Preventing Teen Dating Violence

What is teen dating violence?

Teen dating violence (TDV) is a type of intimate partner violence. It occurs between two people in a close relationship.

TDV includes four types of behavior:

- **Physical violence** is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.
- **Sexual violence** 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) when the partner does not or cannot consent.
- **Stalking** is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one’s own safety or the safety of someone close to the victim.
- **Psychological aggression** is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or exert control over another person.

Dating violence can take place in person or electronically, such as repeated texting or posting sexual pictures of a partner online without consent. Unhealthy relationships can start early and last a lifetime. Teens often think some behaviors, like teasing and name-calling, are a “normal” part of a relationship—but these behaviors can become abusive and develop into serious forms of violence. However, many teens do not report unhealthy behaviors because they are afraid to tell family and friends.

How big is the problem?

**TDV is common.** It affects millions of teens in the U.S. each year. Data from CDC’s Youth Risk Behavior Survey and the National Intimate Partner and Sexual Violence Survey indicate that:

- Nearly 1 in 9 female teens and approximately 1 in 13 male teens report having experienced physical dating violence in the last year.²
- Over 1 in 7 female teens and nearly 1 in 19 male teens report having experienced sexual dating violence in the last year.²
- 23% of women and 14% of men who were victims of contact sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime first experienced these or other forms of violence by that partner before age 18.³
- The burden of TDV is not shared equally across all groups—sexual minority groups are disproportionately affected by all forms of violence, and some racial/ethnic minority groups are disproportionately affected by many types of violence.

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What are the consequences?

Unhealthy, abusive, or violent relationships can have severe consequences and short- and long-term negative effects on a developing teen. For instance, youth who are victims of TDV are more likely to:

- Experience symptoms of depression and anxiety
- Engage in unhealthy behaviors, like using tobacco, drugs, and alcohol
- Exhibit antisocial behaviors, like lying, theft, bullying or hitting
- Think about suicide

Violence in an adolescent relationship sets the stage for problems in future relationships, including intimate partner violence and sexual violence perpetration and/or victimization throughout life. For instance, youth who are victims of dating violence in high school are at higher risk for victimization during college.

How can we stop teen dating violence before it starts?

Supporting the development of healthy, respectful, and nonviolent relationships has the potential to reduce the occurrence of TDV and prevent its harmful and long-lasting effects on individuals, their families, and the communities where they live. During the pre-teen and teen years, it is critical for youth to begin to learn the skills needed—such as effectively managing feelings and using healthy communication—to create and foster healthy relationships.

CDC developed Dating Matters®: Strategies to Promote Healthy Teen Relationships to stop teen dating violence before it starts. It focuses on 11-14 year olds and includes multiple prevention components that focus on individuals, peers, families, schools, and neighborhoods. All of the components work together to reinforce healthy relationship messages and reduce behaviors that increase the risk of dating violence. Please visit the Dating Matters website to learn more! www.cdc.gov/violenceprevention/datingmatters

CDC also developed a technical package with a variety of strategies and approaches that can be used in combination with a multi-level, multi-sector approach to preventing intimate partner violence (IPV). Consistent with CDC’s emphasis on primary prevention, the package includes multiple strategies intended to stop IPV before it starts, which includes stopping TDV.

Teach safe and healthy relationship skills
- Social-emotional learning programs for youth
- Healthy relationship programs for couples

Engage Influential adults and peers
- Men and boys as allies in prevention
- Bystander empowerment and education
- Family-based programs

Disrupt the developmental pathways toward partner violence
- Early childhood home visitation
- Preschool enrichment with family engagement
- Parenting skill and family relationship programs
- Treatment for at-risk children, youth, and families

Create protective environments
- Improve school climate and safety
- Improve organizational policies and workplace climate
- Modify the physical and social environments of neighborhoods

Strengthen economic supports for families
- Strengthen household financial security
- Strengthen work-family supports

Support survivors to increase safety and lessen harms
- Victim-centered services
- First responder and civil legal protections
- Treatment and support for survivors of IPV, including teen dating violence
- Housing programs
- Patient-centered approaches

Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices

A technical package is a collection of strategies based on the best available evidence to prevent or reduce public health problems. The strategy lays out the direction and actions to prevent intimate partner violence. The approach includes the specific ways to advance the strategy through programs, policies and practices. The evidence to support the approaches for preventing intimate partner violence and associated risk factors is also included.

References