ADDRESSING COERCIVE CONTROL IN ADOLESCENT INTIMATE RELATIONSHIPS

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A thesis submitted in partial fulfilment of the requirements of Nottingham Trent University for the degree of Doctor of Psychology (DPsych) in Forensic Psychology

Submission: September 2024

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THESIS ABSTRACT

Coercive control is a form of abuse that is still not well understood within adult populations. Even less is known about how and why it manifests in adolescent relationships. The limited evidence base means that we have insufficient knowledge to develop reliable theories about adolescent coercive control, which might otherwise inform the design and delivery of adolescent dating abuse (ADA) prevention programmes. However, despite the lack of theoretical knowledge (in relation to adolescent coercive control but also ADA more broadly) such programmes continue to feature as a key component of education in school and community settings across the world.

In the absence of a more robust evidence base to shape ADA interventions at the design stage, another way to determine what works is to undertake comprehensive evaluations of existing interventions. The findings could then be used to grow the existing literature and to direct further primary research into the potential causes and correlates of coercive control as a more nuanced form of adolescent dating abuse. This thesis offers an original contribution to the existing literature, achieved firstly by the author systemically reviewing ADA programme evaluation studies to determine whether coercive control is being adequately and appropriately targeted. The primary research subsequently presented in the thesis offers originality by investigating whether some of the variables already associated with a.) ADA more broadly and b.) adult coercive control are associated with adolescent coercive control.

From the systematic review undertaken, the author concludes that ADA programme evaluation studies are typically of low quality and that they provide very little in the way of a meaningful contribution to the existing literature. In the final sections of the thesis, the author calls for ADA programme evaluators to adopt a more comprehensive evaluation approach. The primary research undertaken identified gender and personality as key factors in explaining the adolescent perpetrator's trajectory towards coercive control.

This thesis makes recommendations for research to grow the existing evidence base, facilitating the development of empirically derived theories to inform ADA prevention programme design and delivery. Suggestions for future directions are also offered, primarily in the form of a thorough, large-scale review of existing approaches to ADA prevention in schools and communities.

ACKNOWLEDGEMENTS

To my supervisors, Professor Karen Slade and Professor Belinda Winder. Thank you both for your support, guidance and patience over the years. Extra special thanks to Karen, for continuing to believe I could finish writing this thesis and for pushing me (assertively but with love) over the final hurdles.

To Professor Thom Baguley, thank you for being such a kind and patient statistics teacher. I'm eternally grateful to you for teaching me how to use R for my analysis. I now feel extremely clever and a bit smug.

To Dr Erica Bowen, thank you for coaching me over the last year of my doctoral journey and for helping me to shape the next chapter of my life. You're one of life's extra special humans and I feel very lucky to have met you.

To Dr Marian Phillips, for sharing my belief that, if we are to improve the lives and relationships of young people, we can only ever make meaningful changes if we start listening to their voices and learning from their lived experiences. Thank you for trusting me with your students.

To Susan Bennett (nee Fenwick), for inspiring me with your innovation and creativity in the application of forensic psychology. Your unwavering belief in me during my early days of practice has been the foundation of my entire career and I'll be forever grateful to you for having shared your wisdom, support and friendship.

List of Contents

List of Figures

List of Tables

Appendices

Chapter 1: Introduction

1.1 Statement of the problem

Adolescent dating abuse (ADA) is a serious public health concern that leads to adverse outcomes for young people. Related consequences are noted in the literature to include an increased risk of injuries requiring medical attention and suicidal ideation (Muñoz-Rivas et al., 2007; Nahapetyan et al., 2014). Associations have also been made between ADA and poor academic performance, depression, substance misuse, eating disorders, risky sexual behaviour, unplanned pregnancy and sexually transmitted infections (Barter & Stanley, 2016; Decker et al., 2018; Dosil et al., 2022; Shorey et al., 2015; Wincentak et al., 2017). Research suggests that, in the longer term, young people who experience abuse within their adolescent relationships are more likely to engage in violent and abusive relationships in adulthood (Foshee et al., 2009; Williams et al., 2008).

Coercive control is a specific form of intimate relationship abuse, which has received relatively little attention in the ADA literature (Bowen & Walker, 2015; Giordano et al., 2010). This is unsurprising, given that the crucial contextual factors that enable a pattern of control and coercion to be established (such as cohabitation, co-parenting and economic dependency) are typically missing from adolescent relationships. However, with the significant surge in smart phone use amongst adolescents over the past decade (Subrahmanyam & Greenfield, 2008; Turner, 2015), it has become increasingly possible for teenage intimates to control their dating partners through the use of technology, despite the absence of other lifestyle co-dependency factors (Baker & Carreño, 2016; Korchmaros et al., 2013; Linares et al., 2021; Stonard, 2019).

There is wide consensus amongst experts that the evidence base remains insufficient to develop a clear theoretical understanding of ADA (O'Keefe, 1997; Ribeiro et al., 2024; Sugarman & Hotaling, 1989; Vagi et al., 2013). This is especially true for coercive control; a form of relationship abuse that has only recently been recognised as present and prevalent within adolescent populations (Lagdon et al., 2023). Well over a decade ago, Barter (2009) highlighted the pressing need to respond to violence and abuse within young people's relationships, echoing the concerns of other experts that, without a clear theoretical understanding of ADA, the development of prevention policy and practice would remain limited. However, despite the theoretical uncertainty identified by Barter in her eminent paper, interventions continue to be developed and delivered, despite the scant evidence base available to inform their design.

1.2 The prevalence of adolescent dating abuse and coercive control

Most of the evidence concerning the prevalence of ADA has come from the United States of America, with data made freely available to researchers from government-funded national surveys. Analysis of the 2019 CDC[1] 'Youth Risk Behaviour Survey' revealed that 8.2% of the 8,703 sample of high school students reported experiencing at least one incident of physical dating violence (as a victim) in the 12 months preceding administration of the survey (Basile et al., 2020). A meta-analytic review of 96 individual studies (Wincentak et al., 2017) reported an overall prevalence of 20% of the young people in the total sample experiencing physical dating violence, although a "remarkable level of variability in prevalence within the literature" was noted by the authors. Of note, there is a lack of prevalence data concerning the experience of non-physical abuse between dating adolescents, with US national surveys failing to include questions that might otherwise explore perpetration and victimisation in relation to these more subtle forms of ADA.

Despite a clear need for research to establish the prevalence of ADA within the United Kingdom and wider European contexts, the literature base across the continent remains limited. A systematic review of European studies undertaken since 2010 identified a total of n=34 papers reporting on prevalence, with the majority of these coming from Spain (Tomaszewska & Schuster, 2021). Of the countries included in the sample, the highest rates of physical dating violence victimisation were reported by Spanish youth (32.9% of females and 29.8% of males). The review also helpfully examined prevalence rates for psychological violence between teen intimates, with the highest rate of victimisation reported, again, by Spanish adolescents (95.5% of females and 94.5% of males).

Although less research has been undertaken to explore the prevalence, impact and severity of intimate partner abuse amongst UK adolescents, the small number of studies undertaken confirm that relationship abuse within this group is a prominent social problem. One study (Hird, 2000) found that over half of girls and almost half of boys in their sample reported experiencing one or more forms of aggression (to include non-physical abuse and psychological aggression) within their intimate relationships during the preceding 12 months. In a more recent large-scale study commissioned by the NSPCC[2], intimate partner violence (to include emotional abuse) amongst adolescents was identified as a significant concern affecting many of the young participants. Survey results indicated that three quarters of girls in an

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[1] Centers for Disease Control and Prevention (US Department of Health and Human Services).
[2] National Society for the Prevention of Cruelty to Children – Registered Charity – 216401 / SC037717

intimate relationship had experienced emotional abuse, to include the use of coercive and controlling tactics by their partner. Furthermore, half of the boys reported to have experienced emotional abuse from a partner, which again included acts of coercive and controlling behaviour.

1.3 Defining the problem: Adolescent dating abuse

According to the World Health Organisation (WHO), adolescence is defined as the phase of life falling between childhood and adulthood, encompassing ages 10 through to 19[3]. Various terms have been used to describe abusive relationship behaviours between adolescents to include 'dating abuse', 'dating violence' and 'adolescent relationship abuse'. In the same way that various terms are used to describe abusive relationship behaviour between adults, there is no universal definition for adolescent dating abuse. This creates challenges for educators and policy makers, who remain uncertain of the range of behaviours to be targeted by interventions and struggle to synthesise research findings. Some scholars have spoken of the additional complexity in defining ADA on account of each component of the term (adolescent; dating; abuse) being identified by a variety of characteristics that can differentiate substantially across reported experiences (Vagi et al., 2013).

Mulford & Blachman-Demner (2013) define ADA as *"a range of abusive behaviours that preteens, adolescents and young adults experience in the context of a past or present romantic or dating relationship"*. Behaviours falling under this definition are noted to include *"physical and sexual violence, stalking and psychological abuse, which includes control and coercion"*, with abuse perpetrated either *"in person or via technology"*. This definition has been adopted by the US National Institute of Justice[4] and is used to inform both research and interventions to better understand and address the problem.

In the UK, there is no equivalent statutory definition for ADA. Instead, the Home Office Domestic Abuse Act of 2021[5] captures ADA under a wider definition of 'domestic abuse' between people aged 16 or over. Some critics have highlighted that the Domestic Abuse Act fails to acknowledge the high prevalence of intimate relationship abuse amongst those under the age of 16, despite this being indicated in the literature (Fox et al., 2014; Hébert et al., 2019). The UK offence of 'controlling or coercive behaviour', as set out in the Serious Crime Act 2015, similarly does not represent those younger than 16 who report experiences of control

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[3] https://www.who.int/health-topics/adolescent-health/#tab=tab_1
[4] https://www.ojp.gov/feature/teen-dating-violence
[5] https://www.legislation.gov.uk/ukpga/2021/17/section/1

and coercion in their intimate relationships. This means that younger adolescent populations may be overlooked when stakeholders are commissioning research or directing funds and resources to assist in the prevention of relationship violence and abuse.

1.4 Defining the problem: Coercive control

In the same way that there is no universal definition of adolescent dating abuse, there is no clear and consistent definition to explain coercive control, with the term having been interpreted in various ways across jurisdictions since its inception. Within the UK, coercive control was criminalised under the Serious Crime Act in 2015, whereas in Scotland and Northern Ireland, a different legislative framework has been applied. Again, this causes several problems for researchers, practitioners, victims and legal authorities alike (Weiner, 2022). One of the key difficulties for researchers and practitioners relates to the synthesis of data across jurisdictions, where the contrasting definitions limit the ease with which data can be compared. This means we are less able to learn lessons from the laws and interventions adopted by other countries and cultures (Barlow et al., 2020). For police and prosecutors, the lack of a universal definition can make it more difficult to identify and prove an offence of coercive control whilst victims are impacted by the reality that the level of support and protection they are likely to receive will vary according to where they live (McQuigg, 2025).

1.5 Definitions adopted for this thesis

Notwithstanding the problems associated with defining the behaviours of interest, this thesis will adopt the definition of **adolescent dating abuse** offered by Mulford & Blachman-Demner (2013). There is currently no statutory UK definition available, and the US statutory version is considered to offer a clear and comprehensive explanation of ADA, with specific reference made to coercive and controlling behaviours and the forms of technology that might facilitate such tactics between adolescents (of particular relevance to this thesis). In defining **coercive control**, this thesis will adopt the cross-government definition outlined in the UK Home Office Statutory Guidance Framework[6]: *"Controlling behaviour is: a range of acts designed to make a person subordinate and / or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their*

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[6] Controlling or Coercive Behaviour in an Intimate or Family Relationship: Home Office Statutory Guidance Framework, 2015.

victim" (p.3). The Home Office definitions of controlling and coercive behaviour have been informed and underpinned by the work of Evan Stark (2007, 2012).

1.6 Attempts to address the problem

The UK Government has implemented a variety of initiatives to address the problem of adolescent dating abuse. In terms of legislation, the endorsement of the Istanbul Convention in 2022 signified a clear commitment to preventing incidents of violence against women and girls – to include girls under the age of 18. The UK has also seen an increase in advocacy for adolescent intimates, with experts highlighting the need for dating abuse to be integrated into broader safeguarding frameworks and calling for the Domestic Abuse Act (2021) to extend its protection to those under the age of 16. Research indicates that young people have typically engaged in an intimate relationship by the age of 14-15 (Gonzalez Avilés et al., 2021) with an interest in dating often starting to develop from the age of 11-12, triggered by the onset of puberty (Connolly et al., 2014). Therefore, whilst the increased recognition of ADA as a serious social problem is timely, a substantial gap in legislative protection remains. This means that relationship abuse victims and perpetrators below the age of 16 find themselves in a void between child protection and adult domestic abuse policies (Barrow-Grint et al., 2022), with neither system meeting their needs.

One of the main strategies used to target ADA in the UK is through the delivery of educational programmes in schools. Typically, these are primary (preventative) interventions, delivered by teaching staff, with sessions forming part of the Relationships and Sex Education (RSE) and Personal, Social, Health and Economic (PSHE) curriculum. Some of the perceived benefits of adopting an educational approach include; providing students with greater capacity to recognise the more subtle signs of ADA (such as coercion, manipulation and control tactics) and building their skills in communication and conflict management (De La Rue et al., 2014; Stanley et al., 2015). It also ensures that all students have equal opportunity to engage, regardless of gender, ethnicity and social / economic background (Exner-Cortens et al., 2019). However, the approach has also been met with criticism on account of delivery being inconsistent across schools, a lack of teacher training in managing sensitive issues and a lack of transparency and communication with parents regarding session content (Meiksin et al., 2019; Stanley et al., 2015). Concerns have also been raised anecdotally that the content of educational interventions can be out of touch with the reality of adolescent dating relationships, especially in more recent times. One way to establish what works to reduce incidents of adolescent dating abuse is to conduct evaluations of the educational programmes being delivered. However, systematic reviews have determined that the quality of such

evaluation studies has been consistently poor over time, resulting in a lack of meaningful data that might otherwise have helpfully informed the design and delivery of future interventions.

1.7 The application of relevant theory

The two theories most commonly used to explain intimate partner abuse amongst adults are *social learning theory* and *feminist theory*. Social learning theory (Bandura, 1977) suggests that people learn behaviours through observing the conduct of others within their environment. That is, where they perceive a behaviour to have resulted in some kind of reward, they will be more likely to imitate the behaviour themselves. Feminist theory, on the other hand, suggests that intimate partner abuse is the result of societal structures and patriarchal norms that promote gender inequality and, indirectly, excuse the perpetration of violence against women (Dobash & Dobash, 1980). Whilst each of these theories might help us to better understand the trajectory of adolescent dating abuse, it is important to recognise that adolescents are at a different developmental stage of life to their adult counterparts and, therefore, the manifestation of abusive relationship behaviour could have a very different function (Chung, 2005; Clark, 2013; Cook & Swan, 2006; Davies, 2023b; Goldman et al., 2016; Hickman et al., 2004; Zosky, 2010), with unique drivers but also greater scope for future desistence.

Adolescent dating abuse perpetration is a form of antisocial behaviour. In seeking to better understand the causes and correlates of any adolescent antisocial behaviour, it is helpful to consider the 'Developmental Taxonomy' model of Terrie Moffitt (1993). This model distinguishes between two types of antisocial offender, categorised according to the timing and duration of the offending behaviour, with individuals referred to as either *adolescence limited* (AL) offenders or *life-course-persistent* (LCP) offenders. With AL offenders, the offending will usually commence during adolescence – likely influenced by the phase of disconnect typically felt by teenagers as they become biologically mature whilst sensing enforced limitations to their social independence. The behaviour is more likely to be facilitated by peer influence and fuelled by a desire for autonomy, with desistance likely once the individual achieves adult independence through employment and the development of more serious relationships. Moffit (1993) suggests that in the case of AL offenders, there is unlikely to be a history of early conduct problems and the antisocial behaviour is largely a temporary phase of rebellion, rather than a representation of enduring pathology. LCP offenders, on the other hand, tend to exhibit problematic behaviour from an earlier age. The offending is more likely to be chronic and will manifest across contexts (ie: at home, school and in the community). Furthermore, it will typically persist throughout the developmental stages and

into adulthood, often accompanied by early onset neuropsychological difficulties and against a backdrop of a high-risk environment (ie: involving inadequate parenting, poverty and community unrest).

In attempting to better understand adolescent dating abuse, it might also be helpful to draw from the literature on adolescent sexual offending. This is because several of the commonly adopted theoretical models adopt a similar stance to that of Moffit; where the primary risk factors associated with longer-term serious sexual offending are those impacting the developmental trajectory over time. For example, the developmental model of adolescent sexual offending (Smallbone & Cale, 2015; Ward & Beech, 2006) is based on the premise that the behaviour forms part of a broader anti-social pattern, where the problematic behaviours are typically associated with early negative experiences (prompting the adoption of antisocial scripts), emotion regulation deficits and the impact of social learning in shaping and reinforcing the offending. Similarly, trauma-informed models of adolescent sexual offending (Creeden, 2004; Grady et al., 2018) emphasise the relevance of early trauma on an individual's psychological development, which then increases the risk of sexual offending as a response to the early trauma.

If we are to adopt Moffit's theory of developmental taxonomy and we apply the key theoretical principles of other types of adolescent offending, we need to consider the important implications that these models have; not only in how we understand and interpret adolescent dating abuse but also how we respond to the behaviour. How might we best intervene and educate young people and how should adolescent perpetrators be managed by the justice system? It could be argued that the provision of educational programmes at an early stage of adolescence might be an effective method to reduce risk for those more susceptible to an adolescent limited (AL) trajectory of offending. However, with the adoption of a 'one size fits all' educational approach, we are less likely to target the core risk factors that might be driving a longer-term course of offending (LCP), such as those relating to neuropsychological functioning, educational challenges, trauma history and dysfunctional family dynamics.

Advocates of Moffit's model and supporters of adolescent developmental theory might suggest that resources would be best directed to those with the highest risk of long-term continuation of abusive relationship behaviour, rather than being spread widely across a cohort of young people who may automatically desist once they reach maturity and gain a sense of autonomy. However, this then raises questions around how such high-risk individuals would be identified within the school setting, without this leading to potentially damaging

consequences caused by labelling the child, singling them out as being different from their peers or inadvertently suggesting they might be defective in some way. One solution might be to move away from educational forms of ADA prevention altogether; instead adopting an inclusive 'whole school' strategy that promotes healthy social norms and values across the entire student population whilst also targeting and mitigating the impact of the contextual and environmental factors that might be more inherent for those on the LCP trajectory.

A final consideration in seeking to understand and address ADA should be in relation to the 'care vs control' debate, which is commonly mooted in the adult intimate partner violence and abuse literature (Stark, 2007; Tatton, 2025; Tolmie et al., 2023). The control perspective has its roots in the power and control theories of IPV, to include the feminist narrative that relationship abuse serves to fulfil the perpetrator's need / desire to exert patriarchal dominance over an intimate partner (Dobash & Dobash, 1980; Dobash et al., 1992). The behaviour is considered planned and intentional, rather than impulsive / reactive, and a range of psychological tactics will likely be used by the perpetrator to maintain control (Stark, 2007). The care perspective, on the other hand, is primarily rooted in developmental theory, with perpetrators thought to engage in abusive relationship behaviours in a misguided attempt to protect and care for an intimate partner. This might be the result of historic unresolved trauma, which has led to attachment deficits, fear of abandonment and, ultimately, the manifestation of controlling relationship behaviours driven by insecurity (Wathen & Mantler, 2022).

These opposing perspectives are highly relevant to understanding and addressing adolescent relationship abuse, given that the two explanations would likely warrant very different intervention approaches. For example, for those identified as deliberately seeking control over an intimate partner, treatment efforts might focus on challenging distorted beliefs and unhealthy attitudes, whilst holding the perpetrator accountable for their behaviour. The care perspective, on the other hand, is more likely to advocate that treatment should be compassionate and targeted towards the developmental and psychological vulnerabilities of the perpetrator. As such, the adoption of trauma-informed interventions, especially those advocating a 'good lives' approach (Ward & Beech, 2006), might be considered more appropriate when addressing the harmful relationship behaviours of those presenting with trauma histories and resultant insecurities.

1.8 Purpose of the thesis

This thesis makes a unique and important contribution to the adolescent coercive control literature using both systematic review and primary research methods. The review sought to investigate how intervention providers were informing, designing and delivering prevention programmes for adolescents, given the identified limitations in theoretical understanding of adolescent coercive control. This was achieved through systematically reviewing ADA programme evaluation studies that met the review inclusion criteria and assessing the extent to which a comprehensive evaluation framework (Bowen & Gilchrist, 2004) had been adopted to ascertain 'what works'. The primary research sought to test whether previously identified variables from the ADA (Vagi et al., 2013) and adult coercive control (Holtzworth-Munroe & Stuart, 1994; Johnson, 2008; Stark, 2007) evidence bases were also associated with the perpetration of coercive and controlling behaviours within an adolescent sample.

Chapter 2: Systematic Review

A systematic review of adolescent dating abuse (ADA) programme evaluation studies

2.1 INTRODUCTION

2.1.1 Approaches to addressing adolescent dating abuse

Barter (2009) noted the pressing need to respond to violence and abuse within young people's relationships as a priority over a decade ago, whilst simultaneously expressing concern that, without having a clear theoretical understanding of ADA, the development of policy and practice would remain limited. However, despite the theoretical uncertainty identified by Barter, interventions continue to be developed and delivered, regardless of the scant evidence base available to inform their design. These have typically been delivered as *primary* (preventative) interventions within secondary schools or other community settings, facilitated by schoolteachers or other external education providers. *Secondary* interventions have also been delivered to adolescents already sanctioned for ADA behaviours (such as those involved in the Criminal Justice System), where the focus has been on addressing existing risks as well as reducing the likelihood of further incidents of ADA by perpetrators.

ADA evaluation studies published to date report some success in building the short term knowledge and skill acquisition of participants (Foshee et al., 1998; Joppa et al., 2016; Rice et al., 2017). However, there is a lack of longitudinal research to determine whether these approaches have a positive impact on intimate relationship behaviour in the longer term (Benham-Clarke et al., 2023). Concerns have also been expressed as to whether sessions are always designed and delivered using theory and evidence applicable to the unique relationship experiences of adolescents and whether the content of these interventions is always developmentally relevant and appropriate (Orr et al., 2022; Vagi et al., 2013).

2.1.2 Problems with evaluation studies

Rossi et al (2004) define programme evaluation as "the use of social research procedures to systematically investigate the effectiveness of social intervention programmes in ways that are adapted to their political and organisational environments and are designed to inform social action to improve social conditions" (pg.16). Primary and secondary ADA prevention programmes can be considered examples of social intervention programmes, in that they seek to address a problematic social condition. Therefore, ADA programme

evaluators should adopt comprehensive, systematic research methods appropriate to the context of the programme and its participants.

Several systematic reviews have been undertaken to assimilate and synthesise the findings of ADA programme evaluation studies (Benham-Clarke et al., 2023; De Koker et al., 2014; De La Rue et al., 2014; Fellmeth et al., 2013). Typically, these reviews have found the main focus of evaluation has been on programme impact, specifically in relation to whether the programme has resulted in increased knowledge, healthier attitudes and any reduction in harmful relationship behaviours amongst the participants. Some scholars have suggested that evaluation studies that focus entirely on programme outcomes are limited (Bowen & Gilchrist, 2004; Craig et al., 2008). Indeed, some of those who have undertaken systematic reviews have reported limitations in their findings caused by the generally poor quality of individual evaluation studies that focus purely on outcomes, lack longitudinal data and include serious biases and methodological flaws (Benham-Clarke et al., 2023; De Koker et al., 2014; Fellmeth et al., 2013).

2.1.3 Adopting a comprehensive evaluation approach

In 2000, the Medical Research Council (MRC) published a framework to increase the utility, efficiency and impact of complex intervention research through improved intervention design and delivery (Campbell et al., 2000). According to the most recently published version of this framework (Skivington et al., 2021) an intervention is deemed complex when it has a number of interacting components; when specific behaviours, skills and expertise are required for those either delivering or receiving the intervention; when the intervention targets a number of different groups, organisational levels or settings; and when a higher level of flexibility might be required to meet the individual needs of the programme recipients.

Social intervention programmes that seek to reduce the prevalence of ADA can be considered 'complex interventions' owing to several salient features of their purpose, design and delivery meeting the MRC definition. Therefore, ADA programme evaluation should extend beyond simply measuring whether the intervention has achieved its intended outcome towards exploring its wider social system. As well as judging outcomes, effective programme evaluation should also consider the influence of those receiving the intervention, the context in which the intervention is being delivered and the impact of any interactions between the social intervention programme, programme recipients and setting (Craig et al., 2008; Denford et al., 2017; Skivington et al., 2021). Unlike product evaluation, it is impossible to accurately

measure the outcome of a social intervention without knowing and understanding the processes involved (Chen, 1990).

Rossi et al (2004; 1993) suggest that in order to judge the success of a social intervention programme in providing social benefits, evaluators will typically assess one or more of five domains relating to 1.) programme need; 2.) programme design; 3.) programme implementation and delivery; 4.) programme impact and 5.) programme efficiency. They note that the assessment of each domain can be seen to form the building blocks of evaluation research, as illustrated in their Evaluation Hierarchy model.

5. Assessment of Programme Cost and Efficiency

4. Assessment of Programme Outcome / Impact

3. Assessment of Programme Process and Implementation

2. Assessment of Programme Design and Theory

1. Assessment of Need for Programme
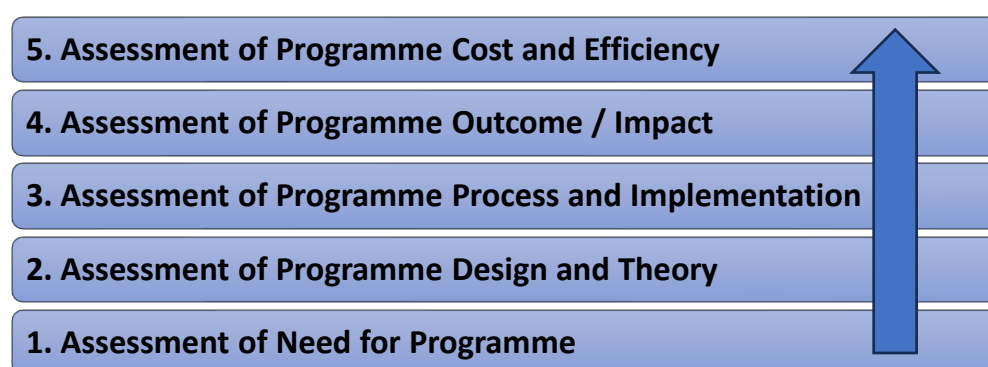
Figure 1: The Evaluation Hierarchy – **adapted from Rossi & Freeman (1993)**

In 2004, Bowen & Gilchrist published "Comprehensive Evaluation: A Holistic Approach to Evaluating Domestic Violence Offender Programmes" in which they argued that the focus of adult IPV programme evaluation had, up to the point of writing their paper, been too narrow. The authors highlighted that historically, evaluation studies had typically only reported on outcomes, such as a change in participant attitudes or a reduction in IPV-related behaviours, when they should also be examining whether the programme is running as intended and in line with any relevant organisational standards; whether the programme content is informed by an appropriate evidence-base and guided by relevant theory; and whether sufficient consideration has been given to the individual characteristics of programme recipients by intervention providers. They conclude that, if we are to move closer to understanding what works, for whom and under what conditions, a theoretically informed and multi-faceted evaluation approach should be implemented using a *Comprehensive Evaluation Framework* that incorporates all five of the hierarchy levels proposed by Rossi & Freeman (1993).

Although the article primarily focuses on the evaluation of secondary adult IPV programmes, the conclusions drawn by the authors can be seen to have equal relevance when considering the evaluation of ADA prevention programmes, given that both represent examples of complex social interventions. Therefore, in line with the recommendations of

Bowen & Gilchrist (2004), ADA evaluation researchers should be taking a holistic approach when assessing the merit of an intervention; thoroughly exploring and accurately measuring the psychological characteristics of both the intervention and its recipients and not merely considering treatment outcomes. In the sections that follow, the merits of evaluating levels two and three of the Evaluation Hierarchy will be outlined in the context of existing literature.

Assessment of programme design and theory (Evaluation Hierarchy - level 2)

Programme theory has been identified as a key component in understanding how and why an intervention is successfully addressing a social problem (Rossi et al., 2004; Skivington et al., 2021). However, scholars have consistently noted an absence of theory guiding ADA research (O'Keefe, 1997; Sugarman & Hotaling, 1989; Vagi et al., 2013), resulting in a lack of theoretical foundation to support and inform ADA prevention programmes (Barter, 2009; Schewe & Bennett, 2002).

Chen (2012) has suggested that, regardless of how well an intervention is designed and implemented, it will fail to bring about any meaningful benefits if the evidence base and theory used to inform the programme are faulty or insufficient. Therefore, if we are to effectively address ADA, to include the coercive and controlling behaviours consistently reported to be those most prevalent amongst adolescents (Cornelius & Resseguie, 2007; Dosil et al., 2022; Villafañe-Santiago et al., 2019; Wolfe et al., 2004), we need to be constructing and applying theory derived from robust scientific evidence. The ongoing comprehensive evaluation of programme design and theory should be an essential part of strengthening our confidence in what works, enabling us to investigate how existing theories interact with other programme components to create maximum impact.

Assessment of programme process and implementation (Evaluation Hierarchy - level 3)

Rossi et al (2004) describe 'Process Evaluation' as "the systematic and continual documentation of key aspects of programme performance that assesses whether the program is operating as intended or according to some appropriate standard" (pg.171). In order to evaluate the process and 'implementation' of a programme effectively and comprehensively, various components should be considered (Weisz & Black, 2009). Such components might include the suitability of the **programme goals**; the **delivery methods used**; the **programme content**; the duration of the programme; the expertise and knowledge of programme facilitators; the characteristics of participants; the extent to which the cultural needs of participants have been met and the extent to which we can be assured of programme fidelity. Therefore, if we are to reliably ascertain how ADA interventions are addressing the social

problem they are designed to address and not just whether positive outcomes have been recorded, evaluation studies need to be considering how the programme is being implemented according to a set of clear criteria, such as those proposed by Weisz and Black (2009).

Some programme components (such as those noted above in bold font) are self-explanatory and the importance of evaluating these process elements is indisputable. The paragraphs below offer clarification around the remaining components, particularly in relation to the existing literature.

Programme duration is an important consideration that warrants thorough assessment as part of a comprehensive programme evaluation. Historically, there have been mixed views in relation to the optimum number of sessions required to enable and maintain meaningful change amongst participants of ADA interventions. Evaluation researchers promoting shorter interventions have suggested that lengthy programmes are difficult to fit into school curriculums and when attempts are made to adapt or condense them, the effectiveness can be lost (Joppa et al., 2016). Others argue that whilst a programme of shorter duration might be more feasible to deliver, the benefits will ultimately be diluted, especially when the subject matter has the complexity of ADA (Jaycox et al., 2006). Some research indicates that one-session prevention programmes have the potential to increase, rather than decrease, the risk of ADA perpetration (Jaffe et al., 1992). In the main, the literature indicates that prevention programmes of longer duration are the most effective in reducing violence-endorsing attitudes (Anderson & Whiston, 2005; Cornelius & Resseguie, 2007). Indeed, prevention programme experts suggest that it would be unreasonable to expect any permanent changes to participant attitudes, let alone behaviours, after only limited exposure (Weisz & Black, 2009).

The assessment of **programme facilitators** is another essential component in establishing the merits of an ADA intervention. Some scholars have argued that the competence of those delivering ADA prevention programmes is the most important component in achieving successful outcomes (Avery-Leaf & Cascardi, 2002). It is, therefore, important that those tasked with facilitation are not only suitably qualified but also sufficiently trained in the role. The extent to which these individuals have 'bought in' to the programme is also essential, as low morale has the potential to significantly reduce programme effectiveness (Nation et al., 2003). Historically, school-based interventions have been delivered by teachers, whereas community interventions have used social workers, police officers, abuse survivors or advocates as facilitators (Whitaker et al., 2006). However, whilst the profession of programme

facilitators is typically referenced in evaluation studies, specific details of the training received to effectively carry out this role are rarely provided (Bowen & Walker, 2015; Weisz & Black, 2009). This is of concern, given that other comparable behaviour prevention programmes will often provide between one and three full days of training before facilitators are considered ready to run groups (Nation et al., 2003).

There is increasing agreement amongst experts that, in order to understand how an ADA prevention programme is achieving success, we need to evaluate key features of the **programme participants**, as well as studying the wider interaction between the intervention, the participants and the setting in which the programme is delivered (Denford et al., 2017; Skivington et al., 2021). Bowen & Walker (2015) also emphasise the need to measure programme effectiveness in the context of a much broader systemic context, in which the programme participants are a crucial component.

Historically, there have been mixed views on whether ADA programmes should be adapted to meet specific cultural needs or whether culturally non-specific material can still bring about meaningful change for all participants, regardless of individual differences. Those endorsing **cultural specificity** in ADA interventions have argued that such adaptations would likely improve participant engagement with the material, whilst also recognising key differences in the dynamics of ADA between cultural groups (Eaton et al., 2007; Jaycox et al., 2006; Whitaker et al., 2006).

Programme fidelity can be loosely defined as "the degree to which teachers and other program providers implement programs as intended by the program developers" (Dusenbury et al., 2003). The term has also been explained in the context of it acting as a moderator between an intervention and its intended outcome; where the success of the intervention is largely determined by the extent to which fidelity is implemented (Carroll et al., 2007). Consideration of programme fidelity should be considered integral to the evaluation of any complex social intervention (Allen et al., 2017; Bowen & Walker, 2015). This is due to the individual components of the intervention being highly susceptible to the influence of a.) the people involved - both facilitators and participants, b.) the conditions under which the programme is delivered and c.) the setting in which treatment takes place. As previously highlighted, an additional important consideration for programme evaluators is how these individual factors interact within the broader systemic context to influence outcomes (Bowen & Walker, 2015). Without incorporating an assessment of fidelity, there is a risk the intervention might be deemed ineffective by evaluators, when in reality the failure relates to poor implementation of an otherwise promising approach, known as a type III error (Basch et

al., 1985). Conversely, even when interventions bring about positive outcomes, an evaluator could fail to identify certain aspects of the programme that were not implemented as fully intended. Therefore, opportunities might be missed for further programme development and improvement (Carroll et al., 2007).

2.1.4 Purpose of the current review

This systematic review seeks to investigate whether there has been a shift towards a more comprehensive ADA programme evaluation approach since Bowen & Gilchrist (2004) originally published their recommendations for the effective evaluation of *adult* IPV interventions. In particular, the review will explore whether ADA programme evaluation studies published since 2004 have drawn upon the second (programme design and theory) and third (programme process and implementation) levels of the evaluation hierarchy (Rossi et al., 2004; Rossi & Freeman, 1993); thereby ensuring a thorough evaluation of the theoretical underpinnings of the programme, the processes adopted and the implementation methods used. In order to accurately establish and then illustrate whether the included studies are adhering to level three of the evaluation hierarchy (assessment of programme process and implementation), the key ADA programme components outlined by Weisz and Black (2009) will be used to guide the review and structure the resultant narrative synthesis.

The current review offers a unique contribution to the existing literature. Specifically, Bowen and Gilchrist's recommendations for the comprehensive evaluation of *adult* intimate partner abuse interventions (2004) will be used to determine the value of studies evaluating the effectiveness of relationship abuse prevention programmes designed for *adolescent* participants. The review is also unique on account of the focus being placed on coercive control; an increasingly prevalent form of ADA, partly due to the rising popularity of smartphone use within this population, which creates greater opportunities for young perpetrators to monitor their intimate partners (Baker & Carreño, 2016; Stonard et al., 2014). As highlighted previously, there is already wide consensus amongst experts that insufficient evidence is available to provide a clear theoretical understanding of ADA (O'Keefe, 1997; Sugarman & Hotaling, 1989; Vagi et al., 2013), which means there is a lack of reliable theoretical foundation underpinning existing ADA prevention programmes (Barter, 2009; Schewe & Bennett, 2002). This is especially true for coercive control; a form of relationship abuse that has only recently been recognised as present and prevalent within adolescent populations (Lagdon et al., 2023). This review, therefore, seeks to determine which theories are being used to inform the design and delivery of programmes that claim to target coercive control and whether any gains have been reported.

2.1.5 Value of the review

It is considered that this review will have value for all organisations and agencies tasked with delivering dating abuse prevention programmes for adolescents; by encouraging them to consider the evidence base they are using to shape programme design and delivery. The review will also benefit researchers who wish to comprehensively evaluate the effectiveness of these complex social intervention programmes, resulting in the production of more valuable data that can then be used to develop the literature. The review places particular emphasis on addressing and effectively evaluating outcomes in relation to non-physical forms of ADA, such as coercive control. This is because these behaviours are considered far more prevalent amongst adolescents than incidents of physical abuse, partly due to the rise in smart phone and social media use amongst this group. Therefore, the review is likely to provide important guidance to policy makers around widening the focus of ADA prevention programmes so that coercive control is not overlooked.

2.1.6 Review questions

The review seeks to answer the following questions:

1) *Has there been a shift towards a more comprehensive approach to evaluating ADA prevention programmes since Bowen & Gilchrist (2004) published their recommendations.*

2) *Are the programmes evaluated by the included studies effectively targeting coercive control as an increasingly prevalent form of ADA.*

2.2 METHODOLOGY

2.2.1 Scoping search

An initial scoping search was undertaken on 23.09.18 to identify published systematic reviews relevant to the area of interest, so as to avoid duplication. The following databases were searched; The Campbell Collaboration Library of Systematic Reviews, The Cochrane Database of Systematic Reviews, The DARE database (University of York) and the EPPI Centre (University College London). The PROSPERO database, held by the University of York's Centre for Reviews and Dissemination (CRD), was also searched to check whether any similar reviews were underway at that time. The scoping search confirmed that there were no comparable systematic reviews, either published or underway, that sought to answer the proposed review questions. The search, therefore, confirmed that there was a gap in the existing literature that the current review can fill.

2.2.2 Review structure – narrative synthesis

This research project took the form of a systematic review with narrative synthesis (meta-synthesis). Narrative synthesis has been defined as "an approach to the systematic review and synthesis of findings from multiple studies that relies primarily on the use of words and text to summarise and explain the findings of the synthesis" (Popay et al., 2006). This method was considered to represent the most robust and inclusive approach, since the included papers varied in their quality, design and methodology. Meta-analysis was not possible, given that the data intended for extraction and analysis (relating to evaluation of programme design, theory, process and implementation) were descriptive in nature. Data were extracted from previously published and other publicly available sources, without the need for participant recruitment and ethical approval.

The review was undertaken in line with the framework proposed by Petticrew and Roberts (2006) where the review author should search, obtain, appraise and then perform a narrative synthesis of the evidence. The methodology of each selected paper was assessed using an author-developed quality appraisal tool based on the Downs & Black Checklist (1998), which was further informed by Hawker et al (2002).

2.2.3 Review protocol

A review protocol was created, incorporating a variation of the PICO tool (Petticrew & Roberts, 2006).

Table 1: PIC Population, Phenomena of Interest and Context

	Inclusion	Exclusion	Justification
Population	Male and female adolescents aged 10-19[7].	Children 9 or under. Adults 20 or over.	The review seeks to investigate phenomena of interest relevant to an adolescent population.
Phenomena of **I**nterest	Evaluation of Complex Interventions. Programme theory, design, process and implementation. ADA Programmes, Healthy Relationship Programmes or PSHE.	Programmes that target other forms of abuse such as parental abuse or peer to peer bullying. Programmes that seek to focus exclusively on physical violence	The review seeks to investigate whether programmes that seek to address non-physical (as well as physical) forms of ADA are being evaluated using a comprehensive

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[7] Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health. WHO (2023). https://www.who.int/health-topics/adolescent-health/#tab=tab_1

		between intimate partners.	evaluation framework (Rossi et al., 2004).
Context	Programmes that seek to address non-physical forms of ADA.		
	Schools, Community Agencies, Health Centres, Charity Groups or Church Groups.	Adult environments, to include adult prison and community probation settings.	The review seeks to investigate interventions designed to prevent or address adolescent dating abuse.

Further inclusion / exclusion criteria were applied as follows: Only studies available in English language were included; only studies published between 2004 (the publication year of Bowen & Gilchrist's recommendations) and 2019 (the year of protocol registration) were included. There were no exclusions in relation to study design, meaning that both quantitative and qualitative studies could be included; there were no exclusions based on country of publication; and there were no exclusions based on study quality.

2.2.4 Protocol registration

The review protocol was registered with the PROSPERO International Prospective Register of Systematic Reviews on the 23 August 2019 (reg. number: CRD42019124289)[8].

2.2.5 Search strategy

A comprehensive electronic search of the following databases was undertaken: PsycINFO (psychiatry, psychology and social sciences); Criminal Justice Abstracts; ERIC (education); Scopus (social sciences) and Social Services Abstracts. The search terms presented in Table 2 were used to identify relevant studies.

Table 2: Key search terms

Concept 1 Target behaviour	AND	Concept 2 Relationship context	AND	Concept 3 Population	AND	Concept 4 Intervention
coerci*		dating		adolescen*		intervention*
OR control*		**OR** "healthy relationship*"		**OR** teen*		**OR** program*
OR "emotional abuse"		**OR** "intimate relationship*"				**OR** prevent*
OR "psychological abuse"		**OR** "romantic relationship*"				**OR** educat*
OR "verbal abuse"		**OR** "sexual relationship*"				
OR "non-physical abuse"		**OR** girlfriend*				

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[8] The original review protocol can be accessed at www.crd.york.ac.uk/prospero

OR "non physical abuse"	**OR** boyfriend*
	OR couple*
	OR partner*

The studies identified by the electronic search were assessed for inclusion in the review using a two-stage process. First, all titles and abstracts identified by electronic searching were screened to identify studies potentially relevant to the review. Full copies of all potentially relevant studies were then obtained and assessed against the inclusion / exclusion criteria, resulting in twelve studies being selected for inclusion.

In addition to the electronic search of relevant databases, email contact was made with three experts working in the field of adolescent dating abuse / healthy relationship programme design and delivery, resulting in the identification of one additional evaluation study. Grey literature was also sourced through searching www.greylit.org and Proquest Dissertations & Theses, along with the following relevant Government and charity websites: Disrespect Nobody (UK Government); Love is Respect (Part funded by the US Department of Justice); Green Dot Etc (US Culture of Respect Initiative); Futures Without Violence (US Charity); From Boys to Men Project (Funded by the Economic and Social Research Council - ESRC); Choose Respect (Australian Not for Profit Organisation); Laura's House (US Not for Profit Organisation); and Veto Violence (Centers for Disease Control and Prevention). A further fifteen evaluation studies were identified from searching the grey literature and hand-searching reference lists. Twelve were then excluded after applying the inclusion / exclusion criteria.

A total of sixteen (16) studies were eventually included in the review and subjected to quality assessment. The final sixteen comprised twelve papers generated by electronic searching, one obtained through contact with experts and three retrieved through hand-searching. A study identification number was allocated to each paper for ease of reference within the narrative synthesis. A PRISMA flowchart illustrating the study selection process is presented in Figure 2.

2.2.6 Quality appraisal of papers

The methodology of each selected paper was quality assessed using a modified version of the Downs and Black (1998) checklist, further informed by recommendations from Hawker et al (2002). The resultant appraisal tool (see Appendix 2a) was structured to assess the quality

of both quantitative and qualitative studies. To prevent early bias, quality appraisal was not undertaken until after completion of the search process, as advised by Petticrew & Roberts (2006). Checklist items were each scored using a three-point Likert scale: (criteria fully met = 2, criteria partially met = 1, criteria not met / unclear = 0), with a total quality score calculated for each paper. The maximum achievable score, based on the 23 items rated, was 46. Items not applicable to the study design were omitted with scores pro-rated. Total scores were then converted to percentages, with each paper categorised as either 'high quality' (85-100%), 'moderate quality' (70-84%) or 'low quality' (0-69%). Each paper was quality assessed by the lead reviewer, with a sample of assessments checked by the second and third reviewers to establish inter-rater reliability. Any disagreements on item scoring were resolved through discussion and reaching consensus amongst the three reviewers.

None of the studies were excluded based on quality appraisal outcome, although there was variation in the quality observed. The scores awarded ranged from 57% to 94% when assessed against the specified quality appraisal criteria. Four studies were considered high quality [1,6,10,14], six were assessed to be of moderate quality [2,4,5,9,11,12] and six were assessed as low quality [3,7,8,13,15,16]. Table 3 includes details of the quality appraisal scores awarded to each included study, along with the quality category assigned (in the far-right column).

2.2.7 Data extraction and narrative synthesis

Data were extracted from the included studies and entered into an adapted version of the Cochrane Data Collection Form for Intervention Reviews[9] (Li et al., 2019) (see Appendix 2b). Additional sections were added to record data relating to the phenomena of interest - specifically, evaluation of programme design, theory, process and implementation - as essential aspects of comprehensive programme evaluation (Bowen & Gilchrist, 2004; Lipsey & Cordray, 2000; Rossi et al., 2004; Rossi & Freeman, 1993).

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[9] Version 3, RCTs and non-RCTs (2014)

Figure 2: PRISMA flow diagram of study selection strategy
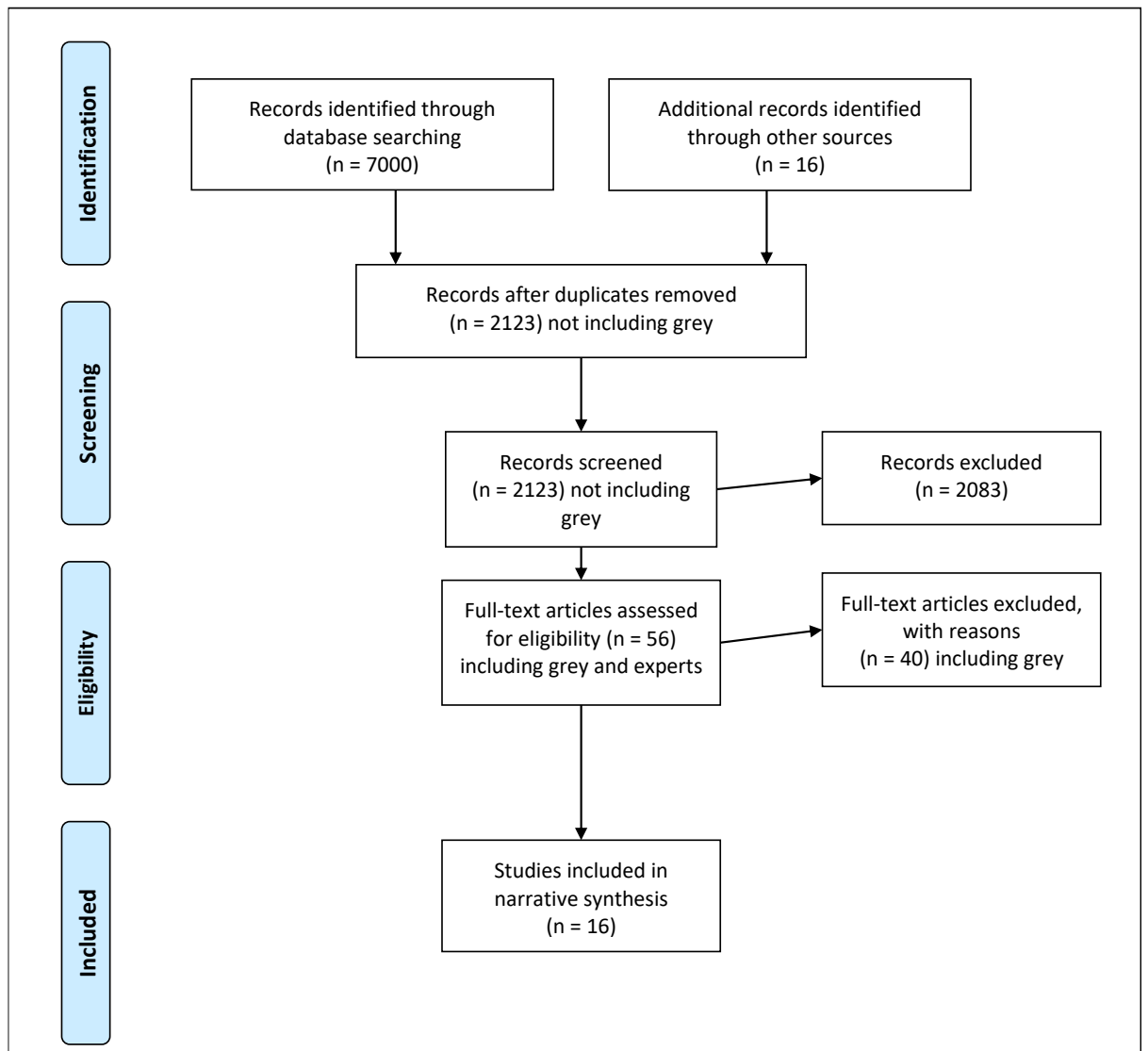
2.2.8 Tabulation

In order to capture and present the key features of each included study in a clear and concise format, relevant data from each paper were methodically extracted and entered into the table below.

Table 3: Tabulation of extracted data - Summary of study characteristics

Studies 001-012 were retrieved through database searching and studies 013-016 were retrieved through hand-searching and contacting experts.

Quality Score Key: high quality = 85-100%, moderate quality = 70-84% and low quality = 0-69%.

Study ID	Title of Paper / Invention Evaluated	Authors, Date & Country	Setting & Sample	Study Design, Evaluation Methods & Analysis	Study Aim(s)	Results	Quality Assessment Score
001	Title: The Impact of Relationship Education on Adolescents of Diverse Backgrounds Intervention: RS Adapted - Adapted from original version of programme – Love U2: Increasing Your Relationship Smarts. Pearson, 2004 (Primary Intervention)	Authors: Adler-Baeder, Kerpelman, Schramm, Higginbotham & Paulk Date: 2007 Country: USA (Published)	Setting: Nine public high schools located throughout Alabama, USA Sample: An economically, geographically and racially diverse sample of high school students Male and Female Adolescents aged 14-19 years (n=340) Intervention (n=235) Control (n=105	Design: Quasi-experimental design with a control group and treatment group Methods: Pre and post-test (2 months after intervention) surveys Analysis: Paired-samples t-tests, ANOVA & RMANOVA Programme theory of change: Developmental Test of fidelity used: No Programme co-created with adolescents: No	An evaluation of the RS Adapted to examine changes over time in select areas of students' beliefs, knowledge and behaviours. The study aimed to add to the limited empirical basis for providing relationship education to youths, looking in particular at the benefits for multi-racial students from diverse socioeconomic and family structure backgrounds.	There was a significant increase in perceived knowledge for all five relationship knowledge subscales from retrospective pretest to post-test scores.	**Study quality score: 89%** **Study quality category: High**

002	Title: Prosocial video game as an intimate partner violence prevention tool among youth: A randomised controlled trial	Authors: Daniel Boduszeka, Agata Debowska, Adele D. Jones, Minhua Ma, David Smith, Dominic Willmott, Ena Trotman Jemmott, Hazel Da Breo, Gillian Kirkman	Setting: Three primary schools, two secondary schools and two Government Industrial schools (for young offenders) were included	Design: Randomised Controlled Trial (RCT)	The aim of this study was to assess the effectiveness of a context-specific, prosocial video game in increasing affective and cognitive responsiveness (empathy) towards victims of intimate partner violence (IPV) among children and adolescents.	The experimental group reported a statistically significant increase in affective responsiveness from Time 1 to Time 2 and this change was sustained in Time 3. The change over time was not statistically significant for the control group.	**Study quality score: 83%**
	Intervention: Jesse - a role-playing game in which players assume the role of different characters experiencing and/or perpetrating physical and emotional violence within a family context	Date: 2019		Methods: The Ni3: VRA questionnaire (designed by the study authors) was used to measure outcomes			**Study quality category: Moderate**
		Country: Barbados (Published)	Sample: Adolescents living in a high-risk region for gender-based violence	Analysis: ANOVA			
	(Primary Intervention)		Male and Female Adolescents aged 9-17 years (n=172)	Programme theory of change: None specified			
			Intervention (n=86) Control (n=86)	Test of fidelity used: No			
				Programme co-created with adolescents: No			
003	Title: Fostering Healthy Teen Intimate Relationships	Author: Fawson, P.R	Setting: High School Health Class	Design: Quasi-experimental with a control group and treatment	The study investigated whether the RWV program had an effect on teen IPV attitudes	Multivariate analysis found that controlling behaviours significantly predicted violent attitudes, which	**Study quality score: 59%**
		Date: 2012	Sample:				**Study quality**

	through an In-School Violence Prevention Programme Intervention: RWV – Relationships Without Violence (Primary Intervention)	Country: USA (PhD Thesis)	Participants were attending their mandated high school health class Male and Female Adolescents aged 14-18 years (n=837) Intervention (n=613) Control (n=233)	group Methods: Pre-test questionnaires were administered before the programme began and post-tests were administered 2 weeks to 1 month after the programme ended Analysis: ANCOVA, K-Means Cluster Analysis & SEM Programme theory of change: Feminist Test of fidelity used: No Programme co-created with adolescents: No	and behaviours in relation to four types of couple violence: situational couple violence, mutual violent control, intimate terrorism, and violent resistance.	significantly predicted partner violence and victimization. Additionally, results suggested that controlling behaviours partially mediated the relationship between violent attitudes, IPV perpetration and IPV victimisation.	**category: Low**
004	Title: The Effects of Moms and Teens for Safe Dates: A Dating Abuse Prevention Program for Adolescents Exposed to	Authors: Vangie A. Foshee, Thad Benefield, Kimberly S. Dixon, Ling-Yin Chang, Virginia Senkomago, Susan T. Ennett, Kathryn E.	Setting: Within the homes of the participants Sample: Mother-Adolescent Pairs Male and	Design: RCT Methods: Mothers and adolescents completed baseline and 6-month follow-up telephone interviews The programme	This paper presents the results from the first randomised controlled trial to test the efficacy of a dating abuse prevention programme, Moms and Teens for Safe Dates (MTSD), designed specifically for	Programme effects on psychological and physical victimisation and psychological and cyber perpetration were moderated by the amount of adolescent exposure to domestic violence. The MTSD programme had	**Study quality score: 72%** **Study quality category: Moderate**

	Domestic Violence Intervention: Moms and Teens for Safe Dates (MTSD) (Primary Intervention)	Moracco & J. Michael Bowling Date: 2015 Country: USA (Published)	Female Adolescents aged 12-15 years Pairs analysed (n=295) Intervention / Control split not specified	effects were assessed for eight dating abuse behaviours relating to perpetration of and victimisation from psychological, cyber, physical, and sexual dating abuse Analysis: Linear Regression Programme theory of change: Social ecological Test of fidelity used: Partly Programme co-created with adolescents: No	adolescents exposed to domestic violence.	significant effects on the perpetration of cyber dating abuse, in the expected direction, for adolescents who had high exposure to domestic violence.	
005	Title: Impact of a School-Based Dating Violence Prevention Program among Latino Teens: Randomized Controlled Effectiveness Trial Intervention:	Authors: Lisa H. Jaycox, Daniel McCaffrey, Beth Eiseman, Jessica Aronoff, Gene A. Shelley, Rebecca L. Collins and Grant N. Marshall Date: 2006 Country: USA	Setting: High School – within existing curriculum health classes Sample: Ninth grade Health classes in Los Angeles United School District Male and	Design: Randomised Experimental Methods: A combination of constructed scales and existing measures were used to include the Revised Conflict Tactics Scale	Only a few studies exist that evaluate violence reduction programmes among African Americans. None have focused on the Latino population.	Students receiving the programme showed improved knowledge about legal rights in relation to intimate partner violence, less acceptance of female-against-male violence, greater perception that others would help them, and higher likelihood that they would seek help.	**Study quality score: 78%** **Study quality category: Moderate**

	Ending Violence: A Curriculum for Educating Teens on Domestic Violence and the Law (Primary Intervention)	(Published)	Female Adolescents aged 14-15 years (n=2540) Intervention (n=1384) Control (n=1156)	The impact of the programme was assessed for three separate cohorts of students over three school years Analysis: Multiple Regression Programme theory of change: Social Learning Test of fidelity used: No Programme co-created with adolescents: No		
006	Title: Pilot Investigation of the Katie Brown Educational Program: A School-Community Partnership Intervention: The Katie Brown Educational Program (KBEP)	Authors: Meredith C. Joppa, Christi J. Rizzo, Amethys V. Nieves & Larry K. Brown Date: 2016 Country: USA (Published)	Setting: A large, urban, public high school in a small city in Massachusetts Sample: Male and female adolescents aged 14-19 years (n=225) Intervention (n=86) Control	Design: Randomised Waitlist Control Trial (RCT) Methods: A combination of constructed scales and existing measures were used to include the CADRI[10], NOBAGS[11]	The purpose of the study was to test the efficacy of a widely disseminated, brief community based DV prevention programme in partnership with a non-profit community agency.	Students who received the brief DV prevention curriculum reported changes in both DV-related cognitions and behaviour. Immediately following completion of the programme, students in the active condition reported less approval of retaliatory aggression and more healthy attitudes about dating and knowledge about	**Study quality score: 87%** **Study quality category: High**

[10] Conflict in Adolescent Dating Relationships Inventory
[11] Normative Beliefs about Aggression Scale

						DV. These effects were sustained at 3-month follow-up, with students also reporting less approval of male and female DV perpetration and general aggression. Students reported less DV perpetration and victimisation 3 months after the conclusion of the intervention.	
	(Primary Intervention)		(n=139)	and ATDVS[12] Assessment occurred at baseline (T1), post-intervention (T2), and at a 3-month follow-up (T3) Analysis: Generalised Estimating Equations (GEE) with follow up Mediation Analysis Programme theory of change: Social Learning Test of fidelity used: No Programme co-created with adolescents: No			
007	Title: The Efficacy of an Intimate Partner Violence Prevention Program with High-Risk	Authors: Jennifer Langhinrichsen-Rohling & Lisa A. Turner Date: 2012	Setting: A community centre delivering Health Department assistance for	Design: RCT Methods: Use of CTS2[13] - Perpetration of Psychological Aggression and Victimisation by	To examine the efficacy of a brief intimate partner violence prevention programme designed to reduce relationship violence amongst high-risk	Findings indicate that the programme had some impact on the participants' IPV and relationships. Specifically, there was a significant reduction in the psychological abuse	**Study quality score: 57%** **Study quality category: Low**

[12] Attitudes Towards Dating Violence Scale

[13] Revised Conflict Tactics Scale – Straus et al, 1996

	Adolescent Girls Intervention: Building a Lasting Love (BALL) (Primary Intervention)	Country: USA (Published)	teen pregnancy. Sample: High risk, predominantly African American adolescent girls receiving teen pregnancy services The mean age of participants was 17.15 years (n=47) Intervention (n=24) Control (n=23)	Psychological Aggression Subscales. The intervention is delivered over 4 weeks, with approximately 6 weeks from pre-assessment to post-assessment Analysis: Chi-Square, ANOVA and Correlations Programme theory of change: Social Learning Test of fidelity used: No Programme co-created with adolescents: No	African American inner city adolescent girls who were receiving teen pregnancy services.	perpetrated by the women who successfully completed the BALL programme compared to women randomly assigned to the waitlist control condition. Additionally, at the end of the programme, a lower percentage of girls in BALL reported being severely physically victimized by their baby's father than waitlist control group girls.	
008	Title: "Coaching Boys into Men": A Cluster-Randomized Controlled Trial of a Dating Violence Prevention Program Intervention:	Authors: Elizabeth Miller, Daniel J. Tancredi, Heather L. McCauley, Michele R. Decker, Maria Catrina D. Virata, Heather	Setting: High School athletics sessions Sample: Male student athletes attending high school in grades 9-12 (n=1798)	Design: Cluster RCT Methods: Fifteen-minute online surveys were collected at schools for intervention and control site student athletes at the start of each	This cluster-randomised trial examined the effectiveness of a DV perpetration prevention programme targeting coaches and high school male athletes.	Intervention athletes' changes in intentions to intervene were positive compared with control subjects. There was a significant drop in participants reporting yelling at a partner or destroying something that belonged to her after	**Study quality score: 69%** **Study quality category: Low**

| Coaching Boys into Men (Primary Intervention) | A. Anderson, Nicholas Stetkevich, Ernest W. Brown, Feroz Moideen, J.D., and Jay G. Silverman

Date: 2012

Country: USA

(Published) | Intervention: (n=847)
Control: (n=951) | sports season (winter, spring, fall) (time 1). Time 2 follow-up surveys were collected for these same athletes at the end of each sports season approximately 12 weeks after time 1, following programme implementation at the intervention sites. Measures used were developed or modified by the researchers

Analysis: Methods of statistical analysis are unclear

Programme theory of change: Social norms

Test of fidelity used: Partly

Programme co-created with adolescents:

No | | attending the intervention group. |

| 009 | Title: Relationship Education for Youth in High School: Preliminary Evidence from a Non-controlled Study on Dating Behavior and Parent–Adolescent Relationships

Intervention: Relationship Smarts (RS+)

(Primary Intervention) | Authors: TeKisha M. Rice, Julianne McGill, Francesca Adler-Baeder

Date: 2017

Country: USA

(Published) | Setting: US High Schools

Sample: Male and female students enrolled in 30 US high schools in a south-eastern state (n=3658) | Design: One sample, non-controlled design

Methods: Students completed intake surveys prior to programme participation as part of the pilot process. This data was already available to the authors. After the programme, students completed a retrospective pre- and post-programme survey, which simultaneously assessed retrospective pre-reports and post programme reports of outcome measures

Analysis: RMANCOVA and Hierarchical Linear Regression

Programme theory of change: Not | The current study builds on previous studies, which found enhanced parent–child communication and family cohesion following youth RE participation. This study assesses specifically whether the parent–adolescent and dating relationships are positively affected by the intervention, both simultaneously and in relation to one another. | Results indicate significant and positive influences on participants' knowledge and use of healthy relationship skills in their parent–adolescent and dating relationships. Further, results indicate that change in the current dating relationship is associated with concurrent change in the parent–adolescent relationship.

Participants also reported a significant shift in their use of healthy dating relationship skills. | **Study quality score: 83%**

Study quality category: Moderate |

specified

<u>Test of fidelity used</u>: No

<u>Programme co-created with adolescents</u>:
No

| 010 | <u>Title</u>: The *Change Up* Project: Using Social Norming Theory with Young People to Address Domestic Abuse and Promote Healthy Relationships

<u>Intervention</u>: Change Up
(Primary Intervention) | <u>Authors</u>: Michaela Rogers, Tim Rumley & Gary Lovatt

<u>Date</u>: 2019

<u>Country</u>: UK
(Published) | <u>Setting</u>: Two High Schools in the North-West of England

<u>Sample</u>: Young people (male and female) associated with, involved in or at risk of DVA (n=176)

Quantitative data (n=176)
Qualitative data (n=131) | <u>Design</u>: Secondary Analysis of Data

<u>Methods</u>: Social norms approach to design and delivery of prevention programme with three core phases: the pre-test (baseline) survey; the intervention and the post-test (repeat survey)

The survey incorporated 30 (mostly) closed questions constructed using SNT with consideration of key issues affecting this age group in relation to healthy and non-healthy relationships | This paper aims to illuminate how social norming theory is beneficial in DVA prevention programmes with young people. | Positive change was noted in relation to the norms and attitudes expressed by participants following the intervention in relation to various themes to include physical violence (triggered by different stimuli) and coercive control / psychological abuse. | **Study quality score: 89%**

Study quality category: High |

				Analysis:		
				Triangulation of quantitative data and thematic analysis of qualitative data		
				Programme theory of change: Social norms		
				Test of fidelity used: No		
				Programme co-created with adolescents:		
				Post programme feedback obtained		
011	Title: Preliminary findings from an outcome evaluation of an intimate partner violence prevention programme for adjudicated, African American, adolescent males Intervention: The Violence	Authors: Laura F. Salazar & Sarah L. Cook Date: 2006 Country: USA (Published)	Setting: The study was conducted in DeKalb County, Georgia, at the Juvenile Justice Courthouse Sample: Adjudicated, African American adolescent males who were referred by their probation	Design: Randomised Experimental Design Methods: Data were collected at pretest and post-test for all participants and at 3 months for intervention group participants only Measures used included Violence in Relationships: A Seventh Grade	The purpose of this study was to test the efficacy (using an experimental design) of this programme in increasing knowledge regarding IPV and in decreasing patriarchal attitudes that underlie IPV.	Committing violence was positively related to the Wife Beating Is Justified subscale and inversely related to knowledge of IPV. Both measures of patriarchal attitudes were positively related. Knowledge of IPV was inversely related to both measures of patriarchal attitudes. Witnessing parental violence was not related to any study variables. For intervention effects,	Study quality score: 74% Study quality category: Moderate

	Prevention Mentoring Program (VPMP) (Secondary Intervention)		officer to attend the programme (n=37) Intervention (n=21 / mean age 14.81) Control (n=16 / mean age 15.06)	Inventory of Knowledge and Attitudes[14]; the Wife Beating is Justified subscale[15] and the CTS2[16] Analysis: ANCOVA Programme theory of change: Feminist Test of fidelity used: No Programme co-created with adolescents: No		knowledge of IPV was significantly higher for the intervention group than the control group post intervention. Significant intervention effects were found for knowledge and for one of the patriarchal attitude measures at post intervention.
012	Title: Merging Relationship Education and Child Abuse Prevention Knowledge: An Evaluation of Effectiveness with Adolescents Intervention: The Relationship Smarts Plus	Authors: David G. Schramm & Jessica Gomez-Scott Date: 2012 Country: USA (Published)	Setting: US High School – delivered within curriculum Sample: Male and female pupils aged from approx. 13-18 (n=623) Intervention: (n=426)	Design: Quasi-Experimental Methods: In addition to capturing demographic variables, the questionnaire consisted of scales and items that assessed knowledge and beliefs about	The purpose of this study was to add to the current empirical literature on relationship education and child abuse prevention by implementing a quasi-experimental study with a sample of 623 high school students using the *Relationship Smarts Plus* curriculum and an	There was a statistically significant increase in perceived relationship readiness, healthy relationship knowledge, and child abuse knowledge. Students who participated in the RS+ group also significantly increased their understanding about SIDS and how it can be prevented, compared with the control group of	**Study quality score: 83%** **Study quality category: Moderate**

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[14] Rybarik et al, 1995

[15] From the Inventory of Beliefs about Wife Beating – Saunders et al, 1987

[16] The Revised Conflict Tactics Scale – Straus et al, 1996

			current and future romantic relationships and behaviours used in interpersonal conflict. The questionnaire also assessed knowledge and beliefs about caregiving and child abuse and neglect	additional lesson module that focused specifically on preventing child abuse and neglect.	students.
	(RS+) curriculum (Pearson, 2007) - with an additional lesson module that focuses specifically on preventing child abuse and neglect (Primary Intervention)	Control: (n=197)			
			The questionnaire was created by the authors and administered both pre and post intervention		
			Analysis: ANCOVA		
			Programme theory of change: None specified		
			Test of fidelity used: No		
			Programme co-created with adolescents: No		
013	Title: Assessing the Effects of Families for Safe	Authors: Vangie A. Foshee, Ph.D., Heath Luz	Setting: Intervention undertaken	Design: RCT Methods: The primary caregiver	To examine the effects of a family-based teen dating abuse prevention	There were significant treatment effects in hypothesised directions on	Study quality score: 61% Study quality

Dates, a Family-Based Teen Dating Abuse Prevention Program Intervention: Families for Safe Dates (FSD) (Primary Intervention)	McNaughton Reyes, M.P.H., Susan T. Ennett, Ph.D., Jessica D. Cance, Ph.D., Karl E. Bauman, Ph.D., and J. Michael Bowling, Ph.D. Date: 2011 Country: USA (Published)	between teen and caregiver in homes of participating families Sample: Male and female teens aged 13-15 (n=324 families) Intervention: (n=140 families) Control: (n=184 families)	and teen were administrated a 20-minute computer-assisted telephone interview Three months after the intervention the caregiver and teen from that family and their matched control family completed follow-up telephone interviews The researchers created their own measures to evaluate change against the primary and secondary outcomes Analysis: Linear regression for continuous outcomes and logistic regression for dichotomous outcomes. Programme theory of change: Social ecological /	programme, Families for Safe Dates, primarily on outcomes related to testing the conceptual underpinnings of the programme including (1) factors motivating and facilitating caregiver engagement in teen dating abuse prevention activities, and 2) risk factors for teen dating abuse, and secondarily on dating abuse behaviours.	most factors motivating and facilitating caregiver engagement in teen dating abuse prevention activities including; caregiver perceived severity of dating abuse, response efficacy for preventing dating abuse, self-efficacy for talking about dating abuse, knowledge of dating abuse, acceptance of dating abuse, communication skills with the teen, and belief in the importance of involvement in their male (but not female) teen's dating. The latter effect was the only one moderated by sex of the teen. The targeted risk factor affected by the programme was teen acceptance of dating abuse. Treatment was also significantly associated with less physical dating abuse victimisation.	category: Low

			Protection motivation Test of fidelity used: No Programme co-created with adolescents: No			
014	Title: Efficacy evaluation of "Dat-e Adolescence": A dating violence prevention program in Spain Intervention: Dat-e Adolescence Program (Primary Intervention)	Authors: Virginia Sanchez-Jimenez, Noelia Muñoz-Fernandez, Javier Ortega-Rivera. Date: 2018 Country: Spain (Published)	Setting: School (delivered during school hours) Sample: Male and female pupils aged 11-19 (n=1764) Intervention: (n=908) Control: (n=856)	Design: Cluster RCT Methods: The pre-test was carried out in January 2016 and the first post-test in June 2016, around two weeks after the intervention end Standardised measures were used to identify post intervention gains in relation to psychological violence, physical violence, online violence, myths about romantic love, couple quality, anger regulation and self-esteem Analysis: Latent	The aim of this study was to evaluate the Dat-e Adolescence programme's efficacy in reducing adolescent partner aggression and victimisation; in regulating anger, self-esteem and beliefs about love and violence; and in relation to some variables associated with couple quality among Spanish adolescents aged 12 to 19 years attending state high schools with medium economic, social and cultural levels in the Andalucia region.	Efficacy evaluation was analysed using Latent Change Score Models and showed that the programme did not impact on physical, psychological or online aggression and victimisation, nor did it modify couple quality. It was, however, effective at modifying myths about romantic love, improving self-esteem, and improving anger regulation, as a trend.	**Study quality score: 94%** **Study quality category: High**

change score modelling

Programme theory of change:
Dynamic developmental systems model

Test of fidelity used: No

Programme co-created with adolescents:
No

015	Title: Evaluation of a statewide youth-focused relationships education curriculum Intervention: Healthy Couples, Heathy Children: Targeting Youth (HCHCTY) Project – Using a Relationship Smarts + Curriculum (Primary Intervention)	Authors: L. Kerpelman, Joe F. Pittman, Francesca Adler-Baeder, Suna Eryigit, Amber Paulk Date: 2009 Country: USA (Published)	Setting: Public High Schools in Alabama, USA Sample: Male and female pupils with an average age of 16.1 years (n=1824) Intervention: (n=1045) Control: (n=788) This figure reduced over the 2 year follow ups Focus groups were held with	Design: RCT – plus qualitative data elicited via focus groups Methods: Participants completed pre, post and follow-up surveys. Focus groups were held at eight of the participating schools. All of the teachers participated in post intervention telephone interviews Survey items were	This project incorporated quantitative and qualitative data to revise and test versions of the RS+ curriculum. This was with the ultimate result being an evidence-based, developmentally appropriate, engaging curriculum that addresses the most important issues for youth relationships education in the most effective ways.	Six of the seven models revealed a significant treatment effect in the expected direction, suggesting the treatment effects were consistent with curriculum goals. The focus groups indicated that the RS+ lessons were interesting, engaging, informative and useful. Many students could identify specific skills they had learned and real circumstances in which they had applied material from RS+.	Study quality score: 67% Study quality category: Low

			n=176 students	taken from standardised questionnaires (ie: modified) to measure aspects of the RS+ curriculum			

Analysis: Latent growth curve analysis to model intra-individual changes across four observations

Programme theory of change: None specified

Test of fidelity used: No

Programme co-created with adolescents: Post programme feedback obtained

| 016 | Title: A School Health Center Intervention for Abusive Adolescent Relationships: A Cluster RCT

Intervention: The School | Authors: Elizabeth Miller, MD, PhD, Sandi Goldstein, MPH, Heather L. McCauley, ScD, Kelley A. Jones, MPH, Rebecca N. Dick, MS, Johanna Jetton, | Setting: US High School Health Centre (SHC)

Sample: Male and female school pupils attending SHC Aged 14-19 (n=939) | Design: Cluster RCT

Methods: The study adopted a mixture of modified versions of existing validated measures (largely using fewer items) and researcher | This study provides the first evidence of the potential benefits of a brief provider-delivered universal education and counselling intervention in SHCs to address and prevent a major public health problem: ARA. | Intervention versus control adjusted mean differences in outcomes were not statistically significant for recognition of abuse, intentions to intervene and knowledge of resources. Intervention participants had improved recognition of sexual coercion compared | **Study quality score: 63%**

Study quality category: Low |

| Health Center Healthy Adolescent Relationships Programme (SHARP) (Primary Intervention) | BSc, Jay G. Silverman, PhD, Samantha Blackburn, RN, MSN, PNP, Erica Monasterio, RN, MN, FNP-BC, Lisa James, MS, Daniel J. Tancredi, PhD. Date: 2015 Country: USA (Published) | Intervention: (n=447) Control: (n=492) | questions. Outcomes were measured using a baseline and follow-up survey 3 months post intervention Analysis: Between-arm adjusted mean differences (AMDs) to estimate intervention effects. Multinomial logistic regression models to analyse victimisation outcomes. Post hoc intervention intensity-adjusted analyses Programme theory of change: None specified Test of fidelity used: Partly Programme co-created with adolescents: No | | with controls. Among participants reporting relationship abuse at baseline, intervention participants were less likely to report such abuse at follow-up. |

2.3 FINDINGS

2.3.1 Study characteristics

All but one of the papers included for review were published articles; the exception being a PhD thesis [3] that was incorporated as grey literature. Each of the peer-reviewed studies had been published between 2006 and 2019 whilst the PhD thesis was submitted for examination in 2012. All but three of the papers originated from the USA. The three non-US studies included one from the United Kingdom [10], one from the Caribbean (Barbados) [2] and one from Spain [14].

2.3.2 Study design

Nine of the studies undertook a Randomised Controlled Trial (RCT) to evaluate the intervention in question [2,4,6,7,8,13,14,15,16]. Three used a Quasi-Experimental approach [1,3,12], two adopted a Randomised Experimental Design [5,11], one used a one sample, non-controlled design [9] and one study carried out a secondary analysis of existing data [10]. All of the included studies used a quantitative analysis approach to measure improvements against the targeted outcomes of the interventions evaluated. Two studies examined qualitative, in addition to quantitative data [10,15].

Each of the studies employed a form of statistical analysis to measure quantitative change (against a range of outcomes) pre and post intervention. The analyses undertaken included paired samples t-tests [1], ANOVA [1,2,7], RMANOVA [1], ANCOVA [3,11,12], K-Means Cluster Analysis [3], SEM[17] [3], Linear Regression [4,9,13], Multiple Regression [5], GEE[18] [6], Mediation Analysis [6], Chi Square [7], Correlation [7], RMANCOVA [9], Data Triangulation [10], Logistic Regression [13], Latent Change Score Modelling [14], Latent Growth Curve Analysis [15], AMD[19] [16] and Multinomial Logistic Regression [16]. In the case of one paper, the statistical analysis method adopted was not described [8]. The two studies examining both quantitative and qualitative data adopted a thematic analysis approach in relation to the latter [10,15].

2.3.3 Study setting and sample

All but one of the included studies evaluated primary (preventative) interventions with the outlier [11] having examined a secondary intervention for adolescent males already

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[17] Structured Equation Modelling
[18] Generalised Estimating Equations
[19] Between-Arm Adjusted Mean Differences

sanctioned for dating violence offences. Three of the interventions targeted adolescent participants considered to be 'at risk' and, therefore, potentially or known to be involved in dating abuse, as either a victim or perpetrator [7,10,11]. Ten of the interventions were delivered in secondary schools / high schools as part of the regular curriculum [1,2,3,5,6,9,10,12,14,15] whilst one was delivered during high school athletics sessions [8]. Two interventions were delivered in health centres; one based in a high school [16] and one in the community [7] and the remaining two were delivered within the homes of participants [4,13]. The only secondary intervention evaluated [11] was delivered in a US juvenile justice courthouse facility.

All but three of the interventions were delivered to both male and female participants. Of the remaining three, one targeted high-risk adolescent females receiving teen pregnancy services [7]; one targeted male high school student athletes [8] and one was delivered to sanctioned adolescent male perpetrators [11]. One primary study evaluated data from an intervention delivered across different contexts to include a primary school, a government industrial school for young offenders and a public secondary school [2]. The ages of participants attending the interventions evaluated ranged from 12-19, although one study incorporated additional primary school data from pupils aged 9[20] and upwards [2]. One study did not report the age range but provided a mean participant age of 17. All but three of the interventions were delivered across various states of the USA, with the remaining three comprising one delivered in Barbados [2], one in the North-West of England [10] and one in Spain [14]. Most of the interventions evaluated were attended by participants from a range of ethnic groups. However, one intervention is noted to have been delivered predominantly to African American females [7] and one was delivered exclusively to African American males [11]. All of the interventions sought to address ADA perpetration *and* victimisation with the exception of one [11], which was designed to target ADA perpetration only.

2.3.4 Interventions evaluated

Several different interventions were evaluated by the included studies, some of which are relatively well known and more widely adopted in the country of origin and some that are less established or sought to offer a novel approach. Some of the more widely recognised interventions, to include adapted versions of these, were evaluated by more than one study. Four studies evaluated 'Relationship Smarts'[21] (RS+) or an adapted version of RS+ [1,9,12,15],

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[20] Not relevant to the current review
[21] Pearson, 2004.

with one of these also evaluating an additional module that focused on preventing child abuse and neglect in the context of adolescent intimate partner conflict [12]. One study evaluated 'Families for Safe Dates' (FSD) [13], whilst another evaluated 'Moms and Teens for Safe Dates' (MTSD) [4]; an adaptation of FSD. Of the remainder, one study evaluated a role-play video game called 'Jesse' [2], one evaluated 'Relationships Without Violence' (RWV) [3], one evaluated an educational programme called 'Ending Violence' [5], one evaluated a pilot of the 'Katie Brown Educational Program' (KBEP) [6], one evaluated 'Building a Lasting Love' (BALL) [7] and one evaluated 'Coaching Boys into Men' [8]. One study evaluated the 'Change Up' project [10], one evaluated the 'Violence Prevention Mentoring Program' (VPMP) [11], one evaluated an online intervention (delivered on site in school) called 'Dat-e Adolescence' [14] and one study evaluated the 'School Health Center Healthy Adolescent Relationships Program' (SHARP) [16].

2.3.5 Methods of evaluation (measures)

The primary focus of each included study was on measuring programme outcomes (Level 4 of the Evaluation Hierarchy) to include changes in knowledge around dating abuse, attitudes, bystander responsiveness / empathy, behavioural change (of perpetrators) and vulnerability to victimisation. Only four studies [1,10,13,15] sought to incorporate some of the additional components of programme evaluation proposed by Rossi et al (2004). Two studies [1,15] sought post-test feedback from participants in the experimental group, asking what they liked about the programme and what they would change (levels 2 and 3 of the Evaluation Hierarchy). One of these [15] also obtained feedback from teachers delivering the intervention (level 3). One study [10] assessed programme design, theory, process and implementation by comprehensively examining the programme in the context of the wider literature, as well as eliciting participant feedback (levels 2 and 3). The last of these four studies [13] assessed factors that may have motivated caregiver engagement in teen dating abuse prevention activities (level 3 of the Evaluation Hierarchy).

In relation to **knowledge acquisition**, six studies [1,5,6,9,12,16] used a researcher-generated self-report measure, one study [8] used the Recognition of Abusive Behaviour Scale (Rothman et al., 2006), one study [11] used 'Violence in Relationships: A Seventh Grade Inventory of Knowledge and Attitudes' (Rybarik et al., 1995) and one study [16] used the 'Recognition of ARA'[22] measure (Rothman et al., 2006).

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[22] Adolescent Relationship Abuse

With regard to ***attitudinal change***, one study [10] used a researcher-generated self-report measure, one study [1] used the 'Relationships Beliefs Scale' (Gardner et al., 2004), one [3] used the 'Justification of Dating Violence Scale' (Shen, 2008), one [6] used the 'Normative Beliefs About Aggression Scale' (NOBAGS) (Huesmann & Guerra, 1997), one [6] used the 'Attitudes Toward Dating Violence Scale' (ATDVS) (Price et al., 1999), one [8] used a modified version of the 'Gender-Equitable Attitudes Scale' (Pulerwitz & Barker, 2007) and one study [11] used 'Violence in Relationships: A Seventh Grade Inventory of Knowledge and Attitudes' (Rybarik et al., 1995). One study [11] used the 'Wife Beating is Justified' subscale from the 'Inventory of Beliefs about Wife Beating' (Saunders et al., 1987), one [14] used an adapted version of the 'Myths About Romantic Love Scale' (Ferrer-Pérez et al., 2010) and two studies [12,15] used the 'Attitudes about Romance and Mate Selection Scale' (Cobb et al., 2003). One study [15] used items from the 'Partner / Relationship Ideal Standard Scale' (Fletcher et al., 1999) to evaluate changes to participant beliefs around needing a supportive partner.

To measure ***changes in responsiveness to victims*** of dating abuse / intent to intervene, four studies [2,8,10,16] used researcher-generated self-report measures.

In measuring for ***perpetrator behavioural change***, seven studies [1,5,7,8,12,14,15] used 'The Revised Conflict Tactics Scale' (CTS2) or a modified version of the same (Straus et al., 1996), one [3] used the 'Revised Controlling Behaviours Scale' (CBS-R) (Graham-Kevan & Archer, 2005), two studies [4,14] used items from the 'Safe Dates Dating Abuse Scales' (Vangie A. Foshee et al., 1996), one [4] used a modified version of the 'Tech Abuse in Teen Relationships Scale' (Picard, 2007), one [6] used the 'Conflict in Adolescent Dating Relationships Inventory' (CADRI) (Wolfe et al., 2001) and one study [14] used the 'Non-Sexual Online Violence Scale' from the 'Cyber Dating Abuse Survey' (Zweig et al., 2014).

In measuring ***rates of victimisation***, two studies [10,13] used researcher-generated self-report measures, three studies [3,7] used the 'Revised Controlling Behaviours Scale' (CBS-R) (Graham-Kevan & Archer, 2005), one [3] used the 'Dating Violence Scale' (Shen, 2008), one study [5] used a modified version of the 'Women's Experience of Battering Scale' (Smith et al., 1995) and four [5,11,14,16] used items from the 'Revised Conflict Tactics Scale' (CTS2) (Straus et al., 1996). The second of these four studies [11] used a modified version of the CTS2 to collect data on victimisation through witnessing parental / carer IPV, rather than direct victimisation within a dating relationship. One study [6] used the 'Conflict in Adolescent Dating Relationships Inventory' (CADRI) (Wolfe et al., 2001), one [14] used the 'Non-Sexual Online Violence Scale' from the 'Cyber Dating Abuse Survey' (Zweig et al., 2014) whilst another [16] used items generated from considering relevant literature (Bennett et al., 2011; Ybarra et al.,

2007). One study [14] used items from the 'Safe Dates Dating Abuse Scales' (Vangie A. Foshee et al., 1996).

In measuring ***healthy relationship skills application***, one study [9] used a small number of researcher-generated questions to evaluate self-reported positive change. Two studies [14,15] evaluated the impact of the intervention using relevant scales from the 'Network of Relationships Inventory' (Furman & Buhrmester, 2009). One of these [14] also measured changes to anger regulation as a hypothesised beneficial outcome of the intervention (Bar-On, 2006). One study [16] used the 'Generalised Self-Efficacy Scale' (Schwarzer & Jerusalem, 2010).

Whilst all the included studies evaluated interventions that sought to address non-physical ADA, to include emotional abuse, verbal abuse, psychological abuse, psychological aggression and coercive control, four studies did not evaluate data pertaining to these non-physical behaviours [2,5,9,11]. A further four studies used heavily redacted measures [1,12,13,15] and five studies employed measures only validated for use with adults [1,7,11,12,15]. Of particular relevance to this review, only seven of the sixteen studies specifically sought to evaluate programme effectiveness in targeting psychological aggression and coercive control using suitable measures [3,4,6,8,10,14,16].

2.3.6 Narrative synthesis

Review question 1: *Are the included studies using a comprehensive evaluation framework?*

In the sections that follow, each of the sixteen evaluation studies included in the current review will be discussed in relation to their adherence to levels 2 and 3 of the Evaluation Hierarchy (Rossi et al., 2004; Rossi & Freeman, 1993); namely, the assessment / evaluation of programme design and theory (level 2) and the assessment / evaluation of programme process and implementation (level 3).

Assessment of programme design and theory (Evaluation Hierarchy - level 2)

As highlighted by Bowen and Gilchrist (2004), a comprehensive programme evaluation study should be seeking to assess whether appropriate theory, underpinned by a comprehensive evidence base, has been used to inform programme content and guide delivery. In the following paragraphs, the extent to which the sixteen included studies have reported on and evaluated programme theory will be discussed.

The 'Relationship Smarts' programme (RS+), or an adaptation of RS+, was evaluated in four of the included studies [1,9,12,15]. Only one of these studies [1] provided information on

the theoretical framework of the RS+, noting the use of "material that is consistent with a developmental perspective of romantic relationship formation during adolescence" (Furman & Shaffer, 2003). However, there is no discussion as to why **Developmental Theory** was used to inform RS+ or how this translated into the programme design and content. The other three studies evaluating a derivative of RS+ contained no reference to the theory informing the intervention, although one [9] directed readers to the Dibble Institute website for this information[23]. However, upon checking this resource (at the time of writing) there is a clear description of the programme content but no reference to the theory underpinning RS+.

Two of the studies referred to **Feminist Theory** as having guided the content of the intervention being evaluated [3,11]. Of these, one study [3] noted the importance of feminist theory whilst also highlighting the additional influence of **Family Violence Theory** in informing programme design. The author further suggested that this combination of theories created a bridge between addressing the consequences of controlling behaviours and learning skills to address these tactics when they arise in intimate relationships. The second of these studies [11] cited evidence to support the delivery of gender-specific interventions, with feminist theory then guiding the content of a secondary intervention designed to address ADA perpetration amongst adjudicated adolescent males.

Two of the included studies noted the use of **Social Norms Theory** (Berkowitz, 2009) to shape the intervention being evaluated [8,10]. One study [8] explained how social norms theory was used to inform and aid the design of the intervention by promoting gender-equitable attitudes and positive masculinity norms, in conjunction with raising awareness of ADA (to include coercive behaviour), promoting healthy alternatives and encouraging bystander intervention skills. The other study [10] provided a comprehensive description of the approach, noting where positive outcomes have been obtained in other areas of prevention work with young people and clearly outlining how ADA (both physical violence and psychological aggression / coercive control) might helpfully be addressed by "focusing on strengths and positives, rather than pathologizing behaviours" (pg.507).

Three of the studies reported **Social Learning Theory** as having informed the content of the programme they evaluated [5,6,7]. In one study [5] social learning theory was described as having informed a curriculum that emphasised the illegality of ADA and promoted help-seeking behaviour amongst victims. Another study [6] noted how the programme they evaluated adopted a social learning framework to facilitate positive changes in cognition, such

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[23] https://dibbleinstitute.org/our-programs/relationship-smarts-plus-5-0

as in relation to beliefs about violence in intimate relationships and expectations of healthy relationships. The third study [7] did not offer any explanation beyond noting the theoretical approach adopted.

Two of the studies [4,13] referred to the programme adopting **Social Ecological Theory**, with one [13] also referring to **Protection Motivation Theory** (Rogers et al., 1983) as a means of opening up discussion, building knowledge and facilitating attitudinal change within the family unit to support ADA prevention. Of note, both of these evaluation studies were undertaken by the same lead author and both programmes were adapted from the same original intervention (Safe Dates). 'Safe Dates' was created in 1996 and has been described by the programme designers as an evidence-based approach, which adopts a theoretical model appropriate to the aetiology of ADA (Vangie A. Foshee et al., 1996).

One study [14] described the evaluated programme as having adopted a **Dynamic Developmental Systems Model** (Capaldi & Kim, 2007); where ADA is understood and addressed – not as an individual process but as a product of the interaction of systems "where the developmental characteristics of both partners would converge in a specific context or situation that would lead to conflict escalating into violence" (pg.2).

One of the studies [2] described the theory used to inform the process and implementation but not the content of the intervention. For example, the authors discussed the use of video games to influence the cognition, affect and arousal of players, citing the **General Learning Model** (GLM) as a helpful social-cognitive and developmental approach to creating positive change (Buckley & Anderson, 2006). There was no reference to a specific theory informing the game content, although several 'themes' were noted to have been generated from qualitative research with adults.

In summary, it would seem that very few of the included evaluation studies sought to comprehensively assess whether the programme evaluated had been informed by theory appropriate to addressing ADA, with five studies omitting reference to theory entirely. Where programme theory had been referred to, this was typically a brief comment made in the context of describing the intervention in more general terms, rather than a considered evaluation of the chosen theoretical framework. Only two of the included studies spoke specifically about coercive control and the appropriateness of the theory (social norms in both cases) in targeting these non-physical behaviours in the context of adolescence. Only one study described the evaluated programme as having adopted a theoretical framework that captured the wider context of ADA as a product of interacting systems.

Assessment of programme process and implementation (Evaluation Hierarchy - level 3)

As highlighted by Weisz & Black (2009), there are several components that should be evaluated when looking to determine the effectiveness of ADA programme processes. In the following paragraphs, each of the identified components will be discussed in relation to the extent to which they are considered and evaluated by the sixteen evaluation studies.

Evaluation of programme goals

All but one [9] of the included studies reported on the goals of the programme evaluated. Of these, eight of the programmes sought to reduce harmful relationship behaviours [1,3,4,6,10,12,14,16], five sought to increase participant knowledge of healthy relationships [1,5,6,7,12], two aimed to motivate caregivers of adolescents to engage in ADA prevention and monitoring activities [4,13], nine aimed to realign beliefs and attitudes / norms about women and / or relationships [1,3,4,6,8,10,11,13,14], two sought to support and promote the transition from adolescent to adult intimate relationships, to include marriage [1,12] and three aimed to increase levels of empathy towards victims of relationship abuse / promote a positive bystander response / encourage peer involvement [2,8,14]. Two sought to raise awareness of the impact of relationship violence and abuse [2,13], three aimed to reduce acceptance of dating abuse and gender stereotyping [4,11,13], two sought to reverse acceptance of violence through reference to law and legal rights [5,11] and three aimed to teach and promote healthy relationship skills and behaviour, to include skills in self-management to support independence, emotion regulation, conflict management and coping [7,12,13]. One study cited additional programme goals concerned with increasing knowledge of child abuse, neglect and the risks associated with SIDS[24] as well as those relating to ADA prevention [12]. The one study that omitted reference to programme goals [9] instead referred readers to an earlier published paper for specific details of the intervention evaluated.

In summary, the included studies typically referred to programme goals when evaluating success of intended outcomes. However, there were a wide range of goals reported across the studies, which indicated a lack of consensus in what ADA interventions should be targeting. The most commonly reported goals related to reducing harmful relationship behaviours and realigning unhealthy attitudes, beliefs and social norms around women and intimate relationships. Only one of the studies noted the programme specifically seeking to target coercive control.

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[24] Sudden Infant Death Syndrome

Evaluation of programme delivery methods

All but two of the included studies [3,12] considered the programme delivery methods adopted. Of these, seven incorporated lecture / spoken delivery of educational material [1,5,6,7,9,11,16], five included relationship skills practices / role-play [1,4,5,6,14], five used video illustrations [1,5,10,11,14], ten held group discussions / debates [1,4,5,6,7,8,9,11,14,15] and two facilitated participant role-play through engaging with a video game / web based activities [2,14]. Three interventions facilitated the completion of quizzes or questionnaires / decision making games [4,5,14] and two included the use of safety planning activities [4,5]. One included facilitator role modelling of healthy relationship skills [6], two used observational learning opportunities [6,11], eight used handouts, booklets, displays, brochures, workbooks and / or worksheets [4,6,7,9,13,14,15,16] and seven incorporated other content-related group and individual activities [6,7,9,10,11,14,15]. Two programmes encouraged participants to focus on self-identified treatment goals between sessions / homework [7,15] whilst one intervention was noted to include a poster campaign with a view to generating healthy participant norms in relation to ADA [10].

Two of the included studies referred to the number of participants attending group programme sessions [6,7]. Of these, one of the programmes was delivered to groups of approximately 16 participants [6] whilst the other was delivered to between 1 and 6 participants, with a mean group number of four [7]. In nine of the studies, participant numbers in sessions were not reported [1,5,8,9,10,11,12,14,15]. Four of the studies evaluated interventions that were delivered to individuals or within families, rather than groups [2,4,13,16]. One of these involved the participants engaging in interactive computer gameplay [2], another required 'high risk' participants to engage in collaborative sessions with their previously victimised female caregiver [4], one was delivered by caregivers to the adolescents within the family unit [13] and one was delivered to individual adolescents during routine sexual health clinic appointments [16].

To summarise, most of the included studies considered the methods of delivery adopted by programme developers. Several of the studies reported that the programmes evaluated adopted a wide range of delivery methods to convey key learning points to participants, which may have assisted in meeting the needs of individual learners. However, very few of the studies sought to discuss these delivery methods in any depth and even fewer evaluated their suitability for use with adolescents. Only two studies noted the number of participants in attendance during programme sessions, despite this information being

considered necessary to inform a comprehensive evaluation of the delivery approach taken (Bowen & Walker, 2015; Weisz & Black, 2009).

Evaluation of programme content

All but one of the included studies [12] referred to and discussed the content of the programmes evaluated, albeit with varying levels of detail. Four focused on maturity, values, building 'marriage skills' and infatuation vs love [1,3,9,15], two looked at emotion regulation and the emotional experiences associated with relationships and intimacy [1,7], five looked at the process, expectations or 'rules' of dating [1,4,6,9,13], whilst all of the programmes included content to build participant recognition of unhealthy, abusive or violent relationship behaviours. Five programmes looked at gender stereotyping, inequality and / or included positive role-modelling of masculinity and femininity [2,3,4,6,11], three covered intergenerational violence and the impact of relationship abuse on secondary victims [2,3,15] and three looked at the impact of relationship abuse on primary victims [2,4,13]. Three programmes explored the role of substances in triggering or escalating abusive relationship behaviours [2,3,13], two examined sexual coercion [3,4] and three programmes explored unhealthy or pro-violence attitudes [3,11,14]. Five interventions looked at positive peer culture, social norms and / or the bystander role [2,3,8,14,16], seven taught conflict resolution, problem-solving, decision-making, communication and / or coping skills [4,6,7,9,13,14,15] and seven looked at controlling, coercive and manipulative relationship behaviours [2,4,6,8,10,11,13]. Two programmes looked at the legal aspects of ADA [5,11], three examined the perpetration of ADA through technology [6,14,16], five looked at rights, responsibilities and staying safe in relationships [6,7,13,15,16] and six looked at personal power, self-esteem, identity and / or help-seeking behaviour [2,3,5,6,9,15]. Four of the programmes evaluated looked at the components of healthy relationships [6,9,15,16] whilst one focused on ADA as a largely mutual or reciprocal behaviour [14].

In summary, the findings indicate that a vast range of material was delivered across the twelve programmes evaluated, which perhaps speaks to the developing evidence base and the absence of a clear theoretical framework to shape ADA interventions more consistently across education providers. It was positive to find that all of the programmes placed a focus on developing participant recognition of harmful relationship behaviours, although less sought to teach problem solving skills and coping strategies for dealing with these experiences. Of concern was that four of the programmes evaluated appeared to adopt an arguably dated approach to addressing ADA, with an emphasis on building marriage skills and learning how to differentiate between love and infatuation. Perhaps more relevant to dating in modern society

were the five programmes seeking to examine peer culture and social norms with participants, thereby actively seeking essential contextual information about the young people receiving the intervention. However, none of the studies mentioned co-collaboration with adolescents at the programme design stage, which might otherwise have helpfully informed the content and delivery of the intervention. Furthermore, only three of the studies [1,10,15] sought post intervention feedback from participants.

Again, there was limited discussion with respect to the suitability of the material shared with adolescent participants across the included studies and very little in the way of evaluation to assess which particular aspects of the programme were associated with successful outcomes (as judged by post intervention measures).

Evaluation of programme duration

All but two of the included studies [8,13] referred to the number of programme sessions delivered and all but three [4,10,13] noted the duration of sessions. From the studies that reported this information, three of the programmes evaluated comprised 10 sessions or more [1,12,15] and eight studies reported programme sessions to have been a minimum duration of one hour [1,3,5,6,7,9,11,14]. One study noted an approximate duration, with sessions lasting between 50 and 90 minutes [15]. Only four of the interventions provided participants with over 10 hours of programme exposure [1,11,12,15]. Of the remainder, four offered between five and nine hours [3,6,7,14] and two provided between three and four hours of programme exposure [2,5]. One study [10] referred to two sessions taking place on different days, although the length of each session was not stipulated. Another study [16] noted that only one session was delivered and that, where there was no disclosure of ADA made by the adolescent, the intervention would typically take less than one minute to deliver (in the form of the facilitator providing a booklet and signposting resources). There was a lack of clarity around programme exposure in relation to five of the included studies [4,8,9,13,15].

Eleven of the studies noted the period of time over which the intervention had been delivered [2,4,5,6,7,9,11,12,14,15,16]. Of these, one intervention was delivered over a period of three months [4], three were of between four and seven weeks' duration [7,14,15], two interventions were delivered over a one week period [2,6] and one over three days [5]. Some of the included studies gave only vague descriptions of programme duration, citing interventions taking place over the course of a sports season [8] or during a school term / semester [10]. One referred to delivery of the intervention occurring over a period of between four and six weeks [9], one reported delivery ranging from two weeks to five months [11] and

one noted that, whilst the programme could be delivered over fourteen weeks, facilitators could complete the intervention sooner if circumstances allowed [12]. One study referred to completion of five booklets, although the time allocated for working through each booklet was not specified, nor the period of time over which *all* booklets should be completed [13]. Another study noted that the intervention was delivered in one session, with the duration of the session governed by the presence or absence of an ADA disclosure being made by the adolescent participant [16].

To summarise these findings, most of the included evaluation studies noted the number of sessions delivered and the duration of these sessions. However, fewer study authors noted the period of time over which the intervention had been delivered, contrary to the guidance of Weisz and Black (2009). This has implications for future programme design and delivery, as the evidence base will continue to lack any indication of how the combined session length, programme duration and rate of delivery might influence intervention outcomes.

Evaluation of programme facilitation

Six of the included studies noted the number of facilitators involved in session delivery [1,3,6,7,8,16]. Almost all of the studies reported on the occupation or background of facilitators, with the exception of four [2,3,10,11]. One study also noted the level of qualification [6], one highlighted specific areas of specialism [8] and three provided additional facilitator demographic information [1,4,5]. Five studies reported on how facilitators were recruited to deliver the intervention [1,4,8,12,13], whilst seven referred to the training received by facilitators [1,6,8,9,12,15,16]. However, the details of the extent and content of facilitator training were typically scant. One of the studies [2] evaluated a video game, which was accessed by participants without the involvement of an intervention facilitator. Two further studies [4,13] evaluated an intervention delivered by the participant's adult caregiver. One study [14] noted that the intervention was delivered largely by the 'researchers', with two final sessions 'peer led' by students. Reference is made to the student assistants receiving four hours of training from the researchers prior to session delivery.

The findings indicate that very little detail was provided by the included study authors around facilitation of the evaluated programmes. Most of the studies referred to the occupation of programme facilitators but only a small number then commented on additional facilitator demographics and areas of specialism. Only a third of studies noted how individuals were recruited into their facilitator roles and less than half provided information around the extent and content of training received to fulfil the role. Even where study authors had

commented on these important components, the details provided were minimal and none of the studies attempted to evaluate the impact and influence of programme facilitators, despite this being key to providing a comprehensive evaluation that results in growth of the evidence base (Bowen & Gilchrist, 2004).

Evaluation of participant characteristics / cultural sensitivity

All of the included studies reported on participant gender, whilst all but one [2] provided demographics for race / ethnicity. All but four [4,8,12,14] of the studies gave clear information relating to participant age. Five studies referred to the family make-up of the participants, to include experience of parental divorce [1,3,9,11,15], four commented on family economic status [1,7,15,16] and six noted participants' school grade / year [3,8,11,12,14,16]. One study provided details of participants' level of academic attainment [11], one provided data on school attendance [11], two on the participants' area of residence [4,14] and two commented on participant time spent living in their area of residence / level of acculturation [5,16]. One study referred to parental education [9], one noted previous exposure of the participants to intimate partner violence between their caregivers [4] and two provided data on participant sexual orientation [3,14]. In one study [7], participant attachment style was also measured with a view to determining whether this might be influential in treatment outcomes. Finally, five of the studies mentioned the way in which participants had been recruited to engage in the programme [7,12,13,14,16].

Only six of the included studies considered whether the setting was supportive of cultural needs [1,2,4,5,11,15], whilst four of these then discussed the use of material and activities that were sensitive to cultural differences amongst participants [1,2,4,5].

To summarise, almost all of the included studies referred to the gender, ethnicity and age of those receiving the intervention. However, beyond these primary demographics, there was little detail provided in relation to the unique characteristics, culture and backgrounds of programme participants, each of which is considered critical by scholars in establishing how ADA interventions can provide the best learning outcomes (Denford et al., 2017; Eaton et al., 2007; Skivington et al., 2021; Weisz & Black, 2009). None of the included studies sought to evaluate the interplay between participant characteristics and salient features of the programme's design, content and delivery methods, which might otherwise have offered an important contribution to the 'what works' literature.

Evaluation of programme fidelity

Regarding programme fidelity, two studies [8,16] assessed intervention intensity by measuring the amount of participant exposure to session content. However, aside from recognising the potential dilution of benefits associated with reduced exposure, there were no references to the overarching concept of programme fidelity and no other attempts to ascertain whether the intervention had been delivered as intended. Another study [4] assessed the psychological health of the facilitator (in this particular intervention, the participant's mother) to determine any impact on her capacity to effectively deliver sessions. However, as with the studies noted above, there were no specific references to programme fidelity and no other methods implemented to assess whether the sessions were being delivered as intended.

One study [6] referred to the importance of establishing programme fidelity but then omitted to implement any fidelity evaluation methods. Another study [10] was limited by the analysis of secondary data, which prevented the implementation of programme fidelity measures (since the intervention had already taken place and data were already collected). However, the authors helpfully emphasised the importance of fidelity assessment in ensuring a more rigorous approach to future programme evaluation.

Only three of the included studies actively evaluated programme fidelity using appropriate methods [5,7,14]. One [5] implemented two mechanisms; The first involved an independent expert observing 10% of the sessions delivered and using a five-point Likert scale to measure the content delivered and the quality of the facilitator's delivery style, overall presentation and interaction with participants. The second method involved programme facilitators rating participant compliance, along with the amount of content covered, at the end of each session. The outcomes of these two fidelity measures were then provided, with conclusions drawn that the intervention outcomes could be interpreted with increased confidence.

The second of the studies assessing for programme fidelity [7] adopted certain methods to enhance fidelity from the outset, with the same facilitator delivering all sessions and using a manual to ensure a more standardised approach. Sessions were recorded and the presentation quality of each session was then rated by two trained graduate students. Finally, conclusions were drawn that all components of the intervention were presented with a high degree of fidelity, thereby increasing confidence in the study findings.

The third and final study to measure programme fidelity [14] required facilitators to complete an online questionnaire at the end of each session to record a.) whether they were able to deliver all the required content and activities planned (yes/no), b.) their perception of participant satisfaction and interest during the session and c.) their perception of disruptive behaviour that may have compromised session delivery. The authors concluded that a fair degree of confidence should be ascribed to the main outcomes of the evaluation, owing to the reasonably positive results of the fidelity analysis. However, the authors then go one step further by offering suggestions to improve future evaluation studies, such as using more than one trained observer to determine inter-rater agreement alongside a participant satisfaction measure, with a view to adapting and / or enhancing the programme content in response to the feedback elicited.

Programme fidelity should be seen as a critical component in the evaluation of programme effectiveness. This is because any variation in implementation prohibits our ability to determine whether the outcomes are the product of the intervention being delivered as intended or whether the findings have been skewed by variations to the original planned design and delivery. In the current review, only three of the sixteen included studies actively sought to evaluate programme fidelity [5,7,14], contrary to the recommendations of evaluation experts over time (Carroll et al., 2007; Dusenbury et al., 2003; Rossi & Freeman, 1993). Without thorough programme fidelity evaluation, the ADA prevention evidence base will be unable to grow effectively, as there will continue to be a lack of understanding around what works.

Review Question 2: *Are the evaluated interventions effectively targeting coercive control?*

Studies evaluating coercive-control-specific outcomes

Only eleven of the sixteen included studies sought to evaluate programme effectiveness in targeting non-physical forms of ADA [3,4,6,7,8,10,12,13,14,15,16], despite all of the programmes aiming to address these behaviours either exclusively or alongside physical abuse. Of these eleven, seven studies specifically sought to evaluate outcomes relating to psychological aggression (an umbrella term under which coercive control is most appropriately captured) [3,4,6,8,10,14,16]. Only five studies specifically used the term 'coercive control' and sought to measure change directly in relation to this form of ADA [3,4,6,10,14].

Study Findings

Three of the five studies referring directly to coercive control presented findings suggestive of positive change attributable to the intervention [4,6,10]. The first [4] noted a

reduction in self-reported coercive and controlling behaviour post intervention, to include a reduction in acts perpetrated through cyber abuse. The second [6] reported a reduction in attitudes and beliefs supportive of coercive control and a reduction in self-reported coercive and controlling behaviours. The third study [10] reported increased knowledge and awareness of coercive control and a reduction in norms supportive of coercive and controlling behaviours [10].

Two of the five studies reported non-significant findings [3,14]. The first [3] reported no differences in treatment effects between experimental and control groups in relation to the perpetration of controlling behaviours. The second study [14] reported no programme impact on reducing coercive and controlling behaviours, to include cyber abuse, in relation to both perpetration and victimisation.

2.3.7 Summary

In summary, the results of the current review suggest that, although ADA prevention programmes *claim* to target non-physical, as well as physical forms of relationship abuse, there are very few programmes that place a clear focus on these more prevalent behaviours. Furthermore, even where programmes actively seek to address non-physical forms of ADA, those undertaking programme evaluations are failing to effectively assess whether the design and delivery of these interventions have been informed by a suitable evidence base; one that incorporates existing literature relevant to both adolescent relationship abuse and coercive control, as a more nuanced form of abusive behaviour.

2.4 DISCUSSION

2.4.1 Brief summary of review purpose

Social intervention programmes that seek to address Adolescent Dating Abuse (ADA) can be termed 'complex interventions' owing to several key features of their purpose, design and delivery meeting the Medical Research Council (MRC) definition[25]. Therefore, in line with MRC guidelines, effective ADA programme evaluation should consider the influence of those receiving the intervention, the context in which the intervention is being delivered and the impact of any interactions between the programme, participants and setting, rather than

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[25] According to the Medical Research Council (MRC) an intervention is deemed complex when it has a number of interacting components: when specific behaviours, skills and expertise are required for those either delivering or receiving the intervention; when the intervention targets a number of different groups, organisational levels or settings; and when a higher level of flexibility might be required to meet the individual needs of the programme recipients (Skivington et al., 2021).

focusing solely on whether participants have made gains against any of the intended outcomes (Craig et al., 2008; Denford et al., 2017; Skivington et al., 2021).

In 2004, Bowen & Gilchrist's paper "Comprehensive Evaluation: A Holistic Approach to Evaluating Domestic Violence Offender Programmes" highlighted that, historically, the focus of *adult* IPV programme evaluation had been too narrow, with studies typically only reporting on outcomes, such as changes to participant attitudes and reductions in abusive behaviours. They argued that, as well as measuring outcomes, evaluation studies should also be exploring whether programmes were running as intended (programme fidelity) and in line with any relevant organisational standards; whether programme content was informed by an appropriate evidence-base and guided by relevant theory; and whether sufficient consideration had been given to the individual characteristics of programme recipients by intervention providers. Bowen and Gilchrist concluded that, if we were to move closer to understanding what works, for whom and under what conditions, a theoretically informed and multi-faceted evaluation approach was required. They further suggested that one such approach might include use of the Evaluation Hierarchy proposed by Rossi & Freeman (1993).

This systematic review sought to apply Bowen and Gilchrist's recommendations surrounding adult interventions to the evaluation of *adolescent* dating abuse prevention programmes. Specifically, the review examined whether ADA programme evaluation studies undertaken since the publication of Bowen & Gilchrist's paper in 2004 had adopted a comprehensive evaluation framework to maximise the utility of their findings and ultimately contribute to the scant existing literature. In particular, the review sought to explore whether such studies had adhered to the second (assessment of programme design and theory) and third (assessment of programme process and implementation) levels of the Evaluation Hierarchy (Rossi et al., 2004; Rossi & Freeman, 1993), thereby ensuring a thorough evaluation of the theoretical underpinnings of the programme, the content of sessions and the delivery processes adopted.

The current review placed significant focus on coercive control as an increasingly prevalent form of ADA. As highlighted in the literature, there is wide consensus amongst experts that we are still lacking a clear theoretical understanding of ADA (O'Keefe, 1997; Sugarman & Hotaling, 1989; Vagi et al., 2013), which limits the development of evidence-based ADA prevention programmes (Barter, 2009; Schewe & Bennett, 2002). This is especially true for coercive control; a form of relationship abuse that has only recently been recognised as present and prevalent within adolescent populations (Lagdon et al., 2023). One of the aims of this review, therefore, was to determine which theories were being used to inform the design

and delivery of programmes claiming to target coercive control and to establish whether positive outcomes had been reported due to the theory applied (in line with level 2 of the evaluation hierarchy: assessment of programme design and theory). In order to accurately establish whether the included studies had adhered to level 3 of the evaluation hierarchy (programme process and implementation), the key ADA programme components suggested by Weisz and Black (2009) were used to guide the review and structure the narrative synthesis.

2.4.2 Brief summary of review findings

The current review identified that, despite the recommendations made by Bowen & Gilchrist (2004), ADA evaluation studies published since that time have continued to focus almost entirely on assessing programme outcomes. Contrary to the suggestions of Rossi et al (2004; 1993) - that programme evaluators should be analysing programme theory, design, process and implementation, as well as programme impact - most of the included studies failed to consider these crucial components. Furthermore, very few of the studies sought to investigate the interplay between each of these key elements, the participants and the programme facilitators.

In line with the findings of previous systematic reviews of programme evaluation studies (Benham-Clarke et al., 2023; De Koker et al., 2014; Fellmeth et al., 2013), several of the studies included in this review were considered to have been of low quality; lacking in longitudinal data to measure any longer-term impact on participant attitudes, knowledge and skills and evidencing serious biases and methodological flaws. The current review also found that the outcomes reported by the included studies were typically obtained using measures considered unsuitable for detecting behaviour and attitudinal changes amongst adolescents; several of the study authors used measures validated only for use with adults, whilst others used adult measures that were so heavily redacted for use with adolescents, the few items remaining were likely to have rendered the scale meaningless.

Although all of the programmes sought to target non-physical forms of ADA such as coercive control, only a third of the included evaluation studies chose to evaluate programme effectiveness in addressing these behaviours, despite the literature indicating far greater prevalence of non-physical ADA when compared to incidents of physical and sexual violence (Cornelius & Resseguie, 2007; Dosil et al., 2022; Villafañe-Santiago et al., 2019; Wolfe et al., 2004). Of those studies looking to measure change in non-physical forms of ADA, less than half referred to psychological aggression as a more sustained and harmful behaviour, and less than a third specifically discussed and sought to evaluate programme impact on coercive control.

Of the five studies that actively sought to measure programme impact on coercive control, three reported findings suggestive of positive change attributable to the intervention evaluated, such as a reduction in self-reported coercive and controlling behaviours (to include acts of cyber abuse) and a reduction in attitudes, beliefs and 'norms' supportive of coercive control. An increase in knowledge and awareness of coercive control was also reported. Two of the five studies reported no significant intervention effects.

2.4.3 Key findings of the review

Evaluation studies are not consistently examining and assessing the suitability of theories used to inform ADA prevention programmes

Programme theory has been identified within the existing literature as a key component in understanding how and why an intervention is successfully addressing a social problem (Rossi et al., 2004; Skivington et al., 2021). However, scholars have consistently noted an absence of theory guiding ADA research (O'Keefe, 1997; Sugarman & Hotaling, 1989; Vagi et al., 2013). This results in a lack of theoretical foundation to support and inform ADA prevention programmes (Barter, 2009; Schewe & Bennett, 2002). Although research has indicated certain similarities between adult and adolescent relationships, there are also numerous ways in which these unions differ (Chung, 2005; Clark, 2013; Cook & Swan, 2006; Davies, 2023b; Goldman et al., 2016; Hickman et al., 2004; Zosky, 2010). Therefore, we cannot assume that what works to address adult intimate partner abuse will also address ADA. In the following paragraphs, the review findings related to ADA programme theory evaluation will be discussed and synthesised in the context of the existing literature.

Insufficient focus has been placed on the evaluation of programme theory

In line with the conclusions drawn previously by scholars (Bowen & Gilchrist, 2004; Bowen & Walker, 2015; Craig et al., 2008), the current review found that there was inadequate reference made to programme theory across the included studies. Indeed, a third of the study authors made no reference to theory at all when discussing the programme evaluated. There are alternative explanations for this finding; the first is that the programmes evaluated failed to use any theory to inform the intervention, which aligns with the previous findings of Weisz & Black (2009). This explanation would add credence to the concerns of some scholars that, without a sufficient evidence base, there is a risk of developers creating ADA prevention programmes with no empirical support (Lewis & Fremouw, 2001; Vagi et al., 2013). At best, this approach might be considered wasteful of time and resources; a view that resonates with that of Chen (2012), who previously cautioned that, regardless of how well an intervention is

designed and implemented, it will fail to bring about any meaningful benefits if the evidence base and theory used to inform the programme are faulty or insufficient. At worst, an inadequately informed intervention could lead to an increase in risk. For example, Jaffe et al (1992) noted an *increase* in ADA risk amongst male adolescents who attended an intervention of much shorter duration than that recommended by the existing literature (Weisz & Black, 2009). An ADA intervention that fails to draw upon empirical evidence also carries risks in relation to safeguarding, given the sensitive nature of the subject and the potential for participants to become triggered by the course material.

A second explanation for evaluators failing to mention programme theory is that a theory was, indeed, used to inform the programme content, design and delivery but the evaluator actively chose not to assess the use and application of theory; perhaps opting instead to focus on other programme components. If this is the case, the issue is one of programme evaluation deficits; where evaluators are failing to examine ADA interventions in line with the comprehensive evaluation framework guidelines promoted in the literature (Bowen & Gilchrist, 2004; Bowen & Walker, 2015; Rossi et al., 2004; Rossi & Freeman, 1993; Weisz & Black, 2009), perhaps focusing solely on measuring programme impact instead. This would mean that valuable opportunities for learning and building the evidence base have been lost, owing to the evaluation telling us whether a programme worked or not but failing to offer any further details as to why it may or may not have brought about the intended outcomes.

Where evaluation study authors referred to the use of theory to inform programme development, the current review found that this was typically a brief comment made in the context of describing the intervention in more general terms, rather than a considered evaluation of the effects of the chosen theoretical framework. Again, the failure of evaluators to comprehensively consider and assess the suitability of theoretical frameworks, as found by the current review, would indicate that the inadequate practice previously noted by Bowen and Gilchrist (2004) remains. If not addressed, this means the cycle will continue; with programmes being delivered without a sufficient evidence base, evaluation studies failing to fully investigate what may or may not have worked and then new programmes being developed without the benefit of reference to relevant empirical evidence.

There is no consensus on the most suitable theory to understand and address ADA

One of the key observations arising from the current review was that there was very little consistency across interventions regarding their choice of applied theory. Such variability in ADA intervention approaches has been noted previously in the US literature, with concerns

expressed about the impact this has on developing the evidence base with purpose and efficiency (Allen et al., 2017). The current review found that, across twelve interventions, nine different theoretical frameworks and models were reported to have informed programme content to include developmental, feminist, family violence, social norms, social learning, social ecological, and protection motivation theory. Reference was also made to the dynamic developmental systems model and the general learning model in the context of informing programme delivery methods.

If there is no agreed theory proven to effectively explain a problematic behaviour, then those responsible for designing and delivering interventions may choose to test an alternative theory; one that might have relevance to either the behaviour or population of interest within a different context. In the case of ADA, the choice might be either to draw upon theories already known to explain relationship abuse amongst a different population (i.e.: theories of adult IPV) or to use theories considered helpful in explaining other forms of problematic adolescent behaviour, such as those used to understand bullying and peer violence. However, as highlighted in the literature, in order for this approach to have value, those responsible for evaluating programmes would need to assess how the theory has 'performed' in the context of several other key components associated with programme impact (Bowen & Walker, 2015; Weisz & Black, 2009).

In terms of the more promising observations, the current review found that those studies adopting a social norms approach provided far more in the way of valuable insights around theory suitability than other study authors. For example, consideration was given to the benefits of using this approach specifically with adolescents, with reference made to the successful application of social norms theory to address other problematic adolescent behaviours (Rogers et al., 2019). Also, a small number of studies cited the importance of adopting theory that placed ADA within the wider context of interacting systems, with one study author noting that the programme evaluated had been developed in line with this assumption. These findings would suggest we can have tentative optimism that some ADA prevention programmes are being developed in line with the guidelines of experts, with the application of relevant theory recognised as a crucial component of programme effectiveness (Bowen & Gilchrist, 2004; Rossi et al., 2004; Weisz & Black, 2009).

Adolescent dating abuse prevention programmes are not being sufficiently evaluated using a comprehensive evaluation framework

Bowen & Gilchrist (2004) recommended that evaluation researchers needed to take a more holistic approach when assessing the merits of an intervention. Specifically, they argued that, in order to obtain meaningful data to reach informed conclusions, programme evaluators should thoroughly explore and accurately measure the psychological characteristics of both the intervention and its recipients, rather than focusing solely on outcomes. In the paragraphs that follow, the findings of the current review will be discussed and synthesised in the context of the existing literature pertaining to comprehensive programme evaluation.

Evaluation studies are too limited in their focus

One of the findings of this review was that the included evaluation studies typically only focused on measuring programme outcomes. This indicates that recommendations from the existing literature, for the adoption of a more comprehensive approach to programme evaluation (Bowen & Gilchrist, 2004; Craig et al., 2008; Denford et al., 2017; Skivington et al., 2021), are not being implemented consistently amongst those evaluating ADA prevention programmes.

With regard to **programme goals**, **delivery methods** used and **programme content**, the current review found that most of the included studies at least commented on these components in the context of providing a more general overview of the intervention. However, beyond supplying these details, very few of the studies sought to examine how any such goals, delivery methods and material may have been influential in determining programme impact, contrary to the criteria previously outlined as essential in ADA evaluation research (Weisz & Black, 2009). Notably, there was extensive variation observed in the content across programmes which, again, speaks to the previously noted limitations of the evidence base (Barter et al., 2009; Schewe & Bennett, 2002; Vagi et al., 2013) and raises serious concerns around a lack of collaboration and consensus between programme developers. Furthermore, the identified failure to comprehensively evaluate the merits of each of the approaches adopted means that we are left without any meaningful findings to either strengthen or challenge the existing literature. As previously highlighted by Barter (2009), without a clear theoretical understanding of ADA, built from an established evidence base, the development of future policy and practice pertaining to ADA prevention will remain limited.

In considering **programme duration**, the current review found that most of the included studies reported on the length of sessions, along with the number of sessions

delivered. However, relatively few mentioned the period of time over which sessions were delivered. Whilst some researchers have spoken of the benefits of brief interventions as a more feasible approach to ADA prevention (Joppa et al., 2016), the more popular narrative from the existing literature is that prevention programmes of longer duration are the most effective in reducing violence-endorsing attitudes (Anderson & Whiston, 2005; Cornelius & Resseguie, 2007). Again, in the case of the current review, the failure by evaluators to examine sufficient data on programme exposure means that potentially valuable findings have been lost. Therefore, the evidence base will continue to lack any indication of how the length of sessions, duration of programmes and rate of delivery might impact on the likelihood of a successful outcome, either individually or in conjunction with one another.

With regard to the people involved in the interventions evaluated, most of the included studies referred to the gender, ethnicity and age of **participants**. However, beyond these primary demographics, there was little detail provided in relation to the unique characteristics, **culture** and backgrounds of programme participants, all of which are considered critical by scholars in establishing how ADA interventions can provide the best learning outcomes (Denford et al., 2017; Eaton et al., 2007; Skivington et al., 2021; Weisz & Black, 2009). Similarly, only scant details were provided in relation to the **programme facilitators**, with less than half of the included studies commenting on the extent and content of any training they received in order to effectively fulfil the facilitation role. This is despite the literature suggesting that the competence and morale of those delivering ADA prevention programmes are arguably the most important factors in achieving successful outcomes (Avery-Leaf & Cascardi, 2002). Previously, experts have suggested that, in order to effectively deliver a complex social intervention programme, a facilitator would typically need to access between one and three full days of training (Nation et al., 2003). The inclusion of this detail in a comprehensive evaluation should, therefore, be seen as critical in establishing why an intervention might or might not have been effective in addressing ADA. There should also be an evaluation of the interplay between participants, facilitators and each of the key programme components noted above, yet none of the included studies undertook this task during the course of their evaluation.

Programme fidelity should be seen as a critical component in the evaluation of programme effectiveness (Allen et al., 2017; Bowen & Walker, 2015). This is because any variation in implementation prohibits our ability to determine whether the outcomes are the product of the intervention being delivered as intended or whether the findings have been skewed by variations to the original planned design and delivery. It also enables providers of

ADA interventions to replicate effective approaches with different groups and in different settings to test the generalisability of a programme. In the current review, only three of the sixteen included studies actively sought to evaluate aspects of programme fidelity, contrary to the recommendations of evaluation experts over time (Carroll et al., 2007; Dusenbury et al., 2003; Rossi & Freeman, 1993).

The lack of fidelity evaluation limits the utility of the included studies as, whilst the data can tell us whether or not the intervention seems to be having an impact on its intended outcomes, there is no way of determining which components of the programme are responsible for the changes observed. Furthermore, where an intervention is assessed to have been unsuccessful in addressing identified targets, we are left without any understanding of what may have negatively impacted on programme outcomes. As suggested by Allen et al (2017), a greater evidence base is required to build our knowledge of factors impacting on programme fidelity, along with guidance on improving fidelity, evaluating fidelity and recognising the many sources of variability that can result in programme infidelity.

Ongoing issues with the quality of ADA prevention programme evaluation studies

A common perception across the existing literature is that ADA prevention programme evaluation typically lacks the necessary rigour to produce reliable findings (Benham-Clarke et al., 2023; Bowen & Gilchrist, 2004; Bowen & Walker, 2015; Craig et al., 2008). This review has produced findings that align with the views of evaluation experts in several ways:

Evaluation bias: The current review found that very few of the studies were free from bias, in that most study authors were reviewing interventions they had designed and sometimes delivered themselves. One explanation for this practice is that there is limited scope for evaluators to access and assess the effectiveness of ADA prevention programmes when they have been designed by and delivered within educational facilities, such as in schools and colleges. According to a mixed methods scoping review undertaken in 2015 (Stanley et al.), UK schools were typically found to be uncooperative in sharing their ADA prevention efforts and offering their programmes up for evaluation. This is unfortunate, as it prevents academics from building the wider 'what works' literature and ultimately sharing the resultant empirical evidence more widely to increase programme effectiveness.

Within the current review, only one study was included from the UK, which seems to fit with Stanley's 2015 review findings. Similar concerns have been expressed in relation to accessing and evaluating ADA prevention programmes delivered in the USA (Allen et al., 2017), although to a lesser extent. The majority of evaluation studies included in the current review

originated from the USA (all but three), although the issue of bias was common amongst these papers. There appeared to be a stronger governmental drive to deliver ADA prevention programmes in US schools and a greater commitment to resourcing such initiatives. However, this typically results in larger scale organisations and academic institutions then taking on responsibility for all stages of programme design, implementation and assessment, thus creating the bias.

Lack of longitudinal data: Another finding of the current review was that very few of the included studies sought to provide and synthesise longitudinal data. Instead, most studies only measured programme impact immediately post participant completion of the intervention. Scholars have consistently noted the importance of conducting longer-term follow-up evaluations of ADA prevention programmes (Benham-Clarke et al., 2023; Schramm & Gomez-Scott, 2012; Weisz & Black, 2009; Whitaker et al., 2006). This is because the treatment gains reported by participants immediately post intervention might not be maintained in the longer term (Jaycox et al., 2006).

However, some evaluation studies have reported positive treatment effects recorded one year post-treatment (Kerpelman et al., 2009) and even four years post-treatment (Gardner & Boellaard, 2007). Therefore, longitudinal measures should be considered essential when evaluating ADA prevention programmes; to record details of programmes where the treatment effect has diminished and to capture any data that *does* indicate more permanent gains. Researchers can then investigate which components of the intervention may have led to the maintenance of positive treatment effects, and whether certain components of the programme could be adjusted to increase the impact further. Some scholars have questioned whether ADA prevention programmes that focus purely on shaping the attitudes of participants will ultimately lead to positive behavioural change (Fawson, 2012). This would also support the argument that longitudinal data evaluation should be considered an essential step in building the ADA empirical evidence base.

Problems with measures used to assess programme impact: ADA prevention programme evaluation studies have been heavily criticised by scholars due to the perceived unsuitability of measures used to assess programme impact (Benham-Clarke et al., 2023; De Koker et al., 2014; Fellmeth et al., 2013). Primarily, the concerns raised have related to the use of measures validated only for use with adults (and not adolescents), along with the use of measures that have been heavily redacted or adapted in an effort to make them more suitable for use with an adolescent sample.

The current review found that, in line with previous critique, the inappropriate use of measures to assess ADA prevention programme impact continues to be an issue in need of rectification. Firstly, there was little consistency in the measures adopted across the included studies, although this is perhaps unsurprising, given the variation in identified programme goals, content and intended outcomes. Mirroring what has previously been reported in the literature, several of the included studies used measures considered inappropriate for use with an adolescent sample, to include the 'Experiences in Close Relationships' (ERC) questionnaire (Brennan et al., 1998), the 'Wife Beating is Justified' subscale from the 'Inventory of Beliefs about Wife Beating' (Saunders et al., 1987) and the Revised Conflict Tactics Scale (Straus et al., 1996). A quarter of the included studies used abbreviated versions of existing measures, which will have weakened face validity, i.e.: the extent to which the evaluators were effectively measuring the concept they intended to measure. In some cases, the measures were redacted to such an extent, the outcomes would likely have been meaningless.

As noted above, almost a third of the included studies used the Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996), a measure only validated for use with adults. However, in addition to concerns around validity with adolescent samples, the CTS2 has also been widely criticised for excluding context variables and motivational factors considered essential in fully understanding acts of violence and aggression between intimate partners (Colarossi, 2005; Dobash & Dobash, 2004) and for making 'ideological assumptions' that prevent detection of psychological aggression and coercive control (DeKeseredy & Schwartz, 1998; Kimmel, 2002).

Given that scholars have identified that adolescents can struggle to differentiate between caring and controlling acts (Barter, 2009), there should be even more of a drive to create bespoke measures for ADA prevention programme evaluation. These measures should account for the unique experiences, lifestyles and characteristics of adolescents (Chung, 2005; Clark, 2013; Goldman et al., 2016; Hickman et al., 2004), whilst effectively capturing examples of psychological aggression, coercion and control. As reported in the literature, these forms of abuse are becoming increasingly prevalent amongst adolescents (Cornelius & Resseguie, 2007; Dosil et al., 2022; Villafañe-Santiago et al., 2019; Wolfe et al., 2004) and should, therefore, be a key focus of both interventions and evaluations. The creation and adoption of an agreed measure, specifically for this purpose, will also allow for comparisons to be made across the programmes being evaluated. Ultimately, if the adopted measures are not adequate, we will be unable to determine whether an intervention is working or not.

Problems with the rigour of evaluation study research methods: Several scholars have expressed concern that ADA programme evaluation studies have typically lacked rigour in the research methods adopted and that ideally, researchers should be undertaking randomised controlled trials in order to gain a clear picture of what works (Whitaker et al., 2006). The majority of the studies included in the current review adopted an RCT research design, which would indicate a positive move towards a more thorough evaluation approach. However, only one of the included studies used a theoretical framework to guide their evaluation, as recommended by evaluation researchers (Bowen & Gilchrist, 2004; Bowen & Walker, 2015; Lipsey & Cordray, 2000; Rossi et al., 2004). Specifically, the study authors applied Life Course Theory (Bengtson & Allen, 1993) and Ecological Systems Theory (Bronfenbrenner, 1979) to evaluate programme impact in the context of the dynamic interplay between the programme, setting and individual participants.

The findings of the current review indicate that, although evaluators seem to be adopting more rigorous research methods since Bowen and Gilchrist published their comprehensive evaluation recommendations (2004), there is still a need for a shift towards the evaluation of *all* relevant components of ADA prevention programmes (Rossi et al., 2004; Weisz & Black, 2009) and examination of how these components relate to one another, rather than the sole focus being placed on the 'impact' of an intervention.

Coercive control is not being adequately targeted and evaluation studies are failing to effectively measure the impact of prevention programmes on these behaviours

ADA prevention programmes are not routinely targeting coercive control

According to the existing literature, the non-physical forms of relationship abuse, to include psychological aggression and coercive control, are reported to be the most prevalent amongst adolescents (Cornelius & Resseguie, 2007; Dosil et al., 2022; Villafañe-Santiago et al., 2019; Wolfe et al., 2004). Therefore, ADA prevention programmes should be seeking to address these behaviours (rather than focusing solely on physical violence) and evaluation studies should be assessing whether interventions are adequately targeting these non-physical forms of abuse.

Previous research has indicated a lack of focus on addressing coercive control in healthy relationships education (Fawson, 2012). However, this could be attributed to the relative newness of the concept of coercive control at the time of Fawson's research. Furthermore, until more recently, coercive control was considered to be a behaviour exclusive to adult relationships, given the opportunities for control and surveillance inherent in these

unions in the form of shared residence, joint finances and shared parenting (Stark, 2007; Tolmie et al., 2024). However, with the increase in teenage access to smart phones over the past decade, it has become possible for adolescent intimates to engage in coercive and controlling behaviours towards their partners with ease, despite the typical lack of cohabitation (Stonard et al., 2017).

The results of the current review suggest that, although ADA prevention programmes claim to target non-physical as well as physical forms of relationship abuse, in reality they are not all targeting these behaviours directly. Where interventions chose to incorporate material with potential relevance to coercive control, topics included gender stereotyping, inequality, positive role-modelling of masculinity and femininity, peer culture, social norms, the bystander role, conflict resolution, problem-solving, decision-making, communication skills and coping skills. Approximately half of the programmes looked directly at controlling, coercive and manipulative relationship behaviours, albeit to varying degrees.

Evaluation studies are not sufficiently evaluating programme impact on coercive control

The current review found that, even where programmes claim to address non-physical forms of ADA, those undertaking programme evaluations are failing to effectively assess whether a suitable evidence base has been used to shape and develop the programme. In the current review, less than half of the included studies specifically sought to evaluate programme effectiveness in targeting psychological aggression and coercive control using suitable measures. Of concern was that one of the programmes evaluated sought to advise participants that ADA was largely a mutual or reciprocal behaviour, despite the literature suggesting that this is typically not the case with coercive control (Foshee et al., 2007; Reidy et al., 2016; Stith et al., 1992).

Of those studies that evaluated the impact of the intervention on coercive control, three reported treatment gains whilst two found no significant treatment effects. In particular, positive impact was noted in relation to an increase in knowledge and awareness of coercive control. One concern expressed within the literature is that adolescents do not always recognise when they have been a victim of coercive control, due to difficulties they experience differentiating between caring and controlling behaviours (Barter, 2009). Therefore, it is encouraging to note, from the current review, that some ADA interventions have demonstrated success in developing participant awareness of coercive control. Other positive impacts noted from the current review included a reduction in self-reported coercive and controlling behaviours, a reduction in cyber abusive acts and a reduction in attitudes, beliefs

and norms supportive of coercive control. Longitudinal evaluation would have been particularly helpful in establishing whether these treatment gains would have been maintained over time.

2.4.4 Review limitations

There were several limitations to the review, which fall into one of two categories. In the first category are limitations caused by the methodological flaws, biases and restricted scope of the ADA programme evaluation studies included in the review. In the second category are limitations of the review itself. Limitations falling within each of these categories will now be discussed.

Limitations of the included evaluation studies:

The evaluation study findings cannot be generalised

The majority of the included studies originated from the USA. This is problematic, as it means the review questions have largely been answered in the context of ADA programme development, delivery and evaluation in only one geographical region, which limits the generalisability of the findings. Any variance in approaches taken by intervention providers in other regions, perhaps reflecting different cultures, lifestyles and environments, has, therefore, not been accounted for by the current review. The literature suggests that evaluators in some regions have struggled to obtain access to schools that deliver ADA prevention programmes, which may account for the limited studies undertaken in these regions. That said, the review also found that, whilst small in number, some of the most recent evaluation studies originated from regions in Europe and the Caribbean and, at the time of concluding the review, further non-US studies have been published.

It might be that, as ADA continues to gain public recognition as a serious social problem, evaluation researchers will obtain greater access to the schools involved in programme delivery, meaning that a more geographically diverse representation of intervention and evaluation approaches will become available. The replication of this review might then offer a greater degree of generalisability to inform policy and practice on a wider scale.

Concerns with the quality of the included evaluation studies

In line with the findings of previous systematic reviews, the current review uncovered serious methodological flaws and biases in several of the included ADA programme evaluation studies. This has implications for the review findings, as we cannot be certain the evaluation

studies are offering an accurate reflection of the programmes examined. Future systematic reviews of ADA prevention programme effectiveness would be of greater value if individual evaluation studies start to adopt more stringent research methods, to include use of the comprehensive frameworks recommended by evaluation experts.

Concerns with the measures used by evaluation study authors

As well as the limitations caused by flawed research methods more generally, further specific limitations were identified in relation to the measures used to evaluate programme impact in several of the included studies. Some of these measures were only validated for use with adults and others were so heavily redacted or adapted, they will have lost any of the content validity previously established. This means that several of the included studies will have compromised the validity of their findings due to the 'omitted variable bias' introduced.

The development of comprehensive, bespoke measures to assess all aspects of ADA perpetration would be of great benefit to ADA programme evaluators; enabling them to offer a full account of how different material and approaches might work best to address certain ADA attitudes and behaviours but perhaps not others. This data can then be added to the growing literature, enabling a gradual progression towards a robust theoretical understanding and framework.

Limitations of the systematic review:

The length of time taken to complete the review

Although the review was undertaken between 2018 and 2019, the narrative synthesis was not completed until 2024, when the full doctoral thesis was written. The delay in writing the systematic review chapter and the lack of any publication during this time is an important limitation to the review, as any new studies published since 2019 have not been considered. This means that the findings are not necessarily reflective of current ADA programme development and evaluation practice. This limitation could be addressed by the author repeating the review process; incorporating any new evaluation studies that meet the inclusion criteria to the existing set of selected studies. Publication of the revised review could then be pursued.

Restrictions in study selection caused by the 'English language only' inclusion criteria

Whilst the review included all relevant evaluation studies regardless of their country of origin, the inclusion of papers written only in English may have limited the value of the review. This is because important studies might have been missed that could have led to a more

generalisable set of findings, reflecting a wider range of geographical locations and cultures. If the review were to be repeated, it would be beneficial for a collaborative approach to be taken across several geographical regions with multi-lingual input, with a view to incorporating a larger and more diverse sample of relevant evaluation studies.

2.4.5 Lessons for future research

Development of the ADA evidence base

The current review has identified an urgent need for extensive exploratory research to determine the likely causes and correlates of adolescent dating abuse. Unless this gap in knowledge is filled, prevention programmes will continue to adopt theories that might not apply directly to adolescent populations (such as adult theories) or to the specific behaviour the programme seeks to address (for example, using theory from the general adolescent violence literature to target coercive control). This means that ADA interventions are merely testing the applicability of these alternative theories, which increases the risk of wasted resources and could potentially cause more harm.

Development of the adolescent coercive control evidence base

The review has identified a particular deficit in the literature pertaining to adolescent coercive control, even though this form of ADA has been frequently identified as far more prevalent than incidents of physical violence between dating adolescents. As a starting point, there may be merit in exploring whether some of the known risk and protective factors found in the bullying literature might also be relevant to our understanding of coercive and controlling behaviours within a dating relationship context. Additional learning could be taken from the growing literature pertaining to terrorism, particularly by examining how young people can be manipulated to think and behave in a particular way and how this empirical evidence might apply to a dating context.

In the first instance, it may be beneficial to explore whether any of the factors associated with physical, verbal and emotional violence between adolescent dating partners might also show an association with adolescent coercive control perpetration (a more persistent and prevalent form of psychological aggression). There would also be merit in exploring whether some of the perspectives and theories typically used to explain adult coercive control might also explain the behaviour when it manifests in an adolescent dating relationship.

Developing the quality of ADA programme evaluation research methods

Another key recommendation for future research is for improved ADA programme evaluation research methods to be adopted. This is with a view to limiting bias and maximising the value of individual study findings. In the first instance, collaborations between programme developers and independent evaluation researcher teams would remove the risk of biased findings, caused by one organisation working exclusively to develop and then evaluate the intervention they have created, possibly with the potential for financial gain.

When programme evaluations are undertaken, evaluators would add significant value to their findings by adopting a comprehensive evaluation framework, rather than focusing only on programme impact. Specifically, by evaluating each of the various components of a complex social intervention programme, we can begin to understand which of these components might be having a positive impact on outcomes and how the various components might interact to bring about such benefits. Evaluation studies would also enhance their value by collecting longitudinal data, to identify whether the gains observed immediately post-intervention have been maintained over time, thereby indicating a permanent impact, rather than merely suggesting the temporary attainment of relevant knowledge.

Development of validated ADA assessment measures

Future research is needed to develop and validate effective ADA assessment measures. Such measures should be informed by the available literature and should effectively capture attitudes and behaviours relevant to coercive control, as well as physical forms of dating abuse. Consideration should be given to the concerns of experts (Barter, 2009); that some adolescents struggle to differentiate between caring and controlling gestures demonstrated by an intimate partner. This is so potential problematic behaviours are not missed as a result of adolescents failing to understand the potential function of their partner's conduct. The literature on technology as a vehicle for facilitating coercive and controlling relationship tactics continues to grow and should be factored into the development of these assessment measures.

Future replication of the current review to measure positive change

Finally, the current review has identified deficits in the literature pertaining to adolescent dating abuse and, in particular, adolescent coercive control. As a result of the scant evidence available, ADA prevention programmes are being developed and delivered without an evidence-based, theoretical underpinning. Furthermore, any opportunities for examining whether alternative theoretical frameworks might work are being lost due to the generally

poor quality of evaluation studies. In particular, the current review has identified that most ADA evaluation studies tend to focus on programme impact (what works) rather than how the programme is working at a wider systems level to deliver any positive outcomes identified. As such, it is recommended that this systematic review is replicated after a period of five years in order to examine whether the literature is growing and whether evaluation studies have been making a valuable contribution to this growth in empirical knowledge.

Chapter 3: Primary Research

An exploratory study to identify the risk and protective factors associated with adolescent coercive control

The previous chapter made recommendations for future research in light of the systematic review findings. One of the recommendations was for research to explore the possible causes and correlates of adolescent coercive control, since the existing evidence base is particularly limited. Until we have sufficient empirical evidence to build a theoretical understanding of this more nuanced form of adolescent dating abuse, the development of effective prevention programmes will remain challenging. This chapter, therefore, offers an important contribution to the evidence base as we begin to build the foundations of a comprehensive theoretical framework.

3.1 INTRODUCTION

3.1.1 Limitations in our knowledge of causal variables

There have been numerous studies undertaken over the past fifty years to identify factors associated with adult intimate partner abuse, with findings synthesised and strengthened through systematic review and meta-analysis (Laskey et al., 2019; Meyer et al., 2023; Velotti et al., 2018). The resultant wealth of literature has led to a greater understanding of how such behaviours might be triggered and maintained, whilst analysis of longitudinal data has offered greater assurance that the factors identified are strongly predictive of intimate partner abuse, rather than merely suggesting a potential association. When there is sufficient empirical evidence to reliably infer causality or to predict a certain behavioural outcome, scholars can produce theories; drawing together the various predictors to create a framework that clearly explains why a particular behaviour is occurring. Importantly, it is only when a problematic social behaviour is understood at a theoretical level that we can begin to identify how the behaviour might best be addressed (Chen, 2012).

The first adolescent dating abuse (ADA) studies began to emerge from the USA during the 1980's (Lane & Gwartney-Gibbs, 1985; Makepeace, 1981; Thompson, 1986). Whilst this was only a decade after the research into adult relationships had begun to gain momentum, the research undertaken and theoretical frameworks developed since this time have focused almost entirely on adult unions. This means that we are yet to build a sufficient theoretical understanding of ADA. Several scholars have highlighted that adolescent intimate relationships

are different to those of their adult counterparts, particularly with respect to co-habitation, parenting, role expectations, the extent and level of intimacy involved, the length of the relationship and the routines adopted within the relationship context (Chung, 2005; Clark, 2013; Cook & Swan, 2006; Davies, 2023b; Goldman et al., 2016; Hickman et al., 2004; Zosky, 2010). Therefore, it is essential that we examine ADA through a different lens; one that recognises the developmental and cultural nuances that make this group unique. Whilst there will likely be some characteristics relevant across age ranges (Piolanti et al., 2023; Rubio-Garay et al., 2019), there will also be several risk factors considered relevant to an adult population that will hold no relevance for adolescents, along with additional important factors relevant to adolescent relationships that may not have been considered within the adult literature.

Coercive control is a specific form of relationship abuse that can have significant consequences for victims. However, we have only come to recognise it as a harmful behaviour worthy of criminal sanctions over the past decade. With such recent recognition, the evidence base informing our understanding of coercive control remains in its infancy (Lagdon et al., 2023). Furthermore, almost all the empirical research undertaken to date has, again, focussed on adult relationships, meaning that we have very little understanding of the factors that might predict similar or comparable behaviours between adolescent intimates.

The lack of empirical evidence in relation to the predictors of ADA and, more specifically, adolescent coercive control, prevents scholars from being able to create evidence based theoretical frameworks (Barter, 2009). This has serious implications for the development of ADA prevention programmes, which continue to be designed and delivered with no guarantees that the correct causal factors are being targeted (Barter, 2009; O'Keefe, 1997; Orr et al., 2022; Schewe & Bennett, 2002; Sugarman & Hotaling, 1989; Vagi et al., 2013).

One way of developing an understanding of a problematic social behaviour is to consider the literature in relation to a comparable behaviour, where there may be overlaps in causal factors. In the same way, we can examine the literature associated with the same behaviour but in relation to a different group / population. In the paragraphs that follow, this thesis will discuss factors already known to predict certain problematic adolescent behaviours that might also be associated with adolescent coercive control. The thesis will then discuss some of the factors most commonly associated with adult coercive control that might similarly predict coercive control between adolescents.

3.1.2 Findings from the adolescent violence literature

Adolescent dating abuse is a form of violence that can result in sanctions for young offenders, particularly if the behaviours have caused serious harm. It might be helpful, therefore, to turn to the general adolescent violence literature and to consider whether the previously established youth violence risk factors might also have a causal association with ADA. The SAVRY is a widely used structured professional judgement (SPJ) measure of violence, validated for use with adolescents aged 12 – 18. Several of the SAVRY *risk* factors have also been found to precede dating abuse, particularly those associated with aggression, impulsivity, exposure to violence within the home, difficulties with emotion regulation and problematic peer associations. There are also ADA overlaps with some of the known *protective* factors included in the SAVRY, such as having a strong, prosocial support network, having a positive attitude to authority and being committed to school / education. However, despite these shared associations, the SAVRY does not contain items that are directly relevant to intimate partner abuse, nor is it designed to capture some of the more nuanced dynamics of an unhealthy intimate relationship, such as control, coercion, jealousy, gaslighting and emotional abuse.

Attempts have been made to identify the factors that might be more directly associated with adolescent dating abuse as a specific construct. However, owing to the limited empirical studies undertaken, our understanding of ADA predictors only began to develop over the last decade. In their critical review of the literature, undertaken at the turn of the century, Lewis & Fremouw (2001) identified several variables that seemed to correlate with the perpetration of 'dating violence'. However, they noted significant limitations to their review as a result of most studies using non-representative sampling methods, unreliable measures and offering limited longitudinal data. In concluding their paper, the authors called for more research to identify the *causal* variables associated with dating violence, expressing concern that education and treatment providers would remain unable to design effective evidence-based interventions whilst we only had knowledge of potential correlates.

Vagi et al (2013) undertook a further review of the literature just over a decade later with a view to identifying variables that might be *causally* related to dating violence perpetration, where data was extracted from studies repeated over time, in different contexts and with different adolescent populations. Drawing upon Hill's Criteria of Causation (1965), the authors considered and discussed the features of a risk or protective factor that were most likely to indicate causation, noting that these might include association strength, consistency, plausibility, specificity, coherence with existing evidence, gradient (the dose-response

relationship) and the temporal relationship with the outcome. Of these, they determined that 'temporal order' was likely to be the most reliable indicator, with factors that were both associated with, and preceded incidents of ADA considered most likely to suggest causality.

Vagi et al specifically sought to establish a list of both risk and protective factors, extracted from studies that had established temporal order and which could, therefore, be used to more reliably inform future ADA prevention strategies (2013). Risk factors were defined as any variables that were "reported more frequently among individuals who perpetrated dating violence than those who did not" (pg. 364), where the exposure took place prior to the outcome behaviour. Protective factors were defined as variables that were both "directly associated with less dating violence perpetration" (pg.365) and where, again, the exposure preceded the outcome.

From the 20 longitudinal studies included in the review, each having been published between 2000 and 2010, the authors identified 53 risk factors and 6 protective factors, with which causal association with ADA perpetration could be implied. Each was assigned to either the individual or relationship level of Bronfenbrenner's social-ecological model (1979). The risk factors were then allocated to one of several general categories, which included: mental health problems, aggressive thoughts / cognitions, youth violence, substance use, risky sexual behaviours, poor relationship / peer relationship associations, poor family dynamic / quality, demographics (to include sex and race) and the use of aggressive media. The risk factors found to present most often included those pertaining to depression, general aggression, prior dating violence, race / ethnicity, engagement in peer violence, having peers who engaged in ADA and parental relationship conflict.

Protective factors were identified in only three of the studies, with these including high cognitive dissonance about perpetrating ADA (recognition of wrongdoing), empathy, higher grade average / academic achievement, higher verbal IQ, having a positive maternal attachment and feeling a sense of attachment to school.

The authors describe their findings as being consistent with Riggs and O'Leary's background situational model of dating violence (1989). Essentially, that the background factors (such as those relating to childhood abuse, mental health problems, and violence-supportive attitudes) can be used to identify *who* might perpetrate ADA, whilst the situational factors (relating to substance abuse and conflictual relationships, for example) can help us to determine *when* the ADA is likely to occur. This means that the most effective prevention programmes might be those that seek to target adolescents who have experienced mental

health issues, behaved aggressively / expressed aggressive attitudes, used substances and already engaged in hostile / unhealthy dating relationships.

The findings of Vagi et al (2013) offer important data that can be used to steer further research into determining the likely causes of violence and abuse between adolescent intimate partners. However, there has been no comparable exploration of the risk and protective factors that might predict the more nuanced forms of ADA now recognised as 'coercive control'. This is despite the prevalence data indicating that incidents of coercion, psychological aggression and controlling behaviour by intimate partners have been reported far more frequently by teenage intimates than acts of physical and sexual abuse over time (Cornelius & Resseguie, 2007; Dosil et al., 2022; Villafañe-Santiago et al., 2019; Wolfe et al., 2004). Behaviours referred to as 'verbal' or 'emotional' abuse have been considered by some researchers, but these terms do not represent the persistence and severity of the type of psychological aggression that would typically be characteristic of coercive control.

Several of the risk and protective factors identified by Vagi et al have also been identified as predictors of other forms of adolescent violence, to include sexual violence and youth violence (DeGue et al., 2013; Hong et al., 2012; Tolan et al., 2003). As such, the authors suggest that in targeting these factors through interventions, it might be possible to address a wider range of problematic adolescent behaviours using less resources. Coercive control is another, more nuanced, form of violence perpetrated by adolescents, with prevalence increasing over time. Therefore, there may be merit in exploring whether the risk and protective factors identified by Vagi et al are also associated with coercive control.

3.1.3 Findings from the adult coercive control literature

The next sections of this chapter will introduce two key factors already established as strongly predictive of coercive control within the adult literature; those relating to **gender** (with the behaviour typically associated with male perpetration) and **personality** (where antisocial and borderline traits are considered highly associated). The merits and challenges of testing the relevance of these factors with an adolescent dating population will then be discussed.

The role of gender in adult intimate partner abuse: the dominant perspectives

There are three dominant perspectives around gender and how it might influence adult intimate partner abuse perpetration. Two of these perspectives are aligned with the 'male control theory of intimate partner abuse' and therefore, both adopt the stance that relationship abuse is primarily a male perpetrated behaviour, driven by a desire to control a

female intimate partner. The 'gender perspective' has its roots in feminist ideology. Advocates of this perspective believe that values inherent in a patriarchal society produce attitudes supportive of men's violence towards women (DeKeseredy, 2011; Dobash & Dobash, 1980; Dobash & Dobash, 2004; Franklin et al., 2012; Stark, 2007). There is also an assumption by feminist scholars that intimate partner abuse should not be studied through the application of general models of aggression. This is because male control is seen to stem from patriarchal values and not from an interpersonal style or skill deficit that could be evident in either gender (Connolly et al., 2000).

The second perspective, also underpinned by male control theory, is that of 'evolutionary mate-guarding' (Daly & Wilson, 2017; Daly et al., 1982). Scholars who support evolutionary theory maintain that male sexual jealousy and control of a female intimate partner is an evolutionary response, triggered by a need to defend against reproductive competition from other males. Rather than understanding male control in the context of the patriarchal values of society, the behaviour is seen as a protective mechanism shared by other animal species; one which has evolved to protect men from wasting their resources by unknowingly raising the offspring of another man.

A third and alternative stance, commonly known as 'violence theory', is that relationship abuse should be viewed as gender symmetrical; that men and women are equally likely to behave abusively towards their intimate partners irrespective of any societal influence or evolutionary propensities (Dutton, 2012; Felson, 2010; Hamel et al., 2007). Indeed, some scholars have reported findings that suggest women use physical aggression more frequently towards their intimate partners than men (Archer, 2002; Straus, 2011). Those who defend this position take the view that intimate partner abuse should be studied within the broader context of violence, aggression and criminal behaviour, without assumptions being made about male control.

Reconciling the different perspectives

In an attempt to reconcile the differences between these opposing theoretical perspectives, Johnson (2008; 1995) proposed that there were at least two distinct forms of relationship abuse and that the two opposing groups were, in fact, drawing their evidence from different sources – hence the disparity between the conclusions drawn. He explained that the data gathered from refuges and from police and court records typically demonstrate gender asymmetry, thereby supporting feminist and evolutionary theories of relationship abuse, where men seek to control their female partners. Johnson labels this form of abuse as

'intimate terrorism' or 'coercive controlling violence', which aligns with the pattern of power and control previously described by both Pence & Paymar (1993) and Stark (2007). However, when data are obtained from national surveys, representing the general population, the prevalence of relationship abuse appears symmetrical. Johnson refers to these incidents of mutual inflicted harm as 'situational couple violence' and he suggests that they represent a form of violence that is arguably less serious than intimate terrorism. According to Johnson, situational couple violence will typically lack the coercion and control tactics perpetrated by the male intimate terrorist.

Within the adult literature, coercive control is typically considered to be a male perpetrated behaviour. Indeed, according to Stark (2007), coercive control can be described as "a course of calculated, malevolent conduct deployed almost exclusively by men to dominate individual women…" (pg. 5), which will "…persist as long as sexual inequalities persist" (pg. 8). If we are to adopt the influential typology introduced by Johnson (2008; 1995) then we can assume coercive control is a specific form of abusive relationship behaviour that aligns with Johnson's category of 'intimate terrorism'. This would indicate that, when seeking to address adult coercive control, treatment providers would most likely need to target male perpetrators, perhaps drawing upon male control theory to inform the design and delivery of any intervention to reduce perpetration.

The role of gender in adolescent dating abuse

The role of gender in *adult* intimate relationship abuse has been extensively researched and debated over the past two decades. Gender has also been a key consideration for advocates, politicians and legislators tasked with addressing the issue, illustrated by publication of the UK's 'Tackling violence against women and girls strategy' (2021)[26] and the United States' 'Strategy to Prevent and Respond to Gender-Based Violence Globally' (2022)[27]. With both of these nations, the approach adopted has been steered by a feminist narrative; rooted in the idea that social violence is the product of gender, racial and economic inequality caused by oppressive societal systems (Allen et al., 2013; Storer et al., 2020).

The evidence base determining the role of gender in adolescent dating abuse is very much in its infancy, compared to the volume of studies that continue to emerge from the adult literature. However, the available evidence presents a similar picture to that seen in the adult

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[26] https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy
[27] https://www.state.gov/reports/united-states-strategy-to-prevent-and-respond-to-gender-based-violence-globally-2022/

research; with conflicting perspectives as to whether ADA is gender symmetrical or asymmetrical. Mirroring the positions of researchers in the adult IPA field, scholars extracting data from non-clinical surveys have typically produced findings suggestive of gender symmetry amongst ADA perpetrators (Hamby, 2014; Hamby & Turner, 2013; Myhill, 2015).

Some experts have argued that adolescents have been found to lack capacity to determine whether a physical act has occurred in the context or aggression or 'horseplay' (Hamby & Turner, 2013) and also whether a partner has demonstrated controlling or caring behaviour towards them (Barter, 2011; Barter, 2018). Therefore, the forms of abuse typically considered characteristic of coercive control and largely male perpetrated might not be so easily detected by self-report measures. Some scholars also argue that the survey-type measures typically used to elicit data are not sensitive enough to detect coercive and controlling tactics, which further increases the likelihood of such behaviours being missed and an over-simplified, decontextualised portrayal of ADA presented (Johnson, 2011; Myhill, 2015). This is of particular concern, given that relationships education is typically delivered within a gender-neutral framework with an assumption of gender-symmetry in ADA perpetration.

The role of gender in adolescent coercive control

Adolescent coercive control is a particularly under-researched phenomenon, despite young people consistently reporting greater prevalence of non-physical forms of ADA than physical, to include psychologically aggressive, coercive and controlling behaviours (Barter, 2018; Piolanti et al., 2023; Rogers et al., 2019). There is conflicting evidence concerning the relevance of gender in adolescent coercive control, both in relation to perpetration and victimisation, with further research needed to build a clearer picture (Rogers et al., 2019).

Some scholars express concern that the measures typically used to record incidents of ADA only ask young people about perpetration of violent 'acts' (Foshee et al., 2007). This approach is considered to trivialise the problem, leading to a lack of understanding of the wider context in which such abusive behaviour might occur. Foshee et al conclude that, in order to fully detect all forms of ADA, there is a need for new, context-inclusive measures to be developed. In turn, this data would allow for the creation of behaviour specific typologies, similar to those commonly used to differentiate adults who perpetrate discrete acts of violence in the context of relationship conflict from those who seek to harm an intimate partner through a more pervasive pattern of coercion and control (Hart et al., 1993; Holtzworth-Munroe & Stuart, 1994; Johnson, 2008).

In the same way that typologies have been researched and developed to explain variance in perpetrators of adult intimate partner abuse, there have also been a small number of studies published by authors seeking to identify typologies of adolescents who engage in dating abuse (Conroy & Crowley, 2021; Foshee et al., 2007; Reidy et al., 2016). When testing Johnson's typologies using a sample of young adults (aged 18-27), Conroy & Crowley (2021) called for an extension of the existing typologies, to include one for those engaging in coercive control without the use of violence. Similarly, Reidy et al (2016) used latent class analysis of data to produce three distinct ADA typologies, comprising 'non-aggressors', 'emotional aggressors' (reporting psychological abuse and control only) and 'multiform' (reporting more serious violence with or without coercive control). In line with existing research, the prevalence of non-violent psychological aggression was much greater than that of serious physical violence, with only 3% of participants falling into the multiform group. Specifically with regard to gender, girls and boys were found to have an equal probability of falling into the multiform and non-aggressor groups. However, contrary to the adult literature, they found that girls were significantly more likely to be members of the emotional aggressor group than boys. These findings, again, have important implications for practice and policy since most education providers typically adopt a gender-neutral response to addressing ADA.

Contrary to the findings of Reidy et al (2016), some scholars have found that female adolescents self-reported the infliction of more serious physical harm than their male counterparts (Coker et al., 2000; Foshee, 1996; Foshee et al., 2007). However, in interpreting these findings, suggestion is made that the violent acts reported by girls may be incidents of self-defence against patriarchal terrorism, with the data further skewed by male reluctance to share examples of their own perpetration of serious violence and control (Foshee et al., 2007).

Whilst there has been much support for the adoption of typologies in enhancing our knowledge of various human behaviours, to include intimate partner abuse, there have also been criticisms from some, owing to the perception that whilst typologies can categorise according to perpetrator types, they fail to provide an explanation for the aggression and assume that an individual would not move between types according to the contextual factors involved (Capaldi & Kim, 2007). Others have similarly criticised the placement of individuals in strictly defined groups when there is greater likelihood of a continuum of abusive relationship behaviours (Alexander & Johnson, 2023). It is also important to consider how the literature views the application of typologies specifically to an adolescent population, especially since adolescents are in a continual state of growth and change during this period of life. As such, the concerns of Alexander and Johnson, regarding strict categorical placement, may have even

more relevance. Some scholars argue that adult theories of intimate partner violence should not be used to understand and interpret adolescent relationship behaviour due to the considerable differences between these unions (Mulford & Giordano, 2015).

Despite the ongoing scholastic debate around the application of typologies, particularly when used to explain the behaviour of those still experiencing considerable changes during their adolescent years, it would seem that typologies do have the potential to develop our knowledge of ADA (Clark, 2013). Indeed, this approach may have particular merit when it comes to building our understanding of adolescent coercive control; a more nuanced form of relationship abuse that has been strongly associated with male control theory in the adult literature. However, care should be taken to recognise where the populations differ and research findings should be interpreted using a framework adapted for the context of adolescence (Stark, 2007).

3.1.4 The role of personality in coercive control

Another dominant perspective arising from the adult coercive control literature is that IPV perpetrators who demonstrate a pattern of 'intimate terrorism' are more likely to meet the diagnostic criteria for a personality disorder than those who engage in 'situational couple violence' (Dutton, 2007; Holtzworth-Munroe & Stuart, 1994; Johnson, 2006). Again, this perspective is rooted in feminist theory and assumes coercive control to be a male-perpetrated behaviour. However, instead of attributing it to patriarchal social values or evolutionary male drivers, scholars in support of this viewpoint argue that the propensity towards psychological aggression and coercive control is a direct result of the male perpetrator's dysfunctional personality profile.

Examining the personality of the intimate terrorist

Some of the most influential work undertaken in this area was published before the turn of the century by Holtzworth-Munroe & Stuart (1994). Upon comprehensively reviewing earlier attempts to understand intimate partner violence through the creation and use of typologies, Holtzworth-Munroe & Stuart found that psychopathology and personality disorder were consistently identified as relevant in determining sub-types of intimate partner violence perpetrators by academics (Cadsky & Crawford, 1988; Elbow, 1977; Faulk, 1974; Hamberger & Hastings, 1986). Similar to the approach taken by Johnson around that time (1995), Holtzworth-Munroe & Stuart also identified a set of subtypes to enable the classification of IPV perpetrators, but with a particular focus on the influence of personality on the perpetrator's style of functioning within intimate relationships.

Drawing parallels with Johnson's concept of 'situational couple violence', they presented the idea of a 'family only' subtype, noting that the most significant proportion of perpetrators would likely fall into this category. According to Holtzworth-Munroe & Stuart, men classed as 'family only' aggressors would be expected to engage in the least severe incidents of violence compared to other subtypes and would be less likely to perpetrate accompanying acts of psychological and sexual abuse. They would also be less likely to engage in acts of violence outside of the family context, less likely to come into contact with the justice system for other offending and unlikely to evidence any concerning psychopathology or personality disorder. However, whilst Johnson describes the 'intimate terrorist' as the perpetrator-type most likely to cause serious harm through acts of coercion, control and psychological aggression, Holtzworth-Munroe & Stuart offer a further division of this subtype into dysphoric / borderline and generally violent / antisocial perpetrators.

Definitions of borderline and antisocial personality disorder

Borderline personality disorder

According to the DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders*, 2013), those with **borderline** personality disorder will demonstrate a pervasive pattern of instability, evident from their interpersonal relationships, self-image, affects (emotions) and impulsivity, which begins by early adulthood and is present in a variety of contexts. Borderline individuals are likely to make frantic efforts to avoid both real and imagined abandonment in relationships, demonstrating intensity of emotion and often alternating between extremes of idealisation and devaluation of the other person. There is often evidence of a marked identity disturbance, where the individual has a particularly unstable self-image and struggles to develop a sense of self; feeling unsure of who they are, where they belong or what they wish to achieve and accomplish.

Borderline individuals will routinely present with high levels of impulsivity in at least two areas which are potentially self-damaging. These might include involvement in pursuits such as spending / gambling, substance abuse, reckless driving or binge eating, for example. Further problematic conduct may include recurrent suicidal behaviour, gestures or threats, and can involve self-mutilation. Emotional instability is likely to be apparent in those presenting with this disorder, with marked reactivity in mood. This might include intense periods of low mood, irritability or anxiety; usually lasting a few hours and only rarely more than a few days. In terms of conduct, there may be evidence of intense anger experienced by

the individual and a subsequent inability to sufficiently manage feelings of anger without resorting to displays of temper loss and recurrent physical fights / violence.

Finally, individuals with a borderline personality presentation will frequently report chronic feelings of emptiness, coupled with severe dissociative symptoms, perceiving themselves to be distinct from / unconnected with others. There may also be evidence of stress-related paranoid ideation; for example, believing that an intimate partner is unfaithful or about to leave the relationship without any cause or justification.

Antisocial personality disorder

Those with antisocial personality disorder are described in the DSM-5 as exhibiting a pervasive pattern of disregard for and violation of, the rights of others, commencing in early childhood or adolescence and continuing into adulthood. They are likely to fail to conform to social norms, as indicated by repeatedly performing acts that give grounds for arrest. Antisocial individuals are often deceitful; often lying, using aliases or conning others for personal profit or pleasure. They will demonstrate impulsivity, irritability and aggression, as indicated by repeated physical fights or assaults. They have a reckless disregard for the safety of themselves and others and will consistently demonstrate irresponsibility by failing to sustain employment or financial commitments. Finally, antisocial individuals will lack remorse, as indicated by being indifferent to or rationalising the hurt they have caused to others.

Holtzworth-Munroe & Stuart's personality typologies

Male perpetrators falling into the dysphoric / borderline subtype are considered by Holtzworth-Munroe & Stuart (1994) as most likely to engage in moderate to severe partner violence, to include psychological and sexual aggression. They suggest that violence would typically be restricted to the family context, although there may be infrequent incidents of aggression displayed in other environments. The men within this subtype are thought to be those demonstrating the most psychological distress when compared to the other two subtypes (family only and antisocial), with evidence of frequent emotional instability, fluctuations in mood and likely use of substances as an emotional coping method. They are considered to represent approximately 25% of male 'batterers' and are likely to fulfil several of the DSM criteria for a diagnosis of borderline personality disorder.

The violent / antisocial subtype includes men who engage in moderate to severe levels of violence against intimate partners, similar to the levels evidenced by borderline subtypes. Representing the remaining estimated 25% of the male 'batterer' population, these antisocial men are also considered likely to use psychological aggression and commit acts of sexual harm,

as well as using violence against their partners. However, unlike the borderline and family only subtypes, they will most likely evidence a significant history of violence, aggression and criminality across other contexts and not only within the family setting. Holtzworth-Munroe & Stuart describe men captured by this subtype as those most likely to meet DSM diagnostic criteria for an antisocial personality disorder and possibly psychopathy.

When seeking to understand how each of the two maladaptive personality subtypes might influence the perpetration of coercive control, it can be helpful to consider what might be driving the individual's desire to assert control over their intimate partner. According to Johnson (2012), the borderline perpetrator is most likely to be driven by emotional dependence on their partner, which might stem from early attachment issues. The behaviour tends to be fuelled by jealousy and the perpetrator typically monitors and controls the intimate partner in a desperate attempt to ensure they do not leave the relationship. The borderline intimate terrorist is driven by an intense focus on their partner, caused by the perception that they would be unable to live without the relationship. In contrast, the focus of the antisocial perpetrator is upon themselves; wherein coercion and control are tactics used to ensure the partner is meeting their relationship needs. These individuals are not emotionally dependent on their partners and, in the event the partner leaves, the antisocial perpetrator will likely move onto a new partner quickly, where the behaviours will be re-established.

Conflicting perspectives on diagnosing personality disorder in adolescence

Given the prominence of personality theory in understanding the function of coercive control amongst adult perpetrators, it could be argued that there are merits in exploring whether similar personality profiles might be found amongst adolescent perpetrators. However, there are conflicting views as to whether we should be examining personality before an individual reaches adulthood. Some experts argue that diagnosis of personality disorder in young people is valid and essential for creating relevant treatment plans and interventions at the earliest opportunity (Chanen & McCutcheon, 2008; Kaess et al., 2014; Koenig et al., 2024; Miller et al., 2008; Paris, 2014; Sharp & Fonagy, 2015). However, others express concern that adolescent diagnosis should be avoided. According to a survey of British Psychiatrists conducted in 2009, 63% were fully against the idea (Griffiths, 2011), whilst a similar survey of psychologists found that although 57.8% acknowledged validity in adolescent personality disorder diagnosis, only 8.7% claimed to have made such diagnoses themselves (Laurenssen et al., 2013).

One of the key arguments against examining adolescent behaviour through a personality theory lens is that adolescence is a time of significant change and growth; a time when hormonal fluctuations can increase the risk of young people engaging in maladaptive behaviours. Therefore, there is a degree of uncertainty as to whether we are observing the emergence of personality traits that will persist into adulthood or whether we are merely witnessing normal adolescent development (Fossati, 2014; Meijer et al., 1998) akin to the 'storm and stress' explanation of adolescent turmoil first theorised at the beginning of the twentieth century (Hall, 1905) or the adolescent limited conduct described in Moffit's developmental taxonomy (1993). Other arguments against adolescent diagnosis have included those relating to potential stigma (Kernberg et al., 2000) and concerns that an individual's identity is underdeveloped until adulthood, meaning that the construct being assessed is unstable and quite possibly transient (Shapiro, 1990).

The debates around formal diagnosis are important to consider when looking to test Holtzworth-Munroe & Stuart's personality typologies using an adolescent sample, with integrity an essential component of the research methods adopted. However, it is generally accepted that the study of emerging adolescent personality traits (not amounting to diagnosis of a personality disorder) is appropriate and necessary to inform our understanding of child and adolescent development (Ozer & Benet-Martínez, 2006; Soto & Tackett, 2015). Of particular relevance to the current study, personality is considered to be highly associated with an adolescent's capacity to interact and engage positively and non-aggressively with their peers and intimate partners (Smack et al., 2015; Tackett et al., 2014).

3.1.5 Research aims

Whilst there is a substantial volume of literature available to inform our understanding of intimate partner abuse between adults, the adolescent dating abuse evidence base is scant by comparison (Vagi et al., 2013). This is particularly problematic in relation to coercive control; a more nuanced form of relationship abuse that has only recently been recognised as increasingly prevalent in adolescent dating relationships (Cornelius & Resseguie, 2007; Dosil et al., 2022; Villafañe-Santiago et al., 2019; Wolfe et al., 2004). Although there are certain similarities between adult and adolescent intimate relationships (Piolanti et al., 2023; Rubio-Garay et al., 2019), there are also important cultural and developmental factors that are unique to the adolescent dating context (Chung, 2005; Davies, 2023a), to include the rise in smartphone use as a vehicle for teen coercive control (Korchmaros et al., 2013; Stonard et al., 2017). The development of an evidence base specific to ADA is therefore essential if policy and

practice are to effectively address this increasingly prevalent social problem (Barter, 2009; Bowen & Walker, 2015).

Research has been undertaken to investigate the correlates of ADA more generally and previous reviews of the literature have helpfully begun to determine likely causes of ADA perpetration (Lewis & Fremouw, 2001; Vagi et al., 2013). This has been achieved by review authors identifying those variables most frequently associated with ADA perpetration across the emerging ADA literature. However, whilst such reviews offer helpful insight into the likely causes of physical, verbal and emotional abuse in adolescent relationships, there has been no such review to consider the variables most likely driving the more nuanced psychologically aggressive tactics that amount to adolescent coercive control. This is largely due to the limited research undertaken to explore potential correlates, given the relative recency of public recognition that coercive control is present and prevalent in adolescent intimate relationships (Cornelius & Resseguie, 2007; Dosil et al., 2022; Villafañe-Santiago et al., 2019; Wolfe et al., 2004).

One way to identify the risk and protective factors associated with adolescent coercive control is to consider what has already been established from the existing literature. There may be merit, therefore, in testing some of the factors known to predict other forms of adolescent dating abuse, such as those noted to be most commonly associated by Vagi (2013). Similarly, we could test whether some of the factors frequently cited within the adult coercive control literature might also be found amongst adolescent perpetrators. Although the relevance of such factors should not be assumed, given the differences already noted between adult and adolescent unions (Davies, 2023b; Goldman et al., 2016), certain similarities have also been highlighted (Piolanti et al., 2023; Rubio-Garay et al., 2019). Therefore, the adult literature might provide a helpful platform from which to explore and ultimately expand our knowledge of coercive control between adolescents.

The current exploratory study aims to inform the limited adolescent coercive control literature through the provision of primary research findings. This will be achieved by using the variables identified by Vagi et al (2013) as a framework for testing whether the same variables that predict physical, verbal and emotional forms of ADA are also associated with adolescent coercive control. Two of the factors most frequently associated with adult coercive control will also be examined, whilst acknowledging the important developmental and cultural differences between the two populations (Chung, 2005; Davies, 2023a). Specifically, the study will investigate whether gender is similarly influential in predicting perpetration of adolescent coercive control (Stark, 2007) and whether the personality traits typically associated with adult

coercive control (Holtzworth-Munroe & Stuart, 1994; Johnson, 2012) are also present amongst adolescents who acknowledge using coercive and controlling tactics in their dating relationships.

3.1.6 Value of the research

Chen (2012) has argued that, only when a problematic social behaviour is understood at a theoretical level can we begin to identify how the behaviour might best be addressed. The current research will add value to the field by testing variables already found to have predictive value in comparable research fields (physical, verbal and emotional ADA; adult coercive control) for associations with adolescent coercive control. Until we reach a sufficient level of understanding of the factors that best predict this more nuanced form of adolescent relationship abuse, prevention programmes will continue to lack the necessary theoretical underpinning required to facilitate meaningful outcomes. There is also a risk that providers will continue to deliver a 'blanket' intervention, when there may be different types of ADA perpetrator who require different interventions, informed by different theoretical perspectives.

The current research seeks to answer the following questions:

1. *Which of the factors known to predict adolescent dating violence and emotional abuse, as identified in the existing literature, also predict adolescent coercive control?*

2. *Is gender predictive of adolescent coercive control perpetration in the same way it is known to predict coercive control perpetration by adults?*

3. *Are Borderline and Antisocial personality traits predictive of adolescent coercive control perpetration in the same way these personality types are thought to predict coercive control perpetration by adults?*

3.2 METHOD

3.2.1 Participants

Participants were recruited from a mixed gender state secondary school in Cambridgeshire. In total 264 adolescent participants took part in the study (n=264), all of whom confirmed having engaged in at least one intimate / dating relationship. 61% of the sample (n=161) were female and 39% (n=103) were male. The ages of participants ranged from 11 (Year 7) up to 17 (Year 11) with a mean age of 13.8. To provide a further breakdown; 9.1% were aged 11, 9.8% were 12, 16.6% were 13, 34% were 14, 17.7% were 15, 12.5% were

16 and 0.4% were 17. 18.1% were in year 7, 43.8% were in year 9, 14.7% were in year 10 and 22.3% were in year 11.

Participants came from a range of ethnic groups with 81.1% identifying as White British, 0.8% as White Irish, 1.1% as White Gypsy or Irish Traveller, 6.1% as Any Other White Background, 0.4% as White and Black Caribbean, 0.8% as White and Black African, 1.9% as White and Asian, 0.8% as Any other Mixed / Multiple Ethnic Background, 0.4% as Indian, 1.1% as Pakistani, 1.9% as Any Other Asian Background, 0.8% as Black African, 0.4% as Black Caribbean, 0.4% as Any Other Black / African / Caribbean Background, 0.4% as Arab and 1.5% identified as Any Other Ethnic Group.

With regard to sexual orientation, 85.6% (n=226) of the sample considered themselves to be of heterosexual orientation. 1.1% (n=3) identified as gay, 0.8% (n=2) identified as lesbian and 5.3% (n=14) identified as bisexual. Given the young ages of participants, an option was also provided for those who were 'unsure at the moment' and 7.2% of the sample (n=19) identified with this category. 17.5% of the sample (n=46) reported that they were currently involved in an intimate relationship whilst the remainder reported having been in such a relationship previously.

93.9% of the sample reported English as their first language whilst 6.1% stated it was not. All participants were required to understand written English to take part in the study, given that all instructions were provided in English language and each of the validated measures incorporated had been validated in English. With regard to academic ability, 8% reported that they tended to obtain grades below target, 68.6% reported that they were on target and 23.5% believed they were achieving above target.

3.2.2 Ethical considerations

Undertaking research with children and young people is important. It provides them with an opportunity to have a voice in decisions that will affect their lives and, ultimately, make an active contribution to school and community policy and practice through sharing their concerns and priorities. However, there are a number of ethical issues to be considered when asking about the thoughts, attitudes and experiences of this more vulnerable sector of the population. In particular, consideration must be given to issues around consent (both parent and participant), comprehension and safeguarding. In order to ensure due consideration was given to the unique needs and vulnerabilities of young people, clear guidance was sought from a research perspective (Shaw et al., 2011). Extensive discussion was also held with school personnel who were familiar with student safeguarding issues.

Ethical approval for the research was obtained from Nottingham Trent University's College Research Ethics Committee (CREC) on 22nd February 2017 (No. 2017/23). The research was conducted in line with the British Psychological Society's Code of Human Research Ethics (2014) and the Health and Care Professions Council's Standards of Conduct, Performance and Ethics (2016).

3.2.3 Procedure / sampling method

As the researcher had no existing professional affiliation with any secondary school academic institutions, a total of three schools were approached via email communication. Of these three, one agreed to take part, one expressed reservation in exposing young people to an emotive topic and subsequently declined to participate and one did not respond to the correspondence. One further email was sent to the non-respondent school before communication ceased.

Participation in the study was voluntary. As the participants were under the age of 18, parental / carer consent was sought in the first instance via the online school communication system. Providing parents / carers did not request their child be removed from the participant pool, the young participants were then invited to complete the online questionnaire during PSHE[28] lessons. Having confirmed that they had engaged in at least one intimate / dating relationship and prior to providing their consent to take part in the research, participants were given both written and orally presented information on the types of questions they would be asked (noting the emotive nature of some of these) along with the overarching purpose of the research; to understand and ultimately improve the relationships of young people.

Following completion of the questionnaire, participants were thanked for their involvement and further advised of both school services and external organisations that could provide them with support and guidance, should they require it. Information was also provided, both verbally and within the questionnaire, regarding who to contact, should they wish to withdraw their participation in the study.

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[28] Personal, Social, Health and Economic Development

3.2.4 Measures

Table 4: Measures used

Measure	Author/s	Target population	Published Cronbach's Alpha for internal consistency
Adolescent Attachment Questionnaire; 9 items across 3 subscales	(West et al., 1998)	Adolescents	.62 – Angry Distress .80 – Availability .74 – Goal-Corrected Partnership
Problem Behavior Frequency Scale (Measure of Delinquency); 8 items	(Jessor, 1977)	Middle School / High School. US grades 6-8	.76
Severity measure for generalised anxiety disorder; 10 items	(Craske et al., 2013; Knappe et al., 2013) via www.psychiatry.org	Child - Ages 11-17	Not provided
Hostility & Anger – SCL-90; 6 items	Derogatis, Rickels & Rock, 1976. In (Dahlberg et al., 2005)	Originally for African- American males aged 12-16	.73 (Paschall & Flewelling, 1997)
Rosenberg Self-Esteem Scale; 10 items	(Rosenberg, 1965)	11+ years	.77 - .88 reported (no estimates reported for original sample)
Attitudes towards women; 12 items	(Galambos et al., 1985)	Students in US grades 8-9	.62 - .86
Acceptance of Couple Violence; 11 items	Foshee, Fothergill & Stuart, 1992. In (Dahlberg et al., 2005)	Students in US grades 8-9	.74 (male to female) .71 (female to male) .73 (general dating)
Attitude towards interpersonal peer violence; 14 items	(Slaby, 1989)	Middle School Students. US grades 6-8	.75
Personality Assessment Inventory – Adolescent Version (PAI-A) Borderline & Antisocial Subscales.	(Morey, 2007)	Adolescents aged 12-18	BOR - .85 ANT - .87 (both community samples)
Delinquent Peers – Rochester Youth Development Study; 8 items	(Thornberry et al., 2013)	Youths initially in US grade 7 followed through to adulthood	.88
Parental Involvement; 9 items	(Voydanoff & Donnelly, 1999)	Ages 12-18	.71
Drug & Alcohol Use – Teen Conflict Survey; 12 items	Bosworth & Espelage, 1995. In (Dahlberg et al., 2005)	Middle School Students, US grades 6-8	.83

Safe Dates Physical Violence Perpetration	(Foshee et al., 1998; V. A. Foshee et al., 1996)	Male and Female students in US grades 8-9	.95
Safe Dates Psychological Abuse Perpetration	(Foshee et al., 1998; V. A. Foshee et al., 1996)	Male and Female students in US grades 8-9	.95
Safe Dates Physical Violence Victimization	(Foshee et al., 1998; V. A. Foshee et al., 1996)	Male and Female students in US grades 8-9	.92
Safe Dates Psychological Abuse Victimization	(Foshee et al., 1998; V. A. Foshee et al., 1996)	Male and Female students in US grades 8-9	.91

A range of validated measures were carefully selected to elicit data for the current study, using a comprehensive internet search and review process. Consideration was given to whether the measures suitably mapped onto the variables of interest, as identified by the existing literature (Holtzworth-Munroe & Stuart, 1994; Johnson, 2008; Stark, 2007; Vagi et al., 2013) and also whether they were suitable for and validated for use with adolescents. For the variables already associated with ADA more generally, only those associated most frequently were selected for incorporation into the questionnaire. The selected measures will now be described under variable-related sub-headings below. For the current study, Cronbach's Alpha was interpreted with reference to the internal consistency quality guidelines of George & Mallery (2021).

Measures of personal variables

Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) is a ten-item scale designed to measure positive and negative feelings about the self in those over the age of 11. Respondents are asked to indicate how strongly they agree or disagree with each statement using a four-point Likert scale, with responses ranging from strongly agree to strongly disagree. Higher scores indicate higher self-esteem. In the current study, the value of Cronbach's Alpha was α = .91 (excellent).

Hostility – SCL-90

The Hostility – SCL-90 (Derogatis, Rickels & Rock, 1976) in (Dahlberg et al., 2005) is a six item scale measuring symptoms of underlying hostility, to include qualities such as aggression, irritability, rage and resentment. The full Symptom Checklist 90 scale was originally designed to assess a range of problem behaviours amongst African American males aged

between 12 and 16. The Hostility measure uses a Likert scale from 0 (never) to 4 (most of the time), where respondents are asked to indicate how often they experience certain hostile responses. Values are summed for each respondent and divided by the number of items, with higher summed totals indicating higher levels of hostility. In the current study, the value of Cronbach's Alpha was α = .89 (good).

Severity Measure for Generalized Anxiety Disorder – Child age 11-17

The Severity Measure for Generalized Anxiety Disorder (Craske et al., 2013; Knappe et al., 2013) is a 10-item measure that assesses the severity of generalised anxiety disorder in both children and adolescents. Each item on the scale is rated according to a five-point Likert scale, with respondents asked to report the frequency of anxious thoughts, feelings and behaviours experienced, ranging from 0 (never) to 4 (all of the time). Scores for the 10 items are summed, with higher scores indicating higher levels of generalised anxiety. In the current study, the value of Cronbach's Alpha was α = .91 (excellent).

Measures of attitude variables

Attitude Toward Interpersonal Peer Violence

The Attitude Toward Interpersonal Peer Violence Scale (Slaby, 1989) is a 14-item questionnaire that measures the extent to which respondents hold a passive or violent attitude orientation, as well as knowledge and skill around resolving conflicts in a non-violent way. The measure was originally designed to elicit the attitudes of US middle school students in grades six to eight. Respondents are required to indicate their opinions and feelings about fighting, with point values awarded across a four-point Likert scale ranging from 1 (disagree a lot) to 4 (agree a lot). Scores are summed and divided by the total number of responses, with higher mean scores indicating greater endorsement of knowledge and skills in non-violent conflict resolution. Lower mean scores indicate lower levels of endorsement of non-violent conflict resolution skills. In the current study, the value of Cronbach's Alpha was α = .75 (acceptable).

Attitudes Toward Women

The Attitudes Toward Women scale (Galambos et al., 1985) is a 12 item scale that measures gender stereotyping amongst adolescents. Respondents are asked to indicate the extent to which they agree or disagree with each statement across a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). The measure was originally designed to assess the attitudes of US students in grades eight and nine. Once summed, higher scores

on the measure indicate a higher level of gender stereotyping, while lower scores indicate low levels. In the current study, the value of Cronbach's Alpha was α = .82 (good).

Acceptance of Couple Violence

The Acceptance of Couple Violence Scale (Foshee, Fothergill & Stuart, 1992) in (Dahlberg et al., 2005) comprises three subscales that measure acceptance of male toward female violence, female toward male violence and acceptance of general dating violence. The measure was originally designed for use with US students in grades eight and nine. Respondents are required to indicate their beliefs in relation to 11 statements using a Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Subscales can be summed individually, or a total score can be obtained. A high score indicates a high level of acceptance of couple violence, while a low score indicates a low level of acceptance. In the current study, the value of Cronbach's Alpha was α = .92 (excellent).

Measures of risk variables

Adolescent Attachment Questionnaire

The Adolescent Attachment Questionnaire (AAQ) (West et al., 1998) is a brief questionnaire intended to assess attachment characteristics amongst adolescents. It was developed and validated using a large normative sample (n=691) along with a sample of 133 adolescents in psychiatric treatment. The AAQ is a self-report measure comprising three scales of three statements each. Likert responses are elicited ranging from strongly disagree to strongly agree, with higher scores indicating poorer perception of attachment to the primary carer. The availability scale measures the respondent's confidence in the availability and responsiveness of their attachment figure. The goal-corrected partnership scale measures the extent to which the respondent considers and is empathic to the feelings and needs of the attachment figure. The angry distress scale measures the amount of anger present within the adolescent-parent relationship. All three scales have been found to demonstrate satisfactory internal reliability and agreement between scores for adolescents. In the current study, Cronbach's Alpha was α = .78 (acceptable) across the three scales, with α = .49 (limited / unacceptable) for the availability scale, α = .71 (acceptable) for the goal-corrected partnership scale and α = .73 (acceptable) for the angry distress scale. Although Cronbach's Alpha was lower for the availability scale, the measure was still included in full, based on West et al achieving Cronbach's Alpha between .62 and .80 across all three scales in their original tests of validity and reliability (1998).

Parental Involvement

Parental involvement was measured using questions taken from a large US Survey (n=1738) (*National Commission on Children. Survey of Parents and Children*, 1999). The survey sought to elicit responses of both parents / carers and their 10-17 year old children on well-being, attitudes and life circumstances. However, whereas the questions on parental involvement were directed towards parents / carers in the original survey, for the purpose of the current study the items were adapted to capture the adolescent's, rather than the parent's perception of parental / carer involvement. Eight items measured the extent to which the respondent's caregiver had been involved in their life over the past year; for example, by helping the respondent with homework or attending school meetings. Respondents were required to answer either yes (1), no (0) or don't know (0). Scores were summed, with higher scores indicating greater caregiver involvement in the respondent's life over the past year. In the current study, the value of Cronbach's Alpha was α = .46 (unacceptable). However, the measure was retained on the basis of the original validation having demonstrated α = 0.79 – 0.91.

Problem Behavior Frequency Scale

The Problem Behavior Frequency Scale (Jessor, 1977) is an eight item self-report questionnaire designed to measure the frequency of delinquency behaviours. Respondents are asked to indicate how often, in the past month, they have been suspended from school, stolen something or shoplifted, cheated or damaged the property of others. Point values for all responses are summed, where high scores indicate higher levels of delinquency. The measure has been validated for use with adolescents aged between 11 and 17 attending both middle school and high school establishments in the USA. In the current study, the value of Cronbach's Alpha was α = .85 (good).

Delinquent Peers – Rochester Youth Development Study

Items included in this scale (Thornberry et al., 2013) measure the extent to which the respondent's peers have been involved in delinquent behaviour over the past month. The scale, developed for use with US grade 7 adolescents and older, consists of eight items in total. Respondents are required to report how many of their peers have been involved in various delinquent behaviours to include truancy, assault and theft. Where monetary values are presented in dollars (eg: In the past 30 days, how many of your friends stole something worth more than $100) these amounts were changed to pounds for use with a British sample of adolescents. The questionnaire uses a four-point Likert scale with options ranging from 1

(none of them) to 4 (most of them). Point values for all items are summed, with higher scores indicating a higher level of delinquency amongst the respondent's peers. In the current study, the value of Cronbach's Alpha was α = .91 (excellent).

Drug and Alcohol Use – Teen Conflict Survey

The Drug and Alcohol Use – Teen Conflict Survey (Bosworth & Espelage, 1995) in (Dahlberg et al., 2005) was originally designed for use with US middle school students in grades six to eight. It is a two-part questionnaire comprising six items asking when the respondent first used different substances. Options are across a five-point Likert scale with choices of 1 (never), 2 (year 9 or later), 3 (year 8), 4 (year 7) and 5 (before year 7). Scores are obtained by summing across all responses, with higher scores indicating earlier onset of substance use. In the current study, the value of Cronbach's Alpha was α = .83 (good). A further six items ask whether the respondent has used the previously noted substances over the past month without parental permission, with Likert scale options of 1 (never), 2 (once), 3 (2 or 3 times), 4 (4 times) and 5 (5 or more times). Again, scores are obtained by summing across all responses, with higher scores indicating more frequent substance use activity over the past month. In the current study, the value of Cronbach's Alpha was α = .80 (good).

Measures of personality

Personality Assessment Inventory – Adolescent Version (PAI-A)

The Personality Assessment Inventory – Adolescent Version (Morey, 2007) is a self-report test of personality designed for use with adolescents aged between 12 and 18. The inventory compromises 264 items in total, with items separated into 22 distinct scales comprising four validity scales, 11 clinical scales, five treatment consideration scales and two interpersonal scales. For the purpose of the current study, only the BOR (Borderline Features) and ANT (Anti-Social Features) scales were used to elicit data pertaining to the personality traits most commonly linked to coercive and controlling relationship behaviours amongst adults. The BOR scale comprises four sub-scales with 20 statements included about affective e instability, identity problems, negative relationships and self-harm. The ANT scale consists of three sub-scales with 18 statements included about antisocial behaviours, egocentricity and stimulus seeking.

Respondents are required to read each statement and decide whether it is an accurate reflection of the way they think, feel and behave. Response choices are across a four-point Likert scale of 3 (very true), 2 (mainly true), 1 (slightly true) and 0 (false, not at all true). Once raw scores have been calculated by summing the scores for each scale (BOR and ANT), T-scores

can then be identified using conversion tables provided within the PAI-A manual. For the current study, raw scores were converted to T-scores using scales derived from the US Census-Matched Standardised Sample, to reflect the non-clinical nature of the study sample. In interpreting the T-scores, each scale on the PAI-A has a mean T-score of 50. Therefore, a T-score above this figure would indicate that the respondent had endorsed items reflecting a specific construct to a greater degree than is typical for this age group. Respondents obtaining a T-score of 70 or higher are evidencing a pronounced deviation from typical responses obtained from adolescents in a non-clinical community sample. In the current study, the value of Cronbach's Alpha was α = .89 for the BOR scale and α = .84 for the ANT scale (both good).

Measures of adolescent intimate partner violence and psychological abuse

Safe Dates

The Safe Dates Scales (Foshee et al., 1998; V. A. Foshee et al., 1996) are a set of scales designed for use with adolescents in US grades eight and nine. They were created specifically by the authors to inform the development and evaluation of the US Safe Dates school-based prevention programme; an intervention designed to stop or prevent dating violence perpetration amongst adolescents, to include psychological, physical and sexual abuse.

The Safe Dates – Physical Violence Perpetration Scale comprises 16 items that ask respondents about the frequency of them perpetrating a range of physically violent acts against an intimate partner. Respondents are asked to include acts perpetrated across all of their intimate relationships and not just in relation to a particular partner or within a particular timeframe. A Likert scale is used to record responses with options of 0 (never), 1 (1-3 times), 2 (4-9 times) and 3 (10 or more times). Total scores are calculated by summing the point values of the 16 responses, with higher scores indicative of greater physical perpetration. In the current study, the value of Cronbach's Alpha was α = .96 (excellent).

The Safe Dates – Physical Violence Victimization Scale comprises 16 items that ask respondents about the frequency of them being a victim of different physically violent acts perpetrated by an intimate partner. Respondents are asked to include acts perpetrated against them across all of their intimate relationships and not just in relation to a particular partner or within a particular timeframe. A Likert scale is used to record responses with options of 0 (never), 1 (1-3 times), 2 (4-9 times) and 3 (10 or more times). Total scores are calculated by summing the point values of the 16 responses with higher scores indicative of greater physical victimisation. In the current study, the value of Cronbach's Alpha was α = .94 (excellent).

The Safe Dates – Psychological Abuse Perpetration Scale comprises 14 items that ask respondents about the frequency of them perpetrating a range of psychologically abusive acts against an intimate partner. Respondents are asked to include acts perpetrated across all of their intimate relationships and not just in relation to a particular partner or within a particular timeframe. A Likert scale is used to record responses with options of 0 (never), 1 (seldom), 2 (sometimes) and 3 (very often). Total scores are calculated by summing the point values of the 14 responses with higher scores indicative of greater psychological abuse perpetration. Specifically, a score of 0 = no perpetration, a score of 1-5 indicates mild psychological abuse, a score of 6-9 indicates moderate psychological abuse and a score of 10 or greater indicates severe psychological abuse. In the current study, the value of Cronbach's Alpha was α = .90 (excellent).

The Safe Dates – Psychological Abuse Victimization Scale comprises 14 items that ask respondents about the frequency of them being victimised by an intimate partner using a range of psychologically abusive acts. Respondents are asked to include acts perpetrated across all of their intimate relationships and not just in relation to a particular partner or within a particular timeframe. A Likert scale is used to record responses with options of 0 (never), 1 (seldom), 2 (sometimes) and 3 (very often). Total scores are calculated by summing the point values of the 14 responses, with higher scores indicative of greater psychological victimisation. Specifically, a score of 0 = no victimisation, a score of 1-5 indicates mild psychological abuse, a score of 6-9 indicates moderate psychological abuse and a score of 10 or greater indicates severe psychological abuse. In the current study, the value of Cronbach's Alpha was α = .95 (excellent).

Additional information on measures

Each of the measures used in the current study was freely available for research purposes with the exception of the Personality Assessment Inventory – Adolescent (PAI-A). In order to use the BOR (borderline) and ANT (antisocial) subscales of this particular measure, a licence was purchased from the assessment publisher (PAR[29]) for use with up to 300 participants, enabling both raw and t-scores to be calculated and interpreted.

In addition to the various validated measures included in the questionnaire and the parental involvement survey questions adopted and adapted from the National Commission on Children Survey, researcher generated questions were also used to extract data relevant to other theoretically informed constructs to include participant direct experience of abuse

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[29] Psychological Assessment Resources, Florida, USA.

(physical, sexual, emotional and neglect) and being a witness to violence and abuse within their family unit. An outcome variable was also created to capture behaviours indicative of coercive control, comprising relevant items drawn from the Safe Dates Psychological Abuse Perpetration Scale and additional responses to questions pertaining to control and coercion of an intimate partner through technology.

Whilst the Safe Dates measure is not designed specifically to detect coercive and controlling behaviours and does not explicitly use the term 'coercive control', several of the items are considered to reflect this form of relationship abuse. These items can be clustered under one of five themes to include 1.) Jealousy and possessiveness: "told them they could not talk to someone of the opposite sex". 2.) Isolation and restriction: "would not let them do things with other people". 3.) Threats and manipulation: "damaged something that belonged to them", "threw something at them that missed", "started to hit them but stopped", "threatened to hurt them". 4.) Monitoring behaviours: "Made them describe where they were every minute of the day". 5.) Punishment and ridicule: "said things to hurt their feelings on purpose", "insulted them in front of others", "threatened to start dating someone else", "did something just to make them jealous", "blamed them for bad things you did", "brought up something from the past to hurt them", "put down their looks". Participants were also asked researcher generated questions about whether they had regularly checked a partner's phone without permission and whether they had put pressure on a partner to send them intimate pictures. This was to capture additional data specific to the use of technology to engage in coercive and controlling tactics.

A range of demographic information was obtained relating to participant sex, sexuality, age, school year, academic performance, ethnic background and English language comprehension ability, along with past and current relationship status. This is presented at the start of the methods section of this chapter. It is important to note that, at the time of collecting the data, participants were asked to report their 'sex' rather than gender, with the options of male and female available. Since this time, the literature around gender has developed considerably and society promotes a far more nuanced understanding of gender, with a broader range of options by which people can identify themselves. The limitations of the terminology used in the current research will be considered in the discussion section.

3.2.5 Data analysis

Selection of analysis method – binomial logistic regression

Binomial logistic regression was selected as the most suitable method for examining the relationship between the predictor variables and participant perpetration of coercive control. This form of analysis is typically used to model probability of a dichotomous outcome as a product of one or more categorical or continuous predictor variables. Binomial logistic regression differs from linear regression in that it allows for analysis of binary outcomes (rather than continuous), using a mathematical logit function to transform probabilities to log-odds. This then enables odds ratio estimations to be calculated for each predictor variable, allowing us to draw inferences about the importance of each variable, or cluster of variables, in influencing the outcome of interest.

Verification of model assumptions

Prior to undertaking the binomial logistic regression analyses, checks were performed to verify the data met the six key assumptions of the model. With regard to independence of observation (assumption 1), data was obtained independently from each participant, without the introduction of repeated measures or matched pairs; there was an absence of multicollinearity (assumption 2) confirmed by using variance inflation factors (VIFs) within the R statistical programme to check for incidents of high correlation between the predictor variables. All VIFs were found to be below the threshold of five, confirming an absence of problematic multicollinearity; the Box-Tidwell test was used to confirm that any continuous predictor variables were linearly related to the logit of the outcome variable (assumption 3); the study benefitted from a large sample size (265 participants), which exceeded the recommended ten cases as a minimum per predictor variable for each outcome category (assumption 4); a small number of influential outliers were identified and removed at the time of data cleaning. Cook's distance values were later examined to confirm there were no remaining outliers that might otherwise impact on model estimates (assumption 5); finally, checks were made (again at the time of data cleaning) to ensure there were no 'zero' cells remaining in relation to the categorical predictor variables (assumption 6). In meeting each of these assumptions, binomial logistic regression was confirmed as an appropriate form of analysis to assist in answering the research questions.

3.3 RESULTS

This study sought to explore whether a.) factors already known to predict perpetration of dating violence and emotional abuse were also predictive of adolescent coercive control and b.) whether gender and problematic personality traits were predictive of adolescent coercive control in the same way they are known to predict coercive control perpetration amongst adults. A range of measures were selected to test for associations between participant endorsement of items related to coercive control and factors already associated with physical and verbal forms of ADA (Vagi et al., 2013). Additional measures were used to determine the presence of borderline and antisocial personality traits amongst participants, as both of these personality profiles are associated with adult coercive control in the literature. Researcher generated questions were used to gather salient data relating to participants' experiences of abuse; both as a direct victim and as a witness of abusive behaviour perpetrated within their family unit.

The table below provides a summary of the means and standard deviations obtained for each of the variables included in the analysis.

Table 5: Descriptive summary of data from measures

Measure	Mean	Standard Deviation	Range of scores obtained
Self-Esteem (Rosenberg Self-Esteem Scale)	27.00	6.62	11-40
Hostility (Hostility & Anger – SCL-90)	12.05	4.57	6-24
Anxiety (Severity measure for generalised anxiety disorder)	1.28	0.99	0-4
Interpersonal Peer Violence (Attitude towards interpersonal peer violence)	2.83	0.50	1.4-3.9
Gender Stereotypical Attitudes towards Women (Attitudes towards women)	18.80	5.54	12-48
Acceptance of Couple Violence	15.22	5.88	11-44
Attachment (Adolescent Attachment Questionnaire)	1.78	2.09	0-9
Parental Involvement	3.12	1.44	0-7
Delinquency (Problem Behavior Frequency Scale)	10.78	4.60	8-32
Delinquent Peers (Delinquent Peers – Rochester Youth Development Study)	9.89	3.91	8-32

Early Substance Misuse (Drug & Alcohol Use – Teen Conflict Survey)	7.97	3.41	6-30
Recent Substance Misuse (Drug & Alcohol Use – Teen Conflict Survey)	7.65	3.57	6-26
PAI Borderline T-Scores (Personality Assessment Inventory – Adolescent Version (PAI-A) Borderline Subscale	53.55	11.29	38-84
PAI Antisocial T-Scores (Personality Assessment Inventory – Adolescent Version (PAI-A) Antisocial Subscale)	47.65	8.47	33-71

3.3.1 Primary analysis

Using R[30] version 2024.04.2 (Build 764) in the Windows 11 environment, a series of binomial logistic regression analyses were performed to examine the effects of each of the predictor variables on self-reported participant perpetration of coercive control (the dichotomous outcome variable). Predictor variables were clustered and examined in groups comprising personal variables, attitude variables, risk variables, gender variables and personality variables. Model chi-squares were obtained by using ANOVA to compare the intercept only model with the model of interest. McFadden's pseudo-R2[31] was used, as this is considered the most appropriate 'goodness-of-fit' measure for regression models with categorical data outcomes. Odds ratios and associated 97.5% confidence intervals were calculated for all predictor variables where an association with the outcome variable was indicated.

The findings from each analysis will now be presented in relation to each of the three research questions.

Research Question 1: *Which of the factors known to predict adolescent dating violence and emotional abuse, as identified in the existing literature, also predict adolescent coercive control?*

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[30] R is a language and environment for statistical computing and graphics. The term environment is intended to characterise it as a fully planned and coherent system, rather than an incremental accretion [growth] of very specific and inflexible tools, as is frequently the case with other data analysis software. Taken from: https://www.r-project.org/about.html

[31] McFadden's pseudo-R2 is used to test the extent to which a logistic regression model explains the data when compared to a null model (intercept only model). It is calculated as; 1 – (log likelihood of model / log likelihood of null). Values will range between 0 and 1 with higher values representing a better model fit. A McFadden's R^2 value of >0.4 indicates a good model fit.

Personal variables

A binomial logistic regression was performed to examine the effects of self-esteem, hostility and anxiety (the personal variables) on the likelihood of adolescent participants endorsing coercive control perpetration items. The logistic regression model was statistically significant, $\chi2(3) = 242.09$, $p < .0001$, indicating an 'above chance' level of prediction accuracy. Psuedo-R^2 for the model was 0.295.
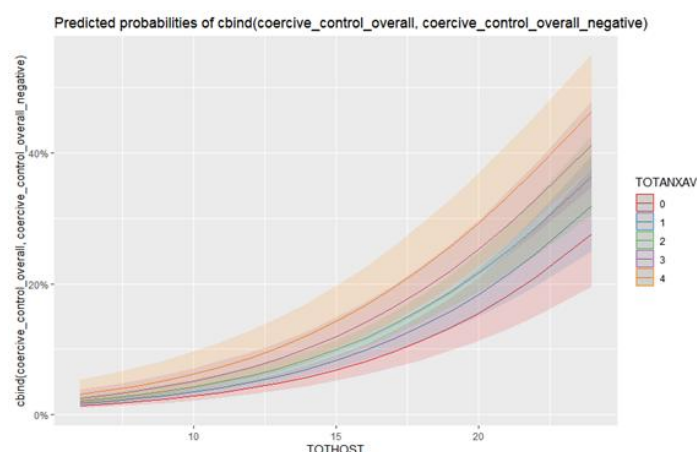

Figure 3: Plot of predicted probability for the 'hostility' and 'anxiety' variables

Two of the three personal variables were found to be significant predictors, with increased hostility and increased anxiety both positively associated with a greater likelihood of participants endorsing items related to coercive control perpetration. The log odds of endorsing an item increased by 0.183 for each 1 unit increase in hostility (OR[32] = 1.2, CI[33] = 1.24, z = 12.0, p < .0001) and by 0.203 for each 1 unit increase in anxiety (OR = 1.2, CI = 1. 43, z = 2.56, p < .0001).

In summary, the analysis indicated that hostility and anxiety are both associated with adolescent coercive control perpetration in the same way an association has been determined for other forms of adolescent dating abuse. Self-esteem was not found to be associated with adolescent coercive control.

Attitude variables

The second binomial logistic regression examined the effects of participant attitudes towards interpersonal peer violence, gender stereotypical attitudes towards women and acceptance of couple violence on the likelihood of endorsing coercive control perpetration

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[32] Odds Ratio
[33] 97.5% Confidence Interval of Odds Ratio

items. The logistic regression model was statistically significant, χ2(3) = 175.05, p = <.0001, indicating an 'above chance' level of prediction accuracy. Psuedo-R^2 for the model was 0.323.
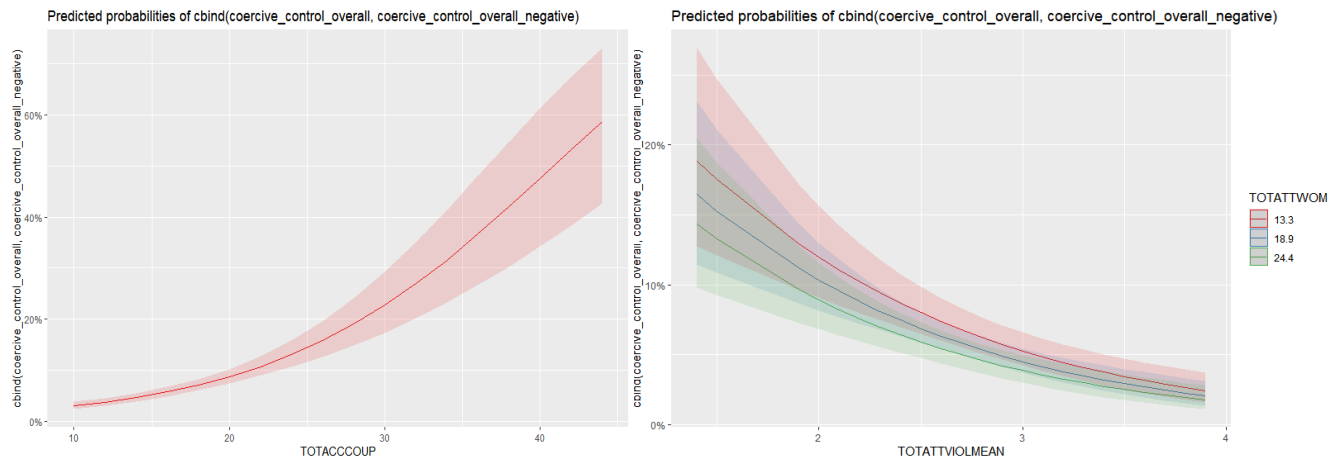

Figure 4: Plots of predicted probability for the 'attitudes towards interpersonal peer violence', 'gender stereotypical attitudes towards women' and 'acceptance of couple violence' variables

All of the three attitude variables were found to be significant predictors. The plot to the left of Figure 4 illustrates participants endorsing coercive control items more frequently when they also report acceptance of couple violence. The plot to the right illustrates participants endorsing coercive control items less frequently when they reject gender stereotypical attitudes towards women and endorse non-violent methods for resolving interpersonal peer violence.

'Acceptance of couple violence' was positively associated with a greater likelihood of participants endorsing items related to coercive control perpetration. The log odds of endorsing an item increased by 0.11 for each 1 unit increase in acceptance of couple violence (OR = 1.1, CI = 1.15, z = 9.295, p < .0001). 'Attitudes towards interpersonal peer violence' and 'gender stereotypical attitudes towards women' were both negatively associated with participants endorsing items related to coercive control perpetration. Notably, in the case of the interpersonal peer violence measure, higher mean scores indicate participant rejection of pro-violent statements and support for non-violent approaches to conflict resolution. The log odds of endorsing an item decreased by 0.89 for each 1 unit increase in attitudes rejecting interpersonal peer violence (OR = 0.4, CI = 0.56, z = -5.6, p < .0001) and by 0.03 for each 1 unit increase in rejection of gender stereotypical attitudes towards women (OR = 1.0, CI = 1.0, z = -2.127, p 0.033).

In summary, the analysis indicated that attitudes towards interpersonal peer violence, attitudes towards women and acceptance of couple violence are all associated with adolescent

coercive control perpetration in the same way an association has been determined for other forms of adolescent dating abuse.

Risk variables

The next binomial logistic regression examined the effects of the risk variables on the likelihood of participants endorsing coercive control perpetration items. The risk factors included in the analysis related to participant attachment with primary carer, parental involvement, participant delinquency, association with delinquent peers, early substance misuse, recent substance misuse, witnessing family violence, witnessing family coercive control and past experience of four types of abuse (physical, sexual, emotional and neglect). The logistic regression model was statistically significant, $\chi2(12) = 210.16$, $p = <.0001$, indicating an 'above chance' level of prediction accuracy. Psuedo-R^2 for the model was 0.50.
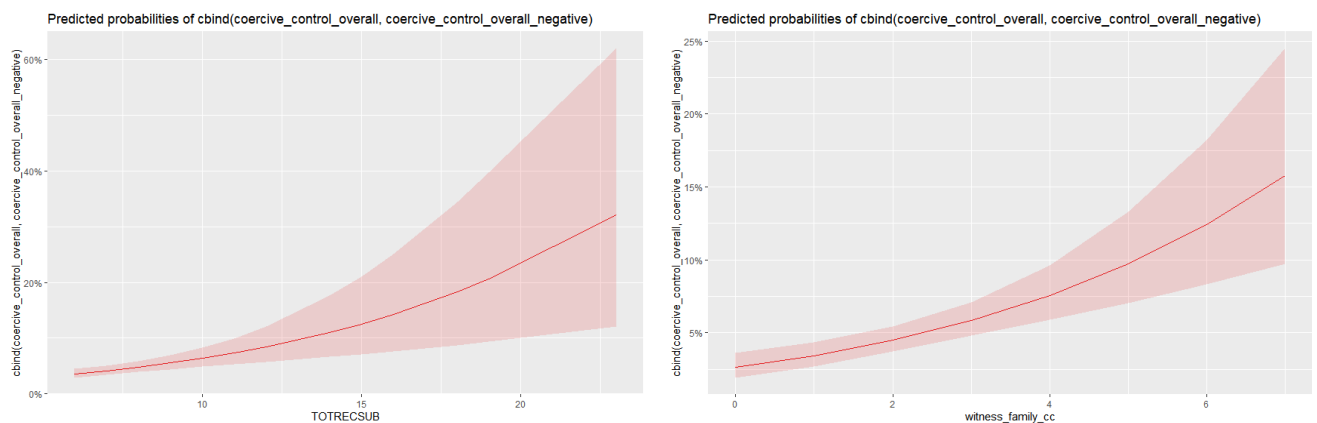

Figure 5: Plots of predicted probability for the 'recent substance use' and 'witness to family coercive control' risk variables

Only four of the twelve risk variables were found to be significant predictors of participants endorsing coercive control perpetration items. These were in relation to recent participant substance misuse, having been a witness of coercive and controlling behaviour within the family, having experienced physical abuse and having experienced sexual abuse.

The plot to the left of figure 5 illustrates participants endorsing coercive control items more frequently when they also report recent substance misuse. The plot to the right illustrates participants endorsing coercive control items more frequently when they also disclose having witnessed coercive control within their family unit. The log odds of endorsing an item increased by 0.15 for each 1 unit increase in recent substance misuse (OR = 1.16, CI = 1.26, z = 3.707, p = 0.0002) and by 0.28 when participants disclosed witnessing incidents of coercive control within their family unit (OR = 1.32, CI = 1.47, z = 4.885, p < .0001).

Finally, the log odds of endorsing coercive control perpetration items increased by 0.65 when a history of physical abuse was disclosed (OR = 1.91, CI = 3.38, z = 2.192, p = 0.02837) and by 1.78 when a history of sexual abuse was disclosed (OR = 5.95, CI = 10.47, z = 6.112, p = <.0001), demonstrating a particularly strong association between the coercive control and previous sexual abuse variables.

In summary, the analysis indicated that recent substance misuse, witnessing coercive control within the family, past experience of physical abuse and past experience of sexual abuse are all associated with adolescent coercive control perpetration in the same way an association has been determined for other forms of adolescent dating abuse. There was no association found for any of the other risk variables tested in the model.

Research Question 2: *Is gender predictive of adolescent coercive control perpetration in the same way it is known to predict coercive control perpetration by adults?*

In order to answer this research question, a simple binomial logistic regression was undertaken to examine the effect of gender on the likelihood of participants endorsing coercive control perpetration items. The age variable was also included in the model to examine whether there were gender differences according to participant age. The logistic regression model was statistically significant, $\chi^2(3) = 33.331$, p = <.0001, indicating an 'above chance' level of prediction accuracy. Psuedo-R^2 for the model was 0.03.

Table 6: Binomial Logistic Regression to explore association of coercive control item endorsement with participant gender and age

	Estimate / Log Odds	Std. Error	z value	p value
(Intercept)	-6.528	0.8953	-7.291	< .0001
Age	0.2835	0.06152	4.608	0.8879
Gender (Male / Female)	-0.1602	0.139	-1.153	0.2491
Age / Gender Interaction	-0.01502	0.1104	-0.1361	0.8917

Contrary to findings from the adult literature, which tends to support the notion that coercive control is a predominantly male perpetrated behaviour, there were no significant gender differences in the frequency of participants endorsing coercive control perpetration items when examined using a simple regression model. This would indicate that the gender asymmetry typically found in adult populations might not apply when coercive control manifests between adolescent intimates.

Research Question 3: *Are borderline and antisocial personality traits predictive of adolescent coercive control perpetration in the same way these personality types are thought to predict coercive control perpetration by adults?*

This binomial logistic regression examined the effects of self-reported borderline and antisocial personality traits on the likelihood of participants endorsing coercive control perpetration items. The logistic regression model was statistically significant, $\chi 2(12) = 210.16$, p = <.0001, indicating an 'above chance' level of prediction accuracy. Psuedo-R^2 for the model was 0.50.
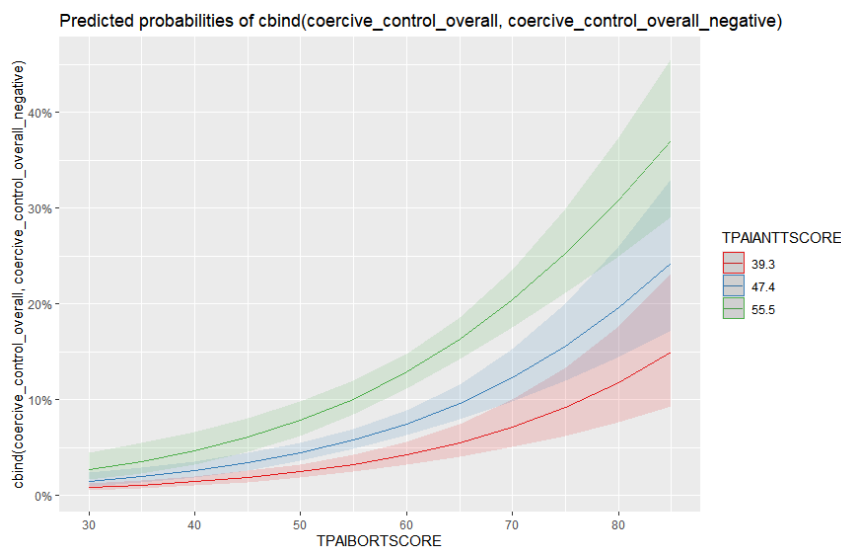

Figure 6: Plot of predicted probability for 'borderline personality traits' and 'antisocial personality traits' variables

Both of the personality variables were found to be significantly predictive of adolescent participants endorsing the coercive control perpetration items. The log odds of endorsing an item increased by 0.05 for each 1 unit increase in endorsing borderline personality traits (OR = 0.95, CI = 1.07, z = 7.366, p = <.0001) and by 0.07 for each 1 unit increase in endorsing antisocial personality traits (OR = 1.32, CI = 1.10, z = 7.764, p <.0001).

In summary, the analysis indicated that borderline and antisocial personality traits are associated with adolescent coercive control perpetration in the same way an association has been determined within the adult literature.

3.3.2 Secondary analysis – Exploring the gender interaction

Analysis rationale

Contrary to findings from the adult literature, where coercive control is largely considered to be a male perpetrated behaviour, the primary regression analysis indicated that adolescent girls and boys were equally likely to use coercive and controlling tactics within their

intimate relationships. Therefore, a secondary analysis was deemed necessary to explore whether the pathways towards coercive control were similar or different, according to gender. In order to investigate this, each of the models tested in the primary analysis were re-run with the gender interaction included.

Personal variables with gender interaction

A binomial logistic regression was performed to investigate the association between the personal variables and the likelihood of endorsing coercive control perpetration items when a gender interaction was introduced to the model. The revised model was statistically significant, $\chi 2(7) = 279.80$, $p < .0001$, indicating an 'above chance' level of prediction accuracy. Psuedo-R^2 for the model was 0.333.
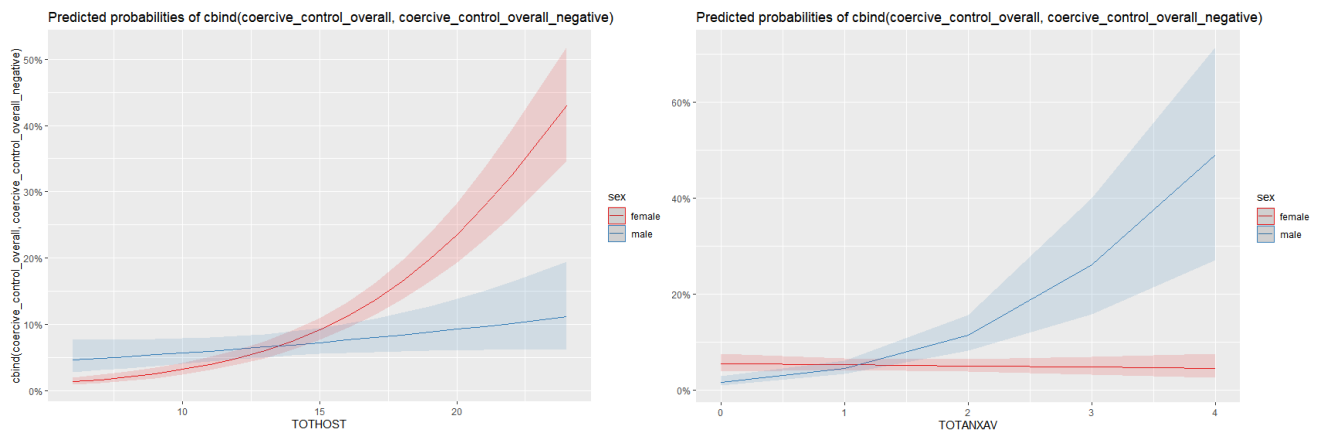

Figure 7: Plots of predicted probability for the 'hostility' and 'anxiety' variables with a gender interaction

The plot to the left illustrates a clear association between increased levels of hostility and increased log odds of endorsing coercive control perpetration items in the case of girls in the sample. However, there is no association between these variables for boys. The plot to the right illustrates a clear association between increased levels of anxiety and increased log odds of endorsing coercive control perpetration items for boys in the sample. There is no association between these variables for girls. The self-esteem variable continued to show no association with the gender interaction.

This new analysis indicates that boys and girls are demonstrating different pathways towards coercive control in relation to the personal variables examined. Specifically, girls are more likely to engage in coercive control when they report higher levels of hostility, whereas boys are more likely to coerce and control an intimate partner when they report higher levels of anxiety. These findings have important implications for ADA prevention interventions.

Attitude variables with gender interaction

A binomial logistic regression was performed to investigate the association between the attitude variables and the likelihood of coercive control perpetration items being endorsed when a gender interaction was introduced to the model. The revised model was statistically significant, $\chi2(7) = 242.34$, $p <.0001$, indicating an 'above chance' level of prediction accuracy. Psuedo-R^2 for the model was 0.387.
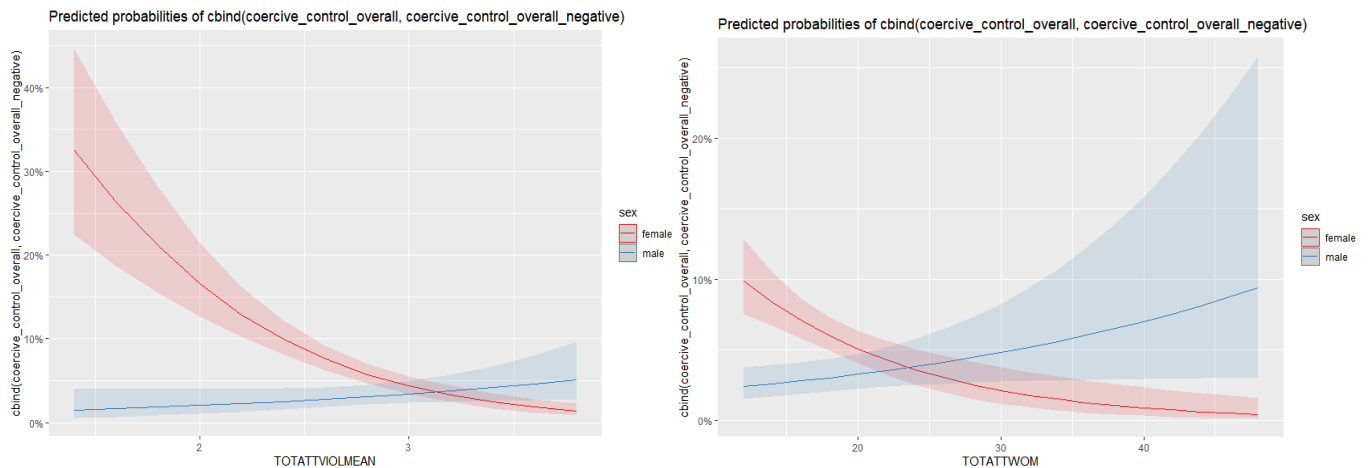

Figure 8: Plots of predicted probability for the 'attitudes towards interpersonal peer violence' and 'stereotypical attitudes towards women' variables with a gender interaction

The plot to the left illustrates a clear association between increased attitudes supportive of non-violent methods for resolving interpersonal peer conflict and reduced likelihood of endorsing coercive control perpetration items in the case of girls in the sample. There was no association between these variables for boys in the sample. The plot to the right illustrates that girls demonstrate a lower likelihood of endorsing coercive control perpetration items when they also reject gender stereotypical attitudes about women, whereas boys demonstrate a modest effect in the opposite direction. There is a stronger association for a smaller number of male outliers, as seen in the range.

There was no significant gender difference found in relation to participant acceptance of couple violence, with both girls and boys demonstrating increased odds of endorsing coercive control perpetration items when they indicated greater acceptance of couple violence.

In summary, the results of the secondary analysis indicate that girls are less likely to engage in coercive control when they endorse attitudes supportive of pro-social peer conflict resolution methods. However, the endorsement of these attitudes has no effect on boys' use of coercive and controlling intimate relationship tactics. Conversely, the findings indicate that

boys are more likely to engage in coercive control when they endorse gender stereotypical attitudes towards women, whereas girls are less likely to coerce and control their intimate partner when they endorse these attitudes. Again, the findings of this second analysis reveal important differences between girls and boys in relation to the attitudes underpinning their perpetration of coercive control, which has relevance for interventions.

Risk variables with gender interaction

A binomial logistic regression was performed to investigate the association between the risk variables and the likelihood of coercive control perpetration items being endorsed when a gender interaction was introduced to the model. The revised model was statistically significant, $\chi 2(25) = 309.73$, $p < .0001$, indicating an 'above chance' level of prediction accuracy. Psuedo-R^2 for the model was 0.595.

Figure 9: Plots of predicted probability for the 'delinquency' and 'recent substance misuse' variables with a gender interaction

Although there was no association found between participant involvement in delinquency and increased log odds of endorsing coercive control perpetration in the primary analysis, when a gender interaction was introduced to the model, a significant association was seen for girls, as illustrated in the plot to the left. There remained no effect for boys in the sample. The plot to the right illustrates a clear association between recent substance misuse and increased log odds of endorsing coercive control perpetration items in the case of boys in the sample, which came through in the primary analysis. However, there was no association between these variables for girls in the sample when the gender interaction was introduced.

Figure 10: Plots of predicted probability for the 'witnessing family coercive control' and 'experience of sexual abuse' variables with a gender interaction

The plot to the left illustrates a clear association between witnessing coercive control within the family and increased likelihood of endorsing coercive control perpetration items, but only for boys in the sample. When the gender interaction was introduced to the model, there was no effect for females in the sample. Similarly, the plot to the right illustrates a clear association between experiencing sexual abuse and endorsing coercive control perpetration items, as found in the primary analysis, but only in the case of boys in the sample. When the gender interaction was added to the model, there was no effect observed for girls. There was no significant gender difference found in relation to the variable relating to participant experience of physical abuse, with both girls and boys demonstrating increased odds of endorsing coercive control perpetration items when they disclosed having been a victim of physical abuse.

Again, the findings indicate that the pathway towards coercive control is different for girls and boys, with boys evidencing a greater likelihood of engaging in coercive control when they have experienced adverse life events, such as witnessing coercive control within the family or experiencing sexual abuse. There does not seem to be a similar association for girls in relation to these two variables. However, girls and boys both continue to evidence an association between experiencing physical abuse and coercive control perpetration.

Personality variables with gender interaction

A binomial logistic regression was performed to investigate the association between the personality variables and the likelihood of coercive control perpetration items being endorsed when a gender interaction was introduced to the model. The revised model was statistically significant, $\chi 2(5) = 247.16$, $p < .0001$, indicating an 'above chance' level of prediction accuracy. Psuedo-R^2 for the model was 0.454.
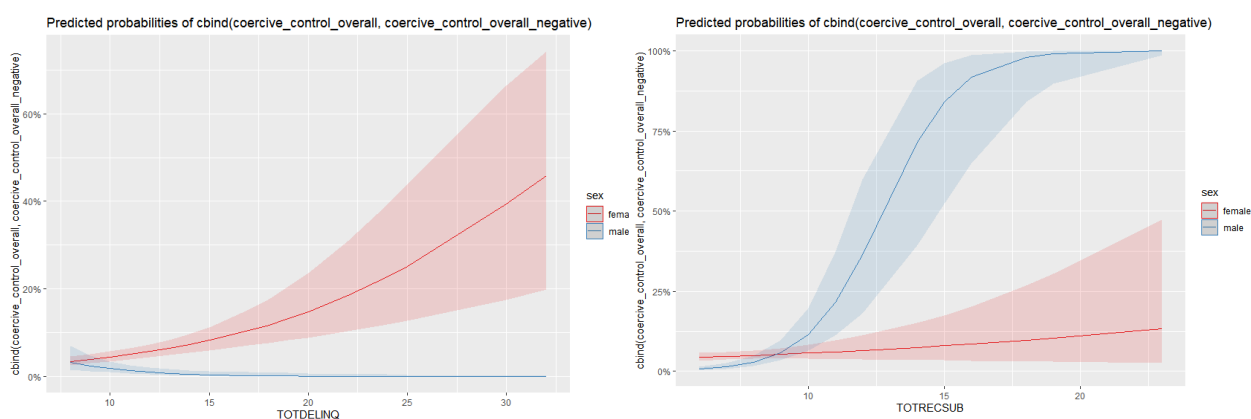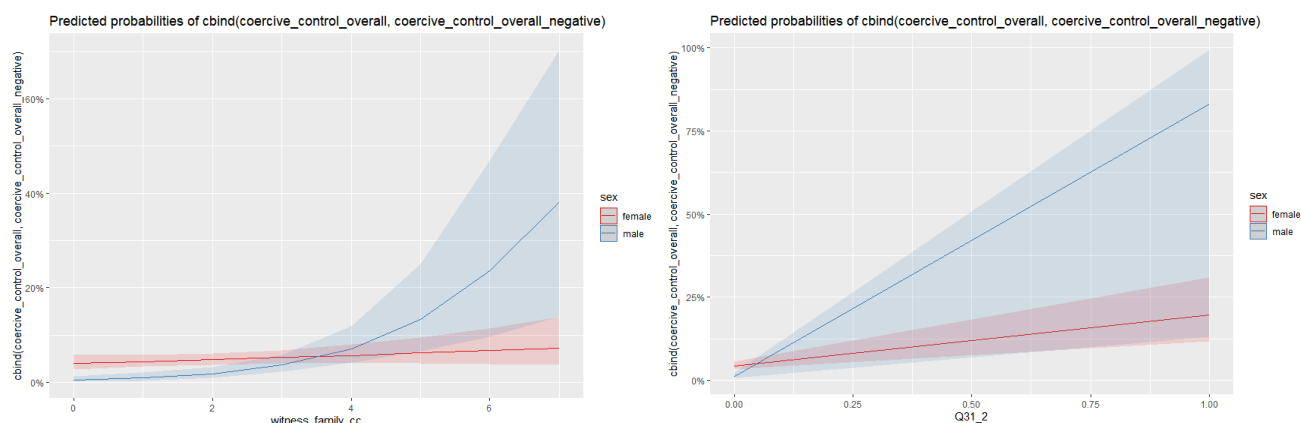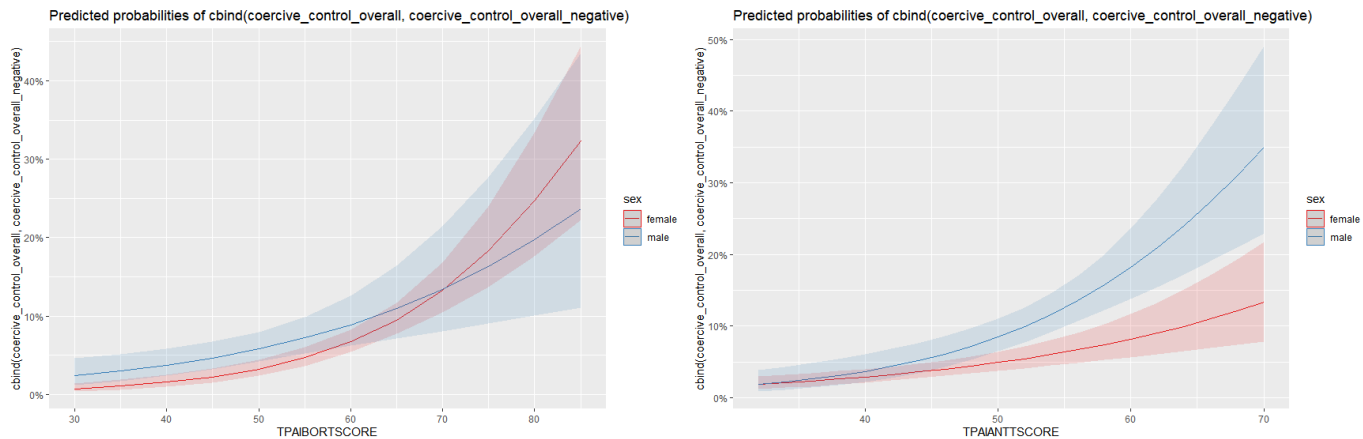
Figure 11: Plots of predicted probability for the borderline personality trait and antisocial personality trait variables with a gender interaction

The plot to the left of Figure 11 illustrates that there are no significant differences between girls and boys in relation to borderline personality trait and coercive control perpetration item endorsement. The plot to the right illustrates that there is a stronger association between antisocial personality traits and coercive control perpetration for boys and a more modest effect for girls, although both remain associated.

In summary, the findings indicate that personality pathology is an important factor in explaining the pathway towards adolescent coercive control, with relevance for both girls and boys.

3.4 DISCUSSION

3.4.1 Brief summary of the research aims

The current research sought to explore whether factors already known to predict perpetration of dating violence and emotional abuse were also predictive of adolescent coercive control and whether gender and problematic personality traits were both predictive of adolescent coercive control in the same way they are known to predict coercive control perpetration by adults.

3.4.2 Brief summary of the research findings

Primary analysis

The primary analysis found that some of the variables already associated with physical and verbal forms of ADA (Vagi et al., 2013) also demonstrated an association with adolescent coercive control. The personal variables indicating a significant positive association with increased endorsement of the coercive control perpetration items included those relating to increased hostility and increased anxiety. The attitude variables found to be significantly

associated were those reflecting a non-violent approach to resolving interpersonal peer violence (as a protective factor), along with gender stereotypical attitudes towards women and acceptance of couple violence (as perpetuating factors). The risk variables indicating a significant association included recent participant substance misuse, exposure to coercive control within the family unit, experience of physical abuse in childhood and experience of sexual abuse in childhood.

Contrary to findings from the adult literature (Johnson, 2008; Stark, 2007), there was no gender difference observed in the frequency at which participants endorsed coercive control perpetration items. However, the analysis found that the borderline and antisocial personality traits most commonly associated with adult perpetration of coercive control were also significantly associated with adolescent endorsement of the coercive control perpetration items.

Secondary analysis

The findings from the secondary analysis indicated that, whilst some of the variables were associated with increased endorsement of coercive control items for both boys and girls, other variables only demonstrated an association for one gender when a gender interaction was introduced to each of the models.

With regard to the personal variables, whilst girls evidenced an association between increased hostility and endorsing coercive control perpetration items, there was no effect for boys in relation to this variable. Conversely, whilst boys evidenced an association between increased anxiety and endorsing coercive control perpetration items, there was no effect for girls.

For the attitude variables, the secondary analysis findings indicated that girls were less likely to engage in coercive control when they endorsed attitudes supportive of pro-social peer conflict resolution methods. However, the endorsement of these attitudes had no effect on boys' use of coercive and controlling intimate relationship tactics. Conversely, the findings indicated that boys were more likely to engage in coercive control when they endorsed gender stereotypical attitudes towards women, whereas girls were less likely to coerce and control their intimate partner when they endorsed these attitudes.

Secondary analysis of the risk variables found that, again, the pathway towards coercive control appears to differ between girls and boys, with boys evidencing a greater likelihood of engaging in coercive control when they had reported adverse life events, such as witnessing coercive control within the family or experiencing sexual abuse. However, with the

gender interaction added to the model, there was no association identified for girls in relation to these two variables. Physical abuse victimisation continued to show an association with coercive control perpetration regardless of gender.

Finally, secondary analysis of the personality variables found no significant difference between girls and boys when a gender interaction was introduced to the model. This means that the positive association found between personality pathology and adolescent coercive control perpetration is evident regardless of gender.

3.4.3 Key findings of the research

Understanding gender symmetry in adolescent coercive control prevalence

Coercive control is commonly cited as an almost exclusively male-perpetrated behaviour within the adult intimate partner abuse literature (Johnson, 2008; Stark, 2007). Those who defend this perspective tend to align with evolutionary (Daly & Wilson, 2017; Daly et al., 1982) or feminist theory (Dobash & Dobash, 2004; Dobash et al., 1992) and offer explanations of the behaviour in the context of mate-guarding, patriarchal social values, sexual inequality and the oppression of women (Stark, 2007, 2012). However, the findings of the current study indicate that adolescent girls are engaging in coercive and controlling relationship behaviours at a similar rate to adolescent boys, thereby replicating the 'gender symmetry' observed by researchers of ADA more generally (Hamby, 2014; Hamby & Turner, 2013; Myhill, 2015).

Contrary to the arguments of male control theory advocates (Daly et al., 1982; DeKeseredy, 2011; Dobash & Dobash, 2004; Franklin et al., 2012; Stark, 2007), the findings of the current study indicate that adolescent coercive control cannot be explained entirely by either a feminist or evolutionary narrative, or else the gender symmetry observed in the current study sample would be unlikely. It is therefore necessary to consider whether adolescent coercive control might have an entirely different theoretical underpinning to that of adult coercive control. Alternatively, it might be that, whilst male control theory still has relevance for understanding coercive control perpetration by adolescent males, female perpetration follows a different trajectory, which would suggest it should be studied and addressed through a different theoretical lens.

Moving away from using male control theories to explain adolescent coercive control

If we are to adopt the view that adolescent coercive control has an entirely different theoretical basis to adult coercive control, there are several alternative perspectives that might

be applicable. The first of these is that adolescent coercive control might be better explained by 'violence theory' (Archer, 2002; Dutton, 2012; Felson, 2010; Hamel et al., 2007; Straus, 2011), which assumes that girls and boys are equally capable of perpetrating abuse towards one another in an intimate relationship context, regardless of the form it takes. The gender symmetry observed in the current study also aligns with findings from the adult 'violence and control' literature, where some scholars have reported women using violence to control an intimate partner just as much as their male counterparts (Felson & Outlaw, 2007; Stets & Hammons, 2002). With each of these interpretations, there is an assumption that perpetrators will engage in the abusive behaviour irrespective of any societal influence or evolutionary propensities related to male control.

Social learning theory (Bandura, 1977) is another highly influential perspective in the ADA research and intervention field. If we interpret the gender symmetry found in the current study through a social learning lens, we might conclude that adolescents are adopting coercive and controlling tactics from observing these behaviours in their environment. They are then seeking to implement them in the same way children learn and imitate other forms of violence (Lewis & Fremouw, 2001). Historically, children and adolescents might have only witnessed coercive control if it occurred at home between their primary caregivers. In this scenario, the child may have perceived the perpetrator to have obtained certain rewards associated with increased power and status and then sought to gain the same rewards in their own relationships, resulting in an intergenerational effect (Anderson & Kras, 2005; Whitaker et al., 2006). However, with the surge in technology use and the increasingly influential role of smart phones in the lives of children and adolescents over the past decade (Korchmaros et al., 2013; Stonard et al., 2017), it could be argued that young people are being exposed to more violence and abuse than they ever have before. Again, if the perpetration of coercive control in intimate relationships is portrayed through media and social media as offering some kind of reward, the risk of adolescents copying the tactics used will increase.

The current research indicates that, in line with the findings of Johnson (2012), there is an association between witnessing coercive control in the family and perpetrating coercive control for boys, but not for girls. However, research has indicated that girls spend more time accessing social media and experience a greater negative impact on their emotional wellbeing than boys as a result of this activity (Twenge & Martin, 2020). Therefore, it might be that exposure to these behaviours through media channels is influencing adolescent girls to coerce and control their intimate partners in a way that exposure at home does not, which again, might lead us to interpret the gender symmetry observed using social learning theory.

Consideration could also be given to whether the gender symmetry found in the current study reflects a generational move towards greater fluidity in gender norms, meaning that adolescents are now less influenced by the traditional norms that might subjugate women and girls (Fernández-Fuertes et al., 2019). Over the past decade, we have seen a growing body of academic literature that questions perceptions of transgender people as suffering from a 'condition' (Butler, 2002; Halberstam, 2016). Instead, these advocates see gender as a continuum of characteristics that happen to map onto the existing social constructs of masculinity and femininity. If this is the case, perhaps we will witness a shift towards gender symmetry in adult coercive control, as the children and adolescents currently identifying with these less prescriptive norms become adults over the next decade.

Applying different explanations and theories according to gender

An alternative explanation for the gender symmetry observed is that coercive control can still be explained by male control theory when we are seeking to understand why adolescent boys might become perpetrators and that girls' perpetration can be explained by a different theoretical model. After all, boys are regularly exposed to social norms that promote gender inequality from an early age (Cislaghi & Heise, 2020; Cole et al., 2018), especially with increased exposure to social media influencers over the past decade, some of whom promote male dominance and portray violence and abuse towards women as a representation of positive masculinity (Koester et al., 2024; Scharrer & Warren, 2021). So, if male control theory can still be applied to adolescent male populations, we need to consider why we are also seeing coercive control being perpetrated by their female peers when gender symmetry is not typically seen in the adult world.

One possibility might be that the school environment offers some protection from the patriarchal messages that encourage male dominance and female submission. There is increasing pressure on schools to promote equality and arguably less exposure to the level of gender discrimination that women might experience in their relationships and employment in adulthood. Adolescent girls might also feel empowered by the messages they receive via some of the political responses to male violence over recent years. For example, we know that the protection of women and girls has been a key focus for advocates, politicians and legislators in addressing ADA, illustrated by publication of the UK's 'Tackling violence against women and girls strategy (2021)[34] and the United States' 'Strategy to Prevent and Respond to Gender-

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[34] https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy

Based Violence Globally (2022)[35]. Furthermore, some of the feminist political movements, such as #metoo, have received considerable public attention over recent years, which may also act to empower adolescent girls, mitigating the impact of gender stereotypical messages they might be exposed to through other media forums. Indeed, the narrative promoted by some online misogyny groups may actually trigger a stronger oppositional response from adolescent girls in the context of the wider feminist narrative, rather than causing them to revert to a more submissive female gender stereotype.

Another explanation might be that girls use coercion and control in their relationships as a way of retaliating or protecting themselves against male coercive control, which aligns with the feminist perspective (Barter, 2009; Foshee et al., 2007; Johnson, 2008; Stark, 2007) and also supports findings from the wider adolescent dating abuse literature (Watson et al., 2001). If we are to consider this explanation through a typology lens, then adolescent girls could possibly be placed within Johnson's category of either 'violent resistance' or 'mutual violent control'. However, the first of these lacks the elements of control and coercion which are evident amongst girls in the current research findings. Furthermore, mutual violent control is considered a relatively rare phenomenon in the adult literature, owing to the extremes typically adopted by partners who are both seeking control over the relationship (Johnson, 2008). Instead, it might be more helpful to consider the dating abuse typologies developed specifically for adolescent populations (Conroy & Crowley, 2021; Reidy et al., 2016), where adolescent girls who perpetrate coercive control might best be understood as either emotional aggressors (reporting psychological abuse and control only) or multiform aggressors (reporting more serious violence with or without coercive control).

Use of caution when examining gender symmetry

As a final reflection on the gender symmetry debate, Kimmel (2002) makes an important point; that we need to be clear on what we mean by the term when conducting research into relationship abuse and violence. For example, are we concerned with the frequency of violent and abusive acts perpetrated by males and females; the motivations for engaging in these behaviours; or are we comparing the consequences of the abuse according to gender? Kimmel goes on to express concern that often, literature reviews and meta-analyses will offer judgments on gender symmetry in intimate partner abuse based on an amalgamation of research papers that are, essentially, asking different questions. In the same

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[35] https://www.state.gov/reports/united-states-strategy-to-prevent-and-respond-to-gender-based-violence-globally-2022/

way this approach risks compromising the veracity of the adult literature, the emerging ADA evidence base is equally vulnerable to such distortion. As such, it is important that those investigating the role of gender in adolescent coercive control are looking at the motivations and consequences of these behaviours for girls and boys and not just the frequency of perpetration.

The pathways towards adolescent coercive control differ according to gender

The current research has found that girls and boys are perpetrating coercive control within their intimate relationships at a similar frequency. However, in line with findings from the broader ADA evidence base, they appear to be following different pathways towards the behaviour (Boivin et al., 2011; Cleveland et al., 2003; Foshee et al., 2008; Schnurr & Lohman, 2013). This would indicate that the theory used to inform practice and policy should be developed according to gender and that programmes should not be designed and implemented using an entirely gender-neutral approach.

For boys in the current study, the variables showing a significant association with coercive control perpetration were: increased anxiety, endorsing gender stereotypical attitudes towards women, acceptance of couple violence, recent substance misuse, witnessing coercive control in the family, experience of physical abuse, experience of sexual abuse and the presence of both borderline and antisocial personality traits. The variables found to be significantly associated with coercive control perpetration for girls in the sample were increased hostility, rejection of gender stereotypical attitudes towards women, acceptance of couple violence, delinquency, experience of physical abuse and the presence of both borderline and antisocial personality traits.

Exposure to traumatic experiences

The identification of an association between exposure to traumatic life events (such as abuse and violence) and coercive control perpetration, for both girls and boys, mirrors findings from the wider adolescent dating violence literature (Bank & Burraston, 2001; Cadely et al., 2019; Coid et al., 2001; Wekerle & Avgoustis, 2003; Wolfe et al., 2009), as well as the adolescent *general* violence literature (Gómez, 2010; Jaffee et al., 2004; Widom, 1989). The association identified could be explained by social learning theory; where the study participants engaging in coercive control are imitating abusive behaviours encountered in their immediate environment, perceiving such behaviour to result in personal benefits (Bandura, 1977). However, whilst girls in the sample demonstrated an association with just one adverse life event (prior experience of physical violence victimisation), boys evidenced coercive control

associations with prior sexual abuse and witnessing coercive control at home, as well as physical violence victimisation. This finding is in line with previous research that demonstrates the association between witnessing intimate partner violence in childhood and later externalisation of problem symptoms is far greater for boys than for girls (Evans et al., 2008; Johnson, 2012; Lavoie & Vézina, 2002; O'Keefe, 1997). Other studies, however, have found an association for both genders (Foshee et al., 1999; Malik et al., 1997), whilst some have found no association at all (Foshee & Matthew, 2007; Lavoie et al., 2002). If we are to assume that boys are more vulnerable to learning behavioural scripts from their home environment than girls, social learning theory might suggest that girls are more likely to learn behaviours from influences outside of the family setting, such as via their peers or from social media influencers.

An alternative explanation could be that adolescent coercive control perpetration is a consequence of traumatic stress. In line with findings from the physical aggression literature (Farrell et al., 2020), we might argue that continued exposure to violence within an adolescent's environment eventually leads to emotional desensitisation, which is associated with higher levels of interpersonal aggression (D'Andrea et al., 2012; Mrug et al., 2016).

The literature tells us that many children who have experienced trauma will demonstrate resilience and recover from the traumatic experience (Marsiglio et al., 2014). However, some develop serious mental health problems and associated problematic behaviours (Felitti & Anda, 2010; Lansford et al., 2002; Smith et al., 2006). Ford, Fraleigh and Connor (2009) have previously suggested that, when trauma is experienced during a person's formative years, the individual's executive functioning becomes compromised, leading to impairment in thought, emotion and behaviour. Consequently, when an adolescent is left to manage the psychological and physiological stressors connected with the trauma over time, their resources will eventually deplete. This leads to a more entrenched tendency towards rigid thoughts and beliefs, reduced capacity to regulate emotions and failure to learn and adopt pro-social, adaptive coping strategies. Ford et al (2009) state that if these trauma symptoms are not identified and interventions provided, the adolescent is then at risk of engaging in 'victim coping' as a means of avoiding further harm, which typically manifests as emotion dysregulation, impulsivity, distorted cognitions and a lack of empathy for others.

If we examine the current research findings through a trauma lens, we might infer that both genders are perpetrating coercive control as a result of experiencing past trauma, either as a direct victim of abuse or through witnessing abuse within the family. As such, the behaviour might be understood as a manifestation of 'victim coping'.

Gender differences in trauma pathways

Trauma theory might also helpfully explain the gender difference in emotional states reported by adolescents in the sample, where hostility was associated with coercive control perpetration amongst girls, yet anxiety was reported more often by male perpetrators in the sample. According to the trauma literature, girls are significantly more likely than boys to follow a trauma pathway where dating violence perpetration is driven by anger (Boivin et al., 2011; Wekerle et al., 2001; Wolfe et al., 2004). In turn, this increases the risk of them engaging in antisocial (Fontaine et al., 2009; MacMillan et al., 1997) and aggressive behaviour (Dodge et al., 1994). Girls have also been found to present a higher risk of responding aggressively against an intimate partner when previous traumas have been triggered, perhaps as a result of playful grabbing or restraining by an intimate partner (Meiser-Stedman, 2002). Trauma theory would also explain why girls in the sample demonstrated a significant association between delinquency and coercive control perpetration, with this behaviour perhaps representing another outward manifestation of 'victim coping' (Marsiglio et al., 2014) and an attempt to alleviate heightened angry arousal symptoms.

For boys in the sample, significant associations were identified in relation to anxiety and substance misuse with the perpetration of coercive control. If we are to continue examining the gender differences observed through a trauma lens, it would seem that boys who experience trauma are more likely to internalise these experiences, leading to heightened anxiety and avoidant coping. The perpetration of coercive control towards intimate partners might, therefore, be explained by boys developing a more anxious attachment style in response to past trauma, where their control tactics stem from a fear of losing their intimate partner, rather than an expression of anger and hostility. Some existing research has identified a link between anxiety and adolescent partner abuse, with a similar degree of association reported for both genders (Penado Abilleira et al., 2019). However, in other studies anxiety has been identified as highly relevant to the perpetration of ADA for boys only (Boivin et al., 2011). Specific anxieties reported by males have included a perceived lack of control, anxiety about relationships more generally and perceptions of an unfavourable power balance with their intimate partner (Giordano et al., 2010; Grych & Kinsfogel, 2010; Kessler et al., 2001).

If we are to assume that adolescent male perpetration of coercive control follows a trauma pathway characterised by feelings of anxiety and internalised emotional distress, the reported recent use of substances by boys in the current study could be seen as a maladaptive avoidant coping method. This would align with related findings from the developmental trauma literature, where substance abuse severity has been observed to increase significantly

with the co-occurrence of avoidance symptoms (such as those demonstrated by boys) and to decrease with the arousal symptoms that might be more prevalent amongst girls (Donbaek et al., 2014).

The role of attitudes according to gender

The current study found a significant association between acceptance of couple violence and coercive control perpetration for both boys and girls in the sample, with boys' perpetration also associated with endorsing gender stereotypical attitudes towards women. From a theoretical perspective, a person's attitudes and beliefs are considered to be an important mediator for various types of interpersonal violence (Wolfe et al., 2004). However, there have been mixed views on the relevance of attitudes to the perpetration of ADA (Avery-leaf et al., 1997; Reitzel-Jaffe & Wolfe, 2001), especially in relation to male aggression towards female partners. Social learning theory tells us that young people are more likely to develop pro-violence attitudes when such attitudes prevail in the family home (Anderson & Kras, 2005; Bandura, 1977), particularly if the expression of these views is met with perceived rewards.

In adolescence, increasing exposure to the developing attitudes and beliefs of peers can lead to a more entrenched pattern of social values and norms (Cook et al., 2019; Wenhold & Harrison, 2021) and in the case of adolescent boys, all-male peer groups are considered to have a particularly powerful effect on shaping and maintaining shared attitudes (Kornienko et al., 2016; Rose & Rudolph, 2006). Social learning theory might suggest that the expression of certain attitudes amongst fellow male peers may provide rewards in the form of acceptance and elevation of status, thereby reinforcing the underlying values expressed.

Another way in which adolescent boys might experience reinforcement of attitudes that promote relationship abuse is through exposure to internet content and social media (Giaccardi et al., 2016; Roberts & Wescott, 2024). The past five years have seen the increasing presence of online social media influencers, some of whom promote male dominance and portray violence and abuse towards women as a representation of positive masculinity (Koester et al., 2024; Scharrer & Warren, 2021). In cases where adolescent males might already be impacted by past trauma, there may be an even greater risk of these young men gravitating towards role models who provide them with validation whilst encouraging the adoption of harmful gender norms (Greenwood & Lippman, 2010).

If we return to consider the feminist literature that typically underpins our understanding of *adult* coercive control, the association between endorsing gender stereotypical attitudes towards women and coercive control perpetration for boys in the

sample might be explained by exposure to patriarchal values from a growing range of environmental sources, to include both media and social media. Meanwhile, social learning theory might identify the reinforcement of hostile attitudes through the suggestion of shared rewards to include power, status and wealth (as representations of masculinity).

In summary, the current research has found that, whilst there is gender symmetry in coercive control perpetration within the sample, the pathways towards this form of relationship abuse differ according to gender. Essentially, whilst trauma theory appears relevant to both genders, findings from the current study would indicate that girls are responding to trauma through external expressions of anger and hostility, whereas boys are internalising their traumatic experiences, resulting in anxiety and the adoption of avoidance coping methods, such as substance misuse. Boys appear to be particularly vulnerable to external influences that can reinforce hostile and ADA supportive attitudes whilst offering opportunities for validation and the promise of enhanced status and material rewards.

These findings have particular relevance for ADA prevention interventions, as the majority of programmes delivered by school and community providers over time have adopted a gender-neutral approach (Meyer & Stein, 2004; Rogers et al., 2019; Sánchez-Jiménez et al., 2018; Vives-Cases et al., 2019; Wolfe et al., 2003). Some scholars have suggested that girls gain additional benefits from receiving all-female group interventions (Chaplin et al., 2006) and several have advocated for the separation of genders when delivering ADA prevention programmes (Anderson & Whiston, 2005; Foshee et al., 2001; Gidycz et al., 2006). The current findings add to the academic debate and offer support for a move away from the gender-neutral, all-inclusive educational approach currently adopted.

Trauma and personality are associated with adolescent coercive control perpetration

The primary research presented in this thesis has indicated that, in line with the adult literature (Holtzworth-Munroe & Stuart, 1994; Johnson, 2012), adolescent coercive control is associated with both borderline and antisocial personality traits. When investigated in the context of the other associated variables, it would appear that the pathway towards adolescent coercive control for both boys and girls can be explained, at least in part, by trauma theory.

When an individual has experienced adverse life events, particularly when the trauma has been experienced over time and their resultant symptoms have been repeatedly overlooked, they will be more likely to develop certain mental health conditions, to include personality disorders (Bozzatello et al., 2021; Geselowitz et al., 2021; Herzog & Schmahl,

2018). According to the adult aggression research literature, differences in personality profiles have been found between men and women who have perpetrated intimate partner violence and abuse, with male abusers more likely to exhibit 'cluster A' personality traits, associated with distrust, suspicion and dissociation, and women more likely to present with 'cluster B' traits, associated with aggression, instability and a lack of empathy (Varley Thornton et al., 2010). Importantly, these personality differences were not found for other types of violence by the study authors. This supports the argument that ADA should be studied and addressed according to gender and not viewed as a behaviour that manifests in similar ways for both girls and boys (Anderson & Whiston, 2005; Foshee et al., 2001; Gidycz et al., 2006).

3.4.4 Final reflections on study findings

In summary, the findings of the current study indicate that adolescent coercive control perpetration follows a trauma pathway for both genders, with boys demonstrating vulnerability to a wider range of adverse life events than girls. The findings also illustrate gender asymmetry with regard to the experience and manifestation of trauma symptoms; where girls tend to exhibit outward hostility, accompanied by delinquent behaviour, whilst boys manage their distress inwardly, typically experiencing anxiety and using substances as an avoidant coping strategy. Research indicates that, when there is no intervention to address trauma symptoms, or the intervention offered is inadequate, a child is far more likely to develop emotion dysregulation and mental health problems. The identification of borderline and antisocial personality traits for both male and female perpetrators is, therefore, unsurprising.

3.4.5 Study limitations

The study was limited by several factors, which will be outlined and discussed in the paragraphs that follow.

Terminology used to classify gender

An important limitation to the study was in relation to the terminology used to classify participant gender in the questionnaire. As previously outlined, when the research was undertaken in 2017, participants were asked to report their 'sex' rather than gender, with the options of either 'male' or 'female' available for them to select. Since that time, the literature around gender has developed considerably and we now have a far more nuanced understanding of gender, with a broader range of options by which people can identify themselves. If the study were to be replicated with other samples, gender should be recorded as 'gender' rather than sex, using a full range of classification options.

Limitations with the sample

Although the sample size was sufficient to achieve adequate statistical power, only one of the three schools approached agreed to support the research. A greater number of participants would have increased the statistical power, which would have given greater confidence in the associations identified. Another limitation related to the lack of diversity in the sample, with 81.1% of participants identifying as white British and 6.1% as any other white background. The school is also located in a relatively affluent suburb with less crime and poverty affecting the local area than an inter-city school might face, meaning the data may have been disproportionately representative in relation to class / economic status. A more diverse sample would allow for greater generalisability of the findings, which could be achieved by repeating the study in schools in different locations and with a wider representation of ethnicities.

Also of potential relevance is that the sample invited participation from students who were attending school and had not been 'opted out' by their parents. Inherent in this sample selection method is the risk that those who participated may have represented a more pro-social cohort, with an absence of students who may have been excluded from school, opted out by their parents or had truanted from school on the dates of data collection. Government data[36] and academic research (Machin & McNally, 2005) indicate that, historically, boys have had higher rates of absenteeism than girls, with reasons for this including boys being less engaged in academic content and more susceptible to peer influence and the social 'masculinity' norms that encourage risk taking. This presents a further potential limitation of the study, specifically in relation to the gender symmetry argument, with anti-social boys perhaps less likely to have been in school and taken part in the study than anti-social girls.

Limitations with study measures

There are limitations to collecting responses using self-report measures. Scholars working in the area of ADA have expressed concerns that adolescents sometimes lack the capacity to determine whether a physical act constitutes aggression or 'horseplay' and whether a behaviour is controlling or represents a caring gesture, and this is thought to be particularly the case with boys. At the time of creating the study questionnaire, there was no comprehensive, validated measure available to assess coercive control perpetration amongst adolescents. Instead, a coercive control variable was constructed by extracting items from the Safe Dates 'psychological abuse scale' (Vangie A. Foshee et al., 1996). Additional researcher

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[36] Pupil absence in Schools in England by gender (referenced by location of pupil residence) - data.gov.uk

generated questions were also incorporated to capture evidence of coercive and controlling behaviours perpetrated in the context of cyber dating abuse. Coercive control differs from emotional and verbal abuse, owing to the pattern of abusive behaviours evident, where various techniques and strategies are implemented to control the intimate partner. Therefore, a validated measure that elicits the types of strategies being used, along with the frequency of the behaviours reported, would offer a clearer representation of the extent and severity of the problem.

It might be that the responses elicited by the current study, especially in the case of boys, were influenced by limited participant awareness of the nature of their own relationship behaviours, as well as the behaviours of others. For example, some of the participants may have become desensitised by coercive control perpetrated at home and amongst their peers, meaning that they no longer recognise it as an abusive behaviour. Alternatively, some of the participants might have been aware of coercive control and how it manifests, but reluctant to report using or witnessing these tactics, for fear of their responses being traced. These limitations could be addressed through continued efforts by schools and wider communities to raise awareness of coercive control as a harmful form of relationship abuse and to encourage open, non-judgmental dialogue about how and why people might engage in these behaviours.

A final limitation relating to the measures used for the current study relates to issues around validity. Owing to an absence of validated measures to capture adolescents' perceptions of parental involvement in their lives, a measure validated for use with parents was adapted. That is, instead of asking questions of parents about their involvement in their child's life, the questions were adapted to elicit the perceptions of the adolescent participants. Indeed, Cronbach's alpha for both the adapted parental involvement and the attachment measure was found to be poor when applied to the current study data. This means that each of these variables might have shown an association with coercive control perpetration, had the measures used demonstrated greater validity.

Limitations in the study methodology

The current study tested variables already known to predict adolescent dating abuse more widely, to include acts of physical, verbal and emotional abuse. However, the majority of ADA research has been undertaken in the US, meaning that the causes and correlates identified by literature reviews have only been established as relevant within US adolescent samples. This potentially limits the generalisability of the identified variables and risks omitting other risk and protective factors that might have been relevant to a UK adolescent sample.

This limitation could be addressed through ongoing exploratory research to determine likely causes of adolescent coercive control across other countries and cultures.

3.4.6 Lessons for future research

The current study has identified several gaps in the adolescent coercive control literature, which could be addressed by future research. In the paragraphs below, the thesis will offer specific suggestions for future research directions.

Suggestions for qualitative research

Investigating adolescent awareness of coercive control

The current study has raised questions around the extent to which adolescents are aware of coercive control. In particular, whether they can effectively differentiate between behaviours that might reflect care and concern and those that represent an intention to control and coerce an intimate partner. Qualitative research, perhaps undertaken through the delivery of focus groups with adolescents, could provide a much clearer picture of any limitations in awareness. In turn, the findings could be used to shape and inform the design and delivery of relevant initiatives to address any knowledge and awareness gaps identified.

Exploration of motives according to gender

Quantitative research is necessary to establish who might be engaging in coercive control perpetration, which then enables us to provide hypotheses around potential pathways towards this behaviour. However, there are limitations to quantitative data, as they do not provide any clarity around possible motives and how these might differ according to gender. The current research has indicated that, in line with developmental trauma theory, girls might be demonstrating a hostile trauma response when they perpetrate coercive control, whereas boys seem to be driven by anxiety and heightened vulnerability to external negative behaviour reinforcement from their immediate environment. Exploratory research would, therefore, be helpful to determine the differences in motives between girls and boys, with a view to testing the trauma pathways explanation offered within this thesis.

Using social learning theory to determine influences according to gender

Whilst the current study identified an association between witnessing coercive control within the family and coercive control perpetration in the case of boys, there was no association found for girls. Social learning theory might explain this connection in terms of boys perceiving benefits to controlling an intimate partner, having observed these benefits within their own homes. If girls are not being influenced by witnessing coercive control at

home in the same way boys are, qualitative research might help to determine the sources most likely to influence girls. This should include consideration of the role of technology, media and peers in promoting and reinforcing female perpetration of coercive control.

Suggestions for further quantitative research

Further testing of the associated variables

The current research makes an important contribution to the existing ADA literature by identifying variables that demonstrate an association with adolescent coercive control. Further quantitative research would be beneficial to test the identified associations with larger samples to establish a greater effect size. There would also be merits to testing the variables with samples from different nationalities, ethnic groups, cultures and social backgrounds, with a view to establishing generalisability.

Investigating protective factors

Some scholars have argued that, as well as identifying risk factors associated with ADA, researchers should also be examining protective factors, with a view to establishing which variables might mitigate the risk of perpetration by adolescents (Espelage et al., 2020). There have also been calls from the adult violence literature for greater exploration of how adaptive personality traits might influence the development of offending behaviours (Varley Thornton et al., 2010). Although the current study identified that the endorsement of non-violent attitudes towards interpersonal peer conflict might protect against coercive control perpetration amongst adolescent girls, this was the only potentially protective variable tested. Future quantitative research to explore factors that might mitigate against the risk of coercive control perpetration for both boys and girls would be beneficial, therefore, to develop the evidence base and enhance prevention efforts.

Other suggestions for future research

Drawing from the broader violence literature

Coercive control is an emotionally abusive relationship behaviour described in the literature as a form of 'intimate terrorism' (Johnson, 2008). Therefore, the literature on terrorism and torture might offer valuable insight to inform our current understanding of coercive control perpetration. Both behaviours involve a process of deconstructing the victim's identity, leading to conduct that counters their values and beliefs (Pain, 2014; Quiroga & Jaranson, 2005) and increases the potential for longer-term trauma symptoms to develop (Herman, 1997). Victims of both torture and coercive control are also required to engage in

'emotional labour' (Mann, 2005); where they present a façade to mask their genuine thoughts and feelings in an effort to maintain their safety, leading to increased stress, anxiety, depression and disassociation from authenticity (Erikson & Grove, 2008). In the same way, parallels can be drawn between coercive control and bullying, where victims of both behaviours encounter repeated acts of abuse using a variety of methods to cause harm.

Chapter 4: Conclusions

4.1 Restating the problem

Adolescent dating abuse (ADA) is a serious public health concern that leads to adverse outcomes for young people. Related consequences are noted in the literature to include an increased risk of injuries requiring medical attention and suicidal ideation (Muñoz-Rivas et al., 2007; Nahapetyan et al., 2014). Associations have also been made between ADA and poor academic performance, depression, substance misuse, eating disorders, risky sexual behaviour, unplanned pregnancy and sexually transmitted infections (Barter & Stanley, 2016; Decker et al., 2018; Dosil et al., 2022; Shorey et al., 2015; Wincentak et al., 2017). In the longer-term, research suggests that young people who experience abuse within their adolescent relationships are more likely to engage in violent and abusive relationships in adulthood (Foshee et al., 2009; Williams et al., 2008).

Coercive control is a specific form of intimate relationship abuse, which has received relatively little attention in the ADA literature (Bowen & Walker, 2015; Giordano et al., 2010). This is unsurprising, given that the crucial contextual factors that enable a pattern of control and coercion to be established (such as cohabitation, co-parenting and economic dependency) are typically missing from adolescent relationships. However, with the significant surge in smart phone use amongst adolescents over the past decade (Subrahmanyam & Greenfield, 2008; Turner, 2015), it has become increasingly possible for teenage intimates to control their dating partners through the use of technology, despite the absence of other lifestyle co-dependency factors (Baker & Carreño, 2016; Korchmaros et al., 2013; Linares et al., 2021; Stonard, 2019).

There is wide consensus amongst experts that insufficient evidence is available to provide a clear theoretical understanding of ADA (O'Keefe, 1997; Sugarman & Hotaling, 1989; Vagi et al., 2013). This is especially true for coercive control; a form of relationship abuse that has only recently been recognised as present and prevalent within adolescent populations (Lagdon et al., 2023). Barter (2009) noted the pressing need to respond to violence and abuse within young people's relationships as a priority over a decade ago, whilst simultaneously expressing concern that, without a clear theoretical understanding, the development of ADA prevention policy and practice would remain limited. However, despite the theoretical uncertainty identified by Barter, interventions continue to be developed and delivered, regardless of the scant evidence base available to inform their design.

4.2 Purpose of the thesis

This thesis makes a unique and important contribution to the adolescent coercive control literature through the use of both systematic review and primary research methods. The review sought to investigate how intervention providers were informing, designing and delivering prevention programmes for adolescents, given the identified limitations in theoretical understanding of adolescent coercive control. This was achieved through systematically reviewing ADA evaluation studies that met the review inclusion criteria and assessing the extent to which a comprehensive evaluation framework (Bowen & Gilchrist, 2004) had been adopted to ascertain 'what works'. The primary research sought to test whether previously identified variables from the ADA (Vagi et al., 2013) and adult coercive control (Holtzworth-Munroe & Stuart, 1994; Johnson, 2008; Stark, 2007) evidence bases were also associated with the perpetration of coercive and controlling behaviours within an adolescent sample.

4.3 Summary of thesis findings

Systematic Review

The systematic review identified that, despite Bowen and Gilchrist's call for a move towards more comprehensive, holistic programme evaluations (2004), ADA evaluation studies published since that time have typically continued to focus on assessing programme outcomes. Furthermore, most of the included studies failed to analyse the key components of programme theory, design, process and implementation, in accordance with Rossi et al's evaluation hierarchy (2004; 1993) and did not seek to investigate the interplay between each of these key elements, the participants and the programme facilitators.

In line with the findings of previous systematic reviews of programme evaluation studies (Benham-Clarke et al., 2023; De Koker et al., 2014; Fellmeth et al., 2013), several of the included studies were considered to have been of poor quality, with evidence of serious biases and methodological flaws. The majority failed to provide any longitudinal data to measure the longer-term impact of the intervention and the measures used to assess post-programme impact were largely considered unsuitable for detecting behaviour and attitudinal changes amongst adolescents.

Although all of the programmes evaluated sought to target non-physical forms of ADA, such as coercive control, only a third of the included evaluation studies assessed programme effectiveness in addressing these behaviours. Of those that sought to do so, less than half

referred to psychological aggression as a more sustained and harmful behaviour, and less than a third specifically discussed and sought to evaluate programme impact on coercive control.

Of the five studies that actively sought to measure programme impact on coercive control, only three reported findings suggestive of positive change attributable to the intervention evaluated, with the remaining two reporting no significant intervention effects.

Primary research

The findings of the primary research indicated that adolescent coercive control perpetration appears to follow a trauma pathway, with boys demonstrating vulnerability to a wider range of adverse life events than girls. The findings also illustrated gender asymmetry with regard to the experience and manifestation of trauma symptoms; where girls tend to exhibit outward hostility, accompanied by delinquent behaviour, whilst boys manage their distress inwardly, typically experiencing anxiety and using substances as an avoidant coping strategy. Borderline and antisocial personality traits were associated with coercive control perpetration for both boys and girls, irrespective of the associated trauma symptoms.

At a theoretical level, whilst both trajectories can be understood through a trauma lens, the reinforcement of certain attitudes and behaviours might best be explained by social learning theory. Furthermore, whilst male control theory does not appear to *fully* explain adolescent coercive control (as it tends to in the adult literature), the feminist perspective is still felt to be relevant to our understanding of adolescent male attitude formation, especially with the increase in online promotion of patriarchal values and unhealthy gender norms over the past decade.

4.4 Implications for academic knowledge

This thesis provides findings and subsequent theoretical analysis considered unique to the field and of critical value to current scholastic debate, supporting essential growth of the existing ADA and adolescent coercive control evidence bases. Comprehensive discussion of how the thesis findings bridge gaps in the existing literature can be found within each of the main research discussion chapters (2 & 3), to include critical analysis of how they either support or contradict previous research findings and existing theoretical perspectives. However, a summary of the key implications for academic knowledge will now be provided for ease of reference.

Systematic review

The systematic review (Chapter 2) identified that ADA prevention programme evaluation studies typically lack the methodological rigour needed to effectively assess whether a programme is successfully targeting and addressing adolescent dating violence. Furthermore, most of the included studies failed to assess programme components considered essential in establishing what works for whom and under what circumstances (Bowen & Gilchrist, 2004; Rossi et al., 2004). For example, there was limited consideration given to the theory used to inform programmes and an absence of regard for the important interplay between the intervention, the context and the people involved (both participants and facilitators).

Where reference was made to programme theory, the review found that interventions were largely guided by theory derived from the adult literature, despite recognition by scholars that adolescent intimate relationships are different to those of adults and, therefore, should be viewed through a different theoretical lens (Davies, 2023b; Goldman et al., 2016). The review also found a lack of consensus on the theory considered to be most suitable to address ADA by programme developers, whilst some appear to have developed interventions without any theoretical underpinning.

Of particular relevance to this thesis, despite claiming to target non-physical forms of ADA, very few of the programmes evaluated attempted to address coercive control. Furthermore, where interventions had, indeed, referred to coercive control specifically and made efforts to intervene, evaluation studies typically failed to assess whether there may have been a reduction in coercive control perpetration.

That said, the review identified one study that evaluated an intervention specifically designed to address adolescent coercive control using social norms theory. Detail was provided in relation to the rationale for adopting a social norms approach with adolescents, with reference made to successes found in addressing other areas of problematic adolescent conduct. The review found the methodological approach taken by the study evaluators to be one of the most robust and comprehensively detailed of the included studies, which added credibility to the promising findings reported.

Chen (2012) has suggested that, regardless of how well an intervention is designed and implemented, it will fail to bring about any meaningful benefits if the evidence base and theory used to inform the programme are faulty or insufficient. The current review has found that the ADA evidence base remains limited, especially in relation to adolescent coercive control. This means that we continue to lack a robust theoretical understanding of these

complex behaviours. If we are to begin effectively targeting ADA, to include the coercive and controlling behaviours consistently reported to be those most prevalent amongst adolescents (Cornelius & Resseguie, 2007; Dosil et al., 2022; Villafañe-Santiago et al., 2019; Wolfe et al., 2004), we need to be constructing and applying theory from robust scientific evidence. The need to prioritise research in this area is therefore pressing.

Primary research

The primary research (Chapter 3) found that both male and female adolescent perpetrators appeared to be following a trauma pathway, resulting in the use of control and coercion towards intimate partners. However, for girls, these behaviours appeared driven by anger and hostility, whereas boys' control tactics seemed to stem from anxiety and a fear of losing their intimate partner. At a theoretical level, both trajectories can be understood through a trauma lens, although the reinforcement of certain attitudes and behaviours can be explained by social learning theory. Whilst male control theory does not appear to *fully* explain adolescent coercive control (as it tends to in the adult literature), the feminist perspective remains relevant to our understanding of male attitude formation, especially with increasing online exposure to patriarchal values and unhealthy gender norms.

4.5 Implications and future directions for practice

Growing the evidence base

It is widely recognised that the ADA literature is underdeveloped, particularly in relation to coercive control. If we are to deliver theoretically informed interventions to address ADA perpetration, we need to establish a robust and comprehensive evidence base, from which suitable theoretical explanations can be generated and tested. This thesis has identified that UK schools, in particular, are often reluctant to allow access for the purpose of ADA prevention programme evaluation, which prevents opportunities for learning and, consequently, adding to the literature. Furthermore, where school-based evaluations *have* been undertaken, prevention work has been described as 'the weakest part of the UK responses to violence against woman' (Coy et al., 2008). One of the limitations of this thesis is that the data from the evaluation studies reviewed (chapter 2) and the data collected through primary research methods (chapter 3) has all been derived from school populations. This means that the data may be disproportionately represented by pro-social students who have not deliberately absented themselves from school or been removed for problematic behaviour. There is a need, therefore, to expand research across communities and into other

contexts with a view to gaining a more holistic perspective on the factors that might be driving the perpetration of coercive control amongst adolescents.

Emerging research is indicating that the nature of adolescent intimate relationships is continually changing and shifting, particularly as social media is increasingly promoting unhealthy gendered norms (Barter et al., 2017; Hébert et al., 2019). This then leads to an increase in the perpetration of coercive and controlling behaviours by young people. If we are to respond effectively to ADA, it is imperative that we keep abreast of the ongoing changes associated with developing technologies and teen culture, and that research continues to respond to these rapid advances.

Working towards theory-informed behaviour change

Most ADA interventions tend to adopt a gender-neutral approach, where healthy relationships education is delivered in schools as part of the standard curriculum. In the UK, relationships education forms part of the Personal, Social, Health and Economic (PSHE) initiative. One issue identified with a universal approach is that it assumes all adolescents will perpetrate ADA in the same way and that those engaging in ADA will have been exposed to the same experiences and influences. This thesis suggests that this is not the case, which raises questions as to whether we should be developing distinct theoretical frameworks to address different forms of ADA, rather than looking to build a single, broader foundation to inform prevention programmes.

Even in the adult literature, where far more is known of the risk factors associated with harmful relationship behaviours, there remains uncertainty as to whether a generic approach to IPV interventions is appropriate. Historically, some scholars have argued that intimate partner abuse is a particularly complex and nuanced behaviour; one that is best understood through typologies that reflect the different contexts in which such behaviour might occur (Faulk, 1974; Fowler & Westen, 2011; Holtzworth-Munroe & Stuart, 1994; Jacobson & Gottman, 1998). Several scholars have also argued for the delivery of separate interventions based on gender (Anderson & Whiston, 2005; Foshee et al., 2001; Gidycz et al., 2006).

This thesis has found that, whilst adolescent coercive control can helpfully be explained using trauma theory, the pathway from trauma to coercive control perpetration differs between boys and girls. It is recommended, therefore, that intervention providers move away from the existing universal approach to relationships education.

This thesis has identified that one of the key barriers to developing an understanding of adolescent coercive control is the lack of suitable measures. The majority of the evaluation studies included in the systematic review were found to have used measures that were either validated solely for use with adults or they had been redacted to such an extent that their validity will have been compromised. Another problem is that none of the existing measures seek to elicit any qualitative data, beyond establishing whether an individual has engaged in behaviours that might indicate a pattern of coercive and controlling behaviour.

There are several implications associated with the absence of structured professional judgement approaches to question perpetrators and victims on salient matters relating to impact and intention. One of the dangers is that controlling and coercive behaviours might be misidentified as intended when this is not the case (Walby & Towers, 2018). Alternatively, it might be that the patterns of abuse that are characteristic of coercive control are less likely to be detected by measures that fail to ask about intention and do not consider escalations in the severity and impact of the behaviour perpetrated (Barlow et al., 2020; Stark & Hester, 2018)

With regard to implications for prevention programme effectiveness, the failure to elicit information relating to intention and impact using reliable measures makes it difficult to evaluate whether any positive outcomes are the result of meaningful change or simply a short-term reduction in surface-level behaviours. Some scholars have suggested that the lack of qualitative measurement of adolescent coercive control undermines the theory of change, where the purpose of the intervention should be around changing attitudes, exploring intentions and addressing unhealthy relational dynamics, rather than temporarily pausing the manifestation of a behaviour (Lagdon et al., 2023).

Application of a comprehensive evaluation framework

Complex intervention research should be looking to establish more than just whether an intervention is working to achieve its intended outcome. Instead, programme evaluators should be asking questions about other impacts resulting from the intervention, looking at the value of the intervention against the resources required to support it, how the adopted theory is working to produce change, how it interacts with the environmental context in which it is delivered, how it supports overall system change and how lessons learned can be used to inform wider policy and practice (Craig et al., 2008).

This thesis has found that the majority of ADA prevention programme evaluation studies are failing to adopt the robust research methods highlighted as best practice by Craig et al (2008) and endorsed by other evaluation research experts (Bowen & Gilchrist, 2004; Rossi

et al., 2004). This means that we remain in an unhelpful cycle of creating interventions without a robust theoretical underpinning, failing to effectively evaluate exactly *how* these interventions might lead to positive impact (or indeed which aspects are unhelpful / treatment interfering) and a consequent failure to add anything of value to the evidence base. Further interventions are then created without the benefit of a developed theory to inform the design and delivery, thereby continuing the cycle.

Based on the findings of this thesis, it is recommended that ADA prevention programmes should be evaluated according to a standardised comprehensive evaluation framework, which should be designed and implemented at a national level and integrated into policy. One of the ways in which evaluators could increase the value of prevention programme evaluations would be through the application of a Logic Model Framework. Developed through contributions from several scholars (Suchman, 1967; Weiss, 1972; Wholey, 1979), primarily as a way of identifying how and why an intervention should be expected to work (based on the theory of change), the model offers a structured approach to planning, implementing and evaluating programmes. This is achieved through a process of visually mapping relationships between the essential components of programme design and delivery, to include inputs (the resources needed), activities (the delivery style / methods used), outputs (quantitative results such as number of sessions held and number of participants involved), outcomes (both short and long-term changes) and impact (the long-term goals of the intervention – such as reducing incidents of coercive control).

The benefits of adopting a logic model to evaluate ADA programmes are that the process encourages stakeholders to clarify the assumptions behind an intervention, it can help to align programme activities to the desired outcome, it provides a unified framework for evaluation (meaning that data can be compared across schools and communities), it can help to facilitate communication between stakeholders and it can illustrate justification for funding.

Changing the political narrative

Gender has been a key consideration for advocates, politicians and legislators tasked with addressing ADA perpetration amongst adolescents, illustrated by the publication of the UK's 'Tackling violence against women and girls strategy' (2021)[37] and the United States' 'Strategy to Prevent and Respond to Gender-Based Violence Globally' (2022)[38]. With both of

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[37] https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy
[38] https://www.state.gov/reports/united-states-strategy-to-prevent-and-respond-to-gender-based-violence-globally-2022/

these nations, the intervention approach subsequently adopted by education providers has been steered by a feminist narrative; rooted in the idea that social violence is the product of gender, racial and economic inequality caused by oppressive societal systems (Allen et al., 2013; Storer et al., 2020). However, this thesis argues that the feminist approach to relationships education does not fit with the Equality and Diversity agenda and that the current political narrative risks the vilification of boys.

This thesis argues that the current political narrative connected with the violence against women and girls agenda may be facilitating male gravitation towards social influencers who promote gender norms and endorse male dominance over women. This is because young men are seeking a sense of belonging and affirmation that has become unavailable to them over recent years. In order to redress the balance and remove the need for boys to seek validation and inclusion from unhelpful influencers, this thesis suggests that the political narrative needs to change to one of gender positivity. An important consideration that is currently missing from the political and academic debate is that toxic masculinity and patriarchal values are harmful to boys, as well as girls. This thesis, therefore, recommends a revised approach to relationships education that promotes equality, enabling adolescents to drive forward a new agenda with a focus on developing positive social and gender norms.

Taking a whole school approach to ADA and coercive control prevention

Currently, most ADA prevention takes the form of gender-neutral sessions built into the school curriculum. However, this thesis argues that a gender-neutral, educational approach is unhelpful, since the pathways towards adolescent coercive control appear to differ according to gender. One option might be to move towards the adoption of a strengths model, where factors known to protect against multiple forms of violence and abuse could be developed. Indeed, research is continually emerging from the adult forensic literature to suggest this approach has more impact than interventions that focus on reducing risk factors (Ramsay, 2020). Some scholars have suggested that the impact of interventions can be reduced if they attempt to address too many risk factors. However, there may be benefits to delivering a broader strengths-focused programme to address violence and aggression more generally if accompanied by other forms of intervention.

One of the key findings of this thesis is that adolescent coercive control appears to follow a trauma pathway for both girls and boys, albeit the trauma symptoms manifest in different ways for each. It is proposed, therefore, that there may be merit in exploring how trauma-informed intervention approaches could address the trauma symptoms associated

with coercive control perpetration. Such interventions would not need to take the form of a structured programme, targeted at higher risk individuals; instead, schools could seek to implement certain therapeutic principles as a whole-school approach. For example, the therapeutic principles adopted within dialectical behaviour therapy (DBT), mentalisation based therapy (MBT) or cognitive behavioural therapy (CBT) are likely to have a particularly positive impact on moderating the interpersonal and emotion regulation difficulties commonly associated with experiences of trauma (Beck et al., 2020; Gillies et al., 2012; Koenig et al., 2024). Some experts have promoted the merits of 'trauma-informed schools' (Crawford et al., 2024; Loomis & Felt, 2021) and this thesis would advocate a move towards this model in the interests of addressing the effects of trauma before it begins to manifest as violence and abuse.

Existing literature has indicated that bystander interventions have been particularly effective in raising awareness of certain harmful behaviours at a wider-school level, with particular successes reported within the bullying literature (Changlani et al., 2023; Menolascino & Jenkins, 2018) and also in relation to sexual harassment (Nickerson et al., 2023). The intervention is based on the five-step model originally introduced by Latane and Darley (1969), which outlines the cognitive and emotional steps a bystander will usually take before intervening. These steps include 1.) noticing the event, 2.) interpreting the situation as an emergency, 3.) accepting responsibility to intervene, 4.) knowing how to help and, finally, 5.) taking action to intervene.

The approach is rooted in social norms theory and works on the premise that adolescents will be more likely to call out an act of bullying, sexual harassment or dating abuse if they perceive that their peers are also in support of taking a stand against such harmful behaviours. Therefore, by endorsing whole-school values that oppose the perpetration of coercive control (as well as other harmful interpersonal behaviours) there may be a positive shift in the norms adopted by students, which in turn could challenge and reduce problematic adolescent behaviours at a peer level. If responsibility for shifting existing social norms to reflect a healthier narrative is given to students, rather than being enforced by teachers and other authority figures, then an even greater impact would be likely.

Finally, a common concern arising from the ADA prevention literature is that adolescents, especially boys, struggle to recognise coercive control as a harmful relationship behaviour and can sometimes mistake controlling for caring acts. This thesis, therefore, recommends that interventions specifically designed to increase awareness of coercive control should be delivered routinely in schools.

Ultimately, this thesis argues for the adoption of a whole-school holistic approach to harm minimisation as a means of targeting and addressing factors associated with ADA and coercive control. As well as making suggestions for more specific, structured interventions, this thesis advocates the introduction of trauma-informed schools, underpinned by a whole-school ethos that promotes gender positivity, equality, inclusivity and healthy social norms.

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Appendices

Appendix 2a: Quality Appraisal Checklist (for quantitative studies)[39]

Derived / Adapted from the Downs & Black checklist for measuring study quality (1998)[40] and further informed by Hawker et al (2002)[41]

Paper: Journal: Year of Publication: Authors: Study ID: Study Design:	Criterion fully met	Criterion partially met	Criterion not met / unclear	OMIT

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[39] Scores for each criterion were assigned as follows: Criterion fully met = 2, criterion partially met = 1, criterion not met/unclear = 0, Criterion not relevant = OMIT

[40] The feasibility of creating a checklist for the assessment of the methodological quality both of randomised and non-randomised studies of health care interventions (1998)

[41] Appraising the Evidence: Reviewing Disparate Data Systematically (2002)

Background				
1. Is a detailed literature review presented and appraised which includes sufficient evidence to justify the research question?				
2. Did the study address a clearly focused issue?				
Methodology				
3. Is the research question(s) stated / hypothesis clearly described?				
4. Is there a clear statement of the aims? *Hint – What was the goal of the research? Why is it considered important? What is the relevance?				
5. Are the main outcomes to be measured clearly described in the Introduction or Methods sections? If the main outcomes are first mentioned in the Results section, criterion is not met.				
6. Did the authors use an appropriate study design / method to answer the research question?				
7. Is the sample described thoroughly (i.e. not just demographic information)? **Is the source population or source area well described?**				
8. Were participants recruited or case file data accessed in an acceptable way? *Hint: For surveys - How was the survey carried out? (postal survey, interview)?				
9. Are data collection procedures described in full and is methodology described and transparent?				
10. Were data collection tools valid and reliable *Hint - For surveys, do the surveys / psychometrics / questionnaires used allow the research question to be answered clearly?				
Analysis				
11. Are the reasons for choosing methods of analysis clear and justifiable?				
12. Is the analysis executed well with research questions addressed through analysis?				

13. Were the statistical tests used to assess the main outcomes appropriate? The statistical techniques used must be appropriate to the data.				
14. Are the results presented in a precise and quantifiable way? Is there adequate description of the data (including tables and summary statistics describing the sample and adequate information on the results)?				
15. Data and statistical issues: Is the study large enough? (note sample size justification or discussion of statistical power). Is the sample size appropriate / sufficient for the type of research question / methodology?				
Interpretation and conclusion (including external/internal validity/power)				
16. Are the main findings of the study clearly described?				
17. Are the conclusions that are drawn clearly supported by results?				
18. Is robust evidence used to put the results of the study into the context of existing evidence?				
19. Have the authors identified relevant confounding factors? Were these described by the authors? Have the authors presented the limitations of the study? If applicable, have the authors presented the response rate and reflected its relevance in the interpretation of results / conclusions that are drawn? *Hint: For surveys / questionnaires / psychometrics – What was the response rate? Is the response rate high enough to ensure that response bias is not a problem, or has response bias been analysed and shown not to significantly affect the study?				
20. Are the findings generalisable to the population (ie: externally valid)? If applicable, consider whether the subjects asked to participate in the study were representative of the entire population from which they were recruited. The study must identify the source population for participants and describe how the participants were selected. Participants would be considered representative if they comprised the entire source population or a random sample from the same population. Where a study does not report the proportion of the source population from which the participants are derived, the criterion should be rated as 'criterion not met / unclear', with a rating of 0 awarded.				

21. Has the study been peer-reviewed?				
22. What are the implications of this study for practice? Are they clearly outlined?				
23. Is it clear that there is no evidence of any form of bias (ie: funding bias)? Is the intervention being evaluated by the creators / designers of the intervention?				
Maximum score attainable: 46	**Total Score:** **Total Percentage:**			

Appendix 2b: Cochrane data collection form for intervention reviews RCTs and non-RCTs[42]

Review Identifiers

Review title	
Author, Date & Country of Study	
Study ID	

General Information

Date form completed	
Name of person extracting data	
Study Author contact details	
Publication type	

Aims and Study Design

	Descriptions as stated in report/paper	Location in text or source
Aim of study		
Study Design		
Ethical approval obtained for study	☐ Yes ☐ No ☐ Unclear	
Notes:		

Participants

	Description	Location in text or source
Population description		
Setting		

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[42] This form has been adapted to extract data relevant to the current review topic, whilst also meeting MECIR standards for collecting and reporting information and analysing the results of the studies included (see MECIR standards C43 to C55; R41 to R45).

Method of recruitment of participants		
Informed consent obtained	☐ ☐ ☐ Yes No Unclear	
Age		
Sex		
Race / Ethnicity		
Other relevant socio-demographics		
Notes:		

Programme Data

	Description as stated in report/paper	Location in text or source
Group name		
Participants per group		
General Description		
Theoretical basis		
Process Adopted		
Content of Programme		
Duration of Programme		
Length of Session(s)		
Programme Facilitators *(e.g. no., profession, training)*		
Notes:		

Methodology

	Description as stated in report/paper	Location in text or source
Research Questions / Hypotheses Tested		
Time points measured *(specify whether from start or end of intervention)*		
Measures used		
Are measures validated?	☐ ☐ ☐ Yes No Unclear	
Power *(e.g. power & sample size calculation, level of power achieved)*		
Notes:		

Data Analysis

	Description as stated in report/paper	Location in text or source
No. participants		
	Intervention	Control	
Results		
Statistical methods used and appropriateness of these		
Notes:		

Key Findings / Conclusions

	Description as stated in report/paper	Location in text or source
Key conclusions of study authors		
Future Research		
Application to Practice		
Notes:		

Bias / Conflict of Interest

Study funding sources *(including role of funders)*		
Possible conflicts of interest *(for study authors)*		
Notes:		

Sources:

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