis on primary prevention of teen dating violence. Schools are ideally best equipped to promote primary prevention of dating violence. It requires development and implementation of simple strategies requiring participation of teachers, students as well as parents.

NEW APPROACHES

Newer studies suggesting methods to improve prevention program measures are warranted. A recent study identified that outcomes of school programs may be affected by format (classroom vs. small group), group type (single gender vs. mixed gender) as well as combination of these characteristics (81). A study had pointed out that no program targets couples, in part due to the flux of mid-adolescent partnership (5). It might be useful to explore these new channels while developing prevention programs to create a more effective means of intervention.

CONCLUSION

Despite the widespread prevalence of dating violence, a study showed that 60 % of victims and 79% of perpetrators did not seek help for dating violence (60). It is consistent with the Liz Claiborne Survey (9), which showed that most children are unaware of the warning signs of dating violence. This has contributed in making teen dating violence an important social and public health problem. As health care providers, we are ideally placed to promote prevention of adolescent dating violence as well as support for the victims and perpetrators due to our regular contact with the adolescents during well-check examinations and sports physicals.

Prevention of adolescent partner violence can begin as early as age 3 or 4 years by educating patients to distinguish good touch from bad touch and to seek adult help, if they are uncomfortable with the way another child or adult is touching them. Preadolescent and early adolescent well-child examinations can include a positive discussion of how to demonstrate caring, show respect, and resolve conflicts nonviolently (64). Clinic newsletters, pamphlets, posters may help to disperse knowledge regarding healthy dating relationships.

The role of media is essential in creating an awareness of this health problem. Studies have found that adolescents use media as a potential source of health information (82). Most dating violence prevention programs make use of theatre to enact plays promoting awareness. Internet plays a major role in providing information to teens regarding warning signs of dating violence and forming support groups for the victims and perpetrators. Media has assumed this role in a responsible manner, ensuring the safety of the teens, who access this information, by deleting the traces of access on the computer, in case of possible cyber stalking.

There is a need of awareness and commitment at all levels of the society across all ages. It is the responsibility of the entire community to join hands and mobilize resources from all realms to recognize and eradicate teen dating violence and teach the young minds that love can't mean violence.

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