The Routledge International Handbook of Domestic Violence and Abuse

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Adolescent intimate partner violence prevention and intervention

Publication details
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Published online on: 18 Mar 2021

How to cite :- Heather L. McCauley, Taylor A. Reid. 18 Mar 2021, Adolescent intimate partner violence prevention and intervention from: The Routledge International Handbook of Domestic Violence and Abuse Routledge
Accessed on: 29 Nov 2023

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Introduction

Adolescence is a dynamic developmental period characterized by intense physical, neurological, psychological, and psychosocial changes spanning from approximately age 10 through the late 20s (Luna, Padmanabhan, & O’Hearn, 2010). Related to this rapid period of development, adolescents experience elevated risk for physical and sexual violence and psychological abuse in their romantic and dating relationships, called adolescent intimate partner violence (IPV). Here, we present the social epidemiology of adolescent IPV and highlight strategies for prevention and intervention to mitigate this significant social, economic, public health, and human rights concern. However, given the relatively stable prevalence of IPV over time, current prevention efforts are not enough. Thus, we employ developmental and intersectional lenses to emphasize need for developmentally relevant prevention and intervention strategies that consider the unique experiences of adolescents with marginalized identities, including sexual and gender minority youth, racial and ethnic minority youth, and youth with disabilities, who are disproportionately affected by IPV.

The social epidemiology of adolescent intimate partner violence

Adolescent IPV comprises physical violence, sexual violence, and/or psychological abuse in romantic or dating relationships during adolescence, a developmental period spanning ages 10 through the late 20s (Luna et al., 2010; Miller, Jones, & McCauley, 2018). A robust body of literature has documented IPV as a significant problem, with adolescents at highest risk (Abramsky et al., 2011; Romans et al., 2007; Smith et al., 2018). Indeed, a study of men ages 15 to 19 across four countries – China, India, South Africa, and the United States – found that past year physical or sexual IPV perpetration ranged from 9% to 40% (Peitzmeier et al., 2016). Another study of male and female adolescents ages 10 to 18 in Tanzania and South Africa found that 10%–38% of youth had been victims of IPV, while 3.1%–21.8% had been perpetrators.
Wubs et al., 2009). Findings from the 2013 United States (US) Centers for Disease Control and Prevention’s (CDC) Youth Risk Behavior Survey (YRBS) indicated that one in five female youth ages 14 to 18 (95% Confidence Interval (CI) 19.0%–23.0%) and one in ten male youth ages 14 to 18 (95% CI 9.0%–11.7%) experienced physical or sexual IPV in the previous year (Vagi, Olsen, Basile, & Vivolo-Kantor, 2015). Among college and university students, a study of almost 16,000 participants from 22 countries found that 17% to 44% reported physical IPV perpetration and 14% to 39% reported physical IPV victimization in the past year. Sexual IPV was also common with 8% to 34% of participants reporting perpetrating this form of abuse, while 9% to 46% reported being victims of sexual IPV (Chan, Straus, Brownridge, Tiwari, & Leung, 2008). Findings from the most recent Association of American Universities (AAU) campus climate survey indicate that approximately one in ten partnered students will experience IPV in college (Cantor et al., 2019). Adolescents who experience IPV also report the presence of controlling behaviors, verbal insults, and threats (Ybarra, Espelage, Langhinrichsen-Rohling, Korchmaros, & Boyd, 2016). Indeed, psychological abuse has been found to occur more frequently than physical or sexual IPV (Coker et al., 2014; Cuevas, Sabina, & Bell, 2014).

Adolescence is one of the most dynamic periods of physical, neurological, psychological, and psychosocial human development, which provides important context for understanding how IPV manifests in adolescent relationships. With the onset of puberty, adolescents become aware of and explore their sexual desires, arousal, attraction, and intimate relationships (Fortenberry, 2013; Tulloch & Kaufman, 2013). Studies conducted in global settings have found that between one-third and one half of adolescents have had sex, with adolescent men more likely than adolescent women to report sexual behavior. Moreover, adolescent men are more likely than adolescent women to have sex outside of the context of legal marriage, highlighting how social norms, including those about gender roles, shape the contexts of adolescents’ sexualities and relationships (Singh, Samara, & Cuca, 2000). Findings from the CDC support this research with approximately 40% of US adolescents having sexual intercourse, with 10% of these adolescents having more than four partners (Kann et al., 2018). Among sexually active youth, slightly more than half report using condoms the last time they engaged in sexual intercourse (Kann et al., 2018).

In a related developmental milestone, adolescents are recognizing and negotiating dimensions of their sexual orientations (e.g. attractions, identities), which can be stressful (and exploited by others) for those with non-heteronormative sexualities (Floyd & Stein, 2002). Indeed, a US study of adult men found that earlier “gay-related development” (e.g. recognizing a non-heterosexual sexuality, coming out to others) was associated with elevated risk for forced sex (Friedman, Marshal, Stall, Cheong, & Wright, 2008). Youth who identify as lesbian, gay, bisexual, or transgender (LGBT) may endure ridicule from their peers and lack support from their family (Goodenow, Watson, Adjei, Homma, & Saewyc, 2016; Poteat, Espelage, & Koenig, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010), during a time when adolescents yearn for social acceptance (McElhaney, Antonishak, & Allen, 2008). For racial and ethnic minority youth, this period of identity development unfolds in racist and xenophobic societies that exert pressure (and use violence) on youth to conform to norms of their White peers (Brittian, 2012; Spiegler, Wölfer, & Hewstone, 2019). A qualitative study with transgender youth of color highlights the ways that sexual identities, gender identities, and racial/ethnic identities are simultaneously evolving and, importantly, shaped by the ways that adults in their lives use power to affirm or deny adolescents’ intersecting identities and experiences (Singh, 2013).

Further compounding the adolescents’ vulnerability to IPV during identity development, most adolescents, regardless of minority status, have limited experiences with romantic and/or
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sexual relationships. Adolescents develop relationship attitudes and behaviors via social learning processes, modeling behaviors they witness in their parents or caregivers (Kuo et al., 2017; Langhinrichsen-Rohling, Hankla, & Stormberg, 2004), in the media (Bleakley, Hennessy, Fishbein, & Jordan, 2008; J. D. Brown & L’Engle, 2009), and among their peers (Whitaker & Miller, 2000). Youth who do not have models of healthy relationships may perceive violence as normative behavior in dating relationships. This may be especially the case for coercive relationship behaviors and psychological abuse. A recent study of online discourse about IPV found that social media users expressed that they wished they had learned early that psychological abuse was a form of IPV, as it was central to their experiences in adolescence and young adulthood (McCauley, Bonomi, Maas, Bogen, & O’Malley, 2018). During a period of rapid socioemotional learning, adolescents are also testing the limits of their independence from caregivers (Koepke & Denissen, 2012). With the establishment of new boundaries during a process of individuation, adolescents may hesitate to discuss their romantic relationships with their caregivers, preventing caregivers from recognizing signs of unhealthy relationship behaviors.

Finally, many digital native adolescents explore their identities and relationships in online spaces (Davis, 2013). In high-income countries, almost half of teens admit to “almost constant” online usage, mostly notably through social media (Anderson & Jiang, 2018). Studies in low-income communities have found adolescents to report high online use, even among those who do not personally own a mobile device (Kreutzer, 2009). A growing body of research has illustrated the ways in which IPV emerges in these online spaces. Abusive partners may isolate and control partners by monitoring online behavior, insist on constant contact, and stalk partners online (Draucker & Martsolf, 2010; Øverlien, Hellevik, & Korkmaz, 2019). Adolescent girls often report a higher prevalence of cyber dating violence than adolescent boys (Barter et al., 2017; Dick et al., 2014; Felmlee & Faris, 2016; Zweig, Dank, Yahner, & Lachman, 2013; Zweig, Lachman, Yahner, & Dank, 2014), while LGB adolescents experience cyber IPV rates that are four times higher than that of completely heterosexual adolescents (Felmlee & Faris, 2016). Adolescent girls are also more likely to have a partner share a sexually explicit image of them to others without their consent, a type of IPV called image-based sexual abuse (Branch, Hilinski-Rosick, Johnson, & Solano, 2017; Henry, Powell, & Flynn, 2017). Studies suggest that these online forms of IPV overlap with and are extensions of IPV in face-to-face adolescent relationships (Barter et al., 2017; Choi, Van Ouytsel, & Temple, 2016; Dick et al., 2014; Morelli, Bianchi, Chirumbolo, & Baiocco, 2018; Temple et al., 2016).

Marginalization and IPV risk

Adolescents with marginalized identities experience elevated risk for IPV. Populations experiencing marginalization are defined as those who are excluded from mainstream social, economic, cultural, or political life, and/or those who experience exploitation, inequity, and harm because of discrimination and injustice. In the context of IPV, such adolescents include sexual and gender minorities, youth with disabilities, and youth of color, among other populations. Further, drawing on intersectionality theory, many adolescents hold multiple marginalized identities resulting in unique social locations that confer even greater risk for IPV, such as transgender youth of color (Coulter et al., 2017; Crenshaw, 1991; McCauley, Campbell, Buchanan, & Moylan, 2019). Here, we outline findings regarding the prevalence and impacts of IPV among adolescents, paying particular attention to the ways that IPV differentially affects youth who experience marginalization.
Gender

Research on IPV has focused primarily on the experiences of cisgender women and to a lesser extent, cisgender men. The most recent YRBS (2017) found that adolescent women were more likely than adolescent men to experience both physical and sexual IPV (Kann et al., 2018). However, an analysis of YRBS data from 1999–2011 found that adolescent women and men experienced physical IPV at approximately the same rates (Rothman & Xuan, 2014). Data regarding perpetration suggest that adolescent women are more likely than men to perpetrate physical IPV but are also significantly more likely to fear sustaining injury from a partner (Carroll, Raj, Noel, & Bauchner, 2011; Swahn, Simon, Arias, & Bossarte, 2008). Adolescent men are more likely than women to perpetrate sexual IPV and are more likely to inflict physical injury or harm on their partner (Swahn et al., 2008). Together, this work highlights that adolescent women and men use and experience different types of violence in their dating relationships related to the differing structural contexts in which women and men negotiate their relationships (Anderson, 2005).

Data illustrating the experiences of gender minority youth – those whose sex assigned at birth and gender identities do not align (e.g. transgender, nonbinary youth) – are comparatively scarce. However, findings from the National College Health Assessment (NCHA) suggest that transgender college students have elevated odds of experiencing sexual violence in their dating relationships compared with cisgender college students (Griner et al., 2017). The AAU Campus Climate survey reiterated these findings, with evidence that gender minority students reported IPV at higher rates than their cisgender peers but extended these findings with evidence that they were more likely to experience IPV with multiple partners (Cantor et al., 2019). Transgender adolescents experience elevated risk for violence because of stigma and discrimination in their communities related to their gender identities (White Hughto, Reisner, & Pachankis, 2015). Evidence from the Growing Up Today Study suggests that gender nonconformity increases risk for IPV among adolescent men, but not adolescent women (Adhia et al., 2018), independent of sexual orientation. Researchers have found “masculine discrepancy stress” or distress related to not conforming to hegemonic masculinity norms, to be associated with IPV perpetration (Berke, Reidy, Gentile, & Zeichner, 2019), which may help explain findings regarding gender nonconformity and IPV exposure among adolescent men.

Sexual orientation

There is growing evidence regarding elevated risk for IPV among sexual minority youth, including youth who identify as lesbian, gay, bisexual, or queer; experience same-gender attraction; or engage in same-gender sexual behavior (Dank, Lachman, Zweig, & Yahnner, 2014; Edwards, 2018; Luo, Stone, & Tharp, 2014; Martin-Storey, 2015; McCauley et al., 2015; Reuter, Sharp, & Temple, 2015). According to the 2017 YRBS, 21.9% of LGB adolescents reported being physically forced to have sex at some point during their lives, compared with 5.4% of heterosexual adolescents (Kann et al., 2018). Specific to their dating relationships, 15.8% of LGB students and 5.5% of heterosexual students had experienced sexual IPV in the 12 months prior to the survey, while 17.2% of LGB students and 6.4% of heterosexual students experienced physical IPV in the 12 months prior to the survey (Kann et al., 2018). IPV among sexual minority youth is often understood using a minority stress framework, which highlights the ways that heterosexist discrimination and inequity related to holding a minority sexual orientation “gets under the skin,” manifesting in maladaptive coping behaviors, victimization, and reduced help-seeking (Edwards, Sylaska, & Neal, 2015; Gillum & DiFulvio, 2012; Krieger,
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Disability

Adolescents with disabilities are a heterogeneous population that has also received limited attention in the research literature. Findings from the 2005 US YRBS and the 2009 Massachusetts Youth Health Survey suggest that adolescents (both cisgender girls and boys) with disabilities report higher rates of IPV than their peers without a disability (Alriksson-Schmidt, Armour, & Thibadeau, 2010; Mitra, Mouradian, & McKenna, 2013). Findings from the NCHA suggest that university students with disabilities are also more likely to experience violence in their dating relationships (Scherer, Snyder, & Fisher, 2013). Specifically, one in five (20.4%) adolescent women with disabilities reported any form of IPV in the previous year, compared with approximately one in ten (11.1%) of adolescent women without disabilities. Differences in IPV victimization were noted for adolescent men, too, with 11.7% of adolescent men with disabilities and 6.7% of adolescent men without disabilities reporting this outcome (Scherer, 2013). Another study using these data found that university students with mental disabilities and multiple disability types, specifically, are at greatest risk for IPV (Scherer, Snyder, & Fisher, 2016). There is also evidence to suggest that the intersection of disability status, sexual orientation, and gender identity confers greater risk for IPV. A study of more than one thousand US college students found that sexual and gender minority students who identified as deaf or hard of hearing had greatest risk for IPV, compared with their heterosexual and hearing peers (Porter & McQuiller Williams, 2013). Notably, a study of university students highlighted the ways that perpetrators may exploit their partners’ disabilities, reporting that abusive partners interfered with taking medication or completing tasks such as bathing or dressing (Findley, Plummer, & McMahon, 2016).

Race and ethnicity

There is inconsistent evidence in the scientific literature regarding whether adolescents of color are more likely than White adolescents to have relationships characterized by violence. In the 2017 US YRBS, 6.9% of White adolescents, 6.9% of Hispanic adolescents, and 4.8% of Black adolescents experienced sexual IPV in the previous year, while 7.0% of White adolescents, 7.6% of Hispanic adolescents, and 10.2% of Black adolescents experienced physical IPV in the previous year (Kann et al., 2018). This finding regarding physical IPV is supported by pooled YRBS data from 1999–2011, which found that Black and multiracial adolescents had a higher prevalence of physical dating violence, compared with their White, Hispanic, and Asian counterparts (Rothman & Xuan, 2014). However, a study of 2,895 middle school students in four US cities found no racial differences in IPV perpetration (Niolon et al., 2015). Studies highlight racial differences in correlates of IPV perpetration, suggesting key contextual differences in the experiences of White youth and youth of color. For example, a longitudinal study of adolescents in grades 8 and 9 at baseline found that key modifiable factors mediated the relationship between IPV perpetration among youth of color, including communication skills, IPV acceptance, inequitable gender attitudes, and exposure to family violence (Foshee et al., 2008). Research on reproductive coercion, a type of IPV common among adolescents where abusive partners manipulate contraception, condom use, and pregnancy, has documented racial disparities in this outcome, though these appear to manifest in later adolescence and young adulthood.
Qualitative research has highlighted the impact of systemic oppression on reproductive coercion with evidence to suggest that Black women’s higher rates of reproductive coercion may be partially explained by male desires to establish a legacy in the face of concerns about mass incarceration, neighborhood violence, or premature death (Holliday et al., 2018; Nikolajski et al., 2015). These findings suggest that, similar to understanding gender differences in IPV, racial disparities in adolescent IPV must be conceptualized understanding how structural inequality, power, and oppression are relevant to the prevalence, impact, and prevention of IPV.

**IPV and associated health and education outcomes**

IPV confers multiple adverse health, educational, and interpersonal outcomes for survivors and yields a population economic burden of nearly $3.6 trillion over survivors’ lifetimes (Peterson, Kearns et al., 2018). Youth exposed to IPV consistently report more depression symptoms, anxiety, PTSD, suicidal ideation, and eating disorders, amongst other mental and behavioral health concerns (Banyard & Cross, 2008; Brown et al., 2009; Choi et al., 2017; Haynie et al., 2013; Howard, Debnam, & Wang, 2013; McCauley, Breslau, Saito, & Miller, 2015; Nahapetyan, Orpinas, Song, & Holland, 2014; Sabina, Cuevas, & Cotignola-Pickens, 2016; Van Ouytsel, Ponnert, & Walse, 2017; Wolitzky-Taylor et al., 2008). Youth in relationships characterized by IPV are also more likely to report sexual behaviors (e.g. condom non-use) that increase their risk for health outcomes including unintended pregnancy and sexually transmitted infections (Alleyne-Green, Coleman-Cowger, & Henry, 2012; Howard et al., 2013; Shorey et al., 2015).

Studies have found that those who experience IPV are more likely to fear negotiating condom use and experience negative consequences of asking a male partner to use a condom, which precludes youth from negotiating whether, when, and how they engage in sexual behavior (Ferguson, Vanwesenbeeck, & Knijn, 2008; Teitelman, Ratcliffe, Morales-Aleman, & Sullivan, 2008; Wingood & DiClemente, 1997).

The impacts of IPV also extend to educational outcomes. IPV victims experience a decreased desire to attend school and demonstrate poorer academic performance compared to their non-abused peers (Banyard & Cross, 2008). Poorer academic performance manifests as lower grades and a greater likelihood of dropping out of school altogether (Hagan & Foster, 2001). Due to feelings of being unsafe at school, these adolescents also suffer from decreased attendance overall (Vivolo-Kantor, Olsen, & Bacon, 2016). Within the school context, IPV victims experience more bullying and are more likely to perpetrate bullying behaviors towards their peers (Orpinas, Nahapetyan, Song, McNicholas, & Reeves, 2012; Vivolo-Kantor et al., 2016). A longitudinal study by Adams and colleagues (2013) demonstrates the lasting impact of adolescent IPV on educational attainment. Adolescents who have experienced IPV are less likely to graduate high school, precluding their ability to seek higher education. Consequently, IPV victims earn lower incomes than their non-abused counterparts and report smaller growth in their income over time (Adams, Greeson, Kennedy, & Tolman, 2013). For example, a study of ethnically diverse victims of physical IPV found that this population was less likely to be engaged in paid employment nearly five years after the abuse occurred (Lindhorst, Oxford, Gillmore, 2007). In addition, survivors of IPV are at elevated risk for revictimization in adolescence and adulthood, compounding the potential for long-term social and economic outcomes (Cuevas et al., 2014; Cui, Ueno, Gordon, & Fincham, 2013; Exner-Cortens, Eckenrode, Bunge, & Rothman, 2017). It is likely these outcomes differ by gender and sexual orientation, with women more likely than men to be economically dependent on their partners and experience poverty after
leaving an abusive relationship, while sexual minorities may face employment discrimination after an abusive partner “outs” them to an employer (Anderson, 2005). Indeed, adolescents with marginalized identities report lower well-being outcomes and more negative social reactions, compared with White, heterosexual, cisgender youth (Moschella, Potter, & Moynihan, 2020). Despite this robust body of literature documenting the prevalence and impacts of IPV and mounting evidence that adolescents with marginalized identities are disproportionately burdened by adverse outcomes associated with IPV, our prevention efforts have failed to consider the ways IPV manifests differently vis-à-vis youths’ identities and social locations, warranting attention to the ways that we can promote equity with our IPV work.

Evidence-based prevention strategies for IPV among adolescents

The World Health Organization and the US Centers for Disease Control and Prevention have outlined strategies for preventing intimate partner violence over the life-course, emphasizing the need to focus on multiple levels of the social ecology (Niolon et al., 2017; WHO, 2010). These recommendations are informed by global research documenting risk factors for the perpetration of abusive behavior such as peer attitudes and behaviors, gender- and violence-related cognitions, and structural/environmental factors (Tharp et al., 2013; WHO, 2010). Later, we present evidence of programs that have been rigorously evaluated for their effectiveness in reducing IPV perpetration and victimization, before we apply a developmental, intersectional lens to interrogate whether and how these programs address the needs of adolescents with marginalized identities.

Teaching safe and healthy relationship skills

Given the social, behavioral, and health outcomes associated with IPV, researchers have evaluated programs aiming to promote individual-level healthy relationship behaviors, including communication, empathy, respect, and conflict resolution (Niolon et al., 2017). The programs most rigorously evaluated in this domain include Safe Dates, Fourth R, Dating Matters to Promote Healthy Teen Relationships, and Stepping Stones (Crooks et al., 2019; Jewkes et al., 2008; Niolon et al., 2017). Safe Dates is a ten-session program that aims to shift IPV norms, gender-role norms, and conflict management skills. Evidence from a randomized controlled trial among 8th and 9th graders in the United States indicated that the program was associated with reductions in the perpetration of psychological, moderate physical, and sexual dating violence perpetration and moderate physical dating violence victimization (Foshee et al., 2005).

School-based program Fourth R comprises 21 lessons taught by classroom teachers. The manualized program is incorporated into health and physical education curricula and weaves content about healthy relationship behaviors into related topics, such as substance use and healthy sexuality. Broader school-level efforts include teacher training and providing parents information about the program (Wolfe et al., 2009). Rigorous evaluation of the program identified a relative reduction in IPV perpetration, with youth in the control schools reporting greater perpetration than youth in the intervention schools at follow-up (Wolfe et al., 2009).

Dating Matters to Promote Healthy Teen Relationships is an IPV prevention program that targets middle school youth in high-risk urban communities. This seven-session, school-based curriculum focuses on healthy relationships and teaching social-emotional learning skills, with additional curricula for parents and teachers. It has been evaluated for its effectiveness compared with the Safe Dates program, finding statistically significant reductions in IPV perpetration
and victimization among adolescents participating in *Dating Matters* (Niolon et al., 2017). It also shows evidence of reducing violence with shared risk factors, including bullying (Vivolo-Kantor et al., 2019).

Finally, *Stepping Stones* is an HIV prevention program originally developed in 1994 for rural Uganda that has been adapted and implemented across the globe (Lundgren & Amin, 2015). Given the links between sexual health and IPV, it is perhaps unsurprising that exposure to the program, which aims to promote more equitable gender norms, was associated with reductions in IPV perpetration among adolescent men ages 15 to 25 in South Africa (Jewkes et al., 2008).

### Engaging influential adults and peers

Educational institutions have implemented bystander intervention programs to reduce IPV victimization and perpetration among adolescent male athletes (Miller et al., 2020; Miller et al., 2013), high school students (Coker et al., 2017), and college and university students (Coker et al., 2016). Generally, these programs prompt adolescents to notice a situation as potentially harmful, recognize the need to take action, take responsibility for helping someone vulnerable to harm, know how to help, and take action to interrupt (e.g. distract, step in to prevent) abusive behavior (Darley & Latane, 1968). Such community responsibility for violence prevention is an alternative to strategies that consider participants as either victims or perpetrators of abusive behavior (such as the healthy relationships programs, described previously). Indeed, bystander intervention approaches engage community members as potential witnesses and allies to shape social norms and reduce victim-blaming attitudes and defensiveness, rather than focusing on individual-level risk (Banyard, Plante, & Moynihan, 2004). A meta-analysis of bystander intervention programs on university campuses found that youth participating in such programs demonstrated greater pro-social attitudes/beliefs about sexual violence and intervening to prevent it, and engaged in more bystander behavior (Jouriles, Krauss, Vu, Banyard, & McDonald, 2018).

Importantly, bystander intervention programs to prevent IPV are often rooted in Social Norms theory, which posits that individual behavior is informed by perceptions and misperceptions of others’ attitudes and behaviors (Berkowitz, 2002; Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003). Indeed, such programs rely on key influencers in a community to model prosocial, bystander intervention and relationship behaviors. Programs have differed regarding which influencers they choose to engage. For example, the *Coaching Boys into Men* program, developed by Futures Without Violence, is a coach-delivered intervention for male student-athletes, which aims to raise awareness about the scope of IPV while promoting respectful alternatives, promoting gender-equitable attitudes, and encouraging positive bystander intervention when witnessing disrespectful behaviors among peers. Research has demonstrated the effectiveness of *Coaching Boys into Men* in reducing IPV perpetration among middle (Miller et al., 2020) and high school male student-athletes in the United States (Miller et al., 2013; Miller et al., 2012). The program has also been adapted for cricket athletes in India. An evaluation of this adapted program, *Parivartan*, found that adolescent boys exposed to the program demonstrated greater improvements in gender-equitable attitudes, compared with athletes who were not exposed to the program (Miller et al., 2014). Notably, the adaptation involved more extensive training with coaches (program implementers), compared with the program as originally designed for US settings, and resulted in positive outcomes including more gender-equitable attitudes and increased positive bystander behavior (Das et al., 2015).
Green Dot is an evidence-based bystander intervention program that has been tested in high school (Coker et al., 2017) and college settings (Coker et al., 2016). This program purposely engages mixed gender groups of students and trains popular opinion leaders, youth who are identified by school staff as having influence over their peers. Findings suggest that youth exposed to the intervention are less likely to report IPV perpetration and victimization over time (Coker et al., 2017, 2016).

Finally, Bringing in the Bystander is an evidence-based program rooted in community responsibility that teaches youth how to intervene safely and effectively to interrupt IPV with strangers, acquaintances, or friends. In addition to evidence with general samples of college students (Peterson, Sharps et al., 2018), this program has been evaluated for its engagement of student leaders (Banyard, Moynihan, & Crossman, 2009), student-athletes (Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2010), and sororities (Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2011). Findings suggest that youth exposed to the program demonstrate more prosocial attitudes and greater self-efficacy and intentions to intervene.

Creating protective environments

Addressing the need for interventions at multiple levels of the social ecology, Shifting Boundaries is perhaps the most well-known example of a multi-level IPV intervention intended to create protective environments for youth. Specifically, the Shifting Boundaries program for middle school youth focuses on preventing sexual harassment and precursors to IPV via a classroom-based curriculum and school-wide intervention, which aims to modify the physical and social environments of schools. Youth complete “hot spot” maps to identify unsafe areas of their school communities that can then be monitored by teachers and administrators. Moreover, they employ building-based restraining orders for students at risk of IPV. Studies have demonstrated the effectiveness of the building-level component of Shifting Boundaries in reducing IPV and sexual harassment perpetration and victimization among middle school youth (Taylor, Mumford, & Stein, 2015; Taylor, Stein, Mumford, & Woods, 2013).

Applying a developmental, intersectional framework to strengthen prevention

Despite studies documenting the effectiveness of prevention efforts to reduce IPV, the prevalence of this phenomenon has remained stable over time, warranting greater attention to what might be missing from our work to prevent IPV. We suggest that prevention scientists would benefit from applying a developmental, intersectional lens to expand our prevention strategies to consider the unique experiences of adolescents with marginalized identities, including sexual and gender minority youth, racial and ethnic minority youth, and youth with disabilities, who are disproportionately affected by violence.

Shifting prevention earlier in the life-course

First, let us consider whether and how our programs employ a developmental lens. IPV is rooted in social norms, including those about gender. Researchers have found that awareness of gender begins in infancy, with gender stereotypes, including those about the use of aggression, beginning as early as 4 years old (Martin & Ruble, 2009). Moreover, evidence suggests that gender-based, sexual harassment increases in middle adolescence (Bentley, Galliher, & Ferguson, 2007;
Manganello, 2008; McMaster, Connolly, Pepler, & Craig, 2002; Pellegrini, 2001) with studies identifying such experiences as early as 10 years old (Callahan, Tolman, & Saunders, 2003; Eaton et al., 2010; O’Keefe, 1997; Taylor et al., 2013). Collectively, these studies emphasize the necessity to begin IPV prevention efforts early as programs for middle and high school settings may be too late. Our evidence base would benefit from additional focus on how programs like Coaching Boys into Men were adapted for early adolescence, a developmental period during which youth are establishing romantic or sexual relationships for the first time (Noonan & Charles, 2009; Stein, 1995).

We would also benefit from efforts to dismantle silos that inhibit prevention programs from drawing on lessons learned from related phenomena. For example, research has documented the links between perpetration of homophobic teasing, bullying, and subsequent perpetration of sexual violence (Espelage, Basile, & Hamburger, 2012; Espelage, Basile, Leemis, Hipp, & Davis, 2018; Espelage & Holt, 2007). Indeed, perpetrators of bullying behavior use this form of aggression to assert power and gain social status (Espelage, 2014), much like perpetrators of IPV (Anderson, 2005). With schools wary of implementing programs focused on sexual violence among younger adolescents, framing efforts in the context of bullying may be an effective strategy to address related risk and protective factors with downstream benefits of reduced IPV perpetration.

Centering the margins in prevention

Another important limitation of the current literature includes the lack of attention to whether and how IPV prevention addresses the unique experiences of adolescents with marginalized identities. To date, rigorously evaluated prevention strategies have been tested in predominately White, cisgender, presumably heterosexual samples (Banyard et al., 2007; Coker et al., 2017, 2016; Miller et al., 2020). There are two notable exceptions, with differing implications. An evaluation of Safe Dates found that the program worked equally well for White students as it did for students of color (Foshee et al., 2005), which is promising. However, given inconsistencies in the evidence base regarding the relative risk for IPV among adolescents of color and a robust body of research that documents the ways that racial discrimination exacerbates trauma, disclosure of IPV, and related care-seeking (McCauley, Campbell, Buchanan, & Moylan, 2019), IPV prevention efforts would be strengthened by intentionally using intersectionality to inform the development and implementation of IPV prevention programs.

The second example of research that has considered how prevention differentially affects adolescents includes a recent study that assessed the effectiveness of the Green Dot program in US high schools. This study was the first of its kind, comparing outcomes among sexual minority versus heterosexual youth. It found that Green Dot worked best to reduce IPV perpetration and victimization primarily among heterosexual adolescents. In other words, it did not work for sexual minority adolescents (Coker, Bush, Clear, Brancato, & McCauley, 2020). As we previously described, bystander intervention approaches often use popular opinion leaders to normalize prosocial behavior. Central to this approach is an individual’s willingness to intervene, which is shaped by cultural assumptions of what attributes or behaviors “deserve” to be punished and whom deserves to be protected (Katz & Moore, 2013). Taken together, these findings suggest that sexual minority youth may not benefit from their peers intervening on their behalf because of homophobia and cooccurring attitudes regarding the acceptance of violence towards sexual minorities. Efforts to build empathy and connection and improve climate for adolescents with marginalized identities may be critical supplemental efforts to current bystander intervention programs (Abbott & Cameron, 2014; Coulter & Rankin, 2017; Dessel, Goodman, & Woodford, 2017).
Complicating our prevention paradigms

Tensions between competing theoretical frameworks in the field may also hinder the ability of our prevention programs to make tangible reductions in IPV. As we have emphasized, IPV is shaped by structural inequality, warranting attention to the ways that IPV manifests differently by gender, race, sexual orientation, and other intersecting domains. Globally, communities have developed their IPV prevention efforts using a gender transformative lens, which have an explicit focus on complicating hegemonic gender attitudes and engaging men and boys in violence prevention, given evidence that gender-inequitable attitudes are modifiable risk factors for IPV perpetration (Casey, Carlson, Two Bulls, & Yager, 2018; McCauley et al., 2013; Pederson, Greaves, & Poole, 2014). These programs aim to move beyond shaping individual-level attitudes to influence outer levels of the social ecology (Kato-Wallace et al., 2019). However, critics of gender-transformative programs caution against approaches that privilege gender over ones that highlight oppression at the intersection of gender, race, sexual orientation, ability, and other domains of difference (Dworkin, Fleming, & Colvin, 2015). The alternative to gender-transformative programs are gender-neutral approaches, which emphasize that perpetrators and victims can be of any gender, allowing adolescents to see themselves in program content (Katz, Heisterkamp, & Fleming, 2011). However, critics of gender-neutral programs counter that, given the systems of power that underpin IPV, prevention programs that assume equity in the ability to negotiate consent or intervene to disrupt abusive behavior may be insufficient to promote sustained reductions in IPV and other forms of violence (Hong, 2017).

From a developmental, intersectional perspective, prevention efforts would be strengthened by being explicitly power-conscious (McCauley et al., 2019). Power-conscious prevention strategies would identify the ways that multiple stakeholders in a system (e.g. peers, adults) create “nets of accountability” against which adolescents negotiate and police their own gender and that of their peers (Brush & Miller, 2019). These programs, though, must recognize the ways that gender cannot be divorced from an adolescent’s race or sexual orientation, and explicitly address structural oppression to prevent IPV (McCauley et al., 2019).

Moving beyond school-based prevention

Finally, the focus of many of our prevention efforts to teach safe and healthy relationship skills, engage influential adults and peers, and create protective environments have been on individual programs in school-based settings. While school environments are central to the lives and experiences of adolescents, overlapping systems of families, neighborhoods, and broader cultural communities inevitably shape risk for and protection from IPV, complicating what sustained reductions school-based programs can reasonably achieve. Could we more effectively reduce IPV by changing the social contexts that shape adolescents’ physical and social-emotional development, as has been recommend (but not yet achieved) in sexual violence prevention (DeGue et al., 2012)? Policy interventions are one strategy to consider. For example, a study by Hoefer and colleagues found that stricter laws (assessed as the availability of civil protection orders for IPV) were associated with lower rates of IPV (Hoefer, Black, & Ricard, 2015). Policy interventions might be a particularly salient strategy to promote safety among adolescents with marginalized identities, given the structural roots of marginalization. Indeed, research has found that LGBT youth in school districts with anti-violence policies experience less violence victimization and experience more positive school climates (Kull, Greytak, Kosciw, & Villenas, 2016). Comprehensive IPV prevention strategies would also strive to work across community
systems, as school environments are inevitably shaped by surrounding local and national contexts (McCauley et al., 2019).

**Conclusion**

IPV remains a significant social, economic, public health, and human rights problem despite efforts to develop prevention strategies that address risk and protective factors across the social ecology. Given adolescents with marginalized identities bear a disproportionate burden of IPV, our prevention work would be strengthened by employing a developmental, intersectional lens to explicitly address the ways that discrimination and injustice manifest in violence perpetration and victimization among adolescents. Prevention programs would ideally move beyond individual-level risk to shape the social contexts in which adolescents are developing their identities and romantic relationships. To move in this direction, we encourage violence prevention scholars to engage with adolescents, who are experts in their own lives, to inform next steps in research and practice (Goldman et al., 2016).

**Critical findings**

- Globally, adolescents are at greatest risk for intimate partner violence (IPV), which comprises physical, psychological, and sexual abuse in intimate relationships.
- Adolescents with marginalized identities, such as sexual and gender minorities, youth of color, and youth with disabilities have increased risk for experiencing IPV.
- Evidence-based programs have been implemented in communities globally to prevent adolescent IPV focused on teaching healthy relationship skills, engaging influential adults and peers, and shaping environments.
- Evaluation of IPV prevention efforts have largely focused on the experiences of White, heterosexual, cisgender adolescents in high-income countries.

**Implications for policy, practice, and research**

- Prevention scientists would benefit from applying a developmental, intersectional lens to more explicitly incorporate the needs of adolescents with marginalized identities into prevention programs.
- Prevention efforts and evaluation of these efforts must begin earlier in childhood before gender-based conflicts occur.
- Prevention programs must be as rigorously tested for students with marginalized identities as they are for White, cisgender, heterosexual adolescents.
- Prevention efforts should adapt a power-conscious approach that allows for the identification of ways in which multiple stakeholders in a system create “nets of accountability” against which adolescents negotiate their own identities and those of their peers.
- Policy interventions should be utilized to promote safety amongst youth with marginalized identities and should extend into the community, rather than remaining solely in school settings.

**References**


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