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# Adolescent Domestic Abuse and Its Consequences: A Rapid Systematic Review

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## Abstract

**Purpose** As a phenomenon, abusive behavior between adolescents in intimate relationships remains relatively invisible, due in part to the persistent yet unfounded assumption that domestic abuse is something that occurs between adults. This review investigates adolescent domestic abuse (ADA), by focusing on the impacts and risk factors for adolescents, particularly those under the age of 16, experiencing ADA.

**Methods** We conducted a rapid systematic review by searching three electronic databases (PsycInfo, Embase, and Social Sciences Citation Index). We utilized pre-existing systematic reviews to identify relevant primary studies. Findings of the included studies were described and summarized using narrative synthesis.

**Results** Seventy-nine studies were identified for inclusion. Synthesis of the findings of these studies identified five categories of risk and protective factors, including bullying and parental intimate partner violence, social and cultural factors, school and neighborhood environment and health and wellbeing. However, the review also identified a gap of qualitative research and a lack of attention to how ADA intersects with cultural factors, gender differences, criminalization, and poor mental health. Many of the studies report on school-based settings, limiting understanding of the role of neighborhood factors in prevention, protection and recovery. Participatory research on help-seeking behaviors of adolescents is rare.

**Conclusions** The review synthesized risk and protective factors associated with ADA, especially those occurring between younger adolescents. It highlighted the complex interplay and overlap between using and experiencing violence and abuse and the need for systematic research to inform the development of advocacy, interventions and prevention that is right for young people.

**Keywords** Adolescent domestic abuse · Teen dating violence · Intimate relationships · Victimization · Perpetration

## Introduction

This review seeks to improve understandings of intimate partner abuse between adolescents, focusing in particular on younger adolescents below the age of 16. There is an emerging body of evidence indicating that both victimization and perpetration in intimate partner relationships can and do occur well before adulthood. In 2014, Fox et al's (2014) Boys to Men project examined experiences of domestic abuse in a cohort of 1143 13–14 year-olds. It found that 45% of adolescents with relationship experience reported being victims, while 25% of adolescents reported having perpetrated abuse. The study also found that help-seeking patterns varied by gender, with girls twice as likely to seek help and support than boys. Yet the evidence base on impacts and risk and protective factors for this age group remains fragmented

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and dispersed, and understandings of what works in terms of interventions and support are inadequate compared to adults.

Existing literature describes abuse between adolescents using terms like “teen dating violence,” “teenage relationship abuse,” “adolescent intimate partner violence,” or “adolescent relationship abuse.” We, as UK-based researchers, instead use the term “adolescent domestic abuse” to align with the UK’s domestic abuse policy and the expansive definition in the Domestic Abuse Act 2021. Recognizing adolescent domestic abuse as part of broader social harm acknowledged in law, policy, and practice is crucial for its prioritization and funding. Introducing new terminology risks fragmenting national efforts and isolating adolescent abuse from the broader domestic abuse agenda. We acknowledge that other terms may be culturally or politically preferred or considered more accurate by those directly affected. To address this, we are also collaborating with young people with lived experience to understand how they identify and describe this behavior.

This review aims to advance understandings of adolescent domestic abuse and inform the development of an agenda for evidence-based support and intervention. It does so by using a rapid systematic review methodology to address the following exploratory question:

- What are the key risk and protective factors associated with adolescent domestic abuse perpetration and victimisation?

A secondary objective of the review was to assess the extent to which the literature addresses intersectional complexities (including social and cultural factors and demographics such as ethnicity and gender differences) when assessing risk and protective factors.

## Background

In 2013 a seventeen year-old girl living in Oxfordshire, England, was murdered by her partner, an older man she had not known long but who had quickly become a controlling figure in her life. Child J, as she was called in the subsequent Domestic Homicide Case Review files, had long been known to social services as vulnerable. Her partner was also known to be violent and dangerous. Following her death, an expert-led investigation, or ‘Review’, was established to identify missed opportunities to protect her and gather learning for the future. The Review found that:

The significance of domestic abuse in young people’s peer relationships, the features of that abuse and the level of risk that can exist, is a key learning for this Review. ... Two issues have run as threads throughout

the responses of agencies. The first is the [in]effectiveness of work with adolescents. The second, more specifically is the level of understanding and response to adolescents who are experiencing domestic abuse in peer relationships. (Oxfordshire Safeguarding Children’s Board, 2016, p.6,5)

Ten years later, much has been accomplished in relation to recognizing and responding to domestic abuse in the UK, including the introduction of the first Domestic Abuse Act (2021) in the world; an explicit prioritization of domestic abuse by police, local government, and social services; and the investment of significant government funds into research and intervention in the fields of prevention, support, and rehabilitation among other things. However, little progress has been made in response to the Review’s specific call for improved understanding and better responses to domestic abuse in the context of adolescent relationships, to prevent deaths like Child J’s occurring again in the future. Despite the efforts of the domestic abuse sector to demonstrate that domestic abuse victimization begins at age 14 or 15 (SafeLives, 2017), rhetoric, research, and policies in the UK persistently view children as witnesses of parental abuse but not as primary victims in their own right. Further, despite its status as a seminal piece of legislation that is already serving as a model for other jurisdictions, the UK’s Domestic Abuse Act remains silent on the fact that that adolescents themselves do perpetrate abuse in intimate partner relationships; and that the harm caused by such abuse is just as serious as for adults (The Children’s Society, 2020).

These challenges are not unique to the UK, but rather are being replicated at a global level. In 2017 Barter et al. undertook a large, international study across 5 countries, using a school-based survey with 4,564 young people aged 14–17. It found that IPVA using new technologies, which enabled controlling behaviour and surveillance, were common in adolescents across the five countries.<sup>1</sup> More recently, a global study from 2022 found that an average of 24% of women and girls aged 15–19 years have experienced abuse in a relationship (Sardinha et al., 2022).

These findings have led key researchers in abuse studies across the world to call for greater efforts in prevention of adolescent intimate partner violence (Johnson et al., 2024). Yet recent increases in investment in research and initiatives for the prevention and response to adult domestic abuse at the international level has not been extended to abuse between adolescents. The global ‘eliminating VAWG’ agenda (which is driven primarily by actors such as the

<sup>1</sup> This Safeguarding Intimate Teenage Relationships (STIR) study, explored young people online and in-person experiences of intimate partner violence and abuse (IPVA) across Bulgaria, Cyprus, England, Italy and Norway.

WHO and UN through instruments such as the *Sustainable Development Goals target 5.2* and aims to hold governments accountable for responding to widespread violence and abuse affecting women and girls) says little about the distinctive needs and vulnerabilities of adolescents, especially those under the age of 16, suffering abuse by an intimate partner.

Progress in this field has been hampered by gaps in the evidence base. In the UK, domestic abuse is not legally recognized as such until the victim and perpetrator are 16, meaning research, support and interventions are largely absent for younger adolescents. Research with this younger age group remains rare internationally, reflecting the distinct challenges of working with children, both in terms of participant engagement and research ethics. Both funding and undertaking of research are hindered by strong and persistent cultural and social reluctance to acknowledge that children have intimate relationships, let alone abusive ones, and that they may also be exposed to risk factors such as alcohol and drug use (The Children's Society, 2020). Researcher and practitioner concerns around the potential stigmatization and criminalization of young people involved in abusive relationships and around how to deal with parents both of those experiencing and those using abuse create further barriers (Davis, 2022; Levell, 2022; Haselschwerdt, 2024). This is especially pertinent in the context of the current lack of alternative support available to those who use harmful or abusive behaviors. Generational gaps in researcher and practitioner understanding of young people's worlds, priorities, and preoccupations pose challenges to research design and the effective interpretation and translation of findings (Morris et al., 2020). Without effective development and evaluation of good practice, younger adolescents needing support to change harmful behaviors, and victims needing support to recover, will continue to fall through the cracks.

## Methods

We conducted a rapid systematic review of primary studies that reported on: the characteristics of ADA; risk and protective factors associated with it; and impacts on victims and perpetrators. Like systematic reviews, the aim of rapid evidence reviews are to gather evidence regarding a specific research question systematically, transparently, and reproducibly, following strict guidelines to produce a reliable evidence base. However, they do so in a more timely and affordable approach (i.e., 5–24 weeks compared to 12–24 months) (Garrity et al., 2020; King et al., 2022; MacPherson et al., 2023). This review followed guidance on rapid review methodology (Garrity et al., 2020), and the Preferred Reporting Items for Systematic Reviews and

Meta-Analyses (PRISMA) reporting checklist (Page et al., 2021) where possible and relevant, with modifications or omissions highlighted as recommended by Schünemann and Moja (2015).

## Protocol and Registration

The review protocol was developed alongside our expert advisory group which is comprised of researchers, practitioners, young people's advocates, police professionals, and policy professionals from the UK. It was prospectively registered in the international prospective register of systematic reviews (PROSPERO) (CRD42023483052).

## Deviations from the Protocol

The review largely adhered to the published protocol, however there were several necessary modifications. Firstly, shortly after the protocol was published it was agreed that the initial aims of understanding both factors associated with ADA and impacts of ADA was too broad for a single rapid systematic review, and so the focus was subsequently narrowed to only associated risk and protective factors. The second deviation was the decision to only look for systematic reviews, or primary studies cited in systematic reviews (as outlined in the eligibility criteria), rather than look for primary studies in the first instance, however this is in line with rapid systematic review guidance and has been done previously. Lastly, as described in the 'information sources and search strategy' section, to enable manageable review we introduced a cut-off date of 2013, to reduce the number of studies and limit the evidence to more recent research.

## Eligibility Criteria

We included studies focusing on young people under 16 of any gender. Studies with participants over 16 were included only if results were reported separately for those under 16, the mean age was under 16, or over 50% of participants were under 16. The exposure of interest was 'domestic abuse' as defined by the UK's Domestic Abuse Act 2021, but limited to abuse within intimate partner relationships. Studies on familial abuse (e.g., sibling or child-to-parent) were excluded. We limited the search to English, peer-reviewed articles on risk and protective factors associated with adolescent dating abuse (ADA). Initially, only systematic reviews meeting all criteria were included in full. If none were directly relevant, we used systematic reviews to identify primary studies of any design, as done in previous rapid reviews (e.g., Chaiyachati et al., 2014). No setting restrictions were applied,

**Table 1** PECO inclusion and exclusion criteria

	Inclusion	Exclusion
Population	<ul style="list-style-type: none"> <li>• Young people aged &lt; 16 years old of any gender, including victims and those showing/exhibiting harmful behaviours</li> </ul>	<ul style="list-style-type: none"> <li>• People aged 16 years old or over</li> <li>• Young people who have witnessed adult domestic abuse</li> </ul>
Exposure	<ul style="list-style-type: none"> <li>• Domestic abuse within an intimate relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Familial domestic abuse</li> <li>• Child abuse</li> </ul>
Comparison	<ul style="list-style-type: none"> <li>• Young people who have not experienced or are not showing/exhibiting ADA.</li> <li>• Young people who have not been exposed to the risk/protective factor.</li> <li>• No comparator</li> </ul>	
Outcome	<ul style="list-style-type: none"> <li>• Risk and protective factors associated with ADA such as sociodemographic factors, health-related factors, social factors</li> </ul>	<ul style="list-style-type: none"> <li>• Those not focused on risk or protective factors, or outcomes of ADA (e.g., prevalence)</li> </ul>
Study design	<ul style="list-style-type: none"> <li>• Systematic reviews</li> <li>• If no relevant systematic reviews, primary studies of any design (including qualitative and quantitative designs)</li> </ul>	<ul style="list-style-type: none"> <li>• Letters to the editor, think pieces, case studies</li> </ul>

as UK-based evidence alone was likely insufficient. Full eligibility criteria are in Table 1.<sup>2</sup>

### Information Sources and Search Strategy

The search strategy was developed in conjunction with our expert advisory group which is comprised of: researchers, practitioners, young people's advocates, police professionals, and policy professionals from the UK. We searched PsycINFO, Embase, and Social Sciences Citation Index from inception to 10th November 2023. Key terms relating to 'young people', 'domestic abuse' and 'systematic review' were combined using Boolean operators. The full search strategy is outlined in Appendix 1. Owing to time constraints and in line with recommendations, no grey literature searches were conducted.

The search did not identify any directly relevant systematic reviews that could be included in their entirety (i.e. none exclusively focused on young adults aged less than 16 years old). Therefore, we searched for relevant primary studies included in the identified systematic reviews. Due to the number of potentially relevant primary studies, at this stage we introduced a date limit of 2013, excluding all primary studies published before this. This year was selected as the cut-off point because it would include all studies in the last ten years and those not covered by a similar UK based literature review, conducted by Lyons and Rabie (2014).

<sup>2</sup> Our review deviated from the PRISMA checklist in the following additional ways. As ours is not an interventional review, it did not limit the number of interventions and comparators. Neither did it limit the number of outcomes, because our aim was exploratory, identifying all of the outcomes. Finally, we did not limit our review to 'higher quality' studies because there is no clear hierarchy of quality in studies of risk and protective factors.

### Selection Process

The search results were imported into EndNote and duplicates were removed. The remaining results were then imported into Rayyan (Ouzzani et al., 2016). Titles and abstracts were screened by one reviewer against the inclusion and exclusion criteria, and 20% of these were additionally screened by a second and third reviewer. Any disagreements were resolved through discussion. Full-texts were then retrieved and screened by a single reviewer, and where the reviewer was unsure, full-texts were discussed with a second reviewer. Whilst this method deviates slightly from the recommendations outlined by Garrity et al. (2020), it is consistent both with previous rapid systematic reviews that needed to further streamline this process (King et al., 2022), and with evidence that for some topics a single reviewer may be sufficient (e.g. Waffenschmidt et al., 2019).

### Data Collection and data Items

Data extraction from included studies was performed by three reviewers using an Excel data extraction spreadsheet. Only the most relevant data items were extracted, which included: authors, publication date, article title, journal, country, study design, data collection methods, participants demographics, type of abuse associated risk and protective factors, as well as gaps identified by the study. Prior to full extraction data the spreadsheet was piloted using ten studies. Each of these records was reviewed for accuracy by a second person.

### Synthesis of Results

A narrative synthesis of the data was used to describe and summarise the study results. This is a common synthesis approach in rapid systematic reviews (King et al., 2022) and

consistent with guidance (Garrity et al., 2020; Moons et al., 2021). The narrative synthesis involved using the completed data extraction form to organise the risk and protective factors identified for each study, and then collating and grouping them into different thematic categories. The grouping and naming of the categories was developed iteratively. Formal risk of bias assessments and assessments of the certainty of evidence were not carried out as part of this rapid review due to time constraints, an approach used in previous rapid systematic reviews (e.g. Chaiyachati et al., 2014; Viner et al., 2020). However, key methodological limitations and potential biases were considered by the research team and are discussed below.

## Results

### Study Selection

The initial search produced 1378 records. After deduplication, there was a total of 762 records that underwent screening. Title and abstract screening identified 40 full text systematic reviews. Sixteen of these were excluded, and the remaining 24 were used to search for relevant primary studies. A total of 752 primary studies were identified in the systematic reviews, of which 79 were ultimately included in our review (see Fig. 1).

### Study Characteristics

Table 2 provides the characteristics and main findings of all the included studies. Of the 79 included studies, 43 were quantitative cross-sectional, often using school-based surveys and 35 studies used longitudinal panel design. One study was qualitative. The majority of studies were conducted in the USA ( $n=55$ ), while eight were conducted in Canada, seven in South Africa, four in Spain, and one each was conducted in Germany, Norway, Malawi, South Africa and Tanzania, and the UK. The 79 studies included a total of 375,101 participants. Twenty-nine studies included participants who showed harmful behaviour only, 24 included victims of ADA only, and 26 included both victims and those showing harmful behaviour. Five studies included only female participants, four only included male participants, and the rest included both males and females.

The definitions used by studies in terms of the types of violence and abuse covered was varied. In order of the frequency the following terms were used ‘teen/adolescent dating violence’, ‘dating aggression’, ‘adolescent intimate partner violence’ and ‘adolescent dating relationship abuse’. The term ‘teen dating violence’ was used mainly in studies from the USA, Canada, and Spain, where research in this field is substantive and longstanding. 72 of the 79 studies included

in this review focused primarily on physical violence and abuse, although most also investigated other forms of abuse. However, 19 studies exclusively focused on physical violence and abuse (see T2) likely overlooking the complexity of multiple manifestations of violence and abuse among adolescents, something readily acknowledged by most studies. 37 studies investigated sexual violence and abuse (e.g. Calvete et al., 2016; Pöllänen et al., 2021), and 43 studies examined aspects such as psychological, verbal, emotional, and relational violence/abuse (e.g. Beckmann, 2020; Fawson et al., 2018; Kidman & Kohler, 2020). 8 studies focused on cyber- or electric(-enabled) violence and abuse (e.g. Cutbush et al., 2016; Smith et al., 2018; Stonard et al., 2017; Zweig et al., 2014).

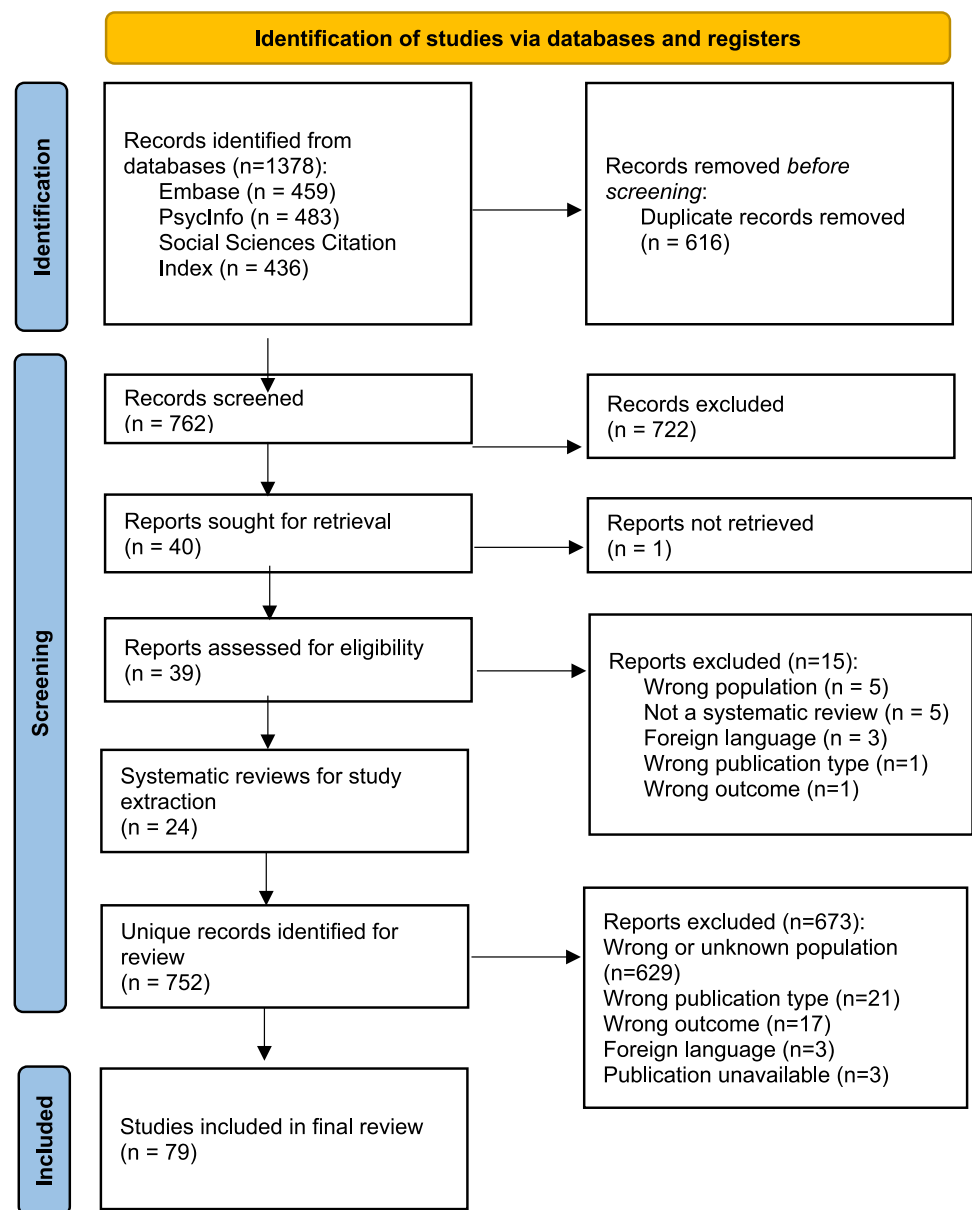
### Results of Syntheses

The synthesis process resulted in five categories of risk and protective factors: demographics; social and cultural factors; school and neighbourhood environment; health and wellbeing factors; and bullying and parental intimate partner violence. In order to streamline the discussion, and to address the question on how intersectional complexities arise, we structure the review findings on intersectional complexities around the themes of demographics, social and cultural factors, school or neighborhood environment, and health and wellbeing.

### Demographics

Around one third of the studies used intersectional variables to include at least two protected characteristics (these included ethnicity, gender, disability and sexuality). A large number of studies differentiated results by gender but very few by ethnicity, although it should be noted that some countries, such as France, do not allow the collection of data on ethnicity (Government, 2022). Both gender and ethnicity are discussed in each of the themes below. Several articles also analyzed variation in victimization and use of harmful behaviors by age, the risk of using harmful behaviors (Izaguirre and Calvete, 2017) and experiencing ADA (DeLong et al., 2020; Izaguirre and Calvete, 2017) increased with age. When broken down by type of ADA, older teenagers with the studies (which included different age ranges but all had a mean of 16 or younger) more likely to experience physical (Mason-Jones et al., 2016), sexual (Calvete et al., 2016), psychological (Calvete et al., 2016) and cyber ADA (Zweig et al., 2014) than younger teenagers. Being in a relationship where the respondent had a partner who was older than them was also positively associated with using harmful behaviors for all types of ADA (Hellevik and Øverlien, 2016). In studies from the USA Black et al. (2015), found older teenagers to be more accepting of girls who used harmful behaviours

Fig. 1 PRISMA flow diagram



than younger teenagers. Older teenage boys were found to be more likely to use harmful behaviours against girls in studies from Canada and South Africa respectively (Ellis and Wolfe, 2015; Boafo et al., 2014), but also more likely to become victims themselves in a study from the USA (Brooks-Russell et al., 2013).

Only two studies, both from the USA, differentiated by sexuality, with Luo et al. (2014) finding lesbian, gay, bisexual or unsure young people were significantly more likely to experience physical ADA victimization compared with heterosexual adolescents. For cyber ADA, being LGBTQ+ made victimization slightly more likely, but the results were not found to be consistent (Zweig et al., 2014).

A small number of studies considered the impact of Social Economic Status (SES) on ADA. For girls lower SES

was positively associated with sexual ADA victimization in South Africa (Pöllänen et al., 2021). Boafo et al. (2014), who also carried out their study in South Africa, found low SES to be a risk factor for being a victim of dating violence, but not for carrying out harmful behaviours.

### **Bullying and Parental Intimate Partner Violence: Gender Differences in Polyvictimisation**

The relationship between ADA and other forms of violence and aggression featured in many of the studies, including polyvictimisation (that is, exposure to multiple types of violence and abuse, from bullying to child abuse, see Cuevas et al., 2020). In a study from the USA, experiencing peer violence as a girl was related to higher levels of ADA

**Table 2** Note: This data is mandatory. Please provide.

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Asghari et al. (2020)	Quantitative cross sectional, from a secure inpatient psychiatric unit	93	Ages 12–15, mean = 13.73; 55% female; those showing harmful behavior	Dating aggression (physical, relational)	Child maltreatment, sexual abuse	Canada
Beckmann (2020)	Quantitative cross sectional, school survey	4350	Mean age = 14.9; 50.5% male; 24.2% migration background; those showing harmful behavior	Adolescent-to-partner aggression (physical and verbal)	Family violence (parent to child), parental IPV, classroom resources	Germany
Black et al. (2015)	Quantitative cross sectional, recruited at school and community health fair	175	Age 11–17, mean = 14.1, 36.6% male, 100% African American; victims and those showing harmful behavior	Teen dating violence	Community and school violence exposure, child abuse, gender, age	USA
Boafo et al. (2014)	Quantitative cross sectional, school survey	3655	Ages 12–17, 93.5% is between 12–15; 51.6% male; victims and those showing harmful behavior	Dating violence (physical, emotional, sexual)	Self-efficacy for delayed sex, SES, age, gender	South Africa
Brooks-Russell et al. (2013)	Quantitative longitudinal, school based survey		Average age at wave one was 14.6 years old; 51.9% female; 44.3% White, 55.7% African American or other race; victims	Physical dating violence victimization	Developmental trajectory classes (low, moderate, and high victimization class), alcohol, mental health, peer violence, age, gender	USA
Button & Miller (2013)	Quantitative cross sectional, school survey	12,203	Ages 12–19, mean = 15; 51.5% female; 51.8% White, 26.9% Black, 11.0% Hispanic, 10.3% other or mixed; victims	Aggressive relationships (verbal, physical)	Well-being, gender	USA
Calvete et al. (2016)	Quantitative longitudinal, school survey	680	Ages 13–17, mean age 14.4; 52.9% female; 91.5% Spanish, 4.9% South American, 0.6% Eastern European, 0.5% African, 0.2% Asian; those showing harmful behavior	Dating aggression (physical, psychological, sexual)	Dating conflicts (using social information processing), anger, empathy, aggressive response access, hostile attribution	Spain
Choi et al. (2016)	Quantitative cross sectional, school survey	918	Average age at wave 1 was 15.1 years old; 56% female; 30% White, 32% Hispanic, 29% African American, 9% other; victims and those showing harmful behavior	Teen dating violence victimization and perpetration (sexual, relational, emotional/verbal, threatening behavior, physical)	Depressive symptoms, anxiety, hostility, gender	USA

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Coker et al. (2014)	Quantitative cross sectional, school survey	14,190	Majority of the sample (56.4%) from 9th and 10th grade; 55.6% female; 83.6% White, 16.4% Non-white; victims and those showing harmful behavior	Dating violence victimization and perpetration (physical, psychological)	Gender, receiving free or reduced-price meals, sexual orientation, parental/guardian partner violence, binge drinking, and bullying.	USA
Connolly et al. (2015)	Quantitative cross sectional, school survey	509	Ages 11–14, mean = 12.37; 51.4% female; 34.7% South Asian, 20.0% Asian, 12.5% European, 12.5% Middle Eastern, 12.5% African/Caribbean, 7.7% Other; victims	Dating aggression victimization (physical, emotional, verbal)	Bullying, sexual harassment, youth led programs vs. board-mandated usual practice, classroom resources	Canada
Cuevas et al. (2020)	Quantitative longitudinal, general population survey (random dial)	574	Ages 12–18, mean = 14.74 at Wave 1 and 15.98 at Wave 2, ~50% female, 76% born in USA; victims	Dating aggression victimization (physical, sexual, psychological)	Child maltreatment, crime, poly-victimization	USA
Cutbush & Williams (2016)	Quantitative longitudinal, school survey	754	7th grade in wave 1; 49.6% male; 27.9% White, 33.3% Black, 26.4% Latino, 12.5% of another race/ethnicity or of multiple race/ethnicities; those showing harmful behavior	Teen dating violence perpetration (physical, psychological, electronic)	Sexual harassment, bullying, gender, tech-facilitated abuse	USA
Cutbush et al. (2016)	Quantitative longitudinal, school survey	612	7th grade in wave 1, 8th grade at final wave; 49.6% male; 33.3% Black, 27.9% White, 26.4% Latino, 12.5% of another race/ethnicity or of multiple race/ethnicities; those showing harmful behavior	Teen dating violence perpetration (physical, psychological, electronic)	Sexual harassment, bullying	USA
DeLong et al. (2020)	Quantitative longitudinal; sampled from those who received monthly cash transfer based on school enrolment	907	Age 13–20, mean age 14; 100% female; victims	Physical IPV victimization	Age, having sex, borrowing money, gender-equitable norm	South Africa

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Earnest et al. (2016)	Quantitative cross sectional, school survey	75,590	55.8% in 9th grade, 44.2% in 12th grade; 51% female; 77.1% White, 1.1% American Indian, 4.4% Black, African, or African American, 3.7% Hispanic or Latino, 5.3% Asian American or Pacific Islander, 6.3% more than one race or ethnicity, 2.2% don't know/no answer; victims	Physical dating violence victimization	Familial IPV, classroom resources	USA
Ellis & Wolfe (2015)	Quantitative cross sectional, school survey	585	Age 14–17, mean 15.06; 40.8% male; 80% White, 9% Asian Canadian, 2% Arab Canadian, 8% Other; victims and those showing harmful behavior	Dating violence victimization and perpetration (physical, relational, sexual, threatening behavior)	Bullying, age, gender	Canada
Fawson et al. (2017)	Quantitative cross sectional, school survey	589	Mean age 15.72; 100% male; 65% minority ethnic; victims and those showing harmful behavior	Female-to-male teen dating violence (sexual, physical, and psychological)	Mental health symptoms, bidirectional violence	USA
Fawson et al. (2018)	Quantitative cross sectional, school survey	727	Age 14–18, mean = 15.7; 100% female; 36.7% White, 35.5% Hispanic, 5.9% Asian, 4.5% African American, 3.3% Pacific Islander, 0.4% Native American, 6.7% Mixed-race, 6.9% Other; victims and those showing harmful behavior	Female-to-male teen dating violence (sexual, physical, and psychological)	Mental health symptoms, bidirectional violence	USA
Feiring et al. (2013)	Quantitative longitudinal, 95% came from child protection services or child abuse medical clinics	160	Age 8–11 at wave 1, mean = 9.6, wave 3 is 6 years later; 73% female; 41% African American, 31% White, 20% Hispanic, 8% other; victims and those showing harmful behaviors	Dating aggression perpetration (physical, threatening behavior, relational, verbal)	Child sexual abuse, stigmatization, externalizing behavior	USA

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Foshee et al. (2014)	Quantitative longitudinal, school survey	1154	Age 11–12 at first wave, age 13–14 at second wave; 47% male; 60.2% White, 29.4% Black, and 10.4% other race/ethnicity; those showing harmful behavior	Physical dating violence perpetration	Bullying	USA
Foshee et al. (2016a)	Quantitative longitudinal, school survey	2414	Ages 13–16, 8th–10th grade; 44.1% male; 61.3% White, 26.8% Black; those showing harmful behavior	Physical dating violence perpetration	Bullying	USA
Foshee et al. (2016b)	Quantitative cross sectional, community sample of children of mothers who had been in an abuse relationship	399	Age 12–16, mean = 13.6; 64% female; 54.8% Black, 26.9% White, 18.3% another race; those showing harmful behavior	Physical dating violence perpetration	Bullying, sexual harassment, exposure to domestic violence and familial conflict	USA
Garrido & Taussig (2013)	Quantitative cross sectional, community sample of children currently or recently in an out-of-home placement due to maltreatment	41	Age 12–15, mean = 13.59; 65.9% female; 43.9% Caucasian, 36.6% Hispanic, 31.7% African-American, 10.0% Native American, 2.4% Asian or Pacific Islander (non-exclusive categories); victims and those showing harmful behavior	Teen dating violence perpetration and victimization (physical, psychological)	Community violence exposure, parenting practices, pro-social peer relationships, IPV exposure	USA
Giordano et al. (2015)	Quantitative cross sectional; sampling based on school enrollment	955	Mean age = 15; 48.9% male; 63.6% White, 23.6% Black, 11.3% Hispanic, 1.6% Other race; those showing harmful behavior	Physical teen dating violence perpetration	Parental IPV, peer violence, school climate, relationship exclusivity and status	USA
Goldberg et al. (2019)	Quantitative longitudinal; birth cohort sampling	3,162	Age 14–18, mean age 15.4; 43.8% female; Mother's ethnicity is 28.1% Non-Hispanic White, 35.1% Non-Hispanic Black, 30.6% Hispanic, 6.2% Other; Victim and those showing harmful behavior	Physical IPV perpetration and victimization	Adolescent relationship instability, low relationship quality, mother relationship instability, mother relationship quality, parental IPV, age	USA

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Gonzalez-Mendez et al. (2017)	Quantitative cross sectional, school survey	356	Age 12–20, mean = 15.66; 53.4% female; Victim and those showing harmful behavior	Teen dating violence victimization and perpetration (psychological, physical)	Relationship type preferences, parental IPV	Spain
Hellevik & Øverlien (2016)	Quantitative cross sectional, school survey	549	Age 14–17, mean = 15.2; 50.2% female; victimization only	Teenage IPV (psychological, physical, digital, sexual violence)	Gender, violence at home, bullying, sending sexual messages, older partners, aggressive friends, academic achievements	Norway
Izagirre & Calvete (2017)	Quantitative longitudinal, school survey	845	Age 13–18, mean = 15.89; 50.7% male, 49.3% female; victims and those showing harmful behavior	Dating violence victimization and perpetration (physical, psychological, threatening, sexual, relational)	Witnessing DV against mother, direct victimization by father, direct victimization by mother, child to mother aggression, child to father aggression, age, gender	Spain
Karlsson et al. (2016)	Quantitative cross sectional, school survey	918	Age mean = 15.1; 44.1% male, 55.9% female; 30% White, 29% African American, 32% Hispanic, 2% Asian/Pacific Islander, 7% Mixed/Other; victims	Dating violence victimization (physical, psychological)	Acceptance of dating violence, parental IPV	USA
Kidman & Kohler (2020)	Quantitative cross sectional, community-based sample	586	Age 10–16, mean = 14; boys and girls included, % is unclear; victims and those showing harmful behavior	Intimate partner violence victimization and perpetration (physical, sexual, emotional)	Adverse childhood experiences Score, PTSD, depression, gender ideology, SES Quintile, age, gender.	Malawi
Latzman et al. (2015)	Quantitative longitudinal, school survey	417	6th and 7th grade; 48.7% female; 45.1% non-Hispanic black, 39.3% Hispanic, 4.8% non-Hispanic white, 4.1% other race; those showing harmful behavior	Adolescent dating violence perpetration (threatening behaviors, verbal/emotional, relational, physical, sexual)	Parenting behavior, parental IPV, parental dating knowledge	USA

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Loeb et al. (2014)	Quantitative cross sectional, school survey	85,198	7th, 9th, and 11th grade; 46.4% male, 53.7% female; 20.6% White, 46.5% Latino, 6.1% Black, 8.7% Asian, 3.0% Pacific Islander, 2.0% Native American, 6.2% Other, 7.0% Multiracial; victims	Physical dating violence	High expectations (school, community and home), peer norms, self-efficacy	USA
Luo et al. (2014)	Quantitative longitudinal (stacked cross sectional), school based	70,793/ 70,497	9th to 12th grade, majority is from 9th and 10th grade; 50.2% male, 49.8% female; 0.5% American Indian/Alaska Native, 10.8% Asian/Pacific Islander, 30.2% Non-Hispanic Black, 11.6% Non-Hispanic White, 28.7% Hispanic, 18.3% Multiple/other; victims	Physical dating violence victimization	Sexual behavior LGBTQ+	USA
Martz et al. (2016)	Quantitative cross sectional, school survey	1,003	9th to 12th grade, majority is from 9th and 10th grade; 52% female, 48% male; 92.8% Caucasian, 7.2% were non-White; victims	Physical dating violence, forced sex/rape	Depression, suicidal behavior, substance misuse, risky number of lifetime sexual partners, drink/drugs at last sexual intercourse, unsafe sex, lower academic grades, gender	USA
Mason-Jones et al. (2016)	Quantitative cross sectional, school survey	2,839	Age mean = 13.65; 39.1% male, 60.9% female; 34.6% Black, 57.6% Colored, 5.0% White; 2.8% Other; victims and those showing harmful behavior	IPV perpetration and victimization (physical, sexual)	Sociodemographic factors, school related factors	South Africa
McNaughton Reyes et al. (2013)	Quantitative longitudinal, school survey	505	8th to 12th grade; 100% male; 24% non-White; showing harmful behavior	Sexual dating aggression perpetration	Interparental violence, hit by an adult, rape myth acceptance, peer aggression, control tactics, social bonding, parental monitoring knowledge	USA

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
McNaughton Reyes et al. (2014)	Quantitative longitudinal, school survey	2,636	8th to 10th grade in first wave; 47% male; 45% White, 47% Black, 8% other race/ethnicity; those showing harmful behavior	Physical dating aggression	Cigarette use, heavy alcohol use, marijuana use, hard drug use.	USA
McNaughton Reyes et al. (2015)	Quantitative longitudinal, school survey	2,455	8th to 10th grade in wave 1; 48% male; 52% female; 43% White, 47% Black, 10% other race ethnicity; those showing harmful behavior	Physical dating violence perpetration	Family control, family violence, neighborhood control, peer control, peer dating violence, alcohol use, drug use	USA
McNaughton Reyes et al. (2015)	Quantitative longitudinal, school survey	1,965	8th to 9th grade in wave 1; 50% female; 73% White, 18% Black, 8% other race/ethnicity; those showing harmful behavior	Physical dating aggression perpetration	Witness IPV, hit by an adult, parental violence, anger, mental health, normative beliefs	USA
McNaughton Reyes et al. (2016a)	Quantitative cross sectional, community-based sample	210	Age 12–16, mean = 13.87; 42% male; 75% Mexican descent, 9% Central American decent, 6% South American decent, 2% Puerto Rican decent, 8% mixed or other heritage; victims	Dating violence victimization (physical, psychological, sexual)	Parental monitoring, parent-adolescent communication, family cohesion, family conflict, acculturation conflict	USA
McNaughton Reyes et al. (2016b)	Quantitative longitudinal, school survey	577	Age mean = 13.9 in wave 1; 100% male; 14% Black, 5% other race/ethnicity	Physical adolescent dating violence perpetration	Normative beliefs about dating violence, descriptive norms and injunctive norms, gender role attitudes, gender	USA
McNaughton Reyes et al. (2017)	Quantitative cross sectional, community-based sample	210	Age 12–16, mean = 13.87; 42% male; 75% Mexican descent, 9% Central American decent, 6% South American decent, 2% Puerto Rican decent, 8% mixed or other heritage; victims and those showing harmful behaviors	Dating violence victimization and perpetration (psychological, physical, sexual)	Emotional distress, gender, parent and teen acculturation and acculturation conflict, family violence, family cohesion, parental monitoring, teen acceptance of dating violence, teen conflict resolution, teen self-control	USA

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
McNaughton Reyes et al. (2018)	Quantitative longitudinal, school survey	3,068	8th to 10th grade; 46% female; 58% White, 31% Black, 11% other race/ethnicity; victims and those showing harmful behavior	Dating violence victimization and perpetration (physical, sexual, verbal, controlling)	Peer violence aggression and victimization, depressive symptoms, anxiety, body image, heavy alcohol use, cigarette use, marijuana use, hard drug use, number of delinquent acts, academic aspirations, number of close friends, social status, gender	USA
Miller et al. (2013)	Quantitative longitudinal, school survey	795	7th (wave 1 and 2) and 8th (wave 3) grade; 50% female; 27% White, 32% African American, 25% Latino, 16% other or multiple races; victims and those showing harmful behaviors	Physical and psychological dating violence	Bullying, sexual harassment, gender	USA
Mulla et al. (2020)	Quantitative longitudinal, school survey	1,752	Age mean = 15.38; 47.5% male, 52.5% female; 31% racial/ethnic minorities; victims	Dating violence victimization (physical, sexual)	School connectedness, alcohol and marijuana use	USA
Mumford et al. (2016)	Quantitative longitudinal, household probability sample	1,117	Age 12–18, mean = 15.3; 48% female; 58% non-Hispanic, 61% White non-Hispanic, 12% Black non-Hispanic, 7% other non-Hispanic, and 20% Hispanic; victims and those showing harmful behavior	Youth adolescent relationship abuse perpetration and victimization (communication styles, threats, social aggression, physical violence, sexual violence)	Parenting, dating restrictions and guidance, parent-youth communications, critical parenting, physical threat/abuse, parental relationship quality, parental anger trait, parental attitudes about domestic violence	USA
Mumford et al. (2019)	Quantitative longitudinal, household probability sample	261	Age 10–18, mean = 15.6; 52.9% male, 47.1% female; victims	Dating victimization (physical, sexual)	Mental health status, intimacy, problem dynamics, age, household income, gender	USA

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Niolon et al. (2015)	Quantitative cross sectional, school survey	1,633	Grades 6, 7, and 8, thus between 11 and 13 years old by 31 august; 47.7% male, 52.3% female; 48.2% non-Hispanic black/African-American, 38.2% Hispanic, 4.8% non-Hispanic white, 7.6% other race; those showing harmful behavior	Teen dating violence perpetration (threatening behaviors, physical, sexual, relational, emotional/verbal, stalking)	Alcohol use, illicit drug use, bullying perpetration and victimization, emotional symptoms, attitudes toward female violence, attitudes toward male violence, delinquency and peer violence, initiation of sexual intercourse, weapon carrying, gender	USA
Peskin et al. (2017)	Quantitative cross sectional, school survey	424	Age 11–15, mean = 12.4; 55.8% male, 44.2% female; 60.8% Hispanic or Latino, 30.0% Black or African-American, 9.2% Other; those showing harmful behavior	Cyber dating abuse perpetration	Gender, ethnicity, age, household structure, norms for violence, self-efficacy to avoid conflict, positive coping strategies, conflict resolution skills, attitudes about sexting, current relationship status, age of boyfriends/girlfriends, bullying perpetration, bullying victimization, and alcohol and drug use	USA
Peters et al. (2017)	Quantitative cross sectional, school survey	11,570	9th to 12th grade (50.1% under 16); 47.1% male, 52.9% female; 11.6% White, 27.4% Black/AA, 46.0% Hispanic/Latino, 9.2% Asian, 5.7% Other; victims	Physical relationships violence	Bullying, e-bullying	USA
Pöllänen et al. (2021)	Quantitative cross sectional, school survey	2,199	Age 12–23, mean = 13.73; 42.3% male, 57.7% female; 35.9% Black, 4.6% White, 58.5% Colored, 1% Other; those showing harmful behavior	Sexual IPV perpetration	Age, maternal orphan, paternal orphan, SES, ever had vaginal/anal/oral sex, attitudes, social influence, self-efficacy, intention, gender	South Africa

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Reidy et al. (2015)	Quantitative cross sectional, school survey	589	6th and 9th grade; 100% male; 65.2% Caucasian/white, 21.1% Black/African-American, 6.8% Hispanic, 3.9% Native American, 1.4% Asian American, 1.2% Arab American; those showing harmful behavior	Teen dating violence (physical, sexual)	Gender role discrepancy, discrepancy stress	USA
Reidy et al. (2016)	Quantitative cross sectional, school survey	1,149	Age 11–17, mean = 14.3; 62.1% female, 37.9% male; 53.5% Hispanic/Latino, 16.3% African American, 12.7% non-Hispanic/white, 12.9% multiracial, 3.7% “other”; those showing harmful behavior	Teen dating violence perpetration (controlling behavior, physical, psychological, sexual, fear/intimidation, injury)	Age, gender, ethnicity, history of dating partners, self-defense, acceptance of dating violence, lack of insight, healthy relationships behaviors, reactive-proactive aggression.	USA
Reuter et al. (2015)	Quantitative cross sectional, school survey	778	Age mean = 15.1; 56.9% female; 31.3% White, 32.3% Hispanic, 26.9% Black, 1.8% Asian, 7.8% “Other”; victims and those showing harmful behavior	Teen dating violence perpetration and victimization (physical, psychological, sexual, relational)	Borderline personality disorder features, alcohol use, exposure to interparental violence, gender	USA
Richards et al. (2014)	Quantitative longitudinal, school survey	346	Age mean = 15.66; 100% female; 67% White, 33% non-White; victims and showing harmful behavior	Dating violence victimization and perpetration (physical, emotional)	Level of parental support, level of peer support, family violence	USA
Ruel et al. (2020)	Quantitative longitudinal, school survey	2,564	Age 14–17, mean = 15.3; 63.8% female; 82.8% native-born Quebecer/Canadian; victims and those showing harmful behavior	Physical teen dating violence victimization and perpetration	Past experience of physical TDV, exposure to interparental psychological and physical violence, self-efficacy to disclose personal violence, acceptance of TDV, gender, self-efficacy	Canada

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Russell et al. (2014)	Quantitative cross sectional, school survey	549	8th grade; 56.6% female, 43.4% male; 41.9% Black, 46.4% Colored, 11.7% White; victims and those showing harmful behavior	IPV victimization and perpetration (physical, emotional, sexual)	Acceptance of dating abuse, male sexual entitlement, gender equitable men, acceptance of violence in the community, rape myths, parent conflict, general conflict, alcohol use Gender, gender role, alcohol use	South Africa
Sabol et al. (2020)	Quantitative longitudinal, school survey	1,240	Middle school and high school; 47.8% male, 51.9% female; 66.5% White/Caucasian, 21.4% Black/African American/Caribbean American, 7.3% Hispanic/Latino/Chicano/Puerto Rican; those showing harmful behavior	Adolescent dating aggression perpetration (physical, sexual, emotion, stalking)	Physical, sexual, emotion and stalking adolescent dating attitudes	USA
Sánchez et al. (2015)	Quantitative cross sectional, school survey	626	Age 12–21, mean = 15.13; 51.4% male; those showing harmful behavior	Cyberstalking behaviors, online control	Cyberdating practices, motives and opportunities for meeting new people, online intimacy, emotional communication strategies, online jealousy, gender	Spain

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Selin et al. (2019)	Quantitative cross sectional, school survey	2,533	Age 13–20, median = 15; 100% female; victims	IPV victimization (physical, sexual)	Orphan, worried about food, borrowed money, savings, assets, vaginal sex, age of loss of virginity, anal sex, number of lifetime sexual partners, number of sexual partners in last 12 months, unprotected sex, one or more of 3 most recent sexual partners was main partner or casual partner or sex work client, lives with partner, had transactional sex, HIV, HSV, Older partner, gender equitable norms score, ever pregnant, using birth control, alcohol use, drug use. Borrowing money, sexual behavior, alcohol use	South Africa
Shamu et al. (2016)	Quantitative cross sectional, school survey	2,245	Age 12–19; 49.4% female, 50.6% male; victims and those showing harmful behavior	IPV victimization (physical, sexual)	Alcohol use, drug use, ever vaginal sex, ever anal sex, multiple sexual partners ever, engaged in transactional sex, parental communication, partner engagement, school communication, bullying, resistance to peer pressure, gender inequitable attitudes, individual gender attitudes, friend gender attitudes, family gender attitudes Gender, parental IPV, gender roles, corporal punishment, alcohol use, school connection, bullying	South Africa

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Shorey et al. (2021)	Quantitative longitudinal, school survey	1,042	Age mean = 15.09 at wave 1; 56% female; 31.4% Hispanic, 29.4% White, 27.9% African American/Black, 11.3% other; those showing harmful behavior	IPV perpetration (physical, psychological)	PTSD symptoms	USA
Smith et al. (2018)	Quantitative cross sectional, school survey	190	Age 14–18, mean = 15.77; 56.4% female; victims and those showing harmful behavior	Cyber dating violence victimization and perpetration	Psychological distress, self-esteem	Canada
Smith et al. (2022)	Quantitative longitudinal, school survey	4,923	Age 14–18, mean = 15.48; 59.6% female; parental ethnicity 79.3% Quebecers or Canadian, 0.5% First Nations, Inuits, Metis, Aboriginal, 4.5% Latino-American, 2.1% Afro-American, 2.0% Asian, 2.7% Western Europe, 1.1% Eastern Europe, 2.8% Caribbean, 4.2% Northern Africa/Middle East, 0.5% Other, 0.5% missing; victims	Dating violence victimization (emotional/verbal, physical, threatening behavior)	Internalizing problems, peer victimization	Canada
Smith-Darden et al. (2017)	Quantitative cross sectional, school survey	727	6th and 9th grade; 51% female; 58% white; those showing harmful behavior	Electronic dating aggression perpetration	Adverse childhood experiences, family and peer support, perceived safety, school connectedness, community engagement, parental involvement	USA
Stonard et al. (2017)	Qualitative; opportunity sample	52	Age 12–18, mean = 13.7; 55.8% female; 92.3% White; victims	Adolescent dating violence and abuse	Perceived healthy vs. unhealthy communications, perceived monitoring and controlling communication, perceived impact of tech assisted abuse compared with that in person Cyber, gender	UK

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Taylor & Mumford (2016)	Quantitative longitudinal, household probability sample	1,804	Age 12–18, mean = 15.02; 49.9% female, 50.1% male; 56.1% White-Non-Hispanic, 12.2% Black-Non-Hispanic, 24.3% Hispanic, 3.4% Other Non-Hispanic, 4.0% 2+ races Non-Hispanic; victims and those showing harmful behavior	Adolescent relationship abuse perpetration and victimization (psychological, sexual, physical violence)	Bi-directional, age, gender, race/ethnicity, geographic region, urbanicity, household characteristics	USA
Taylor et al. (2017)	Quantitative longitudinal, household probability sample	346	Age 10–19, mean = 13.96; 49.1% female; 72.8% White non-Hispanic; victims and those showing harmful behavior	Adolescent relationship abuse perpetration and victimization (psychological, sexual, physical violence)	Intimate self-disclosure, controlling behavior by respondent and partner, communication awkwardness, feelings of passionate love, parent-child relationship quality, parent-child communication	USA
Taylor et al. (2017)	Quantitative longitudinal, school survey	2,022	6th grade; 43% female; 55% Black, 17% Latino/a, 16% White, 9% multiracial, 3% other race/ethnicity; victims and those showing harmful behavior	Dating violence victimization and perpetration (physical, psychological)	Substance misuse, concentrated disadvantage	USA
Temple et al. (2013a)	Quantitative cross sectional, school survey	917	Age 14–16, mean = 15.1; 56% female; 30% African American, 30% White, 32% Hispanic; those showing harmful behavior	Teen dating abuse perpetration (physical, psychological)	Length of relationship, importance of relationship, acceptance of couple violence, interparental violence gender, parental IPV, attitudes to violence	USA
Temple et al. (2013b)	Quantitative longitudinal, school survey	828	Age mean = 15.1 at wave 1; 55% female; 32% African American, 33% Caucasian, 35% Hispanic; those showing harmful behavior	Physical teen dating violence perpetration	Substance use, interparental violence, gender, ethnicity	USA

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Titchen et al. (2019)	Quantitative cross sectional, convenience sample from those in waiting rooms of pediatrics clinics, the emergency department, and school-based health clinics affiliated with a children's hospital	555	Age 14–17, mean = 15.6; 63% female, 37% male; 59% Hispanic/Latino, 28% Black, 13% Other; victims and those showing harmful behavior	IPV victimization and perpetration (physical, sexual)	Sexting, ever had sex, ever arrested, cannabis use, other drug use, ran away for more than 2 days, ever in foster care, ever traded anything for sex, depression, been shot, anyone in family been shot, drug use, age, ethnicity	USA
Vezina et al. (2015)	Quantitative longitudinal, representative community sample	443	Age mean = 15.68 at wave 1; 100% female; 100% of parents born in Canada and 100% French mother tongue; victims	Adolescent dating victimization (psychological, physical, sexual)	History of family violence, parental monitoring in adolescent, affiliation with deviant peers in adolescence, childhood behavior problems, high-risk behaviors in adolescence, gender	Canada
Vivolo-Kantor et al. (2016)	Quantitative cross sectional, school survey	9,889	Grades 9–12; 50.9% female, 49.1% male; 55.8% of males non-Hispanic White, 15.7% of males non-Hispanic Black, 20.7% Hispanic; 56.5% of females non-hispanic White, 14.9% of females non-Hispanic Black, 20.8% Hispanic; victims	Teen dating violence victimization (physical, sexual)	School violence, gender, weapon, school safety, fighting at school, bullying	USA
Walsh et al. (2017)	Quantitative longitudinal, general population survey (random dial)	3,614	Age 12–17, mean = 14.6 at wave 1 was 14.6, 15.9 at wave 2, 17.3 at wave 3; 51.2% male (wave 1); 69% were Caucasian, 13% were African-American, 10% were Hispanic, 3% were Native American, and 3% were Asian/Pacific Islander (wave 1); Victims	Relationship violence victimization (physical, sexual)	Binge drinking	USA
Wubs et al. (2013)	Quantitative longitudinal, school survey	3,940	Age 10–18; 57.1% male, 42.9% female; victims and those showing harmful behavior	Violence (examples concern physical violence and threats of physical violence)	Gender role stereotyping, male sexual entitlement	South Africa and Tanzania

Table 2 (continued)

Study	Study design	Sample size	Sample characteristics (Age, gender, ethnicity, victims and/or those showing harmful behavior within intimate partner relationship)	IPVA type	Association	Country/ies where the study was carried out
Yu et al. (2018)	Quantitative longitudinal, school survey	238	Age 14–15 in wave 1; 42% boys; 70% born in Canada; those showing harmful behavior	Dating violence perpetration (physical, threatening, sexual, relational, emotional/verbal)	Depressive symptoms, anxiety	Canada
Zaha et al. (2013)	Quantitative cross sectional, school survey	4,364	9th to 12th grade; 52.2% female; 13.8% White, 38.2% Asian, 2.7% Hawaiian, 16.8% Multiple, 8.5% Other; victims	Physical adolescent IPV	Alcohol use, marijuana use, other drug use	USA
Zweig et al. (2014)	Quantitative cross sectional, school survey	3,745	Age mean = 15.53; 52% female; 74% White, 5% African American/Black, 8% Hispanic/Latino, 2% Asian, 10% biracial, <1% Native American; victims	Cyber dating abuse, physical and psychological abuse, sexual coercion	School attendance, school SES, academic achievements, closeness with parents, ever had sex, alcohol use, drug use, delinquency, depressive symptoms, anger, anxiety, prosocial activities, relationship quality, gender, age, LGBTQ+, SES, computer use, phone use, parental closeness, sexual experience, mental health	USA

victimization (Brooks-Russell et al., 2013). For both boys and girls, being bullied was associated with ADA (Cutbush et al., 2016; Vivolo-Kantor et al., 2016), but one Norwegian study found this to be the case only for psychological and sexual ADA, rather than digital or physical (Hellevik and Øverlien, 2016). In a Canadian study, Smith et al. (2022) found the relationship between peer victimization and ADA was significantly mediated by ‘internalizing problems’ (i.e. depression, anxiety, social withdrawal and related somatic problems).

Witnessing parental domestic abuse and family violence was significantly related to both victimization and perpetration in several studies. For girls, direct victimization by their father was found to directly predict ADA victimization in a Spanish study (Izaguirre and Calvete, 2017), as did family violence in research from Canada by Vezina et al. (2015). In a US study, acceptance of male perpetrated violence was found to be partially mediated by the relationship between witnessing interparental domestic abuse and physical ADA (Karlsson et al., 2016). For boys and girls witnessing parental domestic abuse was mediated through acceptance of violence perpetrated by girls. Where there was no gender differentiation or reported difference, witnessing parental and familial domestic abuse was found to be a significant predictor of ADA victimization in several studies (Gonzales-Mendez et al., 2017; Earnest and Brady, 2016; Hellevik and Øverlien, 2016; Coker et al., 2014; Garrido and Taussig, 2013) and specifically for physical and psychological ADA victimization (Karlsson et al., 2016).

As with victimization, bullying predicted perpetration of ADA in several US and Canadian studies (Peskin et al., 2017; Peters et al., 2017; Ellis and Wolfe, 2015; Foshee et al., 2014). For perpetration, the association was generally with individuals for engaged in bullying behavior, Niolon et al. (2015) found that boys who were victims of bullying were more likely to be associated with perpetrating ADA, compared to those who had not bullied or been a victim of bullying.

Witnessing domestic abuse against one’s mother was found to increase the risk of perpetration for girls but not boys in a Spanish study (Izaguirre and Calvete, 2017), a relationship that Temple et al. (2013a) also found for physical and psychological ADA in research in the USA. Temple et al. (2013b) also found that witnessing mother-to-father violence was associated with ADA perpetration for boys. Temple et al. (2013b) also found that exposure to mother to father violence predicted the perpetration of ADA among White adolescents. Where the results were not differentiated by gender or no gender differences were seen, witnessing parental domestic abuse was a significant predictor of ADA in several studies (Gonzalez-Mendez et al., 2017; Foshee et al., 2016b; Giordano et al., 2015; Latzman et al., 2015).

Two US studies found ADA to be bi-directional, with one article finding a significant positive correlation between ADA victimization and perpetration (Taylor and Mumford, 2016). The other study found girls who experienced and/or witnessed ADA were more likely to perpetrate and/or be accepting of ADA (Fawson et al., 2018).

## Social and Cultural Factors

A number of social and cultural factors, such as parental factors, peer support, and attitudes towards abuse, were found to be associated with ADA. Parental knowledge of relationships was negatively associated with physical, verbal/emotional abuse and cyber ADA in a US study (Latzman et al., 2015), but was not associated with sexual ADA (McNaughton Reyes et al., 2013). However, McNaughton Reyes et al. (2016a) found no significant association between ADA and parental monitoring or parent-adolescent communication.

Peer social support, but not parental social support was found to decrease the risk of engaging in physical and emotional ADA in a study from the USA (Richards et al., 2014). Additionally in research looking at lifetime prevalence of ADA perpetration, girls who disapproved of female to male ADA were less likely to carry out threatening behavior, or verbal/emotional and physical abuse (Niolon et al., 2015). An increase in attitudes that disapproved of male to female ADA reduced the risk of girls engaging in sexual abuse. For boys disapproval of female to male abuse reduced engagement in physical abuse and disapproving of male to female abuse decreased threatening behavior, but there was no other significant reduction in other forms of ADA (Niolon et al., 2015).

The positive relationship between traditional gender role attitudes and using physical ADA behaviors was stronger for those with higher levels of acceptance of ADA, but not for boys who had lower levels of ADA acceptance (McNaughton Reyes et al. (2016b). Reidy et al. (2015) found that boys who endorsed gender role discrepancies and associated discrepancy stress, where they fail to live up to traditional gender norms set by society, were generally more likely to engage in sexual violence but not physical abuse. Male entitlement was also found to increase the risk of carrying out harmful behaviors in studies in South Africa and Tanzania (Wubs et al., 2013). For girls gender inequitable attitudes were associated with ADA victimization in research from South Africa (Shamu et al., 2016).

## School and Neighborhood Environment

The majority of the studies were conducted with school-based populations and several considered the influence of the school environment on both victimization and perpetration

of ADA. Only two of the articles considered the effect of the neighborhood environment or community.

Studies from the USA and South Africa found that adolescents who experienced ADA had lower levels of involvement in extracurricular activities (Coker et al., 2014), were more likely to feel unsafe at school (Earnest and Brady, 2016; Mason-Jones et al., 2016; Vivolo-Kantor et al., 2016), felt less connected to school (Mason-Jones et al., 2016; Mulla et al., 2020) and reported a poorer school climate (Giordano et al., 2015).

A German study found that, for young people who had been exposed to frequent intimate partner violence and were using harmful behaviors themselves, having access to higher quality classroom resources was found to reduce aggression towards parents, school teachers and dating partners (Beckmann, 2020). Having low school connectedness was associated with sexual violence perpetration in a South African cohort study (Mason-Jones et al., 2016). These findings indicate that the role played by schools in reducing violence and abuse is potentially significant and should be further explored.

In terms of the neighborhood and community environment, a US study found that lower levels of perceived safety in community was associated with cyber-ADA perpetration (Smith-Darden et al., 2017). A presence of neighborhood social control was found to weaken the association between physical ADA and heavy alcohol and hard drug use in another US study (McNaughton Reyes et al., 2015a), indicating a need for further exploration of how a coordinated community response might play a preventive role in the field of ADA.

## Health and Wellbeing

Several of the studies identified poor mental health as either a predictor or outcome of ADA, with many of the results varying by gender of the victim or person using harm. For girls, studies from the USA and Malawi found predictors of victimization included anxiety (Brooks Russell et al., 2013), Post Traumatic Stress Disorder (PTSD), depression (Kidman and Kohler, 2020) and borderline personality features (Reuter et al., 2015). There were no separately reported predictors for victimization of boys, but two of the articles did not differentiate results by gender. In the USA and Canada studies found depressive symptoms, anger (Zweig et al., 2014), low self-esteem and psychological distress (Smith et al., 2018) were found to predict cyber dating victimization.

In research from the USA negative mental health and wellbeing outcomes were also reported by victims of ADA, with physical violence associated with an increased risk of depression and suicidal ideation (Martz et al., 2016) and adolescents who experienced multiple types of ADA likely to report worse mental health outcomes. Where gender was

considered, the results varied, with Button and Miller (2013) finding that girls experiencing ADA were more likely to experience negative wellbeing outcomes, whereas Fawson et al. (2017) found boys more likely to experience negative mental health outcomes. In summary poor mental health is a significant vulnerability for adolescents and young people at risk of abuse from their partner.

Mental health and wellbeing were also studied as predictors of using harmful behaviours. For girls, depression was a predictor of ADA perpetration in research from Malawi (Kidman and Kohler, 2020). Although not differentiated by gender, Yu et al. (2018) found lagged effects, with symptoms of depression and anxiety being associated with ADA perpetration a year later. However, no reverse association was found between dating violence and subsequent anxiety or depression. (Yu et al., 2018). Cyber dating abuse perpetration was associated with higher self-esteem in a Canadian study (measured by the K10 psychological distress scale) (Smith et al., 2018).

Negative mental health outcomes associated with physical ADA perpetration included symptoms of post-traumatic stress disorder, which was mediated by psychological ADA perpetration, with the results from a study in the USA consistent across gender and ethnicity (Shorey et al., 2021). Overall, studies indicate that harming others is also associated with experiencing personal mental health harms.

Drug and alcohol use were significantly associated with ADA victimization in several studies. Marijuana and other drug use were significant predictors of ADA victimization in two USA studies (Mulla et al., 2020; Zaha et al., 2013). Alcohol was significant for victimization in girls in studies from the USA and South Africa (Shaumu et al., 2016; Brooks-Russell, 2013), and significant for both genders in some studies (Mulla et al., 2020; Selin et al., 2019), but not in others (Zaha et al., 2013). In one USA study substance use was found, perhaps unsurprisingly, to be both a predictor and an outcome of ADA (Taylor and Sullivan, 2017). When only considering outcomes, binge drinking was found to be significantly associated with new instances of ADA victimization in a study from the USA (Walsh et al., 2017).

Alcohol and drug use were also found to be predictors of ADA perpetration for both boys and girls in research from the USA (McNaughton Reyes et al., 2015a; Temple et al., 2013b). For girls marijuana use was a proximal effect (McNaughton Reyes et al., 2014) and alcohol use was associated with physical ADA (Niolon et al. (2015) a relationship found to be mediated by having a negative conflict style (Russell et al., 2014). For boys hard drug use was found to have a proximal and time varying effect on ADA perpetration (McNaughton Reyes et al., 2014) and alcohol use was a predictor of threatening, verbal and emotional ADA (Niolon et al., 2015).

## Discussion

A clear finding from this review is that exposure to and involvement in violence and abuse, in various settings including home and school, remain important risk factors for both ADA perpetration and victimization. Measures to prevent violence and abuse in one sphere of life are likely to reduce vulnerabilities to experiencing and using violence and abuse in other spheres. Mental health also emerges as a consistent associated factor, especially for victimization, indicating that trauma-informed approaches to supporting victims are important for adolescents. Evidence of a relationship between drug and alcohol use and experiencing or using abuse in a relationship suggest opportunities to address drug and alcohol use explicitly when supporting or intervening with young people should be explored. These findings mirror what is known about adult domestic abuse, suggesting that there are important continuities between experiences of adults and children, and underscoring the importance of acknowledging that childhood can and does involve these negative experiences.

Our review findings suggest that school settings continue to have a protective potential which is not available to adults. This provides a unique opportunity to explore how schools and other community-based settings can offer comprehensive, coordinated support systems for diverse groups of children and young people, capable of dealing with complexity. There is some promising evidence of improved multi-agency work in this space, for example through coordinated community responses (see Johnson & Stylianou, 2022), but the gap in the evidence around abuse in the context of intimate relationships between adolescents remains. A coordinated community response to both intervention and recovery for adolescents that looks beyond school-based support and explores the potentially protective role communities and neighbourhoods can play should also be explored to expand existing notions of care. Understanding what help-seeking behaviors and recovery mechanisms that adolescents require and preventive work with children living in a context of parental abuse or involved in a situation of bullying emerge as clear priorities for research and intervention.

### Gaps and Limitations in the Literature

Our review revealed several problematic gaps and preoccupations in the literature worth noting here. First, the studies focus predominantly on physical or sexual violence or both, which excludes other potentially prevalent forms of abuse such as coercive control and economic abuse. Research shows consistently that violence is only one form of intimate partner abuse, which is typically accompanied by other harmful behaviors such as emotional abuse or controlling

behaviors (Myhill and Hohl, 2019). These latter behaviors are not secondary to, nor can they be coherently subsumed under the notion of physical violence. A historic emphasis on physical violence has led to a range of serious problems in theory and practice that are pervasive and have proven difficult to reverse. These include underestimations of prevalence, an overwhelming focus on discreet incidents of violence rather than cumulative or ongoing abuse, and a failure to recognize and respond to the harm experienced by victims and children living in abusive households (Robinson et al., 2016; Stark, 2024). We should aim to prevent replicating past issues when expanding efforts to address harmful behavior among adolescents.

Second, abuse in same-sex relationships is systematically overlooked and poorly understood. Third, there is a lack of systematic examination of the health-related and long-term consequences of adolescent domestic abuse, e.g. on wellbeing (Johnson et al., 2024), with the knock-on effect that the potential for early prevention remains untapped. Fourth, several of the studies in this review did not examine the impact on adolescents from the perspective of those affected, potentially missing context and rendering difficult assessments of severity. Fifth, while studies gathered evidence on experiences of abuse there was little exploration of adolescents' help-seeking behaviors and their attitudes to different kinds of possible support and help. A limitation that cuts across all of these gaps is the lack of intersectional analysis, with most studies not differentiating by ethnicity, sexual orientation and other protected characteristics.

Methodologically our approach identified reviews with a heavy emphasis on quantitative studies. While essential, quantitative research cannot provide the kind of nuanced understanding that could be gained from qualitative research or mixed methods. Many studies relied on self-reported surveys which can potentially lead to bias and underreporting. Most surveys were also school-based, which inevitably excludes those who are not in school (an ever-growing population even in developed economies since the Covid-19 pandemic). These studies also tended to neglect the potential influence of neighborhoods and communities. The representativeness of the samples could also be an issue, particularly regarding ethnicity, socio-economic status and geographic location. For example, some studies focused on high-risk urban areas (Latzman et al., 2015), which could limit the generalizability of findings to other populations. The broader question of generalizability is also a challenge for researchers and practitioners seeking to understand the implications of this body of work for places that are poorly covered by the studies, for example the UK. More generally, these gaps and limitations highlight the need for more comprehensive, inclusive and methodologically robust research in the field of ADA.

## Limitations of the Review

This review is a first attempt at positioning ADA as a complex problem that deserves attention. We are confident that our methodology was sufficiently inclusive and rigorous to achieve this objective. Nevertheless, we faced constraints in terms of resources, time, and linguistic skills that meant we could not consider studies published prior to 2013, studies published in languages other than English, or grey literature (from charities, governmental and non-governmental organizations), therefore it is possible that some relevant papers were not identified. In addition, our review likely excluded relevant qualitative studies because our search terms and focus on systematic reviews oriented the study to quantitative research. All are likely to have been valuable additional sources, and further more comprehensive research is clearly needed. Additionally, we were unable to include formal risk of bias assessments for the included studies. Formal assessments allow for more in-depth judgements of whether the reported results may be misleading and therefore can or should be trusted. We also know that the available research is not representative of all populations and that the nature of ADA means there will have been gaps in the data and under reporting. Nevertheless, our analysis identified clear and consistently-evidenced risk and protective factors as well as areas for further research and intervention, which are more likely to be confirmed than contradicted by reviews of a broader scope.

## Conclusions

Our aim in this paper has been to contribute to efforts to surface ADA, especially that which occurs between younger adolescents, as a form of domestic abuse<sup>3</sup> and to advance understandings of associated risk factors through the synthesis of existing research in the field. The findings presented here should therefore be seen as a first step towards having a wider conversation about the appropriate improvements in legal, policy, and practitioner approaches to this phenomenon. Our review found that for adolescents there is a complex interplay and overlap between using and experiencing violence and abuse suggesting dynamics that go beyond simple characterizations of victimization and perpetration (for example Sabol et al., 2020; Fawson et al., 2018; Taylor and Mumford, 2016; Ellis and Wolfe, 2015). This is a further reason to resist reflexively reaching for existing social and legal tools and focusing instead on doing the kind of systematic

research that can inform the development of advocacy, interventions and prevention that are right for adolescents. For the UK context, our findings suggest that there is a case for revisiting the question of whether 16 is an appropriate age threshold for official recognition of abuse and provision of access to services, support and other resources. However, we acknowledge that this is a complex and contested question that demands further research and reflection. Such a process should involve participatory research with young people to understand their vulnerabilities, experiences, needs and preferences from the ground up, as opposed to taking what we know about adults as a baseline.<sup>4</sup>

## Appendix 1. Search Strategy

The following search term combinations were used across the databases for title or abstract or keywords: [(adolescen\* or teen\* or “young people” or youth or student\* or “young adult”)ti.ab.kw] AND [(“dating violence” or “dating abuse” or “dating aggression” or “intimate partner violence” or “intimate partner abuse” or “intimate partner aggression” or “relationship violence” or “relationship abuse” or “relationship aggression” or “domestic violence” or “domestic abuse” or “domestic aggression” or “partner violence” or “partner abuse” or “partner aggression” or “sexual violence” or “sexual abuse” or “sexual aggression” or stalking)ti.ab.kw] AND [(“systematic review” or “literature review” or “scoping review” or “rapid review” or Meta-analysis or metaanalysis or “evidence review” or “narrative review” or “evidence synthesis”)ti.ab.kw].

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**Availability of Supporting Data** A list of systematic reviews will be available on publication at <https://vision.city.ac.uk/>.

## Declarations

**Conflict of Interest** The authors have no conflict of interest to declare that are relevant to this article.

<sup>3</sup> As has been attempted with other forms of domestic abuse, such as ‘adolescent-to-parent abuse’ which is emerging as its own concept (Holt, 2016).

<sup>4</sup> as done by for instance VISION consortium (2024).

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