

## **Intimate Partner Violence in Adolescence**

### **Description/Etiology**

Adolescent dating violence is a form of intimate partner violence (IPV) among teenagers. Teen dating violence involves harm inflicted by one person on another within an intimate, romantic relationship that is ongoing or that has ended (CDC, 2016a). It includes physical, psychological, emotional, and sexual abuse and stalking, and may take place in person or via electronic communication (CDC, 2016b). Most frequently the violence is in the form of insults, threats, and/or controlling behaviors. Both males and females may be victims; adolescent dating violence occurs in both heterosexual and homosexual relationships.

Studies draw attention to the different gender contexts in which adolescent IPV takes place. Females are often victims of multiple forms of IPV compared with male victims, who tend to report physical violence only. Female victims report more fear and emotional hurt compared with male victims, who report anger or humor in response to the IPV. Females are also more likely to be physically injured as a result of IPV.

Male adolescents are more likely to be the initiators of all types of violence and they are more likely to respond aggressively to conflict with partners. Researchers who studied male college students in 2010 reported that 77% stated that as an adolescent or young adult they had perpetrated psychological IPV, 33% said they perpetrated physical IPV, and 40% reported perpetrating sexual IPV (Shorey et al., 2010). Researchers have found that a frequent precursor to IPV is a higher prevalence of hostile-dominant interpersonal problems in the histories of perpetrators, such as child abuse, exposure to interparental violence, and limited social or anger-management skills (Edwards et al., 2014).

The exposure of young persons to violence through media, and within their families and communities, desensitizes them to its occurrence. The normalization and cultural tolerance of violence in the media that adolescents consume encourages them to believe that dating violence is acceptable (Lee et al., 2016). This can lead to a lack of understanding among adolescents as to what a healthy, egalitarian relationship looks like. Adolescent males and females report feeling pressured to date, to be in a committed romantic relationship, and to engage in sex. Many adolescents feel insecure in their relationships and may not have the social and verbal skills needed to talk through their feelings and process their emotional experiences. These factors increase risk for violent behavior in relationships.

Adolescents involved in IPV are more likely to use drugs and alcohol and to have delinquent and criminal histories, including gang involvement. Adolescent girls who experience IPV have an increased risk of contracting sexually transmitted diseases (STD), including the human immunodeficiency virus (HIV). Other possible consequences include physical injury, emotional distress, suicide ideation/attempts, high-risk behaviors (e.g., car surfing, school truancy, gang involvement), pregnancy, substance abuse, and disruptions to self-image. For sexual abuse victims, the consequences include a range of mental health problems, such as post-traumatic stress, and somatic complaints, including chronic pain.

IPV is reduced when parents are involved in their adolescents' lives and families resolve conflicts without resorting to aggression. Although some adolescents use electronic communication to abuse their partners (e.g., Facebook, Instagram, Snapchat), others report that technology, such as texting, can help them redefine boundaries and set limits with their intimate partners. Curriculum-based programs have proven successful in reinforcing positive and egalitarian relationships among adolescents.

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## Facts and Figures

In a 2013 United States national survey 20.9% of adolescent females and 10.4% of adolescent males reported that they had experienced some form of IPV (e.g., rape, physical violence, stalking) during the 12 months before the survey (CDC, 2013). Of those surveyed, 1 in 10 adolescents reported being physically hurt by a boyfriend or girlfriend; 10% of high school students surveyed reported sexual victimization by a romantic partner and 10% reported physical victimization at least once during the 12 months before the survey.

An analysis of Wave III data from The National Longitudinal Study of Adolescent Health (Add Health), which looked at IPV and participation in sports, found that 30.5% of women who played a sport in the past year experienced IPV as compared with 35.9% of women who did not play a sport; among men, 27.4% who played a sport experienced IPV as compared with 29.3% who did not play a sport (Milner & Baker, 2017).

## Risk Factors

Risk factors for unhealthy relationships among adolescents include the belief that violence and threats are acceptable; a history of aggression and bullying; peer use of violence and aggression; promiscuity; alcohol or drug use; multiple sexual partners; depression and anxiety; and difficulties at school. Adolescents who have witnessed violence in their homes and communities, experience poor living situations (e.g., unstable housing, overcrowding, homelessness), experienced abuse or neglect during their childhoods, and those who have little parental support and supervision are at risk for involvement in unhealthy relationships. Adolescents with low commitment to school, low college expectations, or who have dropped out of school are at increased risk for unhealthy relationships (Smith et al., 2015).

## Signs and Symptoms/Clinical Presentation of Victims

- › Psychological: fear, emotional distress, depression, anxiety, suicide ideation, panic attacks, difficulty sleeping, low self-esteem
- › Behavioral: drug and alcohol use, tobacco use, denial or minimization of violence, self-blame for partner's violence, poor school performance, truancy
- › Sexual: unwanted pregnancy due to forced intercourse, sexually transmitted disease
- › Physical: cuts, scratches, bruises, broken bones, welts, internal bleeding, head injuries, frequent headaches, chronic pain
- › Social: isolation from friends and family, difficulty trusting others, reluctance to seek medical care for fear that the IPV will be reported or fear that abuse will escalate if it is disclosed, difficulty trusting others (including healthcare providers) due to a history of isolation and feelings of helplessness

## Social Work Assessment

### › Client History

- Conduct a biopsychosocial-spiritual assessment to include information on physical, mental, spiritual, environmental, social, and medical factors
- Ask adolescents about their lives, including their past and present relationships
  - Ask about how they feel in their relationships
  - Use the same language adolescents use to talk about their relationships
  - Ask about family history, history of substance use/abuse, history of physical/sexual/emotional abuse, and nature and level of violence
  - Record the types of health complaints. Gastrointestinal disorders, chronic pain syndromes, depression, and suicidal behavior may be indicative of IPV. Include specific questions about safety and suicide ideation

### › Relevant Diagnostic Assessments and Screening Tools

- Teen Dating Violence Assessment Questions, available at <http://www.nrcdv.org/rhydvt toolkit/docs/San%20Diego%20TDV%20Screening%20Tool.pdf>, may be used to explore issues of relationship violence with youth
- Tools for screening for intimate partner violence may be administered, including the Partner Violence Screen (PVS); the Hurt, Insulted, Threatened with harm, or Screamed at (HITS) instrument; the Revised Conflict Tactics Scale (CTS2); the Intimate Partner Violence Risk Assessment Form (PAS); the Danger Assessment Scale (DA); the Abuse Assessment Screen (AAS); and the Domestic Violence Screening Inventory
- Other diagnostic assessment and screening tools may be used depending on the specific mental health problem resulting from IPV, such as
  - Depression (e.g., Kutcher Adolescent Depression Scale [KADS-11], Columbia Depression Scale)

–Substance abuse (e.g., Adolescent Alcohol and Drug Involvement Scale [AADIS], CRAFFT, Personal Experience Screening Questionnaire [PESQ])

› **Laboratory and Diagnostic Tests of Interest to the Social Worker**

- X-rays may be relevant to review if there is a history of physical abuse
- HIV and STD testing results
- Toxicology screening may be helpful to determine drug and/or alcohol use

**Social Work Treatment Summary**

A complete assessment of the victim of IPV is helpful to understand the extent and nature of the IPV and its impact on other life areas (e.g., school, home, other relationships). This is essential for careful diagnosis, appropriate case management, and successful intervention. Adolescents are less likely to be victims or perpetrators of IPV when there is a sense of equality between intimate partners, when they have social skills to respond to sexual intimacy and problem-solving, and when aggression and coercion are considered unacceptable (White, 2009). Interventions that are multidimensional, culturally sensitive, and work with the family, as well as individual and group interventions, are recommended (Clarey et al., 2010). Treatment intervention should include psychoeducation on the dynamics and risk factors for violent relationships. Cognitive behavioral therapy (CBT) techniques such as thought-stopping, automatic thought recording, and role-playing can be used to increase important skills and provide insight into the client’s core beliefs about him- or herself, dysfunctional thinking, and maladaptive coping strategies. Educating adolescents about respectful relationships and anger management is key to prevention (Clarey et al., 2010; Wolfe et al., 2009b). School-based education programs promoting positive relationships have proven successful; schools need to include these topics as part of their health curriculum (Wolfe et al., 2009b). It is recommended that social workers working with adolescents screen for IPV by asking questions about adolescents’ relationships and how safe they feel within them (Cutter-Wilson & Richmond, 2011). In one study, researchers found that clinicians’ ability to screen and offer treatment for IPV is compromised by their reluctance to routinely inquire about IPV when they do not have reason to suspect incidence with a particular client (Hultman et al., 2014). If IPV is suspected or confirmed, social workers should provide information about local and national resources, which may include hotline numbers, website information, and referrals to organizations that can provide mental health and social services (Cutter-Wilson & Richmond, 2011).

Social workers should be aware of their own cultural values, beliefs, and biases and develop specialized knowledge about the histories, traditions, and values of their clients. Social workers should adopt treatment methodologies that reflect their knowledge of the cultural diversity of the communities in which they practice.

Social workers should practice with awareness of and adherence to the National Association of Social Workers (NASW) Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence; and become knowledgeable of the NASW ethical standards as they apply to IPV and adolescents and practice accordingly.

<b>Problem</b>	<b>Goal</b>	<b>Intervention</b>
Suspicion of adolescent IPV	Prevent further violence	Assess for IPV by asking questions about the adolescent’s relationship and whether he or she feels safe within it. Provide local and national hotline numbers and website information
Confirmed adolescent IPV	Prevent further violence	Provide a crisis-oriented approach that focuses on the immediate safety of the adolescent. Talk to your client about what a healthy relationship is. Refer client to individual and group counseling for victims of IPV

Adolescent exhibits increased levels of emotional distress as a result of IPV	Provide for mental, physical, and emotional well-being, reduction of anxiety and depression (if present)	Provide interventions that aim to alleviate the feelings of hopelessness and helplessness. Determine how the adolescent perceives his or her circumstances. Provide an empowerment-oriented approach that enables the client to improve his or her safety, regardless of whether he or she chooses to remain in or leave the relationship
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## Applicable Laws and Regulations

- › In the United States, requirements for mandatory reporting of IPV and child maltreatment by healthcare and social workers vary from state to state, ranging from no requirement at all to required reporting of any injury caused by a weapon. Be knowledgeable about the reporting requirements in your jurisdiction
- › The Violence Against Women Act of 1994 (VAWA) is a United States federal law that provides funding for investigation and prosecution of violent crimes against women, imposes automatic and mandatory restitution on those convicted, and allows civil redress for cases in which prosecutors choose not to prosecute. Its coverage extends to male victims of domestic violence, dating violence, sexual assault, and stalking. The Violence Against Women Reauthorization Act of 2013 improved the nation’s response to violence for all victims (e.g., Native American women, immigrants, LGBT persons, college students, youth)
- › The Victims of Trafficking and Violence Protection Act including the Battered Immigrant Women’s Protection Act passed by the U.S. Congress in 2000 created the “U” nonimmigrant visa, which enables immigrant women and children in abusive marriages and family situations to leave their spouses without fear of change in their immigration status
- › The Domestic Violence Act 1995 is the foundation of laws related to IPV in New Zealand. The law was updated since its initial passage, most recently in 2009 with passage of the Domestic Violence (Enhancing Safety) Bill, which, among other measures, gives the police the power to issue Police Safety Orders (PSO) when they think family violence has occurred. PSO, for which consent of the victim is not needed, require that the suspected perpetrator of violence leave the residence, have no contact with the victim(s), and surrender any firearms for the duration of the order. PSO become effective immediately and may last up to 5 days
- › In 1997 the Dominican Republic issued Ley 24-97, or La ley contra la violencia domestica, making all forms of domestic violence illegal and punishable by law
- › The 1995 Beijing Platform for Action outlines specific measures governments should take to prevent and address violence against women and girls (United Nations Women, n.d.)
- › The 2013 Mandatory Reporting Code in the Netherlands requires mandatory reporting of IPV and child abuse by health professions (van Dam et al., 2015)
- › Each country has its own standards for cultural competence and diversity in social work practice. Social workers must be aware of the standards of practice set forth by their governing body (e.g., National Association of Social Workers in the U.S., British Association of Social Workers in the U.K.) and practice accordingly

## Available Services and Resources

- › Safe Dates at Violence Prevention Works! offers a curriculum for trainers that has proven success in preventing IPV among adolescents, [http://www.violencepreventionworks.org/public/safe\\_dates.page](http://www.violencepreventionworks.org/public/safe_dates.page)
- › Love is Respect provides information about IPV for adolescents, <http://www.loveisrespect.org>
- › Teen Relationships provides information about healthy teen relationships, <https://corasupport.org/teenrelationships.org/>
- › Futures Without Violence is an organization that works to end all types of violence, <https://www.futureswithoutviolence.org/>
- › That’s Not Cool offers information for adolescents to understand and stop IPV and bullying, <https://thatsnotcool.com/>
- › Break the Cycle works with schools and communities to help prevent IPV among adolescents, <http://www.breakthecycle.org>

- › Centers for Disease Control and Prevention (CDC), Teen Dating Violence, has information and resources, [http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/teen\\_dating\\_violence.html](http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/teen_dating_violence.html)
- › Hot Peach Pages, International Directory of Domestic Violence Agencies, <http://www.hotpeachpages.net/>

## Food for Thought

- › Although IPV is often associated with older adolescents, increasingly it is taking place among younger adolescents
- › Middle-school staff need to increase their awareness and understanding of IPV among adolescents
- › Schools need to ensure that topics about healthy relationships are included in their curriculum
- › Culture influences views of gender roles and acceptable interactions in relationships. When working with adolescents it is critical to be as informed as possible about cultural influences unique to that adolescent, in addition to influences arising from the dominant culture
- › Adolescents who are abused by their partners may also be perpetrators of IPV and not solely victims (Finch, 2015)

## Red Flags

- › Adolescents are unlikely to divulge their experiences or seek help with IPV
- › There is a lack of awareness among the general population about IPV among adolescents
- › Language, thinking, and behavior that demeans women and girls is highly prevalent among adolescents involved in dating violence
- › Adolescent IPV is significantly associated with high-risk sexual and substance use behavior (e.g., coerced unprotected sex, injection drug use), which increases the risk for STDs
- › Adolescents who are victims of IPV in high school are at increased risk for victimization in college (CDC, 2016c)

## Discharge Planning

- › Provide referrals for counseling, law enforcement agencies, legal assistance, support groups, substance abuse treatment, crisis lines, medical care, and personal empowerment programs
- › Provide printed take-home materials on safety procedures and plans, including those published by the National Center on Domestic and Sexual Violence, [http://www.ncdsv.org/images/DV\\_Safety\\_Plan.pdf](http://www.ncdsv.org/images/DV_Safety_Plan.pdf) and the Domestic Violence Resource Center, [http://static1.squarespace.com/static/524373d9e4b016188cd1cbfd/t/53d13a2de4b0ec2e7fcc311d/1406220845775/Personalized+Safety+Plan\\_English+2013.pdf](http://static1.squarespace.com/static/524373d9e4b016188cd1cbfd/t/53d13a2de4b0ec2e7fcc311d/1406220845775/Personalized+Safety+Plan_English+2013.pdf)

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