

Developing Healthy Adolescent Dating Relationships: A Literature Review

Prepared for the Saskatchewan Prevention Institute

March 2017

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*Report prepared by the Saskatchewan Prevention
Institute March 2017*

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1. Introduction

The Canadian Paediatric Society (2003; reaffirmed 2016) states that “adolescence begins with the onset of physiologically normal puberty, and ends when an adult identity and behaviour are accepted” (p. 577). They suggest that this period of development corresponds roughly to the ages of 10 to 19 years, which is consistent with the World Health Organization’s definition of adolescence (WHO, 2016b). Adolescence is a unique developmental period marked by rapid physical changes, sexual maturation, and significant changes in cognitive, behavioural, emotional, and social skills (Commendador, 2010; Flicker, Guilamo-Ramos, & Bouris, 2009). Adolescence is also generally thought of as a time of behavioural experimentation, where adolescents begin to assert their increasing independence (Silverman, 2013).

In adolescence, youth begin to face decisions about dating relationships. The National Longitudinal Survey of Children and Youth indicates that approximately 71% of Canadian adolescents report being in a dating relationship by the age of 15, with 55% of these reporting their first dating relationship by the age of 12 (Mahony, 2010). These relationships have the potential for both positive and negative outcomes (Collins, Welsh, & Furman, 2009). More specifically, the nature and quality of these relationships is associated with self-esteem, self-confidence, and social competence (e.g., relationships with peers and family members). Positive outcomes associated with adolescent dating relationships include positive effects on academic performance, interpersonal skills, support of future goals, and resilience (Kerpelman et al., 2010). Negative outcomes include dating violence, depression, unplanned pregnancies, and sexually transmitted infections (STIs) (Kerpelman et al., 2010). Kerpelman et al. found that benefits and risks for negative outcomes occur simultaneously in adolescent dating relationships.

The potential for these outcomes, which can have long-term impacts, indicates that adolescence is an important time for education related to establishing healthy relationship skills and patterns (Public Health Agency of Canada; PHAC, 2016). According to the WHO (2016a), although adolescents are faced with potentially complicated issues like dating, they are not fully capable of understanding the association between their behaviour and its consequences. The WHO also asserts that adolescents are not fully capable of understanding the degree of control they have over their own decisions, including decisions related to romantic and sexual behaviour. As such, adolescents may be particularly vulnerable to high-risk behaviours and unhealthy relationships, including dating violence (WHO, 2016a).

PHAC (2006) defines dating violence as any intentional physical, sexual, and/or psychological assault on a person by a dating partner. It is important to note that dating relationships include long-term relationships, one-time events, casual sexual encounters, and ongoing sexual encounters (Hickman, Jaycox, & Aronoff, 2004). It is also important to note that dating violence can happen to anyone, regardless of age, race, sexual orientation, socio-economic status, or location of residence (PHAC, 2006). Research suggests that the risk of dating violence perpetration and victimization does emerge in adolescence (Hickman et al., 2004; Tharp et al., 2009), with many of the related risk factors

becoming more pronounced from early to late adolescence (Wolfe & Feiring, 2000). Unsurprisingly, dating violence is associated with a wide range of negative health outcomes, including harms directly related to the violence itself and those related to unhealthy coping strategies for victims (PHAC, 2006). Physical injuries, mental health issues (e.g., depression, anxiety), STIs, and unplanned pregnancies (including those from sexual violence) have all been associated with adolescent dating violence. Victims are also more likely to use substances, withdraw from school, engage in harmful eating behaviours (e.g., binge eating, vomiting, fasting), and attempt suicide (PHAC, 2006).

Experiencing dating violence in adolescent relationships is also associated with an increased likelihood of experiencing violence in future relationships (Exner-Cortens, Eckenrode, & Rothman, 2013; PHAC, 2006). This may be due to the fact that the relationship skills and patterns developed during adolescence, good or bad, have been shown to carry forward to future relationships (McElwain et al., 2016; PHAC, 2016; Tharp et al., 2009). Therefore, adolescence is a crucial time period for establishing healthy relationship skills and patterns. As stated by the Centers for Disease Control and Prevention (CDC, 2016), the ultimate goal is to prevent dating violence before it starts in order to avoid the associated negative outcomes. Young people are learning skills associated with forming relationships during the preteen and adolescent years. This makes adolescence the ideal time to promote the importance of healthy relationships and the skills necessary to develop them in an effort to prevent patterns of dating violence that can last into adulthood.

1.1 Current Report

The purpose of the current literature review is to summarize research related to preventing adolescent dating violence, with a particular focus on helping adolescents develop healthy dating relationships. Much of the literature found through the current review focused specifically on adolescent dating violence, its prevalence, and the negative outcomes associated with it. These three issues are important to understand because they highlight the need to focus on this topic. However, the current review went further, examining effective ways to prevent adolescent dating violence, particularly through teaching adolescents about healthy dating relationships. Wherever possible, peer-reviewed articles were used in the current literature review. In order to supplement this information, which was minimal for some topics (e.g., how to teach and enable adolescents to have healthy dating relationships), websites and resources from reputable organizations were relied on for information.

The current review includes information about the prevalence of adolescent dating violence, the long-term effects associated with adolescent dating violence, the importance of focusing on developing healthy dating relationships, and considerations for related programming. Information about existing online Canadian resources related to this topic can be found in the previously completed environmental scan titled “An Environmental Scan of Canadian Resources Designed to Foster Healthy Adolescent Dating Relationships” (available from the Saskatchewan Prevention Institute’s website, www.skprevention.ca).

2. Adolescent Dating Violence

It is difficult to accurately estimate the prevalence of adolescent dating violence. Hickman et al.'s (2004) review of the research literature identified a broad range of estimates on prevalence. This may be due to the fact that each component (i.e., adolescent, dating, violence) can be identified by a wide variety of characteristics (Vagi et al., 2013). For example, the prevalence reported by a study can vary depending on the definition of adolescence used, the definition of dating violence used (e.g., if psychological abuse is or is not included in the definition), and the time period examined (e.g., dating violence experienced in the last year versus experienced ever) (Children's Safety Network, 2012; Levesque, Johnson, & Prochaska, 2016; Mahony, 2010).

Based on available Canadian statistics, it appears that adolescent dating violence is a serious issue. In 2011, 17,436 females between the ages of 15 and 24 years reported an episode of dating violence to police (rate of 898 per 100,000), with another 2,858 males reporting dating violence in the same year (rate of 130 per 100,000) (Statistics Canada, 2013). In 2008, based on the Incident-Based Uniform Crime Reporting Survey, the rate of dating violence in Canadian adolescents aged 15 to 19 years was 395 per 100,000 for females and 42 per 100,000 for males (Mahony, 2010). Based on the same survey, the most common offences reported by adolescent victims of dating violence were sexual assault (45% of all incidents), followed by common assault (27%), and uttering threats (12%). It is important to note that these statistics include only incidents that were reported to the police. Therefore, it is likely that these numbers are underestimates. Many forms of dating violence are underreported, and others may not be reported at all (Mahony, 2010). This may be particularly true for the less visible forms of dating violence (e.g., emotional abuse). American research suggests that approximately one third of adolescents may experience and/or perpetrate dating violence, including physical and psychological abuse (Haynie et al., 2013).

The available research indicates that males and females are both victims and perpetrators of adolescent dating violence, with both often co-occurring (Hickman et al., 2004; Williams et al., 2015). Despite the fact that both males and females are perpetrators and victims of dating violence, there are some distinct differences. For example, in self-report surveys, results have shown that adolescent females are more likely than adolescent males to report perpetrating threatening behaviours, verbal and emotional abuse, and physical abuse; while males are more likely to report perpetrating sexual abuse (Niolin et al., 2015). Research suggests that although male and female adolescents display dating violence differently, they tend to be reciprocally violent toward each other (McLeod, Jones, & Cramer, 2015). However, these reciprocal acts often result in very different outcomes. For example, females are more likely to slap or push, while males are most likely to use physical violence in a way that causes serious injury (e.g., kicking, punching) (McLeod et al., 2015). Similarly, females are more likely to report experiencing fear, serious injuries, and sexual violence than males (Children's Safety Network, 2012). Both males and females cite anger as a reason for dating violence, but females also often cite self-defense as their main reason for physical violence (Children's Safety Network, 2012).

2.1 Outcomes Related to Adolescent Dating Violence

Dating violence can be viewed as a continuum of abuse, including psychological abuse and intimidation, stalking (in person or through an electronic medium), kidnapping, property damage, robbery, threats and harassment, sexual assault, minor and severe physical assault, and homicide (Cornelius & Resseguie, 2007; Hickman et al., 2004). Emotional violence can also include name-calling, shaming, embarrassing on purpose, and/or keeping a partner away from friends and family (Vagi et al., 2013). Similar to the many types of abuse, adolescent dating violence can result in a wide range of negative consequences. These include those that result immediately from the violence itself and those resulting from unhealthy coping mechanisms (Lundgren & Amin, 2015; PHAC, 2006; Tharp et al., 2009).

Physical injuries may result from physical and/or sexual violence. In addition to physical injuries, sexual violence is associated with an increased risk of STIs and unplanned pregnancies (PHAC, 2006). The Children's Safety Network (2012) suggests that females involved in abusive dating relationships may also be at higher risk of unplanned pregnancies and STIs because they are afraid to refuse sex or negotiate condom use. Emotional harms are likely more common than physical injuries and may include fear, anxiety, depression, sadness and hopelessness, and suicidal thoughts (Ackard, Eisenberg, & Neumark-Sztainer, 2007; PHAC, 2006; Sorenson, 2007).

Unhealthy coping strategies that have been associated with adolescent dating violence include alcohol and other substance abuse, withdrawal from other relationships and school, and harmful eating patterns (Ackard et al., 2007; Miller et al., 2015; PHAC, 2006; Tharp et al., 2009). Victims of dating violence are also more likely to engage in high-risk sexual behaviours, again placing them at increased risk for STIs and unplanned pregnancies (Ackard et al., 2007). Overall, Ackard et al. (2007) found that adolescent dating violence is associated with a greater likelihood of problematic health behaviours (e.g., substance use, cigarette smoking, suicide attempts, binge-eating), increasing their risk of continued behavioural and psychological issues. This finding appears to be particularly true for females.

Victims and perpetrators of adolescent dating violence may also be at increased risk of repeating violent relationship patterns in their adult relationships (Antle, Sullivan, Dryden, Karam, & Barbee, 2010; Lundgren & Amin, 2015; McElwain et al., 2016; Tharp et al., 2009). Whitaker et al.'s (2006) review of the literature found that less severe violence in adolescence was associated with more severe forms of violence in later adolescence and adulthood. For example, verbal abuse can eventually lead to physical violence, highlighting the importance of interventions that target younger adolescents before dating patterns are established. These early interventions should include information about constructive coping and communication skills (Children's Safety Network, 2012); skills that young adolescents can continue to develop as they age.

2.2 Associated Risk and Protective Factors

A number of different risk factors have been identified for adolescent dating violence perpetration and victimization. In their review of articles published between 2000 and 2010 using samples from the United States or Canada, Vagi et al. (2013) identified the following risk factors for adolescent dating violence perpetration: mental health problems, aggressive thoughts, general violence, alcohol and substance use, risky sexual behaviours, poor relationship and friend quality, poor family quality, demographics (e.g., biological sex and race), and the use of aggressive media. Other reviews have identified the following additional risk factors for adolescent dating violence perpetration: poor communication and social skills, poor anger management skills, belief in traditional gender roles, having friends who perpetrate dating violence, being a witness to family violence, and acceptance of the use of violence (Children's Safety Network, 2012; Hickman et al., 2004; National Center for Injury Prevention and Control, 2016).

Adolescents with a history of maltreatment may be particularly at risk for being victims or perpetrators of dating violence as they may lack the skills needed to initiate and maintain healthy relationships (Wolfe & Feiring, 2000). Adolescent dating violence also appears to be more likely when one partner is older than the other, at least in terms of offences that are reported to the police. According to the Incident-Based Uniform Crime Reporting Survey (Mahony, 2010), the perpetrator was older than the adolescent victim of dating violence in 88% of the cases, with the perpetrator being three to five years older in 40% of these cases.

Friends and family have been shown to impact adolescent dating violence in both positive and negative ways. For example, strong relationships with parents have been associated with a decreased risk of perpetrating or experiencing adolescent dating violence (Conger, Cui, Bryant, & Elder, 2000; Miller et al., 2015; PHAC, 2016), while having friends who are violent has been associated with an increase in these risks (National Center for Injury Prevention and Control, 2016; PHAC, 2016). Only three of the 20 articles reviewed by Vagi et al. (2013) identified protective factors for dating violence perpetration; these included cognitive dissonance about dating violence (i.e., those that committed dating violence realized it was wrong), empathy, high grade-point average, verbal IQ, having a positive relationship with one's mother, and feeling connected to school.

2.3 Adolescent Dating Violence Prevention

The prevalence of adolescent dating violence and the associated negative outcomes indicate that prevention and intervention efforts are crucial for this population (Cornelius & Resseguie, 2007; Levesque et al., 2016; Lundgren & Amin, 2015). Although there are many adolescent dating violence prevention programs and resources in existence, the majority of these have not been evaluated. Romeo and Kelley (2009) suggest that traditional adolescent dating violence prevention programs focus on individuals' protection of their own physical and emotional health. These authors state that these programs thus miss an important aspect of healthy social-emotional development related to dating violence prevention (i.e., learning to respect the

physical and emotional health of others). Instead, they argue that prevention programs should focus more on educating adolescents about healthy dating relationships, including relational skills like communication, cooperation, and self-control. Other researchers agree, suggesting that education focused on helping adolescents build healthy dating relationships may be a more effective prevention and intervention method than focusing solely on dating violence (Levesque et al., 2016; Wolfe, 2006; Wolfe & Feiring, 2000). Reframing prevention programs in this way also expands attention to interpersonal processes like power, reciprocity, and intimacy (Wolfe & Feiring, 2000). Therefore, literature related to healthy adolescent dating relationships is the focus of the remainder of the current report.

3. Developing Healthy Adolescent Dating Relationships

According to the World Health Organization (2016b), promoting healthy behaviours during adolescence is a critical step towards preventing health problems in adulthood. Adolescent dating relationships, even brief ones, are important for developing the capacity for long-term, committed relationships in adulthood (Sorenson, 2007). These relationships help adolescents develop their sense of identity, interpersonal skills, and relationship skills including communication, negotiation, and empathy (Sorenson, 2007). Healthy dating relationships can also provide adolescents with important emotional support. Adolescents involved in healthy dating relationships are more likely to engage in behaviours that minimize their risk of pregnancy and STIs (e.g., more consistent contraceptive use, fewer sexual partners), as compared to those involved in unhealthy relationships (Sorenson, 2007). In contrast to the immediate and long-term negative effects of dating violence, experiencing high-quality dating relationships in adolescence is also associated with healthier, supportive, and caring relationships in adulthood (Collins et al., 2009; Conger et al., 2000; Madsen & Collins, 2011; Miller et al., 2015).

Taken together, this research indicates that enabling adolescents to develop and maintain healthy dating relationships is important for the prevention of abuse and for their short- and long-term well-being. Adolescents need to learn the characteristics of healthy dating relationships, how to develop positive relationships skills, how to differentiate between healthy and unhealthy relationships, and how to find help if they are in an unhealthy relationship (McElwain et al., 2016; Sorenson, 2007). When adolescents understand what healthy dating relationships consist of, they are less likely to tolerate unhealthy and potentially abusive relationships (Sorenson, 2007). Despite its importance, few adolescents receive formal education related to the knowledge and skills needed for building healthy dating relationships (McElwain et al., 2016). Education programs are one way to ensure that adolescents are receiving the information they need to make healthy choices associated with their dating relationships.

3.1 Education Programs Related to Healthy Adolescent Dating Relationships

As adolescents age, romantic relationships become increasingly important (Collins et al., 2009; Sorenson, 2007). Unfortunately, not all adolescents have the background and resources to develop healthy dating relationships. Due to their increased interest in dating, however,

adolescents are particularly receptive to messages about relationships, sexuality, and gender (Sorenson, 2007; Wolfe & Feiring, 2000). Early adolescents are often particularly eager for information, making them well-positioned for education, support, and skills-building programs (Wolfe, 2006). The natural interest of adolescents in dating relationships can serve as a powerful motivator to acquire related knowledge and skills. This motivation may decrease if they continually receive negative prevention messages focused on the potential dangers associated with dating relationships, including dating violence (Wolfe, 2006). This is one of the reasons why education focused on building healthy dating relationships may be more effective than that focused on dating violence awareness and prevention (McLeod et al., 2015). Antle et al. (2010) suggest that the former approach is more inviting and less stigmatizing for potential participants.

Programs focused on building healthy dating relationships may be especially effective in terms of primary prevention (i.e., preventing violence in relationships before it occurs).¹ Primary prevention programs may promote protective factors and reduce risk factors at different levels (i.e., individual, relationship, community, and societal), depending on the focus of the program (McLeod et al., 2015). This is often done either by targeting the whole population (e.g., in a school) or by targeting individuals most at risk of being a victim or perpetrator of dating violence (Cornelius & Resseguie, 2007). In order for primary prevention to be effective, the education and programming must start before adolescents begin dating, to help them understand what it means to have a healthy relationship (Schubert, 2015). This time before dating begins is critical for moulding healthy attitudes and behaviours, and for building the necessary skills related to dating relationships (Cornelius & Resseguie, 2007).

Overall, the goal of healthy relationships education is to influence adolescents' beliefs about what makes relationships healthy and unhealthy and to enhance their skills for building healthy relationship patterns (Kerpelman et al., 2010; McLeod et al., 2015). It is important that adolescents are equipped with the tools and skills needed to make healthy choices before, during, and following a romantic relationship (Adams & Williams, 2011). Skills, like effective conflict management, are important for adolescents to develop in order to form and maintain healthy dating relationships (Kerpelman et al., 2010). According to the Teen Choices online healthy dating relationships program (Levesque et al., 2016), healthy relationship skills also include:

- trying to understand and respect the other person's feelings and needs
- using calm, nonviolent ways to deal with disagreements
- respecting the other person's boundaries
- communicating own feelings and needs clearly and respectfully
- making decisions that are good for oneself in relationships

¹ In contrast to primary prevention, secondary prevention programs work to address violence that is already occurring in a relationship (e.g., getting the victim to leave a violent relationship, getting the perpetrator to stop using violence in relationships) (Cornelius & Resseguie, 2007).

More recent programs focus particularly on helping adolescents build healthy dating relationships. For example, the Teen Choices program is a computer-based program that makes use of pre-programmed decision rules to deliver individualized feedback and guidance based on the participant's experiences, gender, and readiness to use healthy relationship skills (Levesque et al., 2016). The primary behaviour change goal of this program is to increase the use of healthy relationship skills (see <https://www.prochange.com/violence-in-teen-relationships> for more information about Teen Choices). Another example of a program that incorporates education and skills-building is the Relationships Smarts Plus program. This program uses hands-on activities to help adolescents learn about healthy and unhealthy relationships and to practice interpersonal skills (see <http://www.dibbleinstitute.org/relationship-smarts-plus-3-0-philosophy-and-goals/> for more information). It also helps adolescents work through a range of dating issues (e.g., guidelines for making healthy relationship choices, steps for developing a relationship slowly, distinguishing between healthy and unhealthy relationships, identifying and addressing relationship aggression) (Kerpelman et al., 2010).

The Fourth R program is a Canadian program that aims to promote healthy relationships and reduce/defer choices that involve greater levels of risk to adolescents' health and safety. This program is a whole school approach that includes extensive teacher training, parent education, and school-wide events involving community resources. The curriculum includes healthy conflict resolution and skills to manage pressures related to sexual behaviour and substance use. The program also includes activities to promote positive relationships; information-sharing with parents; exposure to community resources that promote healthy adolescent choices; and campaigns related to substance use, sexual behaviour, and violence (see <https://youthrelationships.org/> for more information).

Another Canadian program focused on building healthy dating relationships in adolescents is the Red Cross Healthy Youth Relationships program. It consists of grade-specific lessons (grades 7 to 12) using games, videos, role plays, and discussions. In addition to these lessons focused on integrating healthy dating relationships skills into classroom teaching, the program has youth facilitator training and training for school staff to become trainers and supports for youth facilitators. There is also an online healthy relationships course that is free for youth (see <http://redcrosselearning.ca/HYR.php> for more information). For more information about this program and other Canadian-based resources, please refer to "An Environmental Scan of Canadian Resources Designed to Foster Healthy Adolescent Dating Relationships" (available at www.skprevention.ca).

3.2 Effectiveness of Programs Related to Healthy Adolescent Dating Relationships

Unfortunately, there is little conclusive evidence about the effectiveness of existing adolescent dating violence prevention programs (Hickman et al., 2004). Few existing programs have been evaluated, and deriving overall conclusions from those that have been evaluated can be difficult. This is because these programs vary so much in terms of setting, participant demographics,

curriculum and delivery, facilitator training, and the measured outcomes (McLeod et al., 2015). Another issue is related to the fact that many of the evaluation studies are of low quality, with a lack of behavioural measures and comparison groups, short follow-up periods, and low or unreported retention rates (Hickman et al., 2004; Lundgren & Amin, 2015; Whitaker et al., 2006).

Despite these limitations, there is some evidence that these programs can positively affect adolescents' attitudes and knowledge related to dating violence and their short- and long-term relationship behaviours (Whitaker et al., 2006; Williams et al., 2015). In general, evaluations of dating violence prevention programs demonstrate the best outcomes in domains of knowledge acquisition and positive attitudinal changes (Antle et al., 2011), with some showing evidence of behaviour change. For example, PHAC (2016) reports that participation in the Safe Dates program was associated with decreases in sexual and physical abuse in adolescents with a history of dating violence, but not with decreases in emotional abuse (see <https://www.hazelden.org/web/public/safedates.page> for more information about this program). Importantly, participation in this program was also associated with changed beliefs on dating violence (i.e., participants reported less acceptance of dating violence), improved skills for conflict resolution, and increased awareness of support services (PHAC, 2016). Participation in another program, Fourth R, was associated with increased knowledge on dating violence and reduced levels of physical abuse (PHAC, 2016).

The Fourth R is a school-based prevention program that strives to help adolescents develop positive relationship skills (e.g., negotiation and delay), while decreasing abusive and health-risk behaviours. This program provides accurate information, works to enhance adolescent motivation, and teaches skills that promote healthy relationships and reduces risk behaviours. Evaluations of this program have found that it promotes the acquisition of healthy relationship skills. More specifically, compared to adolescents in other schools who did not take part in the program, participants demonstrated more negotiation, more skills to delay certain behaviours, and less yielding responses in realistic group peer pressure scenarios (Wolfe, Crooks, Chiodo, Hughes, & Ellis, 2012). Among those who completed the one-year follow-up assessment and were at risk for dating violence, participants in Fourth R experienced significantly lower rates of emotional and physical dating violence victimization and perpetration (Levesque et al., 2016).

Another program that has been independently evaluated is Start Strong: Building Healthy Teen Relationships, which is a part of Futures Without Violence. This program targets 11 to 14 year old adolescents, and focuses on enhancing skills and attitudes consistent with the promotion of healthy relationships. There are four main program elements: 1. educating young adolescents in and out of school (including school-based curricula); 2. engaging key influencers to help adolescents understand healthy relationships (e.g., caregivers, teachers, other mentors); 3. using social marketing strategies; and 4. working on policy change (e.g., creating school policies). More information about this program is available on the Start Strong website (<http://startstrong.futureswithoutviolence.org/>). Miller et al. (2015) found that students in

schools that used the Start Strong program reported lower acceptance of adolescent dating violence, more positive attitudes toward gender equality, more parent-child communication about relationships, and more satisfaction in current relationships compared to students in other schools that did not take part in the program.

These findings suggest that dating relationship skills can be taught effectively in classroom settings by teachers, when provided with some special training (Wolfe et al., 2012). Research summarized by Sorenson (2007) also indicates that school-based and community programs can effectively help adolescents develop skills for healthy dating relationships. School-based relationship education has been found to be effective in positively influencing adolescents' beliefs about what makes relationships healthy and unhealthy and in enhancing their skills for promoting healthy relationship patterns (Kerpelman et al., 2010). Effective school-based prevention programs have been shown to change norms about dating violence, improve problem-solving skills, and address related risk behaviours (e.g., substance use, sexual risk behaviours) (CDC, 2016). Healthy dating relationships education has also been associated with significant increases in relationship knowledge (i.e., knowledge about what makes a relationship healthy or unhealthy), self-efficacy related to conflict resolution, and significant improvements in attitudes toward dating violence (i.e., less acceptance of dating violence) (Antle et al., 2010). These attitudes have been found to be important mediators of actual violence in dating relationships. Antle et al.'s (2010) summary of program evaluations indicates that healthy dating relationships education can have long-lasting, positive effects on attitudes and behaviours. Specifically, these types of programs have been shown to promote relationship knowledge, skills, and a reduction in violent behaviours.

3.3 Characteristics of Effective Programs Related to Healthy Adolescent Dating Relationships

It is clear that more rigorous research is needed before strong conclusions can be made about the types of content that are necessary to change behaviour related to healthy adolescent dating relationships (Hickman et al., 2004; Lundgren & Amin, 2015; Whitaker et al., 2006). Much of the existing literature is focused on changing knowledge and/or attitudes, which are generally easier to change than behaviour, but are expected to be precursors to behaviour change (Whitaker et al., 2006). Cornelius and Resseguie (2007) state that including skill-building components (e.g., communication, negotiation, problem-solving) that use role-play, modeling, and rehearsal increase the likelihood of behaviour change. Antle et al. (2010) agree, suggesting that although information is important, adolescents must also be taught skills in order to build healthy relationships and de-escalate conflicts.

Additional research indicates that effective prevention efforts tend to focus on teaching adolescents problem-solving, negotiation, and conflict management skills to help them develop healthy relationships (Sorenson, 2007; Wolfe, 2006). Other characteristics of effective programs include:

- elements that change attitudes toward dating violence
- exploring negative consequences of gender stereotypes

- incorporating peer education, which recognizes the importance of peers in shaping adolescent attitudes
- considering factors like developmental level, culture, sexual orientation, and prior dating experience in the program design (Sorenson, 2007)

As indicated in the list above, it is important that programs focused on healthy dating relationships address attitudes and myths surrounding dating violence (Lundgren & Amin, 2015). For example, Johnson et al. (2005) found that female participants sometimes wanted males to hit them, believing that it was a sign of love and commitment. Other female participants in this study suggested that sometimes females are partly or fully responsible for the violence (e.g., deserved it because of something they did or said). It is important for these types of myths to be addressed and for adolescents to be taught healthier ways to interact with their dating partners. Other important topics cited in the literature include bullying and sexual harassment, and how these behaviours are related to adolescent dating violence (Williams et al., 2015); and how to balance one's own feelings and rights with the feelings and rights of others (Romeo & Kelley, 2009).

As was discussed previously, early education and programming before young adolescents begin to date or before the progression of behaviours to more severe forms of violence is vital for prevention (Miller et al., 2015; Niolin et al., 2015). Programs focused on early adolescents, where communication and negotiation skills are built, have been found to be effective in preventing physical, sexual, and emotional violence in adolescent dating relationships (Lundgren & Amin, 2015). Including all adolescents in programming is also important, not only for their own education and development, but for that of their peers. Research has shown that adolescents are more likely to turn to each other for advice and support related to dating violence than to adults (Wolfe, 2006). Unfortunately, among participants who had either witnessed or been told about dating violence, the majority had either offered inadequate advice/support or had minimized, ignored, or even condoned the violence (Wolfe, 2006). Therefore, teaching all adolescents about healthy relationships and healthy coping strategies can help adolescents avoid unhealthy relationships and can support them to intervene safely and effectively if they are witnesses to dating violence (Children's Safety Network, 2012).

Peer involvement in program delivery may also increase the effectiveness of the program. Adolescents often rely on peers for ideas and support regarding dating relationships, making peers valuable facilitators for these types of programs (Antle et al., 2010; Cornelius & Resseguie, 2007; Johnston et al., 2005). There are few evaluations of peer-facilitated adolescent dating violence prevention programs in the literature. One exception, by McLeod et al. (2015), evaluated the effectiveness of a school-based, peer-facilitated healthy relationships program focused on academically at-risk students. This program, called Chesterfield RELATE, includes lectures, skits, activities, and self-assessments. The use of peer mentors in this school-based program produced positive outcomes, including improvements in participants' attitudes and knowledge from pre-test to post-test, similar to those previously found with adult-facilitated

programs (McLeod et al., 2015). Male facilitators have also been identified as important for program effectiveness, particularly when working with male adolescents (Bell & Stanley, 2006).

Johnson et al. (2005) suggest that it is also important to include caregivers in education and prevention strategies, as they also influence adolescents' behaviours and attitudes towards dating violence. The importance of parent-child communication for decreasing the risk of adolescent dating violence has also been highlighted (Miller et al., 2015). Therefore, program organizers may want to include information for parents about the importance of communication with their children and the influence of the parent-child relationship on adolescent dating behaviours (Conger et al., 2000; Miller et al., 2015).² Programs can work together with caregivers, teachers, and other community members to raise awareness of the importance of helping adolescents build healthy relationships.

Lundgren and Amin's (2015) review of program effectiveness found that programs with longer term investments and repeated exposure to information delivered over time have better results than single awareness-raising or discussion sessions. Lundgren and Amin (2015) suggest that social marketing or mass media efforts may be useful, along with integrating healthy relationship skills and gender equitable norms into existing school-based sexual and reproductive health education. Antle et al. (2010) state that bringing healthy dating relationships education into existing programs can reduce barriers to retention of participants, particularly for high-risk adolescents (e.g., barriers like transportation, school attendance). Partnering with existing prevention programs in related fields also makes sense, because many of the risk factors for dating violence perpetration are also relevant to other adolescent risk behaviours (e.g., general violence, substance use, self-harm) (Vagi et al., 2013). It is possible that addressing the underlying risk factors may decrease dating violence, even if dating violence prevention is not overtly taught (Vagi et al., 2013).

Levesque et al. (2016) suggest that a major problem with existing programs is the fact that they are unmodifiable programs and neglect individual differences in experience and skills. Many evidence-based programs (e.g., Fourth R, Safe Dates) can be challenging to deliver as intended, because they require a significant amount of class time, additional school-wide events, and significant time for teacher training (Levesque et al., 2016). Levesque et al. (2016) suggest that interventions need to be designed with dissemination in mind to increase the likelihood that they will be feasible and sustainable in real-world settings. To this end, Antle et al. (2010) state that program content should be easily accessible (both in location and in format). Partnering with existing programs with related content, and including healthy relationships education and skills-building in existing programs, may help to overcome some of these challenges.

² For more information about parent-child communication, particularly as it relates to sexual health education, please refer to a previously completed literature review titled "Parents as Sexual Health Educators for Their Children" (available from the Saskatchewan Prevention Institute website).

Although the current review highlights important characteristics of effective programs focused on healthy adolescent dating relationships, more high-quality research is needed to inform the content and delivery methods of effective prevention and intervention programs. Several of the existing dating violence prevention programs have shown an impact on attitudes and beliefs related to adolescent dating violence. However, further research is needed to better understand how this translates to behaviour change and how long these impacts last (Hickman et al., 2004).

4. Summary and Conclusions

The literature examined in the current review indicates that dating violence is experienced by many adolescents, that it begins early in dating relationships, and that it is associated with many negative outcomes that can last into adulthood. Therefore, there is a need for effective programming focused on helping adolescents know how to develop healthy dating relationships. The research covered in this review highlights the necessity of educating adolescents about healthy relationships, reducing faulty beliefs related to relationships, and building interpersonal skills (Kerpelman et al., 2010; McElwain et al., 2016). Such education and skills-building can decrease the occurrence of physical, emotional, and sexual dating violence; thereby decreasing the likelihood of related negative outcomes associated with the violence itself and unhealthy coping strategies. In terms of prevention, this education and skills-building is particularly important for young adolescents before they become engaged in dating relationships and before dating behaviours and patterns are set. For those who are already engaged in dating relationships, such education can better equip them to recognize healthy and unhealthy relationship patterns and to deal with unhealthy relationships.

Education focused on healthy dating relationships is important even for those who are not at risk for dating violence, as research has shown that the absence of aggression and violence does not necessarily indicate the presence of knowledge and skills related to healthy relationships (Conger et al., 2000). Similarly, although all adolescents may not be at risk of dating violence, all adolescents may become witnesses to dating violence or may have friends who are involved in unhealthy dating relationships. Including all adolescents in prevention and education programs provides them with the skills they need to intervene in their own relationships and to assist others who may be involved in unhealthy relationships. An additional benefit of this type of education is that it can be carried over to all significant interpersonal relationships (e.g., family, friends) (Antle et al., 2010). Teaching adolescents about how to form healthy relationships, dating and otherwise, provides them with valuable skills that can promote their overall health while helping them to avoid the negative outcomes associated with adolescent dating violence.

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