Teen Dating Violence Policy: An Analysis of Teen Dating Violence Prevention Policy and Programming

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Contents

Introduction 2
Teen Dating Violence Legislation 4
Community-Based Participatory Research 5
Focus on Individual Responsibility Is Limiting 8
What Do the End-Users Have to Say? 9
Key Points 12
Summary and Conclusion 13
Cross-References 14
References 14

Abstract

Teen dating violence (TDV) is a public health concern that can lead to long-term mental and physical health consequences, such as depression, anxiety, risky behaviors, and unhealthy adult relationships. In the USA, over 20 states have laws requiring school districts or public health districts to incorporate a TDV prevention program, yet districts are given little to no direction or resources to implement these programs. This chapter examines TDV prevention education legislation in Texas as well as a subset of school districts that implemented TDV programs. Based on a mixed-methods approach, a research methodology for collecting, analyzing, and integrating quantitative and qualitative data, researchers found that students and teachers were generally positive about TDV prevention programs. The mixed-methods study was grounded in a community-based participatory research approach and included semi-structured interviews,

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focus groups, survey data, and discourse analysis. Results also showed that although TDV prevention programs are liked generally, there was a focus on individual prevention at the expense of understanding the structural foundations of TDV. The chapter concludes with a recommendation that TDV prevention education and legislation take individual and structural factors at the family, school, and community level into account.

Keywords

Teen dating violence (TDV) · Prevention · Legislation · Policy · Risk factors · School-based

Introduction

Teen dating violence (TDV) is a major public health concern. Between 10% and 30% of US adolescents have experienced severe physical abuse or sexual aggression (Eaton et al. 2008; Silverman et al. 2001). Youth in violent relationships, relative to their non-victimized counterparts, have higher rates of depression, anxiety, suicidal ideation, substance use, posttraumatic stress disorder, risky sexual behavior, teen pregnancy, and disordered eating (Silverman et al. 2001; Wolitzky-Taylor et al. 2008). They are also more likely to perform poorly in school and to experience difficulties in future relationships (Wolitzky-Taylor et al. 2008). Moreover, TDV victimization in adolescence predicts violence victimization and perpetration in adulthood (Cui et al. 2013). A 5-year longitudinal study of adverse health outcomes found that TDV victimization predicted adult partner violence victimization, as well as heavy episodic drinking, depression, suicidality, smoking, marijuana use, and antisocial behaviors (Exner-Cortens et al. 2013).

Given the high prevalence and potentially devastating consequences of TDV, its prevention has become a national health policy priority. Indeed, the Centers for Disease Control and Prevention, American Psychological Association, and the National Institutes of Health have called for the development and dissemination of effective TDV prevention programs and policies. Furthermore, an objective of Healthy People 2020 is to “increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the area of violence” (Healthy People 2020 2017). In the USA, a growing number of states have laws requiring school districts or public health districts to incorporate a TDV prevention program (NCSL 2017). Despite this charge and state policy directing prevention initiatives, an overwhelming majority of schools are not currently implementing evidence-based TDV programs (Weisberg 2013), due in part to school and public health districts being given little to no direction or implementation resources.

As the need for TDV programs increases, the pool of available and efficacious options for school districts and communities is limited. Existing TDV programs are implemented at the middle or high school grade levels, range from short 2 classroom

sessions to longer 20+ classroom sessions, and are either facilitated by the classroom teacher (i.e., train the trainer model) or by external staff (Cornelius and Resseguie 2007; Whitaker et al. 2006; De La Rue et al. 2017). Common themes across the programs include curricula focusing on improving knowledge, attitudes, and beliefs about violence, as well building skills in communication, conflict resolution, help-seeking, and bystander intervention (Cornelius and Resseguie 2007; Whitaker et al. 2006; De La Rue et al. 2017). De La Rue et al. (2017) addressed the urgency for educational policy around TDV programs including consequences for perpetrators, support for victims, general services available, and improved school climate across leadership, teachers, and students.

One of the more promising programs, *Fourth R* (Reading, wRiting, aRithmetic, and Relationships), has shown to be effective at reducing problematic behaviors and increasing relationship skills (Wolfe et al. 2009; Crooks et al. 2008) and is generally perceived positively by students and teachers. Indeed, multiple systematic reviews and national agencies have identified the *Fourth R* as one of only a few promising TDV prevention programs (Cornelius and Resseguie 2007; De La Rue et al. 2017). The curriculum, which is delivered by existing teachers (typically in health classes), comprises four units: (1) seven lessons on personal safety and injury prevention; (2) eight lessons on substance use, addiction, and related behaviors; (3) seven lessons on growth and development; and (4) five lessons on healthy eating. The intervention was designed to present accurate information in an interesting and engaging format, to enhance youth motivation, and to teach skills that promote healthy relationships and reduce conflict and risk behaviors. Teachers are provided complete lesson plans, role-play exercises, rubrics, and handouts. Lesson plans outline materials needed, how much time should be allotted, detail descriptions of activities, and other pertinent details necessary to teach the lesson. Role-play exercises include characters for students to act out (with guided discussion) talking points for the facilitator. Rubrics for various activities are available to allow both students and teachers a checklist/evaluation-style handout to assess each other's performance and participation. Handouts are designed for specific lessons and provide additional material or instructions for working in group settings.

Because *Fourth R* aligns with federal and state curriculum standards and uses teachers as facilitators within regular class sizes, times, and settings, it is more likely to become institutionalized, reducing many of the implementation pitfalls observed with other school-based programs. Moreover, the program focuses on the importance of healthy relationships and associated skills while also targeting other preventable risky behaviors (e.g., substance use, high-risk sexual behavior) and promoting healthy behaviors, mental health, and well-being. Given the current Texas TDV prevention education legislation is an unfunded mandate, *Fourth R* is a relatively affordable option. Because teachers are the facilitators and can become master trainers, the bulk of financial obligations is limited to startup costs. Notably, online-based programs are also affordable and sustainable options. For example, the *It's Your Game. . .Keep it Real*, a program that uses both classroom- and computer-based activities, has been shown to reduce dating violence in ethnically diverse middle school youth (Peskin et al. 2014).

Teen Dating Violence Legislation

TDV legislation first appeared in US national policy in the 2005 amended version of the Violence Against Women Act (VAWA) of 1994, with school-based prevention programs first appearing in the 2013 amended version. This more recent version states that the Secretary of Health and Human Services (HHS) would:

> Select, implement, and evaluate four separate model programs, aimed at primary schools, middle schools, secondary schools, and institutions of higher education, for the education of young people about domestic violence and violence among intimate partners. (Office of Legislative Counsel 2013)

Since then, over 20 states have TDV legislation targeting adolescents through education, policy, or curriculum (NCSL 2017). Nationally, there have been numerous attempts to bolster TDV prevention education legislation, but the bills have yet to become legislation.

State legislation focusing on school-based TDV prevention efforts also began in 2005 in Rhode Island and Texas. In Rhode Island, legislation began in earnest soon after 23-year-old Lindsay Ann Burke was murdered by her former boyfriend. Although the relationship and murder happened after Lindsay graduated from high school, advocates recognized that a school-based curriculum aimed at students, teachers, and parents may have reduced the likelihood that she, and others like her, would become victims of intimate partner violence (IPV) (Weisberg 2013). Her mother, Ann Burke, and Rhode Island Attorney General Patrick Lynch began advocating for school-based TDV prevention education legislation (Weisberg 2013). Ann, a middle school teacher and school nurse with a Master's degree in Health Education, had taught health education in schools for years without knowing about TDV or its negative health consequences (Weisberg 2013). She recalled:

> It enraged me. As a health teacher, I know the value of education, and I thought, this is a major health issue, so why isn't this being taught in schools? In my 8th grade class when I was teaching the students about HIV, STDs, drugs, alcohol, I started to think, why isn't dating violence education mandated? . . . why is it that I'm teaching them about health, disease, and substance abuse – but I'm not teaching them about this? (Weisberg 2013, quoting Ann Burke)

Subsequently, in 2007, Rhode Island was the first state to pass comprehensive TDV prevention education legislation, R.I. Gen. Laws §16–85, 16-21-30, and 16-22-24 (2007 SB 875/HB 6166), also known as the *Lindsay Ann Burke Act* (Weisberg 2013).

At nearly the same time as the Lindsey Ann Burke tragedy, Texas legislators began pursuing TDV prevention education legislation to commemorate the death of Ortralla LuWone Mosely. Ortralla's boyfriend murdered her in 2003 at their school, Reagan High School in Austin, TX, the first known on-campus TDV homicide in TX (Trella's Foundation 2015; Ramos 2010). Ortralla's mother, Carolyn White-Mosely, started *Trella's Foundation* in 2005 and began working with Representative Dawnna

Dukes (D-Austin) to pass legislation requiring school districts to teach TDV prevention. Texas' Education Code §37.0821 was passed in 2007 as HB121 and mandates the adoption and implementation of TDV policy, education, counseling, and safety planning measures (Legislature of the State of Texas 2007). Simultaneously, Jennifer Ann Crecente's former boyfriend murdered her in 2006, and the family has been active in Texas TDV prevention education legislation, including advocating for TDV prevention funding. Likely a result of these high-profile cases, Texas has been particularly receptive to TDV legislation, and school districts throughout the state have been proactive in implementation. Indeed, the current authors have implemented a series of TDV programs throughout the state.

Similar to other states, Texas' TDV policy does not outline funding for training, counseling, or awareness efforts for TDV prevention education, although funding was recommended for a Domestic Violence Pilot Project in a version of the House Bill that did not pass in the Senate Committee on Education (80th Legislature of the State of Texas 2007; Texas Senate Committee on Education 2007; Texas House of Representatives Chamber Session 2007). Texas' TDV prevention education legislation was an important step toward TDV prevention efforts, but the policy, similar to other states, lacks strong application because of a lack of state funding, unassertive language, and little direction for implementing the policy or programming (Weisberg 2013; Ramos 2010). While the focus of this chapter is on Texas, these conclusions can be broadly applied to national TDV prevention education legislation.

The aim of the current chapter is to examine TDV prevention education legislation in Texas while also assessing the success of a subset of school districts that have implemented a TDV prevention program (i.e., *Fourth R*). Given Texas' early commitment to TDV prevention, the current chapter does an in-depth analysis of Texas legislation and program implementation. The successes and challenges of TDV prevention in Texas are used to suggest frameworks of inquiry for TDV prevention in other states. Using a mixed-methods study, including policy analysis, semi-structured interviews, and survey data, the authors researched TDV prevention programs and legislation and conclude with program enhancements that are inclusive of individual, interpersonal, behavioral, and structural frameworks that account for the multi-causal and complex practices that may contribute to TDV. The authors demonstrate that TDV prevention education overwhelmingly targets individual and behavioral risk factors and generally fail to address structural factors that may lead to unhealthy relationships. Prevention programs should be a required part of curricula, but the policy guiding implementation should also take into account financial constraints at the schools as well as behavioral, interpersonal, and structural factors at multiple levels of social influence (e.g., individual and community).

Community-Based Participatory Research

A community-based participatory research (CBPR) approach is used to help guide this mixed-methods approach. CBPR is "a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique

strengths that each brings" (Faridi et al. 2007). CBPR partners include researchers, research participants, and community members. As part of this approach, legislation and TDV programs were analyzed, surveys administered, and focus groups and individual interviews conducted; findings were reported to community members about themes gathered from the analysis and their responses; programmatic changes were made based on the insights of school staff and students; and community-based collaborations were established to create policy briefs and provide testimony to the legislature so that all concerns were represented.

For the policy analysis, texts and interviews were analyzed, including laws, materials from family violence groups, TDV prevention education curriculum, and legislative sessions. All documents and information relevant to Texas Education Code §37.0831 (formerly HB121) were collected via Internet search (LexisNexis, Google Scholar, Texas Legislature Online History) and through communicating with key personnel. Texas TDV policy was studied by evaluating the 80th Texas legislative session on HB121, including the three readings of the bill in the House and three readings in the Senate. Additionally, the Texas Council on Family Violence assisted researchers with obtaining testimony from the legislative hearings. The method of policy analysis involved analyzing the written and vocal events surrounding TDV prevention programs and prevention education legislation. The documents that were analyzed included public testimony, TDV prevention education legislation, and a TDV prevention program.

The survey, interviews, and focus groups with teachers and students from Texas school districts helped determine the knowledge and efficacy of existing programs, policy, current resources, and the perceived need for implementing school-based TDV prevention education. Surveys were administered in 20 schools to 30 teachers who had completed 1 semester of teaching a TDV prevention program. The survey asked questions about whether and how the TDV program benefits students, how the particular TDV program worked in comparison to previous course material, and whether the teachers intended to use the TDV program in the future. In-depth semi-structured individual interviews with five teachers from five schools and six focus groups (two to ten students per group) with students from five schools were also conducted. The interviews occurred during the first semester of the TDV program implementation and gathered teachers' and students' perceptions of the program. Probing questions included items such as was the material relevant to real-life situations; was the curriculum what they expected; and believed it produced positive student behavior changes. The surveys, interviews, and focus groups provided an adequate sample to characterize positions and themes that emerged from TDV program implementation, including suggestions for strengthening future prevention initiatives.

The survey, interview, and focus group data used in this paper are part of a larger implementation study that evaluated the feasibility and efficacy of *Fourth R* (1R01CE002678). Recruitment for this study occurred during a 1-day training of teachers in preparation for implementation. Teachers were informed of the study protocol and expectations and provided written consent. All teachers completed the survey at the end of each implementing semester. Selected teachers were interviewed

in the middle of the semester and recommended students in their classes to participate in focus groups (student assent and active parental consent were obtained prior to study beginning). This research was approved by the last author's institutional review board.

To maximize comfort and privacy, interviews and focus groups occurred at a time (during school hours) and location (e.g., empty classroom, school library) that was convenient for participants. During the interview, research staff introduced themselves and reiterated the purpose of the study. In-depth interview guides were developed to facilitate rapport and trust, and both open- and close-ended questions were used (Miller and Crabtree 1999). Additionally, researchers developed a standardized interview protocol which outlined interviewer characteristics (e.g., one who establishes rapport and trust with the participant; has a nonjudgmental and positive attitude; shows empathy and understanding, but appropriate distance to the interviewee; can appropriately answer questions and facilitate discussion; has cultural sensitivity) and prepared the materials needed for the interview (recorder, microphone, paper for brief notes) (Miller and Crabtree 1999; Krueger and Casey 2009). A standardized protocol was followed with the following components: (a) explanation of study, participant's right to stop the interview at any time, and study's confidential nature, (b) use of recorders, (c) reason for taking notes, and (d) importance of not using any specific names of anyone involved in any illegal activities (Roberts 2016). The interviewer documented any additional notes following each session (Krueger and Casey 2009).

Qualitative analyses took place in several steps: (a) careful reading and rereading of all interview transcriptions, (b) initial identification of themes in the data, (c) development and use of codes to label identified themes, (d) using "coding sorts" to separate and compare data from differing themes, (e) more careful theme examination to identify sub-categories, (f) "data reduction" or understanding the main themes and identifying relationships among them, and (g) organizing the data for publication and presentation (Miller and Crabtree 1999; Roberts 2016). In order to increase the dependability and reliability of the data, two graduate students were trained and coded the data. Following the suggestions provided by MacQueen et al. (1998), after completion of individual coding of a third of the interviews, they met and discussed the development of codes for themes, initial results of theme coding, discrepancies in interpretation of themes, and possible developments for new codes. They then constructed a coding file, which outlined the codes, their definitions, and subsequent changes to these codes to aid in the discussion process. After the meeting, the two coders completed coding the rest of the interviews individually and added additional codes in the coding file.

At the end of each implementation semester, teachers also responded to surveys to report perceived benefits of *Fourth R* to their students, comparison of *Fourth R* to previous health materials/curriculum, and intention to use *Fourth R* in the future. Data were synthesized from the interviews, focus groups, and surveys to provide a fuller picture of teachers' and students' perceptions of *Fourth R*. For example, quantitative data collected through survey research complements the qualitative comments on *Fourth R* to show the percentage of people who share similar views.

Qualitative data also helps provide context and explanations for quantitative findings. The policy analysis provides context for the programmatic design and subsequent implementation in schools.

Focus on Individual Responsibility Is Limiting

The mixed-methods and community engagement approach detailed above-generated insights into both the successes and the limitations of *Fourth R* and similar TDV prevention programs. The strength of many TDV prevention programs is their ability to help individuals recognize potentially violent relationship patterns and cultivate more appropriate behavioral responses. Attention to structural or community factors could further bolster their effectiveness. While students brought up socioeconomic and structural factors such as race and gender-discrimination that have shaped their experiences of TDV, curricular materials were primarily limited to addressing individual responsibility for recognizing and responding to violence in relationships. A singular focus on individual responsibility instead of individual and structural responsibility in the curriculum not only affects individual TDV programs, but it also has a dual effect on future policy directions. Policymakers increasingly rely on evidence-based programs when writing or enacting legislation, and although there is substantial research on structural factors and their interrelated nature to health more generally (e.g., the social determinants of health), the implementation of structural factors in TDV prevention curriculum has been lacking (Marmot 2009). In this way, by not focusing on structural factors in TDV programs, one is also limiting the uptake of structural factors in future policy related to TDV.

Social determinants of health (SDOH) are the "structural conditions in which people are born, grow, live, work, and age" and are the result of "poor social policies and programmes, unfair economic arrangements, and bad politics" which may produce greater health disparities for certain groups of people or populations (Marmot 2009). The SDOH ecosystem for school-aged youth can include their school climate, neighborhood environment, home atmosphere, working conditions of parents/guardians, and racial and gender dynamics. Inclusive in the SDOH are adverse childhood experiences (ACEs), which have traditionally been defined as physical and emotional experiences that include abuse, neglect, familial separation, and food insecurity. Children who have experienced ACEs are at higher risk later in life for physical and mental health conditions, such as chronic disease, suicidal ideation, depression, and anxiety (Felitti et al. 2019). More recently, ACEs are being broadened to also include adverse community experiences, such as war, peer violence, neighborhood violence, and collective violence (Pinderhughes et al. 2015).

TDV prevention initiatives can play a role in redressing current structural conditions that are built on poor policies, unfair economic arrangements, and unjust politics. Moreover, TDV prevention initiatives are unique compared to traditional clinical prevention programs because they are largely school-based, which increases their ability to address SDOH. Unfortunately, TDV programs that solely focus on

individualized responsible choices at the exclusion of structural factors may preclude a discourse about the social determinants of TDV.

What Do the End-Users Have to Say?

Overall, teachers and students responded positively to *Fourth R*. First, both teachers and students pointed out that *Fourth R* was different from what they were accustomed to. Teachers discussed how *Fourth R* covered topics (e.g., "consent for sex or contraception") that were not talked about in prior health classes. One teacher expressed, "if I talk to any teachers about [the] topic I'm teaching, they are shocked." Indeed, as indicated in the teacher survey, compared to materials and strategies they had used in the past to teach health, a vast majority of teachers perceived that students who participated in the *Fourth R* program had healthier attitudes about respectful relationships (90%), had healthier relationships (76.7%), had better help-seeking skills (73.3%), were better able to respond assertively to peer pressure (80%), and were more able to respond effectively as bystanders (80%).

Second, the format of the curriculum was positively reviewed. Some reflections from students include "they're much better than tests" and "I think this class is really interesting and I love being in it." One teacher observed, "And you know I think in general, kids don't want to talk about their health. There are subject/topics that they don't feel comfortable talking about, but they are talking." Overall, as one teacher summarized, "Students love the interactions of the lesson. I'm getting more and more participation from students."

Lastly, and most importantly, students and teachers reported observation of positive changes in student behaviors. These include not only increased knowledge and awareness but also application of the knowledge and skills to improve their own health behavior as well as helping others. For example, as one teacher observed:

> I think it makes them think about what their strengths and weaknesses are. I think that's the key thing is that it's probably [not] something that they really thought of until they got into that situation. Now they are thinking of those situations before and going, "uh this is probably something I should pay attention to because I don't know if I feel comfortable in this situation." And so they are learning what their strength and weaknesses are before they get into those situations at least, hopefully before they get into those situations.

Students also discussed how their friends have observed changes in them, such as "friends think I'm more serious or uptight about things now" and "I used to not handle situations very good. And yesterday actually my friend said, 'you actually are listening and helping.' I was helpful. I'm more helpful than I was." Finally, students mentioned that they noticed problems that they did not see before and to help their friends in need. For example, one student talked about how the role-play activity in class was helpful: "For me, [I] think it would be like the ones where the friend is kind of depressed and isn't motivated or anything, because my friend is going through that now. So it's kind of like being in that situation, kind of gives me an idea on how

to help her." Another student also said, "My friends aren't really good at handling situations like being mean and a friend group and I would tell them there's a way you can actually handle this better than just being mean."

Further evidence in support of *Fourth R* was indicated in teachers' expressed intentions to use it in the future. Among the 30 teachers surveyed, 22 (73.3%) reported that they would "definitely" use *Fourth R* in the future, and another 6 (20%) were "likely" to use it. Only one teacher said he/she was "unsure" because it "depends on ability to coordinate with unique instructional model of our school." Another teacher said "unlikely" but further added that he/she "plans on using some of it." One teacher said in the interview that he/she had talked with the school principal about *Fourth R*, and "My recommendation is such that they want to put it out to all the health classes."

While *Fourth R*, like most prevention education programs, focuses on individual and behavioral change, the program designers also recognized that the community and media play a role in perpetuating violence (Wolfe et al. 2009). In addition to lessons on preventing individual victimization and perpetration, *Fourth R* includes lessons that teach students how to be a responsible friend or partner, the social factors that influence the understanding of gender identity, and about the role the media plays in relationship expectations. For example, one lesson in *Fourth R* focusing on potential perpetrators includes "to never say anything mean about anyone online, to be kind and caring, to trust my partner, to respect my partner's time with family and friends, and to encourage my friends/partner." Another lesson uses popular song lyrics to show how gender identity and sexuality can be presented in the media.

Lessons that focus on being a responsible partner and understanding the role media plays in identity formation are positive steps for TDV prevention education as they help shift the onus of prevention away from the victim. However, as some students in a focus group revealed, there has been a glaring omission of structural issues (e.g., racism) in healthy relationship prevention programs, including *Fourth R*. One student, after being asked what other topics they would want covered in a healthy relationship program, said, "You said discrimination, but racism." The student articulated that he agreed with discrimination missing in TDV prevention programs and that racism was also a topic that needed to be addressed. Two other students replied that they agreed that racism was an issue for them in their schools and relationships. All three students then gave detailed accounts of racist acts or words that they have encountered on multiple occasions. When asked "Who agrees that racism is something that definitely needs to be addressed when talking about healthy relationships?" all ten students raised their hands. When asked what the negative consequences of racism are for themselves, they replied that it can lead to bullying, suicides, low self-esteem, depression, and social anxiety. One student replied, "Sometimes you feel like you're not good enough because [of] your color. Sometimes you hate yourself, not hate yourself, you just don't think you're enough."

Another student suggested including more healthy relationship topics related to gender and gender-discrimination, which are included as one lesson in *Fourth R*. One student provided an example of how he viewed gender and gender-discrimination in relation to a person's sexuality. He responded, "How can you determine

someone's sexuality or something based on what they wear? You could be really flamboyant, but then you could be killing it with this hot girl or you could be a tomboy but still have a scrawny little boyfriend." Another student added to this suggestion:

> I think it's not just your race, but how you, like your appearance. Just how you look. I got bullied when I was young because I was tall. I've always been tall, I've never been short. I was skinny, but tall still and people be like, "Oh look at Big Bird" and all this stuff. And it hurt me. I didn't have any friends. I was that person who would read books and sit alone, so it was hurtful. And it put me into a depression mode till like 6th grade . . . I think people need to know that it doesn't matter the weight, the size, the height, the color, the ethnicity - that you should love people for who they are and not what they look like.

Notably, according to these students, racism and gender-discrimination are the determinants for the bullying, anxiety, and depression many of them endure or have endured. There is a strong correlation between bullying and dating violence (Connolly et al. 2000; Espelage and Holt 2007), and the students acknowledged that bullying is an issue in their relationships, but they sought more upstream solutions. Said differently, their solution was about dismantling the structures of racism and gender-discrimination that cause victimization risk factors instead of focusing solely on the individuals who become the victims.

TDV prevention programs and prevention education legislation have done the hard work of balancing financial constraints, all while making TDV and its effects a more mainstream conversation. However, by teaching assertiveness for potential crime victims at the expense of teaching unequal racial and gender power relationships, TDV prevention education may inadvertently place some of the blame on victims in their efforts. Sherry Hamby, professor of psychology and founding editor of the American Psychological Association's *Psychology of Violence* journal, makes this point evident in her interview with *The Atlantic*. She notes that prevention programs, even by well-intentioned people, may contribute to victim blaming by giving recommendations on how to avoid being a crime victim (Roberts 2016). She said, "I don't think people have done a very good job of thinking that through and trying to say what the limits of people's responsibility are for avoiding crime" (Roberts 2016).

To be sure, TDV prevention programs that focus on how to avoid victimization have their place, but rarely do they pair avoidance with structural factors. For instance, in video vignettes made in partnership with adolescents and *Fourth R* program designers, adolescents act the part of potential victim or potential perpetrator, and the students watching the videos are prompted by teachers to describe whether (1) the potential victim's response was assertive, aggressive, or passive; (2) if the skills used by the potential victim were delay, refusal, or negotiation; or (3) if potential victims used a combination of assertive, aggressive, or passive responses and delay, refusal, or negotiation skills. The videos have much to offer adolescents who are learning how to deal with unwanted situations, but each scenario also reinforces the notion that it is the victim's personal responsibility to reject unwanted sexual, drinking, smoking, or other risky behaviors. The flaws of

this discourse are that it limits conversation to one's personal responsibility and implicitly restricts conversations about the ways social structures reinforce the potential to be in a victimized position and the ways structural adjustments need to be paired with individual action to refute violent behavior.

This type of individually and behaviorally focused intervention is not abnormal for prevention programs, and there are important reasons this form of prevention is included in the curriculum. However, the lack of nuance and complementary videos that focus on the structural reasons that violence is embodied in potential perpetrators, why potential victims react in passive ways, or explaining that it is not the victims fault if he/she did not act in an assertive way is not merely an oversight but missing from nearly (if not) all TDV prevention programs. A critical perspective that teaches students how to refuse unwanted behavior while at the same time recognizes and resists victim blaming is generally lacking in TDV prevention programs. Further, this limitation cannot be reconciled by adding one lesson in a healthy relationship curriculum about racism or gender-discrimination. Instead, a different philosophical and theoretical approach to these issues will need to become part of the discourse surrounding TDV prevention education and legislation.

Students also recognized the need for this philosophical and theoretical corrective to individualized and behavioral-focused TDV prevention initiatives. Following CBPR approaches that views all participants as partners in the research process, students were asked how they envisioned teaching healthy relationship topics that instruct them how to be assertive, avoid victim blaming, and contextualize racial and gender power relationships. The student's ideas ranged from high-production videos (e.g., Logic's Suicide Prevention Video, a popular musician/rapper that addressed suicide prevention in a music video (Logic 2017)) that could be shown in class to "real conversations" about the issues other students have had to navigate. For instance, incoming students could attend a roundtable of older students discussing their experiences with racism and how they responded. Per this CBPR approach, authors are currently working with the district to implement these suggestions.

Key Points

- The prevention of teen dating violence is a public health priority.
- Dating violence legislation first appeared in US national policy in the 2005 amended version of the Violence Against Women Act (VAWA) of 1994, with school-based prevention programs first appearing in the 2013 amended version.
- Despite laws in many states requiring school districts to incorporate a dating violence prevention program, an overwhelming majority of schools are not currently implementing evidence-based programs.
- School-based prevention programs, like *Fourth R*, may be an effective and efficient approach to reducing the burden of teen dating violence.
- Current dating violence prevention education overwhelmingly targets individual and behavioral risk factors and fails to address structural factors that may lead to unhealthy relationships.

- Prevention programs are generally perceived positively by students and teachers.
- Lessons on racism and gender-discrimination should be included in violence prevention programs.
- Legislation that supports holistic prevention education projects that not only teach potential victims how to be assertive in the face of violence but also dismantle the root causes of violence is needed.

Summary and Conclusion

The aim of this chapter was to examine TDV prevention education legislation using a subset of school districts in Texas that have implemented a specific curriculum and to assess their successes and limitations. A key finding from the authors and students' evaluations of the curriculum, and a current concern about victim blaming in violence prevention literature more broadly, is that TDV prevention legislation and initiatives focus on individual prevention at the expense of understanding structural concerns. TDV lessons about assertiveness and responsible choices advance broader discourses about independent individuals – both victims and perpetrators – and prevent discourses about the social determinants of TDV and the social locatedness (i.e., how identity is formed based on gender, race, social class, age, ability, religion, sexual orientation, and geographic location) of teen actors. The intent is not to deny the importance of an individual and behavioral focus in TDV prevention nor to castigate particular programs or researchers (who are equally subjects as well as producers of knowledge). Rather, attention is drawn to the ways particular discursive practices in TDV prevention – that is, an individualizing and behavioral focus – can have unintended consequences.

To be sure, the programs and policies are not flawed because they take an individual and behavioral focus, but what is shown is that not interrogating these decisions may limit the possibilities of TDV prevention. Moreover, unexamined policies and programs can in turn have unintended consequences on the discursive traction of ideologies, narrowing the field of possibility for future interventions. Current research findings extend this theoretical argument further, showing how community-based approaches that take adolescent voices into account expands the conversation surrounding TDV prevention education legislation. A TDV prevention program grounded in CBPR offers additional ways of knowing and understanding how TDV and unhealthy relationships are formed and internalized. The authors' research emphasizes the importance of engaging multiple stakeholders and considering multiple levels of social influence to further reduce rates of TDV as well as reduce the internalization of victim responsibility (i.e., victim blaming). CBPR is useful in illuminating the lacunae of prevention policymakers and curriculum developers. Tellingly, and following the CBPR process, it was students and their words that became a driving force behind future research and project implementation. Their creative thinking about relationships and how to have healthier relationships with their peers and partners generated changes in how the research team understood TDV prevention.

It was through CBPR and funding from the CDC that the authors have had the opportunity to engage schools holistically. Not only are student perspectives heard about relationships, but the researchers had an opportunity to co-create programs that reflect their reality. In this way, the students are leading the discourse. TDV prevention education legislation and programs that are inclusive of individual, interpersonal, behavioral, and structural frameworks are reflections of the overwhelming research on how the social determinants of health are integral to reducing health inequities, as well as CBPR efforts to include the voices, experiences, and expertise of students, teachers, and administrators. The authors' policy and programmatic suggestions are based in CBPR with students who were impassioned by the reality that there is little to no structured teaching about racial and gender power dynamics in their schools.

For TDV prevention education to be especially effective, the individual and structural factors at the family, school, and community level need to be taken into account. In practice, this means legislation that supports holistic prevention education projects that not only teach potential victims how to be assertive in the face of violence but also dismantle the root causes of violence. It also means engaging in research that joins with its participants and remains open to reflective considerations of its goals, objectives, and effectiveness.

Cross-References

► Current State of Interpersonal Violence Research and Practice: An Overview
► Fundamentals of Understanding Interpersonal Violence and Abuse
► Intimate Partner Violence: Terms, Forms, and Typologies
► National Plan to Reduce Interpersonal Violence Across the Lifespan
► Violence in Schools

References

Connolly, J., Pepler, D., Craig, W., & Taradash, A. (2000). Dating experiences of bullies in early adolescence. *Child Maltreatment, 5*(4), 299–310.

Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior, 12*(3), 364–375.

Crooks, C. V., Wolfe, D. A., Hughes, R., Jaffe, P. G., & Chiodo, D. (2008). Development, evaluation and national implementation of a school-based program to reduce violence and related risk behaviours: Lessons from the fourth R. *IPC Review, 2*(2), 109–135.

Cui, M., Ueno, K., Gordon, M., & Fincham, F. D. (2013). The continuation of intimate partner violence from adolescence to young adulthood. *Journal of Marriage and Family, 75*(2), 300–313.

De La Rue, L., Polanin, J. R., Espelage, D. L., & Pigott, T. D. (2017). A meta-analysis of school-based interventions aimed to prevent or reduce violence in teen dating relationships. *Review of Educational Research, 87*(1), 7–34.

Eaton, D. K., Kann, L., Kinchen, S., Shanklin, S., Ross, J., Hawkins, J., . . . & Lim, C. (2008). Youth risk behavior surveillance–United States, 2007. *Morbidity and mortality weekly report. Surveillance summaries (Washington, DC: 2002)*, *57*(4), 1–131.

Espelage, D. L., & Holt, M. K. (2007). Dating violence & sexual harassment across the bully-victim continuum among middle and high school students. *Journal of Youth and Adolescence, 36*(6), 799–811.

Exner-Cortens, D., Eckenrode, J., & Rothman, E. (2013). Longitudinal associations between teen dating violence victimization and adverse health outcomes. *Pediatrics, 131*(1), 71–78.

Faridi, Z., Grunbaum, J. A., Gray, B. S., Franks, A., & Simoes, E. (2007). Community-based participatory research: Necessary next steps. *Preventing chronic disease*, *4*(3), 1–5. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955426/pdf/PCD43A70.pdf/?tool=EBI.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . & Marks, J. S. (2019). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 56*(6), 774–786.

Healthy People 2020. (2017, October). Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs/objectives.

Krueger, R., & Casey, M. (2009). *Focus groups: A practical guide for applied research* (4th ed.). Thousand Oaks: Sage Publications.

Legislature of the State of Texas. (2007). Dating violence policies act, HB.121. Retrieved from: http://tcfv.org/pdf/hb121/HB00121F.pdf.

Logic. (2017). 1–800–272-8255 ft. Alessia Cara, Khalid. Def James Recordings, a division of UMG Recordings, Inc. https://youtu.be/Kb24RrHIbFk.

MacQueen, K. M., McLellan, E., Kay, K., & Milstein, B. (1998). Codebook development for team-based qualitative analysis. *CAM Journal, 10*(2), 31–36.

Marmot, M. (2009). Social determinants and adolescent health. *International Journal of Public Health, 54*, 125–127.

Miller, W. L., & Crabtree, B. F. (1999). Depth interviewing. In B. F. Crabtree & W. L. Miller (Eds.), *Doing qualitative research in primary care: Multiple strategies* (2nd ed., pp. 89–107). Newbury Park: Sage Publications.

National Conference of State Legislatures. (2017, May 9). *Teen Dating Violence*. Retrieved from: http://www.ncsl.org/research/health/teen-dating-violence.aspx#State%20Laws.

Office of Legislative Counsel. (2013). Violence against women act of 1994. Retrieved from: http://legcounsel.house.gov/Comps/DOMVIOL.PDF.

Peskin, M. F., Markham, C. M., Shegog, R., Baumler, E. R., Addy, R. C., & Tortolero, S. R. (2014). Effects of the it's your game. . . keep it real program on dating violence in ethnic-minority middle school youths: A group randomized trial. *American Journal of Public Health, 104*(8), 1471–1477.

Pinderhughes, H., Davis, R., & Williams, M. (2015). *Adverse community experiences and resilience: A framework for addressing and preventing community trauma*. Oakland: Prevention Institute.

Ramos, J. (2010). Defining violence on the blackboard: An overview of the Texas Education Code's approach to teen dating violence. *The Scholar: St. Mary's Law Review on Minority Issues, 13*, 105–148.

Roberts, K. (2016, October 5). The psychology of victim blaming. *The Atlantic.* Retrieved from: https://www.theatlantic.com/science/archive/2016/10/the-psychology-of-victim-blaming/502661/.

Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *JAMA, 286*(5), 572–579.

Texas House of Representatives Chamber Session. [video]. (2007). Retrieved from: http://tlchouse.granicus.com/MediaPlayer.php?view_id=17&clip_id=4670

Texas Senate Committee on Education. [video]. (2007). Retrieved from: http://tlcsenate.granicus.com/MediaPlayer.php?view_id=16&clip_id=2962.

Trella’s Foundation. (2015). Retrieved from: http://www.ortrallafoundation.org/about.html.

Weisberg, D. K. (2013). Lindsay's legacy: The tragedy that triggered law reform to prevent teen dating violence. *Hastings Women's Law Journal, 24*, 27.

Whitaker, D. J., Morrison, S., Lindquist, C., Hawkins, S. R., O'Neil, J. A., Nesius, A. M., . . . & Reese, L. R. (2006). A critical review of interventions for the primary prevention of perpetration of partner violence. Aggression and Violent Behavior, 11(2), 151–166.

Wolfe, D. A., Crooks, C., Jaffe, P., Chiodo, D., Hughes, R., Ellis, W., . . . & Donner, A. (2009). A school-based program to prevent adolescent dating violence: A cluster randomized trial. *Archives of Pediatrics & Adolescent Medicine*, *163*(8), 692–699.

Wolitzky-Taylor, K. B., Ruggiero, K. J., Danielson, C. K., Resnick, H. S., Hanson, R. F., Smith, D. W., . . . & Kilpatrick, D. G. (2008). Prevalence and correlates of dating violence in a national sample of adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, *47*(7), 755–762.