

The Impact of Adolescent Dating Violence Training for Primary Care Providers

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ABSTRACT

Objective: This study presents results from an educational training to increase adolescent dating violence (ADV) screening among primary care clinicians and provides adolescents' perceptions regarding discussing ADV with their clinicians.

Methods: A national dating violence advocacy group provided a training in ADV to 16 clinicians serving an urban health clinic. Knowledge, self-efficacy, and expectations were examined before training, after training, and at a 6-month follow-up. Forty-five adolescent patients of the clinicians were also surveyed.

Results: Analysis shows significant increases in clinician knowledge, self-efficacy, outcome expectancies, and outcome expectations after training and at the 6-month follow-up. About half of adolescents reported that they would disclose if they were in an abusive relationship and believed that their providers could help them.

Discussion: This training successfully improved clinician self-efficacy, outcome expectancies, knowledge, and behavioral

capability regarding ADV. Additional research is needed to determine whether the training leads to improved ADV screening and intervention. *J Pediatr Health Care.* (2017) ■■, ■■-■■■.

KEY WORDS

Adolescent dating violence, adolescent health care, social cognitive theory, teen dating violence, relationship abuse

Adolescent dating violence (ADV) is a significant public health problem as a result of its persistently high prevalence and the vast range of negative outcomes including psychological, mental, emotional, and physical impacts (Vagi, Olsen, Basile, & Vivolo-Kantor, 2015). Given the potential long-term impact of dating violence on the lives of adolescents, several school and community-based interventions have been developed to reduce its prevalence. Few interventions have been developed to address ADV in health care settings. The study sought to fill this gap by examining the impact of an ADV training on primary care clinicians' self-efficacy, outcome expectations, outcome expectancies, knowledge, and behavioral capability to discuss with and screen for dating violence with their adolescent patients.

ADOLESCENT DATING VIOLENCE

Adolescent dating violence is often underestimated compared with the rates of domestic and sexual violence among adults.

In actuality, the rates of ADV are quite high, such that 9.6% of adolescents in grades 9 through 12 who were surveyed in the national Youth Risk Behavior Surveillance System had experienced physical dating violence (i.e., been punched

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or slapped intentionally by their partner; [Kann, 2016](#)). The Youth Risk Behavior Surveillance data results also noted that in the year prior, 10.6% of adolescents in grades 9 through 12 were forced to do sexual things (i.e., kissing, touching, or being physically forced to have sexual intercourse) that they did not want to do by someone they were dating or going out with ([Kann, 2016](#)). Another study examined which types of ADV behaviors had the highest prevalence and found that *controlling behavior, put downs, name calling, insults, yelling, swearing*; and *unwanted calls, texts, visits* had the highest rates for both male and female adolescents ([Bonomi et al., 2012](#)).

Research shows that adolescents who report dating violence experience negative consequences due to that violence. Data from the National Intimate Partner and Sexual Violence Survey showed that male and female victims of dating violence experienced being fearful and concerned for safety, needing medical care, needing legal services, and missing at least 1 day of work or school ([Black et al., 2011](#)). Many victims also reported symptoms of posttraumatic stress disorder such as nightmares, feeling numb, and being easily startled ([Black et al., 2011](#)). Depression and increased psychological vulnerability have also been reported as common effects of ADV, with the correlation between ADV and depression higher among male victims ([Levesque, Johnson, Welch, Prochaska, & Paiva, 2016](#)). Furthermore, some victims experience contracting a sexual transmitted infection or becoming pregnant ([Black et al., 2011](#)). Other effects of ADV include overall poor physical and mental health, irritable bowel syndrome, asthma, high blood pressure, frequent headaches, chronic pain, sleeping difficulties, and activity limitations for females ([Black et al., 2011](#)). Adolescents who have experienced dating violence also have a higher prevalence of substance use, including cigarettes ([Exner-Cortens, Eckenrode, & Rothman, 2013](#); [Haynie et al., 2013](#)), alcohol ([Exner-Cortens et al., 2013](#); [Haynie et al., 2013](#)), and marijuana ([Haynie et al., 2013](#)). Finally, experiencing dating violence places adolescents at higher risk for experiencing adult partner violence ([Exner-Cortens, Eckenrode, Bunge, & Rothman, 2017](#)).

HELP-SEEKING BEHAVIORS

Most adolescents experiencing dating violence do not seek help ([Ashley & Foshee, 2005](#)). Of those who do seek help, most victims of ADV seek nonprofessional help, such as family or friends ([Ashley & Foshee, 2005](#); [Martin, Houston, Mmari, & Decker, 2012](#)). Ashley & Foshee reported that after experiencing dating violence, only 25% of adolescents sought help: 12% of adolescents from a counselor or social worker outside of the school, 7% from the health department, and 6% from a hospital ([Ashley & Foshee, 2005](#)). Victims are often afraid that the severity or frequency of abuse will be increased by their abusers as a result of speaking out ([Martin et al., 2012](#)). Research

suggests that educating peer groups on how to respond to friends asking for help when experiencing ADV could be helpful ([Ashley & Foshee, 2005](#)). However, adolescents may be more likely to accept assistance from trained professionals in mental health and in different primary care, community, and school settings that use a youth-centered and empowered approach to their care.

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THE PRIMARY CARE SETTING

Adolescent dating violence prevention programs focus on many risk factors, including family and environmental factors, as well as on preventing youth risk behaviors that are pertinent to dating violence ([Vagi et al., 2013](#)). Through a holistic approach that values the intersection of prevention and intervention, including the importance of interrupting unhealthy dating behaviors before they become abusive, future dating violence has the potential to be prevented. A potentially effective context for dating violence screening and intervention is in the primary care setting. Adolescents may be more likely to attend a primary care clinic than to visit a psychotherapist or professional mental health clinic. Thus, using this setting to prevent and intervene in ADV has potential. Despite recommendations and requirements for screening women (14-46 years old) for intimate partner violence, screening in primary care settings remains suboptimal (< 10%; [Alvarez, Fedock, Grace, & Campbell, 2016](#)). These low screening rates have been attributed to lack of time, comfort, and support in the event of an affirmative response ([Alvarez et al., 2016](#)).

Indeed, [Zeitler et al. \(2006\)](#) found that 80% of ethnically diverse females ages 15-24 years thought that health care clinicians should ask patients about past or current partner violence. Nearly 90% of this sample thought universal screening for intimate partner violence by a health professional was a very good or somewhat good idea ([Zeitler et al., 2006](#)). However, only 11% of the adolescent females who had said they had been abused stated that they had told a clinician about intimate partner violence ([Zeitler et al., 2006](#)). This supports the importance for pediatric clinicians to screen for dating violence and to be trained on how to manage potential discoveries or disclosures of that violence. Women-centered first-line support has also

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