

TEEN DATING VIOLENCE AND MENTAL HEALTH: A REVIEW

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SUMMARY

This paper explores the intricate relationship between teen dating violence (TDV) and mental health disorders among adolescents, a demographic particularly susceptible to such issues due to their critical developmental stage. The study underscores how mental health disorders can serve as both risk factors and consequences of TDV, with depression, suicidality, post-traumatic stress disorder (PTSD), substance use, and eating disorders being prominently associated with TDV. The profound and long-lasting repercussions of these mental health issues necessitate a comprehensive strategy to address TDV and its associated mental health implications. This paper advocates for a multi-pronged approach that includes the implementation of prevention programs to educate teenagers about healthy relationships, regular screening for TDV among adolescents for early detection, and the establishment of robust referral systems to ensure victims receive necessary support and treatment. By integrating these strategies, we aim to foster healthier relationships among teenagers, mitigate the incidence of TDV, and safeguard the mental well-being of our adolescents.

Key words: intimate partner violence - adolescent dating violence - mental health - pedopsychiatry

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INTRODUCTION

Mental health fragility among teenagers is a significant public health concern: adolescence is a critical period of development where individuals are particularly vulnerable to mental health issues. This vulnerability is often exacerbated by various factors such as societal pressures, academic stress, family dynamics, and the physiological changes associated with puberty (Ng et al. 2021).

Among the societal factors contributing to mental health issues in adolescence, romantic relationships can be a major source of stress in adolescence for multiple reasons, such as inexperience. A significant portion of teen relationships are at risk of develop violent behavior. This phenomenon is defined as Teen Dating Violence (TDV), or Adolescent Dating Violence (ADV).

TDV has been defined as a type of intimate partner violence (IPV) and includes four types of behavior: 1) *physical violence* is when a person physically hurts or tries to hurt a partner; 2) *sexual violence*, that is, forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) without consent; 3) *psychological aggression*, that is, the use of verbal and non-verbal communication with the intent to harm and/or exert control on another person mentally or emotionally; 4) *stalking*, that is, a pattern of repeated, unwanted attention and contact by a partner (Basile 2020). IPV refers to any behavior committed against a current or former intimate partner that causes physical, psychological, or sexual harm (Oram et al. 2022).

In this context, teen dating violence emerges as a particularly damaging factor. It can significantly exacerbate the fragility of a teenager's mental health.

The stress, fear, and trauma associated with TDV can lead to a range of mental health issues, including depression, anxiety, and post-traumatic stress disorder. Therefore, addressing TDV is not only crucial for preventing violence but also for promoting mental health resilience among teenagers.

The aim of this paper is to provide an accessible review to teen dating violence and its impact on mental health and highlight some possibilities for prevention.

PREVALENCE OF TEEN DATING VIOLENCE

Teen dating violence (TDV) is a widespread issue among adolescents, with prevalence rates varying significantly across different studies. According to surveillance data from the Centers for Disease Control and Prevention (CDC) in the United States, TDV affects approximately one in eight students, with 8.2% of students reporting experiences of physical and sexual violence within their relationships (Basile 2020).

Notably, certain demographic groups appear to be disproportionately affected by TDV. Girls, as well as individuals who identify as homosexual, bisexual, or uncertain about their sexual identity, are reported to experience higher rates of TDV. This highlights the intersectionality of risk factors for TDV, suggesting that gender and sexual orientation may play crucial roles in determining vulnerability to such violence (Vives-Cases et al. 2021).

In a Spanish study involving a sample of 2,319 adolescents, 24% reported experiences of TDV (Valdivia-Salas et al. 2023). This prevalence rate is significantly higher than the rate reported in the U.S.,

indicating potential cultural or regional differences in the occurrence of TDV. Another European study further underscores the gender disparity in TDV prevalence rates. The study found that girls reported higher overall rates of TDV (34.1%) compared to boys (26.7%). This included instances of psychological violence, which is often overlooked in studies focusing primarily on physical and sexual abuse (Vives-Cases et al. 2021).

The variability in TDV prevalence rates across different studies can be attributed to differences in measurement approaches. While some studies focus on physical and sexual abuse, they may not assess the prevalence of emotional or psychological abuse, which is a significant component of TDV (Wolitzky-Taylor et al. 2008). This underscores the need for comprehensive and standardized measures of TDV that encompass all forms of abuse to accurately capture its prevalence and impact on adolescent populations.

IMPACT OF TEEN DATING VIOLENCE ON MENTAL HEALTH

Depression

Depression is a common mental health issue that affects adolescents, with studies suggesting that approximately 34% experience depressive symptoms during this period. (Shorey et al. 2022). Symptoms of depression are: depressed mood, diminished interest or pleasure in activities, weight loss when not dieting or weight gain, a slowing down of thought and a reduction of physical movement, fatigue or loss of energy, feelings of worthlessness or excessive or inappropriate guilt, diminished ability to think or concentrate, or indecisiveness, recurrent thoughts of death, recurrent suicidal ideation or a suicide attempt or a specific plan for committing suicide (American Psychiatric Association 2013).

Several studies have established a link between experiences of TDV and the onset of depressive symptoms in adolescents. For instance, adolescents who experienced TDV are more likely to report depressive symptoms compared to those who did not experience TDV. Female adolescents were particularly at risk (Ackard et al. 2007). TDV was also found to be significantly associated with depressive symptoms among young adolescent girls, as the emotional abuse content of TDV was identified as a significant predictor of depression (Callahan et al. 2003).

The impact of TDV on depressive symptoms can be understood through various mechanisms. Emotional abuse and manipulation in TDV can lead to a decrease in self-esteem and an increase in self-blame, which are associated with depression (Howard et al. 2007). Additionally, the stress resulting from TDV can exacerbate mental health issues, particularly depression (Banyard & Cross 2008).

Posttraumatic stress disorder (PTSD)

PTSD is a mental health condition that can develop after experiencing or witnessing a traumatic event. Symptoms may include flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event (McNally 2012). People with PTSD often have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch (Brewin & Holmes 2003). Recent research highlights the significant relationship between PTSD and teen dating violence, a widespread issue characterized by physical, sexual, or psychological aggression within a dating relationship. Experiences of teen dating violence can have profound impacts on the victim's mental health. PTSD resulting from such violence can manifest in symptoms such as intrusive memories of the traumatic event, avoidance of reminders of the trauma, changes in thinking and mood, and alterations in arousal and reactivity, including hypervigilance and sleep disturbances.

A growing body of literature suggests that exposure to teen dating violence can lead to PTSD symptoms (Shen 2014). Students who experienced dating violence were found to be significantly more likely to report symptoms of PTSD compared to those who had not experienced such violence, suggesting a direct relationship between dating violence and the likelihood of developing PTSD (Banyard & Cross 2008; Shen 2014). The correlation between dating violence and PTSD appears to persist regardless of the type of violence encountered. Another study revealed that both physical and emotional dating violence were associated with increased risk for PTSD symptoms. Moreover, the severity of the violence experienced was directly related to the severity of PTSD symptoms, indicating a dose-response relationship (Temple & Freeman 2011).

Suicidality

Suicide, while more common in older individuals, is the second leading cause of death among young people aged 10 to 24, with a significant increase of 52.2% in the rate from 2000 to 2021. Specific life events and traits, such as breakups and peer rejection, have been identified as risk factors and are found in one-fifth of youth suicide cases (Bilsen 2018). Experiencing violence within a romantic relationship is one such risk factor that can potentially impact suicide risk.

Adolescents who are victims of such violence were found to be almost twice as likely to plan or attempt suicide (Belshaw et al. 2012). In essence, adolescents who suffer from relationship victimization are more prone to self-inflicted violence compared to those who do not experience such victimization. Given their limited experience with romantic relationships, adolescents may find it particularly challenging to navigate the complexities and conflicts that can arise within these relationships. Some may resort to violence in response to relationship difficulties, while others, lacking adequate coping strategies, may turn to self-inflicted violence to manage the physical and psychological pain associated with violent conflicts.

The impact of relationship violence on suicidal behavior may be even more profound than current studies suggest. The variable of sexual assault history, for instance, is based on whether respondents have ever experienced forced sex. While some adolescents may affirm this based on prior abuse by a parent, family member, neighbor, or stranger, many others may consider situations where a boyfriend or girlfriend acted forcefully or coercively. Given the prevalence of sexual attacks by known perpetrators, it is likely that many of these instances are, in fact, a form of relationship violence. Future research with more specific and longitudinal measures could provide further insights into the effects of both physical and sexual relationship victimization on subsequent suicidal behavior among adolescents (Holmes & Sher 2013, Nahapetyan et al. 2014).

Substance use

The relationship between TDV and substance use has been the subject of several studies, revealing a complex interplay between these two issues. A correlation was found between TDV and the use of various substances, suggesting that adolescents who experience TDV may be more likely to engage in substance use, potentially as a coping mechanism or as a result of the influence of their abusive partner (Temple & Freeman 2011).

This idea is further supported by another study which found that alcohol and drugs were used by adolescents not only at the start of the dating relationship but also throughout the relationship to cope with the abuse. Interestingly, the intersection of TDV and substance use was not limited to instances where both partners were using substances. It also occurred when only one partner was using, indicating that the dynamics of substance use within the context of TDV can vary (Baker 2016).

In a longitudinal study the use of alcohol and hard drugs at the baseline was found to predict future perpetration of physical dating violence. This remained true even after controlling for the effects of baseline dating violence and exposure to interparental violence

(Temple et al. 2013). This suggests that substance use can be a significant risk factor for the perpetration of TDV over time.

Finally, teens experiencing TDV were found to be at twice the risk for any substance use, including alcohol, marijuana, and tobacco. More specifically, the risk was higher for alcohol and marijuana use. Interestingly, this increased risk was not found for teens experiencing physical violence, suggesting that the type of violence experienced may influence the relationship between TDV and substance use (Mason et al. 2014).

The literature suggests a strong link between TDV and substance use, with substance use potentially serving as both a risk factor for and a consequence of TDV. However, the dynamics of this relationship can vary, and further research is needed to fully understand the nuances of this complex issue.

Eating disorders

Eating disorders, affecting approximately 17.9% of females and 2.4% of males, are a significant health concern (Silén et al. 2020). These disorders, which include anorexia nervosa, bulimia nervosa, and binge-eating disorder, have been linked to early traumatic and stressful events. Individuals who have experienced violence in relationships might develop symptoms of eating disorders as a coping mechanism for dealing with these adverse situations. However, this connection is not straightforward. It seems that underlying factors, such as fear of loneliness and social withdrawal, hinder the development of coping resources needed to confront the violence they've experienced (Momeñe et al. 2022).

Furthermore, date violence and rape have been associated with higher rates of disordered eating behaviors. Adolescents who have experienced both date violence and rape were found to be more likely to use laxatives, vomit, use diet pills, and binge eat than their non-abused peers, even after controlling for race and age. It can be explained by the fact that abusive experiences during dating relationships may disrupt normal developmental processes, including the development of a stable self-concept and integrated body image during adolescence (Ackard & Neumark-Sztainer 2002).

PREVENTION FOR TEEN DATING VIOLENCE AND ADDRESSING PATIENTS

Considering the consequences of TDV on mental health, it is important to refer concerned patient. Moreover, schools and communities should implement programs that educate adolescents about healthy relationships. Finally, mental health services should be made accessible for adolescents experiencing TDV. Numerous studies have demonstrated the importance of prevention programs.

A first study analyzes interventions that consist in education about healthy and abusive relationships, conflict resolution and communication skills, and social action activities. It was found that intervention was effective in reducing incidents of physical and emotional abuse and symptoms of emotional distress overtime. (Wolfe et al. 2003)

Another program named Dating Matters demonstrates comparative effectiveness, through middle school, for reducing unhealthy relationship behaviors. They observed 8.43% lower teen dating violence perpetration, 9.78% lower teen dating violence victimization, and 5.52% lower use of negative conflict resolution strategies such as teen dating violence and use of negative conflict resolution strategies, relative to the standard of care intervention. (Niolon et al. 2019)

Beyond prevention, it is also important to screen violence, in order to detect it early and to be able to refer the victims. College health centers represent unique, yet often missed, opportunities to screen for intimate partner violence and sexual violence in a high-risk population (Sutherland & Hutchinson 2018). Provider- and organization-level influences should be incorporated into future interventions to improve IPV/SV screening in college health centers.

Furthermore, less than 30% of adolescents report ever being asked about screening for TDV, despite robust support for routine TDV screening. According to a study, all adolescents should be asked about TDV during routine consultations. Murray et al, give some examples of questions to facilitate the screening as "What does it look like when you and your partner argue?", "Do you ever feel afraid of your partner or someone in your life?" "Has your partner on someone in your life ever pushed, kicked, slapped or choked you?". Moreover, to facilitate the discussion, posters should be placed in the waiting rooms. (Murray & Azzinaro 2019).

DISCUSSION

Adolescence, is a critical period of development, marked by heightened vulnerability to mental health issues. These issues can be both a precursor to and a consequence of TDV, creating a complex and detrimental cycle. Depression, suicidality, PTSD, substance use, and eating disorders have all been identified as associated with TDV, further complicating the mental health landscape for affected teenagers.

The repercussions of these mental health issues are profound and far-reaching, impacting not only the individual's immediate well-being but also their long-term development and life trajectory. Therefore, it is of paramount importance to implement comprehensive strategies to address this issue.

Prevention programs aimed at educating teenagers about healthy relationships and the signs of TDV can play a crucial role in mitigating the incidence of TDV.

Regular screening for signs of TDV among adolescents can facilitate early detection and intervention, potentially preventing the escalation of violence and its associated mental health consequences.

CONCLUSION

Furthermore, it is essential to establish robust referral systems to ensure that victims of TDV receive the necessary support and treatment. This includes access to mental health services to address any associated disorders such as depression, PTSD, substance use, and eating disorders.

A multi-pronged approach encompassing prevention, detection, and intervention is necessary to address the complex interplay between TDV and mental health issues among teenagers. By doing so, we can safeguard the mental well-being of our adolescents and foster healthier relationships and communities.

Acknowledgements: None.

Conflict of interest: None to declare.

Contribution of individual authors:

All Authors contributed to the literature search and the drafting of the text.

References

1. Ackard DM, Eisenberg ME & Neumark-Sztainer D: Long-Term Impact of Adolescent Dating Violence on the Behavioral and Psychological Health of Male and Female Youth. *The Journal of Pediatrics* 2007; 151:476-481. <https://doi.org/10.1016/j.jpeds.2007.04.034>
2. Ackard DM & Neumark-Sztainer D: Date violence and date rape among adolescents?: Associations with disordered eating behaviors and psychological health. *Child Abuse & Neglect* 2002; 26:455-473. [https://doi.org/10.1016/s0145-2134\(02\)00322-8](https://doi.org/10.1016/s0145-2134(02)00322-8)
3. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders: DSM-5. (5th edition)*, 2013
4. Baker CK: Dating Violence and Substance Use: Exploring the Context of Adolescent Relationships. *Journal of Interpersonal Violence*, 2016; 31:900-919. <https://doi.org/10.1177/0886260514556768>
5. Banyard VL & Cross C: Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women* 2008; 14:998-1013. <https://doi.org/10.1177/1077801208322058>
6. Basile KC: Interpersonal Violence Victimization Among High School Students - Youth Risk Behavior Survey, United States, 2019; *MMWR Supplements*, 69. <https://doi.org/10.15585/mmwr.su6901a4>
7. Belshaw SH, Siddique JA, Tanner J, & Osho, GS: The Relationship Between Dating Violence and Suicidal Behaviors in a National Sample of Adolescents. *Violence and Victims* 2012; 27:580-591. <https://doi.org/10.1891/0886-6708.27.4.580>

8. Bilsen J: *Suicide and Youth?: Risk Factors*. *Frontiers in Psychiatry* 2018; 9. <https://www.frontiersin.org/articles/10.3389/fpsy.2018.00540>
9. Brewin CR & Holmes EA: *Psychological theories of post-traumatic stress disorder*. *Clinical psychology review*, 2003; 23:339-376
10. Callahan MR, Tolman RM & Saunders DG: *Adolescent Dating Violence Victimization and Psychological Well-Being*. *Journal of Adolescent Research* 2003; 18:664-681. <https://doi.org/10.1177/0743558403254784>
11. Holmes K & Sher L: *Dating violence and suicidal behavior in adolescents*. *Adolescent Psychiatry* 2013; 115
12. Howard DE, Wang MQ & Yan F: *Psychosocial factors associated with reports of physical dating violence among U.S. adolescent females*. *Adolescence* 2007; 42: 311-324
13. Mason MJ, Campbell L, Zaharakis N, Foster R & Richards S: *Levels of Teen Dating Violence and Substance Use in an Urban Emergency Department*. *Journal of Developmental & Behavioral Pediatrics* 2014; 35:576. <https://doi.org/10.1097/DBP.0000000000000095>
14. McNally RJ: *The ontology of posttraumatic stress disorder: Natural kind, social construction, or causal system?* *Clinical Psychology: Science and Practice* 2012; 19:220
15. Momeñe J, Estévez A, Griffiths MD, Macía P, Herrero M, Olave L, et al.: *Eating Disorders and Intimate Partner Violence: The Influence of Fear of Loneliness and Social Withdrawal*. *Nutrients* 2022; 14:2611. <https://doi.org/10.3390/nu14132611>
16. Murray A & Azzinaro I: *Teen Dating Violence?: Old Disease in a New World*. *Clinical Pediatric Emergency Medicine* 2019; 20:25-37. <https://doi.org/10.1016/j.cpem.2019.02.001>
17. Nahapetyan L, Orpinas P, Song X & Holland K: *Longitudinal association of suicidal ideation and physical dating violence among high school students*. *Journal of Youth and Adolescence* 2014; 43:629-640
18. Ng SH, Tan NJH, Luo Y, Goh WS, Ho R, & Ho CSH: *A systematic review of youth and teen mental health first aid: Improving adolescent mental health*. *Journal of Adolescent Health* 2021; 69:199-210
19. Niolon PH, Vivolo-Kantor AM, Tracy AJ, Lutzman, NE, Little TD, DeGue S, et al: *An RCT of Dating Matters: Effects on Teen Dating Violence and Relationship Behaviors*. *American Journal of Preventive Medicine* 2019; 57:13-23. <https://doi.org/10.1016/j.amepre.2019.02.022>
20. Oram S, Fisher HL, Minnis H, Seedat S, Walby S, Hegarty K, et al.: *The Lancet Psychiatry Commission on intimate partner violence and mental health: Advancing mental health services, research, and policy*. *The Lancet Psychiatry* 2022; 9:487-524. [https://doi.org/10.1016/S2215-0366\(22\)00008-6](https://doi.org/10.1016/S2215-0366(22)00008-6)
21. Shen AC-T: *Dating violence and posttraumatic stress disorder symptoms in Taiwanese college students: The roles of cultural beliefs*. *Journal of Interpersonal Violence* 2014; 29:635-658
22. Shorey S, Ng ED & Wong CHJ: *Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis*. *The British Journal of Clinical Psychology* 2022; 61:287-305. <https://doi.org/10.1111/bjc.12333>
23. Silén Y, Sipilä PN, Raevuori A, Mustelin L, Marttunen M, Kaprio J, et al.: *DSM-5 eating disorders among adolescents and young adults in Finland: A public health concern*. *International Journal of Eating Disorders* 2020; 53:790-801. <https://doi.org/10.1002/eat.23236>
24. Sutherland MA & Hutchinson MK: *Intimate partner and sexual violence screening practices of college health care providers*. *Applied Nursing Research* 2018; 39:217-219. <https://doi.org/10.1016/j.apnr.2017.11.031>
25. Temple JR & Freeman DH: *Dating violence and substance use among ethnically diverse adolescents*. *Journal of Interpersonal Violence* 2011; 26:701-718. <https://doi.org/10.1177/0886260510365858>
26. Temple JR, Shorey RC, Fite P, Stuart GL & Le VD: *Substance Use as a Longitudinal Predictor of the Perpetration of Teen Dating Violence*. *Journal of Youth and Adolescence* 2013; 42:596-606. <https://doi.org/10.1007/s10964-012-9877-1>
27. Vives-Cases C, Sanz-Barbero B, Ayala A, Pérez-Martínez V, Sánchez-SanSegundo M, Jaskulska S, et al.: *Dating Violence Victimization among Adolescents in Europe: Baseline Results from the Lights4Violence Project*. *International Journal of Environmental Research and Public Health* 2021; 18: Article 4. <https://doi.org/10.3390/ijerph18041414>
28. Wolfe DA, Wekerle C, Scott K, Straatman A-L, Grasley C. & Reitzel-Jaffe D: *Dating violence prevention with at-risk youth: A controlled outcome evaluation*. *Journal of Consulting and Clinical Psychology* 2003; 71:279-291. <https://doi.org/10.1037/0022-006x.71.2.279>
29. Wolitzky-Taylor KB, Ruggiero KJ, Danielson CK, Resnick HS, Hanson RF, Smith DW, et al.: *Prevalence and Correlates of Dating Violence in a National Sample of Adolescents*. *Journal of the American Academy of Child & Adolescent Psychiatry* 2008; 47:755-762. <https://doi.org/10.1097/CHI.0b013e318172ef5f>

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