An Exploration of Risk Factors Associated With Dating Violence: Examining the Predictability of Adolescent Female Dating Violence Perpetration

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Teen dating violence is a growing issue impacting the adolescent experience, with adolescent females at risk to perpetrate violence. This study used the National Longitudinal Study of Adolescent Health to examine the prevalence of related dating violence risk factors and their ability to predict perpetration by adolescent females. The predictor variables identified for teen dating violence perpetration were race, exposure to violence, adolescent alcohol use, propensity to engage in risk behaviors, mental health, and delinquency. Logistic regression analyses were conducted to determine the likelihood to predict perpetration. Unlike prior regional studies, this research did not support inclusion of these risk factors for adolescent female dating violence perpetration. Practice implications are also discussed with attention to curriculum support, community needs, and research opportunities.

Keywords: Teen dating violence, adolescents, Add Health, substance use, race, risk behaviors, delinquency, mental health

INTRODUCTION

Teen dating violence has become a growing concern for adolescents. According to the Centers for Disease Control Youth Risk Behavior Surveillance System, the prevalence of dating violence ranges from 6.5% to 16.1% among selected states (Eaton et al., 2012). Mulford and Giordano (2008) also noted that abuse is a component of dating relationships for 1 in 10 youth. Teen dating violence, unlike adult domestic violence, is difficult to define because of the ways in which adolescents enter into romantic relationships. The Centers for Disease Control and Prevention (Eaton et al., 2012) define dating violence as “a type of intimate partner violence. It occurs between two people in a close relationship. The nature of dating violence can be physical, emotional or sexual” (Eaton et al., 2012,
Although dating violence is traditionally viewed from a gendered perspective with males being the aggressor or batterer, literature has also examined the occurrence of female perpetration of dating violence (Foshee, 1996; O’Keefe, 1997; O’Leary, Smith Slep, Avery-Leaf, & Cascardi, 2008). Additionally, studies have reported higher occurrences of adolescent female perpetration of violence in contrast to adolescent male perpetration (Champion, Foley, Sigmon-Smith, Sutfin, & DuRant, 2008; Coker et al., 2000; Foshee, 1996; O’Leary et al., 2008; Swan et al., 2008).

With the perception of teen dating violence as a public health problem, several risk factors have been identified. The risk factors that have been cited include substance use (Foshee, Reyes, & Ennett, 2010; O’Keefe, 1997; Selekman & Praeger, 2006), early sexual intercourse (Alleyne, Coleman-Cowger, Crown, Gibbons, & Vines, 2011; Lormand, 2009), pregnancy (Selekman & Praeger, 2006), multiple sex partners (Alleyne et al., 2011; Howard & Wang, 2003; Selekman & Praeger, 2006), unhealthy weight control activities (Selekman & Praeger, 2006), power and control needs (Selekman & Praeger, 2006), African American or minority status (Champion et al., 2008; Edwards, Green, & Perkins, 2006; Foshee et al., 1996; Foshee et al., 2008, 2010; Kreiter et al., 1999; O’Keefe, 1997; O’Keefe, Brockepp, & Chew, 1986; Rothman et al., 2011; Windle & Mrug, 2009), exposure to violence (Edleson, 1999; Foshee, Ennett, Bauman, Benefield, & Suchindran, 2005; Gwartney-Gibbs, Stockard, & Bohmer, 1987; Lewis & Fremouw, 2001; Selekman & Praeger, 2006, Wolf & Foshee, 2003), weapon ownership (Selekman & Praeger, 2006), and being a victim of dating violence (O’Keefe, 1997). Factors that support female initiation of violence include self-defense (Breslin, Riggs, O’Leary, & Arias, 1990; Magdol et al., 1997; Makepeace, 1986; O’Keefe, 1997; Stets & Henderson, 1991; Swan, Gambone, Caldwell, Sullivan, & Snow, 2008), poor communication (Fredland et al., 2005), and mental health needs, which include serious consideration or attempted suicide (Selekman & Praeger, 2006), suicidal thoughts (Ackard, Neumark-Sztainer, & Hannan, 2003), depression (Ackard et al., 2003; Foshee et al., 2010), mental health symptomology (Howard & Wang, 2003; Renner & Whitney, 2012), and poor self-esteem (Ackard et al., 2003; Renner & Whitney, 2012).

Although some risk behaviors have been clearly identified to demonstrate a correlation between perpetration behaviors, others have not been clearly established. The impact of substance use has been well researched among adolescent samples for its association with female dating violence perpetration. However, the literature is varied in its assessment of early alcohol use versus current alcohol use. Several researchers have examined the use of alcohol in adolescent dating violence samples (Ackard et al., 2003; Foshee, Linder, MacDougall, & Bangdiwala, 2001; Lormand, 2009; O’Donnell et al. 2006; Swahn, Bossarte, & Sullivan, 2008), binge drinking behaviors (Howard & Wang, 2003), drinking and driving (Champion et al., 2008), and drug use (Ackard et al., 2003; Howard & Wang, 2003; Lormand, 2009; O’Keefe, 2005). Renner and Whitney (2012) examined early alcohol use and female perpetration using the National Longitudinal Study of Adolescent Health. They found alcohol use was not a statistically significant risk factor for female intimate partner violence perpetration. Additionally, Foshee et al. (2001) also found early alcohol use to be predictive of female dating violence perpetration.

Additional behaviors that should also be considered when examining risk factors include the issue of propensity to engage in risk. According to Sitkin and Weingart (1995), risk propensity has been defined as “an individual’s current tendency to take or avoid risks” (p. 1575). The literature is insufficient as it relates to risk propensity and dating violence, for both adults and adolescents. Research, nonetheless, supports greater prevalence of sensation-seeking behaviors among men in comparison to women (Brady & Donenberg, 2006; Scourfield, Stevens, & Merikangas, 1996). Based on the number of potential risk factors, it is clear that much work remains to identify the relationship between risk factors and the predictability of adolescent female dating violence perpetration.

This study examined adolescent female dating violence perpetration using the National Longitudinal Study of Adolescent Health (Add Health), a nationally representative sample to explore established risk factors as predictors of future perpetration of dating violence by female
adolescents. The primary research question for this study examined race, exposure to violence, adolescent alcohol use, propensity to engage in risk behaviors, mental health, and delinquency to determine their ability to predict female perpetration of dating violence (see Figure 1). There has been no study to date that examines adolescent female dating violence perpetration utilizing Add Health with the exception of bidirectional violence studies (Renner & Whitney, 2010; Whitaker, Haileyesus, Swahn, & Saltzman, 2007). Given the absence in the teen dating violence literature assessing this salient issue, this research has the potential to advance the knowledge base on female perpetration of violence, particularly adolescent girls.

**METHODOLOGY**

The National Longitudinal Study of Adolescent Health (Add Health) research design incorporated systematic sampling methods and implicit stratification to ensure a representative sample of United States schools with respect to country, region, urbanicity, school size, school type, and ethnicity (Harris et al., 2009).
Data Collection

The National Opinion Research Center (NORC) at the University of Chicago collected the first wave of data, and the Research Triangle Institute (RTI) in North Carolina conducted the third wave of data. The restricted datasets were obtained from the Inter-consortium for Political and Social Research (ICPSR) for a nominal cost. Respondent interviews were completed in homes via laptop computer, with no paper questionnaires provided (see Harris et al., 2009).

Study Sample

All respondents in Wave 1 were in grades 7 through 12 at the time of data collection. Wave 3 respondents were between the ages of 18 and 26 during data collection. Any respondent over the age of 21 was omitted from data analysis due to the focus on adolescent perpetration of violence. The initial Wave 1 sample consisted of 10,480 female respondents. Of those, 1,831 met the study inclusion criteria. Listwise deletion was used to further reduce the sample to include female respondents who completed the dating violence questions. This study \((N = 105)\) consisted of female respondents born between 1981 and 1983. No random sampling was employed to further stratify the sample due to the limited sample size. (Figure 2 illustrates the sample reduction process.)

Study Variables and Measures

The study variables in the Add Health questionnaire were developed from previous studies. They were modified and field tested by the Add Health research team. Based on the literature, the following variables were used for this current research study: race, alcohol use, delinquency, mental health, propensity to engage in risk, exposure to violence including community violence and adult physical violence, and violence perpetration.

Race

The response categories for race were White, Black or African American, American Indian or Native American, Asian or Pacific Islander, or Other. Because of the low responses in the minority categories, the responses were collapsed into a dichotomous variable of White and Minority.

Alcohol Use

Current alcohol use was defined to occur between the ages of 18 and 20. The early onset question focused on the use of alcohol when adults were not present. Binge drinking, as determined by four or more drinks of alcohol on one occasion, was used to establish current alcohol use (National Institute on Alcohol Abuse and Alcoholism, 2004).

Delinquency

For this research study, criminal justice involvement and engagement in criminal activities synonymously represented delinquency. Four questions were selected to provide a summated score of delinquency. The research questions examined physical fights, selling drugs, threatening others, and burglary. The responses to these questions were based on their reported involvement within the past 12 months. Respondents were considered to have engaged in delinquent behavior if they reported at least one of these behaviors.
Mental Health

Nine questions were used to assess mental health symptoms in both waves. These questions explored the frequency of depressive symptoms, including feelings of sadness, depression, and self-esteem. The questions in each wave were summated ($\alpha = .82$) to provide an overall measure of mental health.

Risk Propensity

The propensity to engage in risk behaviors was examined through six questions in Wave 3. The risk propensity questions provided the respondent with two statements; one with a low-risk and the other a high risk. These questions explored experience-seeking and disinhibition behaviors.
The respondent was expected to select the statement that best described what they liked or how they felt. These questions were summated as a means to appropriately identify the risk propensity of adolescents engaging in risky behaviors. The alpha for the summated scale was reported at $\alpha = 0.66$.

**Exposure to Violence**

Exposure to violence was measured by three questions. The questions examined parental violence, community violence, and adult physical mistreatment. All questions were used as individual variables in the data analysis.

**Violence Perpetration**

Two violence perpetration questions were used as dependent variables in this research study. One question focused on threats of violence, and the other question examined physical violence. These questions were coded as dichotomous variables.

**Data Analysis**

Institutional Review Board approval was obtained before examination or manipulation of data variables. Data were analyzed through descriptive and inferential statistics using the Statistical Package for the Social Sciences (SPSS) version 18. Although the dataset was reported to have a larger sample size, the violence perpetration questions were excluded for some respondents. This significantly reduced the research sample size. Of the recoded variables, statistical analysis methods were used to determine the appropriate summation or dichotomization recoding of key variables. Upon completion of the recoding process, the descriptive data were cross-referenced with the variable descriptive coding data preceding the recoding process. Logistic regression analyses were conducted to determine the likelihood to predict violence perpetration. Logistic regression was selected as a more appropriate test given the categorical responses of the dependent variable. The completed analysis was to first fit a logistic regression model using a maximum of 10 variables, due to the limited sample size ($N = 105$). The logistic regression analyzed three independent variables and two dependent variables (threats and physical violence). The primary focus of data analysis was inferential statistics to determine the fit of a model that would predict female violence perpetration from a nationally representative sample.

**RESULTS**

**Descriptive Analyses**

The research sample for this study consisted of female adolescents ($N = 105$) born between 1981 and 1983. All participants ranged in age from 11 to 20 during the data collection phases used. Demographic data analyses revealed the racial characteristics of respondents as 58.1% White, 29.5% African American, 5.7% American Indian, 6.7% Asian, and 6.7% Other (Wave 1). Respondents of Hispanic origin were 12.4%. The grade levels ranged from seventh to ninth grade during the baseline data collection. Table 1 displays the data collection demographics.

**Variables**

The variable frequencies were individually reviewed for analyses. The statistical frequencies are reported in the following paragraphs for an in-depth examination of the demographic sample.
Alcohol Use

Current alcohol use within the past 30 days was examined. The respondents who reported drinking four or more drinks of alcohol within that period were minimal (Table 2).

Delinquency

Delinquency was assessed through the examination of behaviors, actions, and arrests in the 12 months before the completion of the survey. Four questions were used to assess delinquency. The questions selected were dichotomously categorized and summated for analysis. Approximately 9.5% reported participation in a delinquent act, with 7.6% of those respondents participating in the act once or twice. The percent of adolescents engaging in delinquent behavior varied from Wave 1 to Wave 3 ($\chi^2 = 6.72, df = 1, p = .0095$). Fewer adolescents report delinquent activity in Wave 3. For example, a higher number of adolescent report never fighting with their friends (95.2%) in Wave 3 compared to never fighting with friends (77.1%) in Wave 1. Table 3 summarizes the delinquency responses from both waves of data collection.
Mental Health

Mental health was examined through nine questions in Wave 1 and nine questions in Wave 3. These questions explored the frequency of depressive symptoms including self-esteem, depression, and feelings of sadness as they occurred in the week prior to survey completion. The selected questions were summated to support data analysis. A dependent sample $t$-test was run on the sample to assess potential differences. No differences were found between Wave 1 and Wave 3, $t(103) = -1.210, p = .229$ (Table 4).

Despite the similarities between both waves of data, some mental health symptoms appeared to differ. For example in Wave 1, more than half the respondents (61%) reported “never” being “bothered by things that don’t usually bother them,” but in Wave 3, fewer than half (49.5%) reported similar feelings. When respondents were asked if they “felt they were just as good as other people,” 17.1% reported “never” in Wave 1 and 6.7% reported “never” in Wave 3. The remaining responses for that variable continued to differ in the other response categories as well. More respondents reported never feeling in depressed in Wave 3 (72.1%) than in Wave 1 (55.2%). The full list of mental variables is listed in Table 5.

Exposure to Violence

Three questions were used to measure exposure to violence. The first question represented community violence, the second question focused on parental violence, and the final question assessed adult physical violence. Community violence (Table 6) was measured by asking respondents if they saw anyone shoot or stab anyone in the past 12 months; 84.8% had not witnessed this.
Fewer than 15% (12.4%) reported witnessing this type of violence once, while 2.9% witnessed this on more than one occasion.

Parental violence (Table 7) was examined by asking parents how much they fight or argue with their current spouse. The rates varied with 57.5% reporting “a little,” 23.3% reporting “some,” 16.4% reporting “not at all,” and 2.7% reporting “a lot.”

Adult physical violence (Table 8) was measured by reported occurrences of physical mistreatment by parents or adult caregivers. When asked how often the respondent had been slapped, hit, or kicked by an adult caregiver or parent, 68.6% reported “never,” 6.9% reported “once,” 7.8% reported “twice,” 8.8% reported “3–5 times,” 2.9% reported “6–10 times,” and 4.9% reported “more than 10 times.”
Risk Propensity

The motivation to engage in risky behaviors was examined in Wave 3 with six questions. Experience-seeking and disinhibition behaviors were the primary behaviors explored. Respondents were asked to select between a high-risk and low-risk behavior. As a whole, the respondents overwhelmingly reported low-risk behaviors (see Table 9).

Violence Perpetration

Two questions examined violence perpetration. The first question measured threats of violence. When asked how often they have threatened a partner, 83.8% reported “never,” 6.7% reported

<table>
<thead>
<tr>
<th>Occurrence</th>
<th>Percentage (Frequencies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot</td>
<td>2.7% (2)</td>
</tr>
<tr>
<td>Some</td>
<td>23.3% (17)</td>
</tr>
<tr>
<td>A little</td>
<td>57.5% (42)</td>
</tr>
<tr>
<td>Not at all</td>
<td>16.4% (12)</td>
</tr>
</tbody>
</table>

**TABLE 7**
Exposure to Violence (Parental Violence), N = 73

<table>
<thead>
<tr>
<th>Occurrence</th>
<th>Percentage (Frequencies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>68.6% (70)</td>
</tr>
<tr>
<td>Once</td>
<td>6.9% (7)</td>
</tr>
<tr>
<td>Twice</td>
<td>7.8% (8)</td>
</tr>
<tr>
<td>3–5 times</td>
<td>8.8% (9)</td>
</tr>
<tr>
<td>6–10 times</td>
<td>2.9% (3)</td>
</tr>
<tr>
<td>More than 10 times</td>
<td>4.9% (5)</td>
</tr>
</tbody>
</table>

**TABLE 8**
Exposure to Violence (Adult Physical Violence), N = 102

<table>
<thead>
<tr>
<th>Occurrence</th>
<th>Percentage (Frequencies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like wild, uninhibited parties.</td>
<td>25.5% (13) 74.5% (38)</td>
</tr>
<tr>
<td>I like quiet parties with good conversation.</td>
<td>25.5% (13) 74.5% (38)</td>
</tr>
<tr>
<td>I often like to drink alcohol or smoke marijuana.</td>
<td>42.9% (24) 47.1% (32)</td>
</tr>
<tr>
<td>I don’t like to drink alcohol or smoke marijuana.</td>
<td>42.9% (24) 47.1% (32)</td>
</tr>
<tr>
<td>I am not interested in experience for its own sake.</td>
<td>40.4% (21) 59.6% (31)</td>
</tr>
<tr>
<td>I like to have new and exciting experiences and sensations, even if they are a little frightening, unconventional, or illegal.</td>
<td>40.4% (21) 59.6% (31)</td>
</tr>
<tr>
<td>I like to date people who are physically exciting.</td>
<td>18.5% (10) 81.5% (44)</td>
</tr>
<tr>
<td>I like to date people who share my values.</td>
<td>18.5% (10) 81.5% (44)</td>
</tr>
<tr>
<td>A person should have considerable sexual experience before marriage.</td>
<td>22% (11) 78% (39)</td>
</tr>
<tr>
<td>It’s better if two married people begin their sexual experience with each other.</td>
<td>22% (11) 78% (39)</td>
</tr>
<tr>
<td>I feel best after having a couple of drinks.</td>
<td>9.3% (5) 90.7% (49)</td>
</tr>
<tr>
<td>Something is wrong with people who need liquor to feel good.</td>
<td>9.3% (5) 90.7% (49)</td>
</tr>
</tbody>
</table>

**TABLE 9**
Risk Propensity (Wave 3)
once,” 2.9% reported “twice,” 2.9% reported “3–5 times,” 1% reported “6–10 times,” 1.9% reported “11–20 times,” and 1% reported this previously occurring, just not in the past year. The second question assessed physical violence. Physical violence was reported by 87.6% of respondents as “never,” 7.6% as “once,” 1% as “twice,” 1.9% as “3 to 5 times,” 1% as “6 to 10” times, and 1% “more than 20 times.” See Table 10 for responses.

This research question for this study examined race, adolescent alcohol use, exposure to violence, mental health, propensity to engage in risk behaviors, and delinquency for their ability to predict female dating violence perpetration. Logistic regressions were run to identify any statistically significant relationships that would predict female perpetration of dating violence. When all variables were present in the model, no statistically significant variables were found (see Table 11).

Summary of Findings

Several variables were examined for their ability to predict adolescent female perpetration of dating violence. Exposure to violence and race and the propensity to engage in risk behaviors as reported in Wave 1 were examined. Current alcohol use as reported in Wave 3 was examined. Mental health

<table>
<thead>
<tr>
<th>Threats Percentage</th>
<th>Physical Violence Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Frequencies) N = 105</td>
<td>(Frequencies) N = 105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occurrence</th>
<th>Threats Percentage</th>
<th>Physical Violence Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>83.8% (88)</td>
<td>87.6% (92)</td>
</tr>
<tr>
<td>Once</td>
<td>6.7% (7)</td>
<td>7.6% (8)</td>
</tr>
<tr>
<td>Twice</td>
<td>2.9% (3)</td>
<td>1% (1)</td>
</tr>
<tr>
<td>3–5 times</td>
<td>2.9% (3)</td>
<td>1.9% (2)</td>
</tr>
<tr>
<td>6–10 times</td>
<td>1% (1)</td>
<td>1% (1)</td>
</tr>
<tr>
<td>11–20 times</td>
<td>1.9% (2)</td>
<td>0% (0)</td>
</tr>
<tr>
<td>More than 20 times</td>
<td>0% (0)</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Has not happened in the past year but has happened before</td>
<td>1% (1)</td>
<td>0% (0)</td>
</tr>
</tbody>
</table>

| TABLE 10 |
| Violence Perpetration |

| TABLE 11 |
| Logistic Regression |

<table>
<thead>
<tr>
<th>Variable</th>
<th>Threats</th>
<th>Physical Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b(SE)</td>
<td>Sig.</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>.195 (.661)</td>
<td>.768</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>-.002 (.007)</td>
<td>.755</td>
</tr>
<tr>
<td>Delinquency (W1)</td>
<td>.946 (.923)</td>
<td>.305</td>
</tr>
<tr>
<td>Delinquency (W3)</td>
<td>-.665 (1.233)</td>
<td>.590</td>
</tr>
<tr>
<td>Risk propensity</td>
<td>.077 (.230)</td>
<td>.739</td>
</tr>
<tr>
<td>Mental health (W1)</td>
<td>-.056 (.121)</td>
<td>.646</td>
</tr>
<tr>
<td>Mental health (W3)</td>
<td>-.211 (.133)</td>
<td>.112</td>
</tr>
<tr>
<td>Community violence</td>
<td>1.109 (.865)</td>
<td>.200</td>
</tr>
<tr>
<td>Parent violence</td>
<td>.240 (.590)</td>
<td>.684</td>
</tr>
<tr>
<td>Adult physical violence</td>
<td>-1.308 (.850)</td>
<td>.124</td>
</tr>
</tbody>
</table>
behaviors and delinquency were also examined from Waves 1 and 3. Two forms of dating violence were assessed: threats and physical violence.

The logistic regressions analyses revealed no statistically significant relationships between the independent variables and dependent variables when all variables were present in each model. The variables examined in the threats model were race \((p = .768)\), alcohol use \((p = .755)\), delinquency–Wave 1 \((p = .305)\), delinquency–Wave 3 \((p = .590)\), risk propensity \((p = .739)\), mental health–Wave 1 \((p = .640)\), mental health–Wave 3 \((p = .112)\), community violence \((p = .200)\), parent violence \((p = .590)\), and adult physical violence \((p = .124)\). The variables examined in the physical violence model were race \((p = .089)\), alcohol use \((p = .692)\), delinquency–Wave 1 \((p = .281)\), delinquency–Wave 3 \((p = .520)\), risk propensity \((p = .433)\), mental health–Wave 1 \((p = .620)\), mental health–Wave 3 \((p = .397)\), community violence \((p = .581)\), parent violence \((p = .098)\), and adult physical violence \((p = .084)\).

It should be noted that the variables may have served as protective factors to reduce the impact from other behaviors, or variables may have been omitted from analysis that could have impacted the models. For example, protective factors such as religion were not examined in any models. This particular protective factor could have impacted the model analysis.

LIMITATIONS

As with any research study, limitations were present within this study. As a nationally representative longitudinal sample, challenges with attrition exist although this study had an established 76% response rate (Harris, 2013). Given the absence of respondents, this could impact the model if the participants who failed to complete subsequent waves were involved in violence perpetration. Additional waves of data were excluded from analyses to reduce threats to external and internal validity.

Although the study primarily consisted of adolescents, at-risk adolescents may not be adequately represented in the sample. This may be due to the changing dynamics of United States households and adolescent risk behaviors. This assessment is based on frequency analyses of at-risk behaviors reported by Add Health survey respondents in the baseline wave of data. This may have influenced the results of this research study unlike previously researched cohort studies such as the CDC Youth Behavior Surveillance Survey where female perpetration has been satisfactorily established through a three-stage cluster sampling design (Eaton et al., 2012). This sample represents the totality of American adolescents, which may indicate a difference in their experiences of risky and delinquent behaviors in contrast to the more commonly used cross-sectional samples.

Although limitations exist when secondary data is used, given that the current body of literature that addresses adolescent perpetration of dating violence has maintained a discourse that largely focuses on male perpetration of violence, this research provides the needed shift of dialogue toward the exploration of female violence perpetration.

IMPLICATIONS

This study provides threefold implications that focus on curriculum education, social work practice, and research. First, the social work educational process shapes the profession through its training of competent professionals who are able to promote the well-being of individuals, families, and communities. The inclusion of dating violence, specifically teen dating violence, can better prepare graduates for practice with vulnerable at-risk populations. Social workers should be prepared to adequately support clients and families if these challenges arise. By providing social
workers effective training on the issue of adolescent dating violence, social workers can enter practice settings adequately prepared to provide services and interventions that will promote the well-being of their clients.

Second, this research provides many opportunities for social work practice. According to Carlson (1999), programs are needed that specifically target youth that have previously been involved in violent dating relationships. The results of this research can shape programming and policies implemented in schools, community agencies, and medical facilities. In each of these social service settings, social workers often interact with female adolescents that may be at-risk for dating violence perpetration. Despite the need for programs that target at-risk youth, only a few programs specifically target this population (Weisz & Black, 2009).

School social workers also have the opportunity to recommend and support the implementation of dating violence prevention and intervention curriculums (see Cornelius & Resseguie, 2007; Fagan & Catalano, 2012 for program review). The practice implications in schools are numerous and provide vast opportunities to develop students who value healthy dating relationships.

Adolescents often participate in programs and receive services in community agencies and medical settings. These agencies have a unique opportunity to disseminate information regarding healthy relationships. According to Weisz and Black (2009), prevention programs should include community agencies at their inception to enhance community support. This is particularly important in agencies that work with at-risk females that may have a prior criminal justice history, drug or alcohol use, or involvement in risky behaviors. This research demonstrates the need to shift the focus to prevention and intervention programs that evaluate behaviors instead of the assessment of attitudes and perceptions of dating violence.

Finally, this research adds to the teen dating violence knowledge base due to its focus on female perpetration. The use of a longitudinal sample to develop a model for female violence perpetrators in dating relationships is unique to existing research. It is imperative that researchers continue to examine adolescent female perpetrators of dating violence to enhance prevention and intervention efforts. According to Wolfe, Wekerle, and Scott (1997):

> Adolescence represents a critical link in the prevention of violence in relationships. It is an important time for relationship formation, and it is also a period in which the scars of childhood or inadequate opportunities for adaptation can impair normal adjustment. The passive choice would be to continue addressing the needs of youth in an inconsistent, reactionary manner. The active choice involves a new paradigm committed to the needs and resources of youth. (p. 42)

Several opportunities are available to create new paradigms that strengthen the literature through program evaluations that examine effective interventions for all perpetrators of teen dating violence and longitudinal studies that assess behavioral changes among perpetrators.

This research also study addresses issues of female perpetration to provide an alternate framework for policymakers so that legislative efforts that support prevention and intervention will continue to adopt a gender-neutral framework. The criminal justice system has largely ignored teen dating violence. Because the perpetrators are minors, the policies that often support adults do not apply. The procedure for obtaining protective orders usually involves parental consent, which may prohibit youth from pursuing (Sanders, 2003). Absent of this legal order, a violent perpetrator has no legal consequences for their behaviors. Adolescents may be referred to juvenile or civil courts, but these courts do not have statutes regarding teenage violence. Additionally, protective orders often only apply to cohabitating individuals, which is not a common living situation for adolescents (Sanders, 2003). This research reinforces the concern of dating violence as an issue that impacts adolescent health.
CONCLUSION

This study underscores the need for more teen dating violence research that examines adolescent female perpetration of violence. Despite what has been researched regarding adolescent female perpetration of dating violence, these findings do not fully support previously researched studies. This may be due to a myriad of factors, such as societal norms, age, the influence of the media, or the use of a normalized sample in contrast to a sample with greater deviant behaviors. Although certain delinquent and substance use behaviors may be correlated with adolescent female perpetration of dating violence, the statistical analyses did not support all hypothesized variables.

The use of this secondary data analysis research study with the National Longitudinal Study of Adolescent Health has the potential to be beneficial to the research and practice community by providing a broader understanding of the role of female-perpetrated violence among adolescent youth. It can influence prevention and intervention programming that leads to more gender inclusivity. Given that teen dating violence has gained greater notoriety in policy settings, it is also important that the political and criminal implications of teen dating violence be considered. Albeit the limitations, this research study addresses issues of female perpetration to provide an alternate framework for professors in the class and field, as well as policymakers so that legislative efforts that support prevention and intervention will continue to adopt a gender-neutral framework. Additionally, examining early use and current use may help identify the appropriate placement of services for at-risk adolescents. It is critical that the education, research, and practice communities begin to identify and evaluate interventions for this population. Future research is needed that continues to examine adolescent female perpetration of dating violence, related risk factors, prevention, and intervention strategies.

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