

# Understanding Teen Dating Violence

## Fact Sheet

2016

Dating violence is a type of intimate partner violence. It occurs between two people in a close relationship. The nature of dating violence can be physical, emotional, or sexual.

- **Physical**—This occurs when a partner is pinched, hit, shoved, slapped, punched, or kicked.
- **Psychological/Emotional**—This means threatening a partner or harming his or her sense of self-worth. Examples include name calling, shaming, bullying, embarrassing on purpose, or keeping him/her away from friends and family.
- **Sexual**—This is forcing a partner to engage in a sex act when he or she does not or cannot consent. This can be physical or nonphysical, like threatening to spread rumors if a partner refuses to have sex.
- **Stalking**—This refers to a pattern of harassing or threatening tactics that are unwanted and cause fear in the victim.

Dating violence can take place in person or electronically, such as repeated texting or posting sexual pictures of a partner online.

Unhealthy relationships can start early and last a lifetime. Teens often think some behaviors, like teasing and name calling, are a “normal” part of a relationship. However, these behaviors can become abusive and develop into more serious forms of violence.



### Why is dating violence a public health problem?

Dating violence is a widespread issue that has serious long-term and short-term effects. Many teens do not report it because they are afraid to tell friends and family.

- Among high school students who dated, 21% of females and 10% of males experienced physical and/or sexual dating violence.<sup>1</sup>

- Among adult victims of rape, physical violence, and/or stalking by an intimate partner, 22% of women and 15% of men first experienced some form of partner violence between 11 and 17 years of age.<sup>2</sup>



### How does dating violence affect health?

Dating violence can have a negative effect on health throughout life. Youth who are victims are more likely to experience symptoms of depression and anxiety, engage in unhealthy behaviors, like using tobacco, drugs, and alcohol, or exhibit antisocial behaviors and think about suicide.<sup>3,4,5</sup> Youth who are victims of dating violence in high school are at higher risk for victimization during college.<sup>6</sup>



### Who is at risk for dating violence?

Factors that increase risk for harming a dating partner include the following:<sup>7</sup>

- Belief that dating violence is acceptable
- Depression, anxiety, and other trauma symptoms
- Aggression towards peers and other aggressive behavior
- Substance use
- Early sexual activity and having multiple sexual partners
- Having a friend involved in dating violence
- Conflict with partner
- Witnessing or experiencing violence in the home

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## How can we prevent dating violence?

The ultimate goal is to stop dating violence before it starts. Strategies that promote healthy relationships are vital. During the preteen and teen years, young people are learning skills they need to form positive relationships with others. This is an ideal time to promote healthy relationships and prevent patterns of dating violence that can last into adulthood.

Many prevention strategies are proven to prevent or reduce dating violence. Some effective school-based programs change norms, improve problem-solving, and address dating violence in addition to other youth risk behaviors, such as substance use and sexual risk behaviors.<sup>8,9</sup> Other programs prevent dating violence through changes to the school environment or training influential adults, like parents/caregivers and coaches, to work with youth to prevent dating violence.<sup>10,11,12</sup>



## How does CDC approach prevention?

CDC uses a four-step approach to address public health problems like dating violence.

### Step 1: Define the problem

Before we can prevent dating violence, we need to know how big the problem is, where it is, and who it affects. CDC learns about a problem by gathering and studying data.

### Step 2: Identify risk and protective factors

It is not enough to know that dating violence is affecting a certain group of people in a certain area. We also need to know why. CDC conducts and supports research to answer this question.

### Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and evaluates strategies to prevent violence.

### Step 4: Ensure widespread adoption

In this final step, CDC shares the best prevention strategies and may provide funding or technical help so communities can adopt these strategies.



## Where can I learn more?

### CDC's Dating Matters: Strategies to Promote Healthy Teen Relationships

[www.cdc.gov/violenceprevention/datingmatters](http://www.cdc.gov/violenceprevention/datingmatters)

### CDC's Teen Dating Violence Infographic

[www.cdc.gov/violenceprevention/intimatepartnerviolence/teen\\_dating\\_violence\\_infographic.html](http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence_infographic.html)

### National Dating Abuse Helpline and Love is Respect:

[www.loveisrespect.org](http://www.loveisrespect.org) or 1-866-331-9474 or text loveis to 22522

### National Domestic Violence Hotline

1-800-799-SAFE (7233)

### National Sexual Assault Hotline

1-800-656-HOPE (4673)

### National Sexual Violence Resource Center

[www.nsvrc.org](http://www.nsvrc.org)



## References

1. Vagi KJ, Olsen EOM, Basile KC, Vivolo-Kantor AM. Teen dating violence (physical and sexual) among US high school students: Findings from the 2013 National Youth Risk Behavior Survey. *JAMA Pediatrics* 2015; 169(5):474-482.
2. Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, Chen J, Stevens MR. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2011.
3. Foshee VA, McNaughton Reyes HL, Gottfredson NC, Chang LY, Ennett ST. A longitudinal examination of psychological, behavioral, academic, and relationship consequences of dating abuse victimization among a primarily rural sample of adolescents. *Journal of Adolescent Health* 2013; 53:723-729.
4. Roberts TA, Klein JD, Fisher S. Longitudinal effect of intimate partner abuse on high-risk behavior among adolescents. *Archives of Pediatric Adolescent Medicine* 2003; 157:875-881.
5. Exner-Cortens D, Eckenrode J, Rothman E. Longitudinal associations between teen dating violence victimization and adverse health outcomes. *Pediatrics* 2013; 71:71-78.
6. Smith PH, White JW, Holland LJ. A longitudinal perspective on dating violence among adolescent and college-age women. *American Journal of Public Health* 2003; 93(7):1104-1109.
7. Vagi KJ, Rothman E, Litzman NE, Teten Tharp A, Hall DM, Breiding M. Beyond correlates: A review of risk and protective factors for adolescent dating violence perpetration. *Journal of Youth and Adolescence* 2013; 42:633-649.
8. Foshee VA, Bauman KE, Arriaga XB, Helms RW, Koch GG, Linder GF. An evaluation of Safe Dates, an adolescent violence prevention program. *American Journal of Public Health* 1998; 88:45-50.
9. Wolfe DA, Crooks C, Jaffe P, Chiodo D, Hughes R, Ellis W, Stitt L, Donner A. A school based program to prevent adolescent violence: a cluster randomized trial. *Archives of Pediatric and Adolescent Medicine* 2009; 163:692-699.
10. Taylor BG, Stein ND, Mumford EA, Woods D. Shifting Boundaries: an experimental evaluation of a dating violence prevention program in middle schools. *Prevention Science* 2013; 14:64-76.
11. Foshee VA, Reyes McNaughton HL, Ennett ST, Cance JD, Bauman KE, Bowling JM. Assessing the effects of Families for Safe Dates, a family-based teen dating abuse prevention program. *Journal of Adolescent Health* 2012; 51:349-356.
12. Miller E, Tancredi DJ, McCauley HL, Decker MR, Virata CDM, Anderson HA, O'Connor B, Silverman JG. One-Year follow-up of a coach-delivered dating violence prevention program: a cluster randomized controlled trial. *American Journal of Preventive Medicine* 2013; 45:108-112.