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## Adolescent Dating Violence Prevention and Intervention in a Community Setting: Perspectives of Young Adults and Professionals

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## Adolescent Dating Violence Prevention and Intervention in a Community Setting: Perspectives of Young Adults and Professionals

### Abstract

Adolescent dating violence (ADV) is a significant community problem. In this study, we examine the perspectives of two groups (young adults who experienced ADV as teens and professionals who work with teens) on ADV prevention/intervention in a community context. We interviewed 88 young adults and 20 professionals. Our research team used Thorne's (2008) interpretive description methods to determine participants' perspectives on community views on ADV, community ADV prevention/intervention programs, and ideal ADV prevention/intervention strategies. Participants perceived most communities as being blind to ADV. They perceived prevention programs as unavailable, inappropriate, or impersonal. Young adults indicated that professionals should use a gradual approach with teens experiencing ADV. Participants suggested that ideal prevention programs should include personal development and education. Helping professionals can use these findings to develop effective community-based ADV prevention/intervention program.

### Keywords

Adolescents, Dating Violence, Community Context, Qualitative, Interpretive Description

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## **Adolescent Dating Violence Prevention and Intervention in a Community Setting: Perspectives of Young Adults and Professionals**

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Adolescent dating violence (ADV) is a significant community health concern involving “physical, sexual, psychological or emotional violence within a dating relationship” (Centers for Disease Control, 2010). Studies indicate that anywhere between 20-50% of teens have experienced an aggressive dating relationship (Connolly & Josephson, 2007; Jouriles, Platt, & McDonald, 2009), and 50-80% have known a friend who has experienced dating violence (Craigien, Sikes, Healey, & Hays, 2009).

Adolescent dating violence is associated with a number of risk factors and negative outcomes. Pregnancy, substance/alcohol use and abuse, interpersonal violence, eating disorders, suicidal intentions, decreased mental and physical health, and low life satisfaction are often associated with ADV (Banyard & Cross, 2008; Bossarte, Simon, & Swahn, 2008; Connolly & Josephson, 2007; Craigien et al., 2009). ADV has been associated with mental health concerns (e.g., depression), substance use, and negative views of school (Banyard & Cross, 2008). One particular concern is that ongoing dating

violence in adolescence is associated with intimate partner violence later in life (Connolly & Josephson, 2007; Johnson et. al., 2005).

Legislators have enacted dating violence laws in at least 14 states, and 7 states have pending legislation (National Conference of State Legislatures, 2011). Enacted legislation has taken one of several forms: (a) mandated ADV educational programs in middle and high schools; (b) mandated development of school policies related to ADV prevention; (c) encouraged, but not required, school-based education; (d) mandated continuing education related to ADV for school personnel; or (e) mandates for state departments of education to develop model curricula or policies related to ADV.

Most legislation has encouraged or mandated the development or use of some type of ADV education. Clinicians and researchers have developed a number of programs designed to prevent ADV and have described them in the literature (O'Leary, Woodin, & Fritz, 2006). Whitaker et al. (2006) examined 11 of the most widely-used ADV prevention programs. These programs were primarily universal (aimed at all teens, regardless of their risk for violence) rather than targeted (aimed at those with higher risk). Most programs focused on the use of feminist and social learning principles to prevent dating violence perpetration and victimization (Jouriles et al., 2009).

Several researchers have studied the outcomes of current ADV prevention programs. Most programs target knowledge and attitude changes about dating violence as program outcomes (Avery-Leaf, Cascardi, O'Leary, & Cano, 1997; Foshee et al., 1998, 2000; Jaffe, Sudermann, Reitzel, & Killip, 1992; Macgowan, 1997; Pittman, Wolfe, & Wekerle, 1998). Teens who participate in these programs often report an increase in knowledge about dating violence and a decrease in attitudes that support dating violence (Ball, Kerig, & Rosenbluth, 2009; Clinton-Sherrod et al., 2009; O'Leary et al., 2006). Other studies have shown reduction in psychological, physical, or sexual dating violence behaviors (Foshee et al., 2005; Wolfe et al., 2009).

While promising results have been shown in studies of ADV prevention programs, the prevalence of dating violence remains high (CDC, 2010). Some researchers have suggested that positive development for youth (e.g., engaging in healthy, rather than violent, peer relationships) was related to healthy community connections (Lerner, et al., 2005). Others have shown that aggressive adolescent relationship behaviors, specifically ADV, were linked to tolerance of aggression in society (Connolly, Friedlander, Pepler, Craig, & Laporte, 2010). Similarly, several researchers suggested that the success of ADV prevention programs could be increased by using an ecological approach, in which individuals are considered in the context of their families, communities, and society (Connolly & Josephson, 2007; Jain, Buka, Subramanian, & Molnar, 2010; Kerig, Volz, Moeddel, & Cuellar, 2010 ). On the whole, these studies suggest that researchers need to examine the phenomenon of dating violence and its prevention in the context of the community.

Despite the promise of an ecological approach to ADV prevention, researchers have measured most program outcomes at the level of the individual teen. Furthermore, few studies have examined views about ADV by other groups of individuals (e.g., parents, school officials, community leaders or members) or by professionals who work with teens. A notable exception was a study of pediatric resident physicians' knowledge and attitudes about dating violence (Forcier, Patel, & Kahn, 2003). Residents demonstrated knowledge about the prevalence of ADV but rarely screened for it.

Screening for ADV increased if the resident had personal experience with interpersonal violence. This study suggests that attitudes held by professionals in the community may affect how dating violence is handled.

Experts suggest that communities influence the problem of dating violence and recommend that a community focus be incorporated into ADV programs. However, scholars have not addressed how individuals who have experience with ADV (either personally or professionally) perceive the existing community view of ADV and ADV prevention and intervention efforts available in the community. Research conducted to enhance understanding about how these individuals perceive community views on ADV, what prevention and intervention programs are available in a typical area, and their ideas about what ideal prevention strategies would look like, would help inform efforts to decrease the problem at the community level. Professionals who work with adolescents could use the findings to design curricula that would address community views and understandings about ADV, and meet community prevention and intervention needs.

The purpose of this study is to explore how young adults who experienced dating violence as teens and professionals who work with teens perceive community responses to ADV. The specific aims of the study were to describe how these two groups: (a) perceive how people in their communities view ADV; (b) describe the nature of prevention or intervention activities in their communities; and (c) describe ideal ADV prevention or intervention programs.

Thorne (2008) suggests that qualitative studies are strengthened by including “collateral” data sources. In particular, Thorne encourages researchers to include experiences and views of “thoughtful clinicians” (p. 84) who have seen the phenomenon of interest across many clients and years. In the current study, we included the young adult view because understanding a problem without input from the primary stakeholder usually means that programs developed to address the problem are not well-accepted by the intended stakeholder. We included the professional viewpoint because professionals are often aware of systemic barriers (e.g., political, financial) to successful implementation of programs. We assumed that neither group was able to provide a holistic view of the community view about ADV and its prevention and intervention; by incorporating the experiences and views of members of both groups we allowed for an expanded understanding of the phenomenon.

### **Author Context**

We developed a three-member research team composed of a senior-level nursing student (the second author), who was a McNair Scholar, and two senior faculty members who are experienced, mental health professionals. The student was interested in the topic of ADV for two reasons. Several of her friends had personal experiences with ADV. However, her primary interest in the topic was the fact that it was the area of research interest for her faculty mentor (the first author). The first and third authors have been research partners examining aspects of interpersonal violence for ten years. We have conducted a number of studies on sexual violence across the lifespan and ADV and have written extensively on these topics. Prior to engaging in data collection, the research team held a day-long retreat during which we discussed our previous experiences with ADV (both personal and professional) and our potential biases and preconceptions.

Our intention in this study was to examine how community views about ADV and how ADV prevention programs were perceived by two groups who were most acquainted with the topic (young adults who had experienced ADV and professionals who work with teens). The first and second authors analyzed the data to fulfill a portion of the second author's research requirements as a McNair Scholar. The third author reviewed the findings and determined that they accurately reflected the data.

## **Methods**

This study was part of a larger study entitled, "Adolescent Dating Violence: Development of a Theoretical Framework." The purpose of the larger study was to use grounded theory methods (Charmaz, 2006) to develop a theoretical framework that describes, explains, and predicts how dating violence begins and unfolds in adolescent relationships. Institutional Review Board approval to conduct the larger study was obtained from the first author's university. The current study was embedded in the larger study proposal presented to the Review Board and was approved with the larger study.

The current study was conducted using interpretive description methods, as described by Thorne (2008). Interpretive description provides a "thematic summary or conceptual description" of the phenomenon of interest (Thorne, 2008, p. 164) that leads to practice applications. The research team selected interpretive description methods because the literature review indicated that ADV prevention and intervention programs have been developed without an adequate understanding of the community context in which they may be enacted. We believe that existing knowledge about ADV would be enhanced by a thematic or conceptual description of perceptions about community views on ADV and prevention programs which would potentially lead to practical suggestions to enhance such programs.

## **Participant Recruitment**

Community recruitment (Martsolf, Courey, Chapman, Draucker, & Mims, 2006) was used to recruit a sample of 88 young adults, aged 18-21, who had experienced dating violence as adolescents (ages 13-18) and 20 professionals who routinely work with teens. Twelve communities (six urban, three suburban, and three rural) were selected for participant recruitment based on demographic data. The goal was to access a sample that varied on race, income, education, and gender.

Three master's-prepared mental health clinicians served as research associates on this study. The research associates and the project manager formed groups of two and walked through each community. They entered business establishments, churches, schools, social agencies, and other public spaces. In each setting, they talked with community members, described the study, requested permission to display flyers about the study, and asked community members to promote the study in the community. The project manager obtained permission to use settings in each community (churches, libraries, health care facilities) as interview sites.

Young adults in each community read the flyers which indicated that we were seeking participants in a study who had experienced dating violence as teens, ages 13-18. On the flyers, we described dating violence as a wide variety of behaviors including put-

downs, yelling, pinching, slapping, hitting, punching, and unwanted sexual contact, among others. We indicated that we were offering a \$35 incentive to cover travel and time. We asked participants to call a toll-free number where they heard a recorded message about the study. Interested young adults left their contact information. One of the three master's-prepared mental health clinicians called the potential participant, explained the study, and screened each individual for inclusion criteria. Inclusion criteria were: (a) currently aged 18 to 21; and (b) experienced ADV as a teen aged 13-18. The research associates also used a protocol developed for the study (Draucker, Martsolf, & Poole, 2009) to screen for current mental health concerns or current abusive relationships that might make study participation harmful for the individual. No individuals were excluded from the study based on the protocol screen.

We interviewed 88 young adults in their communities. We recruited young adults who had experienced ADV as teens rather than teens who were currently experiencing ADV. The research team chose to recruit young adults to prevent restricting the sample to teens who had told their parents about the dating violence. Researchers on prior studies indicate that adolescents rarely tell their parents about their ADV experiences (Black, Tolman, Callahan, Saunders, & Weisz, 2008; Ocampo, Shelley, & Jaycox, 2007). Adolescents under age 18 would be required to obtain parental permission to participate in the study. Thus, we believed that interviewing teens would likely yield a sample of those who had told their parents. We did not want to eliminate those adolescents who would have been reluctant to obtain parental permission because they had not told their parents. We believed that young adults, aged 18-21, were close enough to the ages at which their ADV experiences occurred to be able to remember the events in detail.

The master's-prepared mental health clinicians conducted semi-structured interviews. The interviewers began with questions that related to the research questions of the larger study. Specifically, the interviewer began by providing a general invitation to each participant to describe the dating violence experienced as a teen. If the participant needed further prompts, the interviewer posed follow-up questions: "Tell me about how you managed the violence," "Tell me about your dating relationship," or "How have you recovered or healed from your experiences with dating violence?" At the completion of the interview, the interviewer asked the participants two additional questions that we used as the basis for the current study: (a) How does your community view ADV? and (b) What advice would you give to professionals who work with teens who experience ADV? We did not provide the participants with a definition of "your community." Rather, we asked the participants to respond to the question based on their own view of the salient community.

We recruited twenty professionals in three ways: (a) asking community members to provide names of professionals in each community who work regularly with teens; (b) searching internet and telephone sources; and (c) asking professional contacts to provide names of potential professional participants. Our research team chose four groups of professionals to provide information about the social circumstances that influence adolescents' lives: school-based professionals (e.g., teachers, guidance counselors); health care professionals (e.g., pediatricians, pediatric nurse practitioners); community-based youth workers (e.g., volunteer mentors, coaches); faith-based youth workers (e.g., clergy, choir directors). The professional participants represented organizations in the

twelve communities in Northeastern Ohio. Legislators in Ohio had not enacted ADV legislation at the time of the interviews in the current study.

The same research associates who interviewed the young adults conducted 45-60 minute interviews in the professional participants' workplaces. The interviewers asked professional participants the following questions: (a) What kind of work do you do with adolescents; (b) How would you describe the community in which you work; (c) How is dating violence viewed in your community; and (d) What would an ideal prevention or intervention program for dating violence look like? Members of the research team audio-taped and transcribed all interviews.

Data for the current study included the portions of the 88 young adults' transcribed interviews in which they detailed their perceptions of how their communities viewed ADV and any advice they had for professionals as well as the entire interviews of the 20 professionals.

### **Data Analysis**

The research team analyzed data using approaches described by Thorne (2008). Thorne does not rigidly prescribe a linear, step-by-step data analysis process. Rather, she encourages researchers to select techniques from a number of qualitative traditions (e.g., ethnography, grounded theory, and phenomenology) that best suit the intended goal of the study and to use them iteratively. Our research team analyzed the data in an iterative process. The first and second authors first read each transcript as a whole. We then reread the entirety of each professional transcript and the portions of the young adult transcripts in which they answered the two questions specific to this study. This process was accomplished over a four-week period during which these two researchers met weekly to discuss initial impressions of the transcripts which had been recorded in written notes about each transcript.

The first and second authors then conducted line-by-line coding on the first five professional transcripts. We named each line with language close to the data (Charmaz, 2006). We used this type of coding to ensure that we did not prematurely close our analysis (Thorne, 2008) of the professionals' answers to questions about their current work, the community context of their work, and ideas about the ideal ADV prevention program. We used the same process on the sections of the 88 young adult transcripts that described their community views and advice for professionals (usually one page in each transcript).

We then grouped similar responses related to each of the three specific aims in order to uncover similarities within and across the transcripts of both groups of participants. We elected to examine data from both data sources simultaneously in order to discover similarities and differences in the perceptions of the groups. We grouped similar responses into very broad categories as suggested by Thorne (2008). We returned to the transcripts with these broad categories in mind and read each transcript again to determine if we had missed any significant groupings of data. We discussed our thoughts about the developing categories in weekly meetings which we held over a period of three additional months.

The first and second authors then individually compared data within each broad category to determine if smaller categories might characterize the data more adequately.

We also individually compared categories to each other to determine if certain categories were unique or could be subsumed. We met weekly for one month to discuss our thoughts about the categories. As a result of the discussions, we discarded some categories as not describing unique groupings of data. We combined other categories or divided existing categories into more specific categories.

When we were satisfied that we had grouped data in a way that would allow for thematic or conceptual description, the first two authors individually examined the categories for possible connections between them. For example, the first author was impressed by the fact that a number of broad categories about how participants perceived community views on ADV were related to some lack of interest or knowledge in the topic. We met to discuss this idea and we agreed that the metaphor of blindness captured the essence of several broad categories. In a similar manner, we examined other broad categories looking for thematic or conceptual connections. When we agreed on a theme, one of us reexamined the transcripts to verify that the theme was data-based. We continued weekly meetings in which we discussed the emerging themes and compared them to the research questions and to our original thoughts about the topic identified in our day-long retreat.

Thorne (2008) suggests that researchers using interpretive descriptive methods should include a consideration of what was not found during data analysis. For example, in our study we were intrigued by the lack of data about perceptions of the use of evidence-based ADV prevention programs. We discussed this finding and considered how the findings might have been different if participants had shared experiences with these programs. Through this type of discussion, we clarified what we had found in the data. We continued to meet weekly to discuss suggested themes until we were satisfied that all data had been accounted for and that the themes were neither too broad nor too narrow. We presented the findings to the third author who provided a critique of the findings, which we used to refine the themes to their final form.

Qualitative researchers address issues of the trustworthiness of the findings in terms of the confirmability, reliability, transferability, and credibility of the findings (Lincoln & Guba, 1985). In this study, we established confirmability by using transcribed interviews and keeping an audit trail of emerging categories and theoretical decisions. We used a three-member research team to analyze the data to enhance reliability. We addressed issues of credibility by including numerous direct quotes from the participants. We reported the sample demographics, thereby allowing the reader to determine the transferability of the findings to other groups.

## **Sample**

The young adult sample included 88 individuals (39 males, 49 females) ages 18-21 living in one of the twelve communities. Race and family of origin income of participants is presented in Table 1. The professional sample included 20 individuals (11 females, 9 males) working in the communities. Age of the sample ranged from 25-67 (mean = 42.3). Race, education level, discipline, and years of service are presented in Table 1. Specific professional disciplines included faith-based (pastoral ministry, youth ministry, campus ministry); health care (nursing, public health); education (teacher, principal, prevention educator); community-based (crisis intervention specialist,

probation officer, judge, social services coordinator). The longest length of service was 36 years.

*Table 1. Sample Demographics*

<b>Young Adults</b>		
Race	Caucasian African American Native American More than one race Other	n=46 n=28 n= 1 n=9 n=4
Family of origin income	< \$10,000 \$10,000 to 19,999 \$20,000 to 49,999 \$50,000 to 99,999 > \$100,000 not reported	n=10 n=8 n=29 n=18 n=13 n=10
<b>Professionals</b>		
Race	Caucasian African American Asian	n=17 n=2 n=1
Education	High School Diploma in Nursing Associate Degree Bachelor's Master's Doctorate	n=1 n=1 n=1 n=11 n=5 n=1
Discipline	Faith-based Health care Education Community-based	n=5 n=5 n=4 n=6
Years of Experience	<1	n=1
	1-5	n=3
	6-10	n=5
	11-15	n=2
	16-20	n=4
	>20	n=5

## Results

Our data analysis yielded themes that explicated the perceptions of the two participant groups about (a) community response to ADV; (b) the nature of current ADV prevention and intervention programs; and (c) the development of ideal programs. We present the results in the following section by describing the themes under each of these three topics and indicating where professional and young adult views were similar and where they differed.

### Perceptions of Community Response to ADV

Both the young adult and the professional participants believed that, in general, the communities in which they lived and worked turned a *blind eye* to issues of ADV. Sheila (pseudonyms are used for all participants and locale names), who worked as a crisis intervention specialist in an urban community, indicated, “I don’t think [community members] take it very seriously because they figure that they’re kids. So we try to turn a blind eye to it.” This blind eye was evident in several ways. Participants perceived communities and their members to be *completely blind*, *partially blind*, or *selectively blind* to the problem of ADV.

**Completely blind.** Some participants believed that most people in their communities were completely blind to ADV (i.e., they had no knowledge that it was occurring). The participants thought that members of these communities would be shocked to hear of a local case of ADV. They felt that people in their communities believed that ADV was neither a valid threat to teens nor a prevalent problem. Richard, who worked as a youth and family specialist in an urban community, said,

I’m not even sure if the community’s aware that it’s [ADV] so prevalent in the nation. ... I don’t think that the community really has the information or knowledge that this goes on. It is more prevalent than what they can imagine.

Community members in some small towns had similar views according to some participants. Mary, a church youth director, said:

We live in a small conservative community and people are shocked when they talk with me. People just don’t believe that sort of thing happens here. ...Because I think that we have some naïve parents parenting adolescents.

Jen, a 21-year-old, young adult participant who lived in a small town, agreed:

Nobody talks about [dating violence]. It just wasn’t the norm, and it wasn’t made known to the students. So how was I as a student supposed to take care of myself, especially when I didn’t even know what [dating

violence] was or understand that something like that could even happen to me.

Danielle, a 19-year-old, young adult participant, felt that some suburban communities were so blind to the possibility of ADV that the topic was “taboo.” “[People believe] that nobody in my community would hurt somebody. Everybody is an All-American football player or cheerleader or in the band.”

**Partially blind.** Some participants believed that members of their communities had a limited realization that ADV might occur in their community but tended to ignore the violence or make excuses for the behavior, including blaming the victims of ADV. Nhia, a social worker, stated, “People look the other way and make excuses....they are not going to look beyond the façade to really address issues.” Sheila, who worked as a crisis intervention specialist, suggested that a common excuse for dating violence is that those involved are young: “I hear a lot of ‘Oh they’re young.’ ‘It’s just a phase.’ ‘They’ll grow out of it.’” Mary, who worked in a faith-based setting, felt that if a community member heard about a case of ADV in her small town community,

They would say, ‘I’ve heard about it.’ I know they’d come up with some, they would tell you something terrible about the student that it happened to. You know, ‘Well she brought that on herself.’ So, that, I guess there would be a lot of prejudice involved in how they viewed it.

Several participants believed that many people in their communities felt that there were few teens who experienced ADV and that those few examples could be discounted. Sarah, a 19-year-old, young adult participant, said, “I think that a lot of times they make it out to be the girl’s fault because they think, ‘Oh, she shouldn’t have gotten herself into that situation.’ One of the few people I told about my situation, she made it like, ‘She’s got issues.’”

**Selectively blind.** Some participants thought that most people in their communities were selectively blind to ADV. They believed that these individuals were aware that ADV was occurring in their community, but viewed it with “peripheral vision” (i.e., it was seen, but was off to the side). Participants thought that while community members knew that dating violence occurred in their community, they did not to address it in a systematic way.

Mark, a middle-school principal, said, “It’s like a faceless threat. If it’s not your daughter or your son or if you’re not on the receiving end then it doesn’t exist [for them].” Betty, who worked as a health care worker at a social service agency, agreed. “I think that they feel like it’s not their problem.... ‘I don’t have any kids’...I mean now it’s really none of their concern. It’s not their problem.” Tenisha, a 21-year-old, young adult participant, added that adolescents in these communities “don’t hear too much about [dating violence]. About the only time [we] would really see something about teen violence would be in a magazine...I read an article about a girl’s boyfriend who killed her.” Both the professional and young adult participants thought there was an awareness of violence, but it was peripheral to the lives of the teens in these communities.

### **Descriptions of ADV Community Prevention and Intervention Programs**

Professionals in primarily urban and suburban settings identified several local programs for ADV prevention or intervention. These programs were developed by professionals based in schools, local hospitals, or community agencies (e.g., courts, health departments, churches, community centers), and were mostly aimed at at-risk and high-risk teens. Adam, a 35-year-old male who worked for a social service agency, described the program in which he worked:

There's a court-appointed administrator who heads the program. There are 4 probation officers that carry case loads for youth that are adjudicated for an offense. They [involved youth] have a mental health diagnosis and are also substance dependent.

Professionals primarily in the suburban and urban schools indicated that they used locally-developed school-based programs aimed at all students. In one large, urban school district, school-based personnel handled ADV as content in an anti-bullying program. In this program, mental health professionals talked about adolescent mental health issues including ADV, which was conceptualized as a form of bullying.

Officials in schools in all three community types relied heavily on teachers and counselors to respond effectively to issues related to ADV. Linda, who taught in a suburban middle school, explained, "The only place they have is to go and talk to a school counselor or they could come in after school and talk to a teacher who they felt comfortable with."

While the participants described some locally-developed programs, most thought that ADV prevention or intervention strategies in their communities could be characterized as unavailable, inappropriate, or helpful but impersonal.

**Programs as unavailable.** Participants from several communities believed that ADV prevention or intervention strategies were not available in their communities. This was especially true of participants from rural or urban communities. Cheryl, who worked as a nurse in a rural area, said:

There's not a lot of choices for them. They would really have to go outside of the county which is kinda worse. I know that Smith County is a poor county but they need to do a better job of taking care of their residents as far as that sort of thing. They need some other resources. You need to dig out all resources.

Rachel, who worked as a dating violence prevention educator in an urbanized area lamented the lack of national programs in the local area.

The most known dating violence program in the United States is Safe Dates out of North Carolina.... It's the most accepted national program. It's an entire curriculum and it focuses on one classroom at a time. But it

is a nationally, evidence-based, accepted program. They don't have a Safe Dates center around here.

**Programs as inappropriate.** Most of the professional participants believed that local ADV prevention programs were inappropriate because they did not consider adolescent development, the age and gender of participants, and were not adequately funded. Both the young adults and professionals suggested that adolescents do not respond well to warnings. Programs designed to primarily caution adolescents about the dangers of ADV were, therefore, ineffective. Cameron, a 20-year-old, young adult participant, stated,

You can't really prevent [dating violence] because people have their own mind frames...you can talk to them and give them all the information but if they feel a certain way, they gonna keep doing the same thing, basically as young people.

Raquel, a 19-year-old, young adult participant, concurred. "Like young people, we tend to be stubborn and not want to listen and not take things seriously."

Some professional participants felt that the prevention programs available in their communities were developmentally inappropriate because they were structured to appeal to younger adolescents or were services designed for adults. These participants thought that age-appropriate resources were needed for older teens experiencing dating violence; the young adult participants believed, however, that older teens in violent relationships would avoid accessing such programs. The young adult participants believed that the target group for prevention programs should be elementary school students. Angie, a 20-year-old, stated,

Elementary school seems to be the best time [for prevention services] because that's when relationships start now. Kids start having sex in elementary school now. It's not in high school.

The participants also believed that gender-appropriate interventions were lacking in their communities. Intervention strategies were geared toward the needs of young women rather than young men. Raymond, who worked as a campus minister, said,

There are a lot of resources for women, women who are victims and support groups and stuff that's available for them. But I just don't see nearly the same amount of energy being utilized in trying to help men see how they've been used...to help men realize how they've been led astray.

The young adults confirmed this concern. Cameron, the 20-year-old, young adult participant, argued that, "For males there's such a thing as domestic violence [against them] too."

Many professional participants were concerned that mandates for ADV prevention programs were either unfunded or underfunded. Without adequate funding,

ADV prevention programs were adopted by school systems, but had little real preventive effect on adolescent dating behavior.

**Programs as helpful but impersonal.** Many of the professional participants indicated that they use international and national online resources (see Table 2 in Appendix for a listing of common online resources utilized by these participants). While they saw these resources as extremely helpful, they also realized that they could seem impersonal. Young adult participants indicated that even the local professionals who provided interventions could be seen as distant or preachy. Angie, the 20-year-old, said, “I think the problem with professional help is that it’s distant. You don’t feel like you’re sitting there talking to a friend and a friend is here to help you.”

### **Descriptions of Ideal ADV Prevention or Intervention Programs**

When asked to describe an ideal ADV prevention and intervention program, young adults’ opinions differed in some significant ways from those of the professional participants.

**Young adult view of ideal programs.** The young adults cautioned that teens will listen politely to professional feedback about unhealthy dating relationships, but will not act on that feedback. Based on their experiences with ADV, the young adult participants suggested that professionals listen very carefully to teens without criticizing them or telling them what to do. Jon, a 19-year-old, suggested that professionals be more open-minded and realize that teens make mistakes. He advised, “Just be open-minded to the different forms of abuse.” Francine, a 19-year-old, agreed: “Listen, never jump to conclusions and try to be understanding ’cause there might not always be an easy or simple solution.” Jordon, a 21-year-old, urged, “If a person doesn’t want to talk, don’t push it on them, or don’t force them to talk if they don’t want to. All you’re going to do is make them shut down more.” Preston, an 18-year-old, concurred. “Get us help. Don’t force it down our throats. We get told what to do 24 hours a day. Give us options – we take care of our options.”

Some participants indicated that adolescents will give clues about problems in their dating relationships rather than sharing dating concerns directly. Francine, the 19-year-old quoted above, shared what teens are looking for in responses from others: “Listen to how [a teen] reacts and certain things they say. Like with me, if my relationships were more severe and I didn’t really want to say it out loud I would give somebody a clue, like a puzzle.”

Most of the participants stressed that adolescents need to move at their own pace in dealing with or ending violent dating relationships. They encouraged professionals to be persistent in their contacts with teens who are suspected of being involved in ADV, even when the teens seem to be resistant to change. Carla, a 20-year-old, shared her experiences:

[Dating violence] has to play itself out because no matter what people tell you and no matter what he does you know when you’re done. So like you could hear professionals telling you ‘Oh, it’s not healthy.’ You’re all hype

then but when you get home, you're by yourself and you're missing that person and there's no one there to like stay on top of it. You're going to go back.

Cameron, the 20-year-old, indicated that professionals have limited contact with teens and cannot "sit in nobody's house or nothing." He suggested that dating violence stems from the teens' childhood environments. Sheree, a 21-year-old, young adult participant, said, "I feel like this was something that I had to go through and I'm kind of glad that I went through it then instead of marrying somebody and being treated like that."

**Professional view of ideal programs.** While many of the professional participants recognized that adolescents do not respond well to programs that warn teens about the negative aspects of ADV, none recommended a gradual intervention. Rather, the professionals indicated that the ideal program must be free of charge. When talking about the need to engage African-American adults in ADV prevention, Randy, a high school teacher, recommended free speakers. Professionals favored the use of small groups to structure interventions.

**Mentoring in ideal programs.** Participants in both groups believed that mentoring is an effective way to assist teens in dealing with dating violence at both the primary and secondary prevention levels. Tenisha, a 21-year-old, young adult participant, advised, "Get them some mentors ... Somebody's here to help you and do things with you, whatever you need." According to the professionals, mentoring would involve adults such as coaches from high school teams, community leaders, and male role models or other students who had experienced ADV or came from a variety of "cliques." Linda, who works in community relations, talked about her views on adult mentoring:

And I think that it comes down to relationships though too because that's how people are encouraged most... by developing relationships with people....where these people are going to be committed to, in a sense, mentoring and working with kids especially ones that may be more at risk than others for choosing bad relationships.

Sheila, who works as a crisis intervention specialist, stated, "We need to involve more men for a lot of the fatherless young men."

Some participants thought other teens would make the best mentors. Rachel, who works as a prevention educator, said, "I think that having other students really helps because students don't typically seek help from adults. They initially go to a friend first." The young adults also supported a peer mentoring approach. Sandra, an 18-year-old, stated, "It's a lot easier for [a person] who's been through it to be talking about it... When you see something from a personal spin to it, it just helps you understand a little more. It's more real."

**Content in ideal programs.** According to the participants, ideal programs would focus primarily on two areas: personal development and ADV education.

**Personal development.** Participants suggested that programs focus on the development of values, including love and respect of both self and others. As Cameron, the 21-year-old young adult participant, put it: “Teach them right from wrong.” Participants indicated that respect of self included understanding that one deserves better than violence and that young men and women are not defined by their partners. Charlie, who served as a judge, said, “We need to improve self-esteem as much as possible. Girls don’t need to be defined by their partners.” The participants believed that teens should be taught how to effectively handle anger and frustration. Rachel, the prevention specialist, stated, “I think that it would be wonderful to begin with a friendship program, you know, tolerance for all types of people.”

The professionals felt that ADV prevention/intervention programs should help prepare young people for adulthood. Sheila, the crisis intervention specialist, stated,

So we have to start, I’d say, before junior high and getting these people to junior high with some information about what’s going to happen for them and then, from that point on, grooming them on up to adulthood, doing the same all the way through. We have to be consistent.

**ADV education.** According to the participants, ADV educators should include information in prevention programs, about the definition, characteristics, and types of ADV, and a clear presentation of what should not be tolerated. Participants believed that teens learn best through the use of real-life stories that are followed up with information. Adam, who works as a juvenile probation officer, presented his ideas on ADV education:

Definitely like an educational piece on “what does a violent relationship look like?” or “what does a healthy relationship look like?” I think that there can be unhealthy physical relationships; there can be unhealthy emotional relationships as well.

Angie, a 20-year-old, young adult participant, suggested, “I think that the best thing professionals can do is show people the correct way to be in a relationship. What’s abusive. What’s not abusive.” For many adolescents, understanding that behaviors other than physical ones are abusive is a novel concept. In Angie’s experience, “Abusive relationships don’t necessarily start as physical abuse. Sometimes it’s verbal, sometimes it’s mental.”

Both the young adults and the professional participants thought that the focus of ADV education should be to help teens determine whether what they are experiencing is normal. The young adults believed that discussions about which dating behaviors are normal should begin with information about warning signs for ADV. Many of these participants indicated that their dating partner had given them signs that the relationship was not healthy, but they had ignored these signs. They viewed behaviors such as over-attentiveness and the monitoring of activities as examples of love rather than abuse. Cheryl, a nurse who works at a birthing center, thought that education about what is normal dating behavior is crucial:

It would be great to sit down and talk to them and try to educate them and tell them ‘it’s not normal for them [dating partners] to hit you. It’s [not] normal for any type of violence whether it’s emotional, physical, any of that’.

The young adults agreed. Carley, a 21-year-old, shared, “Growing up the way I grew up seeing domestic violence and anger made me assume that it was just the natural way of things.”

Both groups suggested that information about acceptable dating behaviors – rather than just problematic behaviors – should be included in programs. Patricia, who works as a nurse in a center for troubled adolescents, indicated that teaching appropriate dating interactions was an important part of ADV education: “I would definitely have an overall program discussing teen violence and introducing the subject of dating violence and acceptable behaviors; what they can do to each other or what they can say to each other.”

### **Discussion**

In this study, young adult and professional participants believed that community members tended to be blind to the presence, severity, and causes of ADV in their communities. Professional participants described the use of international and national online resources and locally-developed ADV prevention programs. Study participants thought that effective ADV prevention efforts should include information about personal growth and ADV. The young adults who had experienced ADV as teens argued for a very gradual approach by professionals who want to intervene with teens who they believe are experiencing ADV. The professional participants did not separate prevention from intervention strategies, and did not identify different interventions for at-risk youth and those in the general population. Their ideas about mentoring and personal development reflected their experiences with teens who lack mentoring and positive life experiences in their home and community environments. In particular, professionals were concerned that young people be made aware of what is “normal” for teen dating behavior. This desire seems to indicate that they believe that teens lack information and mentoring that would allow them to determine acceptable and non-acceptable dating behavior.

Both young adult and professional participants identified mentoring as an important part of ideal ADV programs. Scholars have widely reported the use of mentoring as effective in prevention and intervention for a number of adolescent risk behaviors and social concerns (Cheng et al., 2008; Dennison, 2000; Yampolskaya, Massey, & Greenbaum, 2006), including ADV (Banister & Leadbeater, 2007). Professionals have enacted effective mentoring of adolescents through formal programs, in which an older adult mentor is assigned (Shin & Rew, 2010), or informally/naturally by non-parental adults known by teens (Black, Grenard, Sussman, & Rohrbach, 2010). Participants in this study also thought that peer mentoring was effective in the prevention of ADV. Professionals have successfully used peer mentoring as part of a comprehensive ADV prevention program in the Expect Respect model (Ball et al., 2009).

### **Limitations**

There were several limitations to this study. We examined only the viewpoints of professionals and young adults. We did not examine views of other community members including parents, other adults who do not work with teens (e.g., political leaders, business people, laborers, and homemakers), pre-teens, and adolescents. Furthermore, the accounts are from young adults who experienced dating violence and from professionals who primarily worked with troubled teens. Therefore, the findings may not apply to the adolescent population as a whole. All participants were living in three counties in Northeastern Ohio in which evidence-based ADV prevention programs were largely unavailable. The ideas presented may reflect the problem of ADV as it is experienced in these areas. However, we took care to select communities with varying levels of urbanicity, income, and community demographics.

### **Implications**

Findings from this study could be used by individuals who develop policy and ADV prevention programs in educational and community settings, and by those who work with teens who are experiencing ADV. Participants believed that most community members were blind to ADV in their communities. The level of community knowledge and attitudes about the prevalence, severity, and causes of ADV in the local community affects the ability to introduce effective programs and should be assessed before prevention programs are initiated. Community-based professionals are ideally positioned to conduct community needs assessments related to ADV. Community-wide awareness programs about ADV are warranted and professionals in the community could spearhead such efforts. Empirically-tested ADV prevention programs that include community social-action or school awareness components (e.g., Rosenbluth, 2004; Wolfe et al., 2003) could be utilized to address community blindness to the problem.

The findings also have implications for those who plan and enact ADV prevention programs. Since the current study indicated that the young adult and professional participants' views about ideal programs differed, both consumers and professionals should be involved in program planning. While participants thought that national and international resources were extremely helpful, they suggested that those who are planning ADV prevention programs should adapt these resources to address local needs. Furthermore, program planners should consider using or developing programs that include healthy development of personal understanding and education on normal and violent dating relationships. Program planners should also consider utilization of adult or peer mentors to prevent ADV.

Professionals who work with teens can use findings of this study to intervene with teens who are experiencing ADV. Young adult participants in this study indicated that, as teens, they did not share their ADV experiences, especially with adults. A few participants said that they hinted, rather than directly told, significant adults that their dating relationship was troubled. Community-based mental health professionals and others who work with teens should realize that adolescents may hint at experiences with ADV, but are reluctant to divulge this information. Thus, professionals should listen very

carefully to adolescents to determine if they are hinting that their dating relationships might be troubled.

Many young adults in this study felt that professionals did not allow them to make their own decisions about their ADV experience and tried to push them to leave abusive relationships before they were ready. These findings suggest that clinical approaches should be gradual, allowing the teens to slowly share concerns about ADV. Motivational interviewing (Miller & Rollnick, 2002) is an intervention strategy that is gaining acceptance as an effective strategy for assisting individuals to make changes in health-related behaviors. Principles of motivational interviewing have been used successfully to address a number of health concerns in teens (Baer, Garrett, Beadnell, Wells, & Peterson, 2007; Barnett et al., 2009; Brennan, Walkley, Fraser, Greenway, & Wilks, 2008; Brown et al., 2009; D'Amico, Miles, Stern, & Meredith, 2008; Flattum, Friend, Neumark-Sztainer, & Story, 2009). When professionals use motivational interviewing techniques, adolescents are allowed to determine what health risk behaviors will be addressed, and at what speed by using personally-determined behaviors based on the individual's readiness to change. Because adolescents are often reluctant to end violent dating relationships, motivational interviewing techniques could be used to gradually guide the teen to make healthy choices about their dating relationship.

### Future Research

The findings from this study suggest several areas for future research in which community-based professionals should play a significant role. Surveying community members to determine their level of knowledge about, awareness of, and attitudes toward ADV in their community would provide a basis for educational programs. Researchers should survey professionals to determine why they do or do not use evidence-based ADV prevention programs. Investigators should develop and test a mentoring program for those at the highest risk for ADV (e.g., those whose families are living in battered women's shelters) using motivational interviewing techniques to engage in conversations about healthy dating.

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## Appendix

Table 2. International & National Resources for ADV Prevention or Intervention

Name of Resource	Website
Boys and Girls Club of America	<a href="http://www.bgca.org">http://www.bgca.org</a>
National Teen Dating Hotline	<a href="http://www.loveisrespect.org">http://www.loveisrespect.org</a>
Rape Crisis	<a href="http://www.rapecrisiscenter.org/">http://www.rapecrisiscenter.org/</a>
Children Services Board	<a href="http://www.childrensservicesboards.org/">http://www.childrensservicesboards.org/</a>
Battered Women's Shelters	<a href="http://www.scmcbws.org">http://www.scmcbws.org</a>
Crisis Pregnancy Center	<a href="http://www.crisispregnancy.com/">http://www.crisispregnancy.com/</a>
Expect Respect	<a href="http://www.respect-respect.org">http://www.respect-respect.org</a>

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