

Trauma, Violence, & Abuse

<http://tva.sagepub.com>

Risk Factors for Victimization in Romantic Relationships of Young Women: A Review of Empirical Studies and Implications for Prevention

Johanne Vézina and Martine Hébert

Trauma Violence Abuse 2007; 8; 33

DOI: 10.1177/1524838006297029

The online version of this article can be found at:

<http://tva.sagepub.com/cgi/content/abstract/8/1/33>

Published by:

 SAGE Publications

<http://www.sagepublications.com>

Additional services and information for *Trauma, Violence, & Abuse* can be found at:

Email Alerts: <http://tva.sagepub.com/cgi/alerts>

Subscriptions: <http://tva.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations (this article cites 101 articles hosted on the SAGE Journals Online and HighWire Press platforms):

<http://tva.sagepub.com/cgi/content/refs/8/1/33>

RISK FACTORS FOR VICTIMIZATION IN ROMANTIC RELATIONSHIPS OF YOUNG WOMEN

A Review of Empirical Studies and Implications for Prevention

JOHANNE VÉZINA
MARTINE HÉBERT

Université du Québec à Montréal, Canada

This article reviews the literature on risk factors for victimization in romantic relationships of adolescent girls and young adult women. The review includes 61 empirical studies published between 1986 and 2006 that have investigated risk factors for sustained psychological, sexual, and physical violence in romantic relationships of young women ages 12 to 24. An ecological approach is used as a conceptual model to review risk factors into four categories: sociodemographic factors, individual factors (personal and interpersonal), environmental factors (family, community, and peers), and contextual factors (linked to the romantic relationship). Methodological limitations of the studies in terms of measurement issues, samples studied, research designs, and underlying conceptual models are discussed. Finally, implications for prevention programming are considered. Recommendations are presented about which clientele should be targeted, which risk factors should be considered, and when programs should be implemented.

Key words: *risk factors; dating victimization; romantic relationships*

VIOLENCE IN WOMEN'S intimate relationships can manifest itself in several forms and may be experienced from adolescence onward. In a representative national sample of American adolescents, 29% of girls reported being subjected to psychological violence in their romantic relationships and 31% reported being subjected to physical violence (Halpern, Oslak, Young, Martin, & Kupper, 2001). Moreover, nearly 4% of adolescent girls reported having

been forced into sexual relations against their will in the context of a romantic relationship or during a date (Ackard, Neumark-Sztainer, & Hannan, 2003). Smith, White, and Holland (2003) questioned college-aged women and found that nearly one out of every two women had been physically or sexually victimized in their dating relationships during the school year and 13% of these respondents reported both types of victimization. With a New Zealand

AUTHORS' NOTE: The first author was awarded a scholarship from the Canadian Institutes of Health Research. The authors wish to thank Johanna Vyncke for help in preparation of this article. Requests for reprints should be sent to Martine Hébert, Département de Sexologie, Université du Québec à Montréal, Case Postale 8888, Succursale Centre-Ville, Montréal, Québec, Canada H3C 3P8; e-mail: hebert.m@uqam.ca.

TRAUMA, VIOLENCE, & ABUSE, Vol. 8, No. 1, January 2007 33-66
DOI: 10.1177/1524838006297029
© 2007 Sage Publications

KEY POINTS OF THE RESEARCH REVIEW

- Dating victimization (DV) among young women is prevalent and is associated with serious negative consequences. Preventing this alarming social phenomenon is a priority.
- DV manifests itself as a multidetermined phenomenon. An ecological model can serve to group risk factors according to four categories: sociodemographic factors, individual factors (personal and interpersonal), environmental factors (family, peer group, community), and contextual factors (linked to the abusive romantic relationship).
- Studies exploring the link between sociodemographic factors and DV suggest that:
 - The link is relatively weak between girls' age, sociodemographic level, and DV.
 - The link between ethnic origin and DV is inconsistent. Some studies find that ethnic origin is a risk factor for DV, whereas others suggest it acts as a protection factor.
 - Living in a broken family, being less involved in religious activities, and living in a rural area appear to be risk factors for DV.
- Empirical evidence related to the association of individual factors and DV found that:
 - Internalizing disorders (depressive symptoms and suicidal behaviors) seem related to DV. The link between self-esteem and DV appears inconsistent.
 - In terms of attitude, believing that violence is tolerable and justified is associated with DV.
 - Externalizing problems (conduct disorders, substance use, and risky sexual practices) are risk factors for DV. Pregnancy at adolescence and dropping out of school could also be associated with a higher risk of being victimized in romantic relationships.
- Concerning the link between environmental factors and DV, prior investigations suggest that:
 - Prior victimization experiences (family violence, child sexual abuse, community violence, sexual harassment) are associated with DV.
 - Inadequate parental practices (lower level of supervision and affective proximity, use of harsh discipline) have also been evaluated and appear related to DV.
 - Having friends who display delinquent behaviors, who approve and experience violence in their own couple are risk factors for DV.
- Conclusions of the review about the link between contextual factors and DV are that:
 - Little is known about the relational dynamics of young couples who experience violence, but mutual violence and difference of power between the two partners (i.e., having an older partner) seem to be frequent in these violent romantic relationships.

- Studies reviewed present some methodological limitations, namely in terms of measurement issues, samples studied, research designs, and underlying conceptual models.
- The majority of preventive programs are universal. Despite the fact that these interventions have demonstrated benefits in changing attitudes, they may not be sufficient to prevent DV. A more selective approach targeting high-risk youths may represent an additional promising avenue. The participation of peers, families, and practitioners could also contribute to the prevention of DV.

sample of 21-year-old women who had been involved with a male partner in the previous year, Magdol et al. (1997) found that 84% of participants experienced psychological violence and 13% sustained severe physical violence. Dating victimization (DV) among teenagers and young adults is therefore widespread and disquieting.

In this article, the term DV refers to psychological, physical, and/or sexual violence experienced by adolescent girls and women in early adulthood within the context of a dating relationship. Several authors have highlighted the importance of studying this issue using a gender-specific approach (Jackson, 1999; Katz, Kuffel, & Coblenz, 2002; O'Keefe & Treister, 1998). The current review will consider studies that are specifically interested in the victimization experiences of girls. DV is associated with a variety of adaptation problems in girls, such as eating disorders, behavior problems, post-traumatic stress and depressive symptoms, and suicidal behavior (Ackard & Neumark-Sztainer, 2002; Callahan, Tolman, & Saunders, 2003; Coker et al., 2000; Roberts & Klein, 2003; Zweig, Crockett, Sayer, & Vicary, 1999). In addition, some authors showed that the presence of violence in adolescent romantic relationships is a risk factor for the occurrence of victimization in adulthood (Hendy et al., 2003; Himelein, 1995; Smith et al., 2003). The disturbing extent of this phenomenon highlights the importance of early intervention to impede developmental trajectories that could lead to adult victimization. The outline of such interventions can be detailed by carrying out an analysis of the risk factors linked to DV.

Documenting risk factors for DV has been identified as a research priority in this area (Lewis & Fremouw, 2001). As far as we know, four reviews have examined the risk factors associated with DV. Reviews presented by Lewis and Fremouw (2001) and Sugarman and Hotaling (1989) focused only on risk factors associated with physical violence. Rickert, Vaughan, and Wiemann (2002) only reviewed studies published between April 2001 and April 2002. Furthermore, their review, as well as the review by Glass et al. (2003), focused only on risk factors for experiences of victimization in adolescence. The main goal of the present article is therefore to present a review of risk factors for DV that takes into account all three forms of violence (psychological, physical, and sexual) toward both adolescents and young adult women. This review will hopefully lead to a better understanding of DV and will contribute in helping orient intervention and prevention programs in this domain.

The present review includes 61 studies published between 1986 and 2006. These studies were identified through the following databases: PsycINFO, Medline, and Current Contents. A number of these studies include both gender in their analyses, but for the purposes of this review, only data concerning girls will be presented. The girls who participated in these studies range in age from 12 to 24. One study focused on women who were on average 31 years old (Ehrensaft et al., 2003). This study was included despite the older age of the participants because of its longitudinal design (during a 20-year span) and the fact that all the risk factors were evaluated prior to age 21. Table 1 presents a summary of these studies.¹ An approach based on an ecological model (Bronfenbrenner, 1977) will serve as the conceptual framework to integrate the risk factors evaluated in the studies reviewed. Indeed, DV manifests itself as a multidetermined phenomenon requiring an analysis capable of considering several levels. The risk factors were therefore grouped according to four categories: sociodemographic factors, individual factors (personal and interpersonal), environmental factors (family, peer group, community), and

contextual factors (linked to the abusive romantic relationship).

SOCIODEMOGRAPHIC FACTORS

Sociodemographic factors include studies that evaluated the following variables: age, ethnicity, socioeconomic status, family structure, type of living area, and religious practices.

Age

Nineteen studies evaluated the link between age of participant and DV. Four of these studies found that the older girls are, the more likely they are to be victims of one of the forms of violence (Halpern et al., 2001; Kreiter et al., 1999; Roberts & Klein, 2003; Silverman, Raj, Mucci, & Hathaway, 2001). Silverman et al. (2001) proposed that age is positively associated with DV because younger girls have had fewer romantic and sexual experiences. Other studies, however, have failed to find a relationship between the age of participants and DV, but these results could be explained by the lack of variability in the age of the participants in these studies (Buzy et al., 2004; Cyr, McDuff, & Wright, 2006; Ehrensaft et al., 2003; Gover, 2004; Harned, 2002; Howard, Qiu, & Boekeloo, 2003; Howard & Wang, 2005; Kaestle & Halpern, 2005; Malik, Sorenson, & Aneshensel, 1997; Noland, Liller, McDermott, Coulter, & Seraphine, 2004; Reuterman & Burcky, 1989; Rickert, Wiemann, Harrykissoon, Berenson, & Kolb, 2002; Rickert, Wiemann, Vaughan, & White, 2004; Synovitz & Byrne, 1998; Tourigny, Lavoie, Vézina, & Pelletier, 2006).

Ethnicity

Out of the 20 studies that evaluated the association between ethnicity and DV, 8 noted a link, but a clear interpretation of these findings is difficult to derive from these results. On one hand, some studies found that belonging to an ethnic minority was a risk factor for DV. More specifically, compared to Caucasian girls, African American (Howard & Wang, 2003, 2005; Rickert, Wiemann et al., 2002; Silverman et al., 2001),

Hispanic (Howard & Wang, 2003; Rickert, Wiemann et al., 2002), and Asian American girls (O'Keefe & Treister, 1998) were found to be at higher risk of victimization. On the other hand, other studies have found that these same ethnic minority groups (African and Asian American) are less at risk to experience DV (Gover, 2004; Malik et al., 1997; O'Keefe & Treister, 1998; Silverman et al., 2001). Finally, several studies have failed to find a link between ethnicity and DV (Ackard et al., 2003; Ehrensaft et al., 2003; Foshee, Benefield, Ennett, Bauman, & Suchindran, 2004; Halpern et al., 2001; Harned, 2002; Howard et al., 2003; Howard & Wang, 2005; Kaestle & Halpern, 2005; Maxwell, Robinson, & Post, 2003; O'Keefe, Brockopp, & Chew, 1986; Roberts & Klein, 2003; Symons, Groër, Kepler-Youngblood, & Slater, 1994; Synovitz & Byrne, 1998).

Those mixed results are in line with the findings of Lewis and Fremouw (2001) in their review of risk factors for DV. Several limitations could explain the inconsistencies found in the literature. Indeed, the majority of samples comprise primarily young Caucasian women (Silverman et al., 2001), as Lewis and Fremouw (2001) concluded "an accurate representation of dating violence in non-White groups is speculative" (p. 110). Furthermore, some factors that could be associated to belonging to an ethnic minority, such as the exposure to violence in the community or in the family (Malik et al., 1997) or socioeconomic status (Howard et al., 2003), are not always controlled in the studies examining the link between ethnicity and DV. Moreover, it is possible that ethnic identity (identification and membership in an ethnic group), rather than ethnicity itself, would explain more appropriately why some studies find that belonging to an ethnic minority could be associated with a higher or lower risk of DV. With an ethnically diverse sample, Rickert et al. (2004) have found that decreasing ethnic identity was associated with increased reports of sexual victimization. They suggested that girls who have a high degree of affiliation with their identity and culture are less likely to report DV. Alternatively, strong feelings of belonging to one's culture could be protective against violence because they may

contribute to partner selection and reduce other risk factors' link to DV.

Socioeconomic status

Fifteen studies have reported no association between socioeconomic status (defined as parents' level of education or employment status, as family income, or as a composite score) and DV (Ackard et al., 2003; Buzy et al., 2004; Cyr et al., 2006; DeMaris, 1987; Foshee, Benefield et al., 2004; Kaestle & Halpern, 2005; Lavoie, Hébert, Vézina, & Dufort, 2001; Lavoie & Vézina, 2002; Magdol, Moffitt, Caspi, & Silva, 1998; O'Keefe, 1998; O'Keefe & Treister, 1998; O'Keefe et al., 1986; Reuterman & Burcky, 1989; Rickert et al., 2004; Roberts & Klein, 2003; Synovitz & Byrne, 1998). Five studies, however, did find a link between these two factors. Three studies measured parents' level of education rather than their income and found an association with DV. However, Malik et al. (1997), as opposed to Halpern et al. (2001) or Tourigny et al. (2006), who report a negative association between education level and DV, concluded that education level was positively associated with DV, so that the higher the education level, the higher the risk for victimization. One possible explanation for this result is that a higher level of education could lead to more prestigious employment that requires more hours of work, which would in turn lead to a lower level of parental investment and/or supervision. Finally, Magdol et al. (1997) and Rickert, Wiemann et al. (2002) suggest that young women who are out of work are more likely to be victimized, but Rickert et al. (2004) did not corroborate this finding.

Family Structure and Type of Living Area

Eight studies have found no association between family structure and DV (Buzy et al., 2004; Lavoie & Vézina, 2002; Malik et al., 1997; O'Keefe et al., 1986; Reuterman & Burcky, 1989; Rickert et al., 2004; Roberts & Klein, 2003; Vicary, Klingaman, & Harkness, 1995). Almost as many studies, however, have found that not living in

(text continues on p. 47)

TABLE 1: Summary of Risk Factors for Dating Victimization (DV) Among Young Women

Source	Sample	Type of Violence	Sociodemographic Factors	Individual Factors	Environmental Factors	Contextual Factors
Ackard, Neumark-Sztainer, & Hannan (2003)	N = 3,533 high school adolescents (1,916 girls) in Grades 9 to 12 ^a	Physical and sexual	Ethnicity and socioeconomic status (SES)			
Arriaga & Foshee (2004)	N = 526 high school adolescents (280 girls) ages 12 to 17 (83% White); Longitudinal study	Physical			WIT (cross-sectional analysis only)* and DV in friends' couple (cross-sectional and longitudinal)*	
Banyard, Arnold, & Smith (2000)	N = 219 women college students (M = 18.33 years old; 97.2% White)	Physical, psychological, and sexual			CSA*	
Bjillingham & Notebaert (1993)	N = 1,405 college students (891 women) ages 17 to 23	Physical and psychological	Family structure*			
Buzy et al. (2004)	N = 106 high school adolescent girls (M = 15.68 years old; 73% Hispanic); Longitudinal study	Physical and sexual	Age, SES, and family structure	Alcohol use (cross-sectional and longitudinal analysis)* and drug use		Length of relationship and older dating partner (cross-sectional analysis only)
Cleveland, Herrera, & Stuewig (2003)	N = 603 high school girls (M = 17 years old) ^b ; Longitudinal study	Physical		Depression,* self-esteem, attitudes, delinquency, alcohol use,* multiple sex partners,* GPA (higher; protective factor),* school attachment (protective factor), and cognitive abilities	Quality of relationship with parents (protective factor: only mother relationship is associated)*	Relationship seriousness (interactional factor: results for risk factors differ if the relationship is serious or not)*
Cyr, McDuff, & Wright (2006)	N = 126 sexually abused White girls (M = 14.4 years old) recruited in CPS	Physical and psychological	Age and SES	Multiple dating partners	WIT, VFV, and characteristics of CSA*	Perpetrating violence toward the dating partner*
DeMaris (1987)	N = 484 White college students (277 women) (M = 19.6)	Physical	SES	Attitudes	WIT and VFV	

(continued)

TABLE 1: (continued)

Source	Sample	Type of Violence	Sociodemographic Factors	Individual Factors	Environmental Factors	Contextual Factors
Ehrensaft, Cohen, Brown, Smalies, Chen, & Johnson (2003)	N = 582 adults (M = 31 years old; 91% White); Analyses are not conducted separately for men and women; Longitudinal study	Physical	Age, ethnicity, and SES during adolescence*	Antisocial behaviors during adolescence* and substance use disorder at 21 years old	Childhood measures: WIT*, VFV, CSA, neglect, and harsh punitive discipline; Adolescence measures: parental practices (low closeness with mother)*	
Follingstad, Rutledge, McNeill-Harkins, & Polek (1992)	N = 210 women college students ages 17 to 45 (M = 20.8; 93.5% White)	Physical	Ethnicity, SES, family structure,* and religious importance	Self-esteem and attitudes*	WIT*	
Foshee, Benefield, Ennett, Bauman, & Suchindran (2004)	N = 1,291 high school adolescents (653 girls) in Grades 8 and 9 assessed annually for 5 and 4 years, respectively	Physical and sexual		Depression,* self-esteem, attitudes,* fighting with a peer, and alcohol use	Parental supervision, hit by an adult,* and DV in friends' couple*	
Gagné, Lavole, & Hébert (2004)	N = 1,737 high school adolescents (917 girls) ages 14 to 20	Physical and sexual	Age, ethnicity (protective factor),* family structure,* and religious practices*		WIT, VFV,* CSA,* community violence,* and sexual harassment*	
Gover (2004)	N = 5,545 high school adolescents (49% girls; 44% African American) ages 15 years or younger; ^c Analyses are not conducted separately for males and females	Physical		Life satisfaction (protective factor),* alcohol/drug use,* driving under the influence of alcohol,* age at first sexual intercourse (younger),* and multiple sex partners (past 3 months)*		
Halpern, Oslak, Young, Martin, & Kupper (2001)	N = 7,493 adolescents (4,088 girls) ages 12 to 21 years ^a	Physical and psychological	Age (older),* ethnicity, SES,* family structure,* and religious importance*	Multiple dating partners (past 18 months)* and GPA (higher; protective factor)*		

Author(s)	Sample	Physical, psychological, and sexual	Age and ethnicity	Prior DV	Attitudes, alcohol/drug use,* and multiple serious and not serious dating partners*	Perpetrating violence toward the dating partner* and alcohol/drug use with the dating partner*
Harned (2002)	N = 874 college students (489 women) ages 17 to 52 (M = 21.3; 76% White)	Physical, psychological, and sexual	Age and ethnicity		Attitudes, alcohol/drug use,* and multiple serious and not serious dating partners*	Perpetrating violence toward the dating partner* and alcohol/drug use with the dating partner*
Hendy et al. (2003)	N = 608 college students (444 women) (M = 21.6 years; 81.4% White)	Physical		Prior DV	WIT* and VFV*	
Himelein (1995)	Wave I: same sample as Himelein et al. (1994); Wave II (3 years later): 100 women from this sample	Sexual		Self-efficacy, attitudes (only sexual conservatism is negatively associated),* consensual sexual activity, and prior DV*	CSA	Alcohol use during a date
Himelein, Vogel, & Wachowiak (1994)	N = 330 women college students (M = 18.4 years old; 73% White)	Sexual		Consensual sexual activity	CSA*	
Howard, Qiu, & Boekeloo (2003)	N = 444 adolescents ages 12 to 17 (80% African American) recruited in care medical centers; Analyses are not conducted separately for boys and girls	Physical	Age, ethnicity, and religious practices (protective factor)*	Alcohol use	Parental monitoring (protective factor)* and peer-drinking exposures*	
Howard & Wang (2003)	N = 7,824 high school adolescent girls in Grades 9 to 12 ^c	Physical	Ethnicity*	Depression,* suicidal behaviors, violence (fighting), gun carrying,* alcohol use,* cocaine use,* cigarette smoking, multiple sex partners,* and inadequate contraception*		Alcohol/drug use before sexual intercourse
Howard & Wang (2005)	N = 13,601 high school adolescent girls in Grades 9 to 12. ^c	Sexual	Age and ethnicity	Depression,* suicidal behaviors,* violence (fighting),* alcohol use,* cocaine use,* cigarette smoking,* multiple sex partners,*		Alcohol/drug use before sexual intercourse*

(continued)

TABLE 1: (continued)

Source	Sample	Type of Violence	Sociodemographic Factors	Individual Factors	Environmental Factors	Contextual Factors
Jezi, Molidor, & Wright (1996)	N = 257 high school adolescents (118 girls; freshman through senior year); The sample is ethnically diverse	(Physical and sexual) combined psychological		inadequate contraception,* and physical dating violence* Lower self-esteem*		
Kaestle & Halpern (2005)	N = 6,548 adolescents (55.9% are girls) ages 12 to 21 (M = 16.8) ^a	Physical and psychological	Age, ethnicity, and SES	Being sexually active*		Length of relationship (longer)*
Krahe (1998)	N = 391 adolescents (194 girls) from Germany (M = 17.7 years old)	Sexual		Attitudes, token resistance,* multiple sex partners,* and age at first sexual intercourse Suicidal behaviors,* weapon carrying,* alcohol use,* drug use,* riding in car with a drinking driver,* cigarette smoking, multiple sex partners,* inadequate contraception,* pregnancy,* and forced sex*		
Kreiter, Krowchuk, Woods, Sinal, Lawless, DuRant et al. (1999)	N = 20,724 high school adolescents (10,538 girls) in Grades 8 to 12 (M = 15.5 years old) ^c	Physical	Age (older)*			Alcohol use before sexual intercourse*
Lavoie, Hébert, Vézina, & Dufort (2001)	N = 1,098 high school adolescents (616 girls) ages 14 to 20 (M = 16.3)	Physical, psychological, and sexual	SES	Self-esteem, empathy,* hostility,* self-denial,* delinquency,* alcohol use,* drug use,* age at first dating, age at first sexual	WIT, VFV, CSA, DV in friends' couple,* peer-approving violence,* delinquent friends,* and sexual harassment	

Lavoie & Vézina (2002)	N = 1,212 adolescents ^d	Three types combined	SES and family structure	intercourse, multiple sex partners,* and prior DV* Lower self-esteem,* behavior problems,* alcohol/drug use,* number of sex partners, and first intercourse before 13 years old*	Low closeness with parents (only mother relationship is associated),* WIT, and victimization at school*
Magdol, Moffitt, Caspi, Fagan, Newman, & Silva (1997)	N = 861 adults (423 women) age 21; ^e Analyses are not conducted separately for men and women	Physical	SES (unemployment)* and religious importance	Mental health problems,* and alcohol/drug use,* and criminality*	Less social resources* and social involvement
Magdol, Moffitt, Caspi, & Silva (1998)	Same sample as Magdol et al., (1997); Risk factors are measured during childhood and adolescence	Physical and psychological	SES and family structure (protective factor)*	Early problem behaviors,* alcohol/drug use,* lower educational attainment,* and lower level of cognitive abilities*	Quality of relationship with parents (low closeness and attachment and high level of conflicts)* and harsh punitive discipline*
Mailik, Sorenson, & Aneshensel (1997)	N = 797 high school adolescents (426 girls) ages 14 to 17; The sample is ethnically diverse	Physical	Age, ethnicity (protective factor),* SES,* and family structure	Self-efficacy, attitudes,* alcohol use,* and drug use	WIT, VFV,* and community violence
Maxwell, Robinson, & Post (2003)	N = 476 high school adolescents (246 girls) ages 15 to 18 (M = 16.5; 80% White)	Sexual	Ethnicity and no religious affiliation (being protestant is a protective factor)*	Attitudes,* multiple dating partners (past 6 months) and dates (past month)* and planning to attend college (protective factor)*	Perpetrating violence toward the dating partner*

(continued)

TABLE 1: (continued)

Source	Sample	Type of Violence	Sociodemographic Factors	Individual Factors	Environmental Factors	Contextual Factors
Muehlenhard & Linton (1987)	N = 341 women college students (M = 18.8 years old)	Sexual		Attitudes* and suggestively dress*		Difference of power in decision about the date,* isolated location of date,* dating age partner, and alcohol/drug use during a date*
Neufeld, McNamara, & Ertl (1999)	N = 623 women college students (M = 18.61 years old)	(Physical and sexual) combined psychological		Life prevalence and during the past 6 months, multiple sex partners,* and multiple dating partners*		Length of relationship (longer)* and perception that the partner has more control*
Noland, Liller, McDermott, Coulter, & Seraphine (2004)	N = 371 college students (49.6% are women) ages 16 to 30 (M = 20.43); The sample is ethnically diverse; Analyses are not conducted separately for men and women	(Physical and psychological) combined	Age		WIT* and VFV*	
O'Keefe (1998)	N = 232 high school adolescents (138 girls); Subsample from O'Keefe & Treister (1998): youths who reported WIT	Physical	SES	Self-esteem, attitudes, alcohol/drug use, and GPA (poorer)*	VFV* and community violence	
O'Keefe & Treister (1998)	N = 939 high school adolescents (554 girls) ages 14 to 20 (M = 16.9); The sample is ethnically diverse	Physical	Ethnicity* and SES	Self-esteem,* attitudes,* multiple dating partners,* and age at first dating relationship	WIT, VFV, and community violence*	Higher level of commitment and conflicts,* dissatisfaction in the relationship,* perception that the partner has more control,* and perpetrating violence toward the dating partner*
O'Keefe, Brockopp, & Chew (1986)	N = 256 high school adolescent juniors or seniors (135 girls; 64.8% White)	Physical	Ethnicity, SES, and family structure		WIT* and VFV	
Pedersen & Thomas (1992)	N = 166 college students (116 women: median age = 19)	Physical and psychological				Length of relationship (longer)* and

TABLE 1: (continued)

Source	Sample	Type of Violence	Sociodemographic Factors	Individual Factors	Environmental Factors	Contextual Factors
Rosen, Bartle-Haring, & Stith (2001)	N = 277 college students (233 women) ages 18 to 28 (M = 20.4)	Physical		Trauma symptoms*	WIT* and VFV*	
Sanders & Moore (1999)	N = 163 college women ages 18 to 25 (M = 18.7; 88% White)	Sexual		Child maltreatment (emotionally neglect, WIT-VFV-CSA)*		
Sharpe & Taylor (1999)	N = 258 college students (174 women)	Physical and psychological		Lower self-esteem,* self-efficacy,* self-denial, dominance,* and attitudes	Poorer peer relationships*	Length of relationship
Silverman, Raj, Mucci, & Hathaway (2001)	N = 4,163 high school adolescent girls in Grades 9 to 12 (two cohorts) ^c	Physical and sexual	Age (older)* and ethnicity (risk factor in one cohort and protective factor in the other)*			
Small & Kerns (1993)	N = 1,149 high school adolescent girls in Grades 7, 9, and 11; The sample is ethnically diverse	Sexual		Self-esteem and alcohol use (past month)*	Having authoritative parents, parental supervision (protective factors), CSA,* peer conformity,* and neighborhood monitoring	
Smith, White, & Holland (2003)	N = 1,569 women (70.9% White) assessed every year during college	Physical		Prior DV*	Child maltreatment (WIT-VFV-CSA)*	
Spencer & Bryant (2000)	N = 2,094 high school adolescents (995 girls) in Grades 7, 9, and 11	Physical and sexual		Rural living area*		
Symons, Groër, Kepler-Youngblood, & Slater (1994)	N = 561 high school adolescents (395 girls) ages 15 to 20 (40% African American)	Three types combined	Ethnicity, family structure,* and religious practices	Alcohol/drug use	WIT/VFV and CSA	
Synovitz & Byrne (1998)	N = 241 women college students ages 18 to 24 (95% White)	Sexual	Age, ethnicity, and SES	Self-efficacy, attitudes, multiple dating partners, multiple sex		Alcohol use during a date*

Tourigny, Lavoie, Vézina, & Pelletier (2006)	N = 427 high school adolescents (257 girls) ages 13 to 17 (M = 14.8)	Physical, psychological, and sexual	Age, SES,* and family structure*	<p>partners,* multiple dates, age at first sexual intercourse, contraceptive use, provocativeness of dress,* attractiveness level, and cosmetic application level</p> <p>Empathy, hostility,* attitudes, delinquency, alcohol/drug use,* age at first dating partner, multiple dating partners, being sexually active,* prostitution, and school problems</p>	<p>Quality of relationship with parents, VFV, CSA,* and peer-approving violence</p> <p>Number of hours spent with the dating partner</p>
Vicary, Klingaman, & Harkness (1995)	N = 112 adolescent girls from a White rural community sample and ages 12 to 17	Sexual	Family structure and religious practices	<p>Poorer emotional status,* age at first dating, earlier age of menarche,* and being sexually active</p> <p>Self-efficacy* and attitudes</p>	<p>Quality of relationship with parents, friends' characteristic, and poorer peer relationships*</p>
Walsh & Foshee (1998)	N = 732 adolescent girls ages 12 to 16 (M = 13.7; 78% White); Longitudinal study	Sexual			
Wekerle & Wolfe (1998)	N = 321 high school adolescents (193 girls) ages 14 to 20 (M = 15.13; 80% White)	Three types combined			
Wekerle, Wolfe, Hawkins, Pittman, Glickman, & Lovald (2001)	N = 1,329 high school adolescents (771 girls) and 224 youths (123 girls) from CPS (M = 15.4 to 16 years old; 74% to 80% White)	Three types combined			
Wolfe, Scott, Wekerle, & Pittman (2001)	N = 1,419 high school adolescents (812 girls) ages 14 to 19 (M = 16.1; 79% White)	Physical, psychological, and sexual			

(continued)

TABLE 1: (continued)

Source	Sample	Type of Violence	Sociodemographic Factors	Individual Factors	Environmental Factors	Contextual Factors
Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre (1998)	N = 369 high school adolescents (218 girls; M = 15.13 years old; 70% White)	Three types combined		Interpersonal sensitivity/hostility,* avoidant attachment style,* attitudes, and problem solving	Child maltreatment (emotionally neglected, WIT-VFV-CSA)*	
Woodward, Fergusson, & Horwood (2002)	N = 495 adults (294 women) ages 21 years; Risk factors are measured during childhood and adolescence	Physical		Problem behaviors (childhood and adolescence)*		

NOTE: CPS = child protective services; GPA = grade point average; WIT = witnessing interparental violence; VFV = victim of familial violence; CSA = childhood sexual abuse.

a. Commonwealth Fund Survey of the Health of Adolescent boys and girls: representative sample of U.S. adolescents.

b. National Longitudinal Study of Adolescent Health (add health): representative sample of U.S. adolescents in school.

c. Youth Risk Behavior Survey (YRBS; Centers for Disease Control and Prevention): representative sample of all U.S. public high schools (South Carolina; Columbia; Massachusetts).

d. Enquête sociale et de santé auprès des enfants et des adolescents québécois: representative community sample of Québec, Canada.

e. Dunedin Multi-Disciplinary Health and Development Study: unselected birth cohort studied for more than 20 years (New Zealand).

f. Christchurch Health and Development Study (New Zealand).

*Statistically significant.

an intact family acts as a risk factor for DV (Billingham & Notebaert, 1993; Foshee, Benefield et al., 2004; Gover, 2004; Halpern et al., 2001; Magdol et al., 1998; Symons et al., 1994; Tourigny et al., 2006). Moreover, Magdol et al. (1998) reported that living with both parents in adolescence acted as a protective factor against psychological violence in early adulthood. Tourigny et al. (2006) suggest that youths from broken homes could be more likely to have witnessed conflict in their family and would then reproduce this form of interaction in their relationship. Also, those who have lived through their parents' divorce or separation may be willing to do more to avoid living through that situation again in their romantic relationships. In addition, Gover (2004) proposed that the activities of youth living in intact homes are more closely supervised, which would reduce their risk of engaging in high-risk behaviors. The author suggests a theoretical perspective according to which risky lifestyle is a risk factor for victimization. In this way, the link between family structure and DV would be mediated by high-risk behaviors.

Gover (2004) also postulates that the type of living area could also be associated with DV. Three studies have considered this hypothesis (Reuterman & Burcky, 1989; Roberts & Klein, 2003; Spencer & Bryant, 2000). Results suggest that living in a rural area is a risk factor for DV compared to living in an urban or suburban area (Reuterman & Burcky, 1989; Spencer & Bryant, 2000). Olimb, Brownlee, and Tranter (2002) argue that the following factors favor the emergence and maintenance of DV in rural areas: rural patriarchal ideologies, social isolation, and lack of services and recreational activities.

Religious Practices

Ten studies have evaluated the link between religious practices and DV, and six of these have failed to identify a significant association (Foshee, Benefield et al., 2004; Magdol et al., 1997; Reuterman & Burcky, 1989; Rickert et al., 2004; Symons et al., 1994; Vicary et al., 1995). The other studies report that not having religious affiliations (Maxwell et al., 2003) and not considering religion as being important (Halpern et al., 2001)

are both risk factors for sexual and psychological violence, respectively. Participating in regular religious activities also appears to act as a protective factor against physical violence (Gover, 2004; Howard et al., 2003). Maxwell et al. (2003) hypothesized that girls who do not have religious affiliations could be marginalized and socially isolated. Gover (2004) found that high-risk behaviors completely mediate the relationship between religious activity and DV. According to Howard et al. (2003), values upheld by the clergy and their peers who attend church could also reinforce youths' personal values against violence and/or high-risk behaviors.

Conclusions for the Link Between Sociodemographic Factors and DV

Results claiming a link between girls' age and sociodemographic level and DV are relatively weak. Similarly, the link between ethnicity and DV are difficult to interpret and do not allow for the clear identification of risk or protection factors. Differences in samples and measures could partially explain the inconsistencies in the results regarding the impact of these three sociodemographic factors. Studies seem to show that living in a broken family and being less involved in religious activities are risk factors for DV. These two factors may be more strongly associated with the opportunity of participating in activities that are not supervised by adults, which could lead to a higher likelihood of engaging in high-risk behaviors. These conclusions should, however, be interpreted with caution given that a large number of studies have also found no relationship between these two factors and DV. Finally, there is some evidence that living in a rural area is also related to a higher probability of experiencing violence. It should be noted, however, that only three studies have evaluated this factor.

INDIVIDUAL FACTORS (PERSONAL AND INTERPERSONAL)

Individual factors include studies that have evaluated the following variables: the presence of internalizing problems, attitudes and beliefs

about romantic relationships and sexuality, the presence of externalizing problems, romantic and sexual experiences, and school adaptation.

Internalizing Problems

In the present article, internalizing problems refer to depressive symptoms, suicidal behaviors, and low self-esteem. Seven studies, three of which rely on a longitudinal design (Cleveland, Herrera, & Stuewig, 2003; Foshee, Benefield et al., 2004; Roberts, Klein, & Fisher, 2003) have examined depressive symptoms, and all have found that they are significantly associated with physical or sexual violence (Howard & Wang, 2003, 2005; Magdol et al., 1997; Vicary et al., 1995). Longitudinal studies have demonstrated that level of depression is an antecedent to DV. Roberts et al. (2003) report that depressive symptoms and suicidal behaviors can be both precursors and consequences of DV. Kreiter et al. (1999) also noted, in a cross-sectional study, that adolescent girls who had attempted suicide in the previous year were more likely to have experienced at least one act of physical violence with a romantic partner than those who had not attempted suicide. Research on the role of self-esteem in DV is less clear. Results from cross-sectional studies report that low self-esteem is associated with DV (Jezl, Molidor, & Wright, 1996; Lavoie & Vézina, 2002; O'Keefe & Treister, 1998; Pirog-Good, 1992; Sharpe & Taylor, 1999). However, other studies, two relying on a longitudinal design (Cleveland et al., 2003; Foshee, Benefield et al., 2004), have found no such relationship (Follingstad, Rutledge, McNeill-Harkins, & Polek, 1992; Lavoie et al., 2001; O'Keefe, 1998; Small & Kerns, 1993).

Researchers have put forward several hypotheses to account for the link between internalizing problems and DV. First, internalizing problems could be associated with girls' feelings of self-efficacy. Indeed, Sharpe and Taylor (1999) report a negative association between girls' perception of personal power and their risk of being victims of abuse. Also, Walsh and Foshee (1998) found that girls who are more confident in their ability to protect themselves from sexual aggression are less likely to be sexually victimized. Other studies,

however, have failed to find similar results (Himelein, 1995; Malik et al., 1997; Synovitz & Byrne, 1998). Differences in the measure of self-efficacy could account for some of these inconsistencies. Second, Vicary et al. (1995) propose that girls who feel isolated and sad will be more likely to tolerate their partner's abusive behavior in an attempt to please and avoid losing him. In fact, Lavoie et al. (2001) stated that some girls may be willing to pay any price in their search for intimacy, even if this means denying their own needs. In their study based on multivariate analyses of risk factors, self-denial predicted all three forms of violence in adolescence. Sharpe and Taylor (1999), however, did not find such results with their sample of young women. Third, Gover (2004) hypothesized that young people who have a lower life satisfaction could turn to high-risk behaviors as a defense mechanism in an attempt to feel better. The results of her study show that feeling satisfied with one's life reduces the risk of being a victim of physical abuse. This association is partly mediated by the presence of high-risk behaviors.

Attitudes and Beliefs About Romantic Relationships and Sexuality

Sixteen studies have attempted to determine whether females' attitudes and beliefs about love and sexuality are related to DV (Cleveland et al., 2003; DeMaris, 1987; Follingstad et al., 1992; Foshee, Benefield et al., 2004; Harned, 2002; Himelein, 1995; Krahe, 1998; Malik et al., 1997; Maxwell et al., 2003; Muehlenhard & Linton, 1987; O'Keefe & Treister, 1998; Reuterman & Burcky, 1989; Sharpe & Taylor, 1999; Synovitz & Byrne, 1998; Tourigny et al., 2006; Walsh & Foshee, 1998). A number of these studies report that girls who believe that violence in a couple is justified and acceptable are at greater risk of being victimized than those who do not hold these beliefs (Malik et al., 1997; Muehlenhard & Linton, 1987; O'Keefe & Treister, 1998). However, Foshee, Benefield et al. (2004) do not report significant results when investigating this risk factor. The authors relied on a single item to evaluate "acceptability of use of violence in couple," whereas other studies generally use multiple

items scales. Himelein (1995) with a six-item scale did not identify a link between this attitude and sexual victimization but found that having a less conservative view of sexuality was a risk factor for DV. Follingstad et al. (1992) bring further support for the link between self-denial and DV. In their study, young victims of physical violence are more likely to consider jealousy and possessiveness as proof of love and to believe that they should "give themselves" entirely to their romantic partner.

Other attitudes and beliefs evaluated include having an androcentric view of romantic and sexual relationships (e.g., the man has the authority and the woman should stay passive and compliant), endorsing the rape myth (attributing responsibility for sexual aggression to the victim), and perceiving sexuality as hostile. In the majority of cases, these factors were evaluated in studies focusing on sexual victimization. Few studies found a significant link between these attitudes/beliefs and DV (Foshee, Benefield et al., 2004; Maxwell et al., 2003; Muehlenhard & Linton, 1987). Foshee, Benefield et al. (2004) found that holding traditional gender stereotypes is associated with sexual victimization but not physical violence. This result appears opposite to those of Himelein (1995), who found a negative association between sexual conservatism and sexual victimization. In her study, more sexually conservative women also tended to have less consensual sexual experiences and to endorse more adversarial sexual beliefs and greater acceptance of rape myths. She thus suggested that traditional attitudes may reduce the risk of DV because they increase the girls' mistrust in dating and decrease their involvement in sexual relationships. In the same line of thought, Muehlenhard and Linton (1987) found that holding a less traditional view of sex roles is associated with sexual victimization. They stated that holding a less traditional view of sex roles could increase sexual risk taking. On the other hand, they also proposed that holding traditional attitudes could be associated with more passivity in the case of unwanted sexual advances and that girls may not feel justified to stop them and feel responsible for the situation. However, these hypotheses have not been confirmed yet.

Externalizing Problems

Antisocial and delinquent behaviors. Seven studies out of 10 note an association between antisocial and delinquent behaviors such as oppositional and defiant disorders, stealing and vandalism, and DV (Ehrensaft et al., 2003; Lavoie et al., 2001; Lavoie & Vézina, 2002; Magdol et al., 1997; Magdol et al., 1998; Roberts et al., 2003; Woodward, Fergusson, & Horwood, 2002). Studies that have evaluated delinquent behaviors, such as physical acts (fights) or carrying weapons, do not generally report a link between this factor and DV in girls (Cleveland et al., 2003; Foshee, Benefield et al., 2004; Howard & Wang, 2003). But Kreiter et al. (1999) found that girls who carry a weapon are less likely to be the victims of physical abuse by their romantic partners than with someone else. Finally, Tourigny et al. (2006) found no association between delinquent behaviors (e.g., stealing, running away) and DV.

Four of the studies examining behavior problems as a risk factor for DV use a longitudinal design. Ehrensaft et al. (2003) showed that adult women who reported behavior problems in adolescence are 4 times more at risk of being victims of physical violence than those who did not report behavior problems. However, this factor did not remain significant when family problems during childhood (exposure to interparental violence) were introduced in a hierarchical regression model. These results do not corroborate the findings of Magdol et al. (1998). Results from this study show that behavior problems during childhood and adolescence are the most important factors for predicting DV, even when controlling for family factors (e.g., family conflict, mother's mental health). The disparate findings could be attributable to the fact that Magdol et al. (1998) did not measure family violence, whereas Ehrensaft et al. (2003) did. Furthermore, Woodward et al. (2002) report that the earlier behavior problems manifest themselves, the more young adults are likely to be victims of violence in their relationship. Contrary to those who only report behavior problems in adolescence, the first group has a tendency of following a deviant trajectory throughout life

(Moffitt, 1993). Delinquent and antisocial girls can be more at risk of choosing a romantic partner with similar attributes (assortative partnering). Indeed, Capaldi and Crosby (1997) found an assortative partnering by antisocial behavior in their sample of young couples. Thus, the risk of being a victim of violence is increased because antisocial boys tend to be more violent with their romantic partners (Capaldi & Clark, 1998; Capaldi, Dishion, Stoolmiller, & Yoerger, 2001; Lavoie et al., 2002; Magdol et al., 1998). Finally, Roberts et al. (2003) found that antisocial behaviors can act both as a risk factor for DV and as a consequence. Among female adolescents, but not males, DV was associated with significant increase in antisocial behavior.

Drug/alcohol use. Several studies (except for Ehrensaft et al., 2003; Foshee, Benefield et al., 2004; Howard et al., 2003; Himelein, 1995; O'Keefe, 1998; Rickert et al., 2004; Vicary et al., 1995) that have evaluated the link between substance use (drugs and/or alcohol) and DV have found an association between these variables (Buzy et al., 2004; Cleveland et al., 2003; Gover, 2004; Harned, 2002; Howard & Wang, 2003, 2005; Kreiter et al., 1999; Lavoie et al., 2001; Lavoie & Vézina, 2002; Magdol et al., 1997; Magdol et al., 1998; Malik et al., 1997; Muehlenhard & Linton, 1987; Roberts et al., 2003; Small & Kerns, 1993; Symons et al., 1994; Synovitz & Byrne, 1998; Testa, Livingston, & Leonard, 2003; Tourigny et al., 2006). Four of these studies used longitudinal designs and concluded that substance use was a precursor to DV and also a consequence for Roberts et al. (2003).

Several authors argue that psychotropic drug abuse can alter girls' judgment and keep them from recognizing and avoiding dangerous situations and defending themselves against an attack (Malik et al., 1997; Synovitz & Byrne, 1998; Tourigny et al., 2006). In fact, results from several studies have shown that substance abuse during a date is linked to experiences of sexual and physical violence (Howard & Wang, 2005; Kreiter et al., 1999; Muehlenhard & Linton, 1987; Synovitz & Byrne, 1998). Cleveland et al. (2003) report that alcohol consumption predicts sexual

victimization in casual romantic relationships but not in serious romantic relationships. The seriousness of a relationship is measured through observable behaviors reported by adolescents, such as saying "I love you" to a partner, meeting his family, and telling their social network that they are a couple. Substance use in a less stable relationship could lead to certain high-risk situations. If partners do not know each other well and are intoxicated, the probability of problems in the communication of sexual intentions is higher. Indeed, Krahé (1998) reports that girls' difficulty in clearly expressing to their partner that they do not want to engage in sexual behaviors is related to sexual victimization. According to Testa et al. (2003), substance use can also exacerbate irritability, jeopardize social interactions and the ability to resolve conflict, which could then increase the probability that a violent episode will arise.

Some authors also suggest that substance use can be linked with deviant and aggressive peers and romantic partners (Buzy et al., 2004; Testa et al., 2003). Given that alcohol use is illegal in adolescence, it takes place mostly in environments with no supervision, where the possibility for aggression is more present.

Romantic and Sexual Experiences

Romantic and sexual promiscuity. The propensity to engage in romantic and sexual relationships with multiple partners is related to DV (Cleveland et al., 2003; Gover, 2004; Halpern et al., 2001; Harned, 2002; Howard & Wang, 2003, 2005; Krahé, 1998; Kreiter et al., 1999; Lavoie et al., 2001; Maxwell et al., 2003; Neufeld, McNamara, & Ertl, 1999; O'Keefe & Treister, 1998; Pirog-Good, 1992; Rickert et al., 2004; Roberts & Klein, 2003; Synovitz & Byrne, 1998). Only four studies did not corroborate this association (Cyr et al., 2006; Himelein, 1995; Himelein, Vogel, & Wachowiak, 1994; Tourigny et al., 2006). Lavoie and Vézina (2002) also report that adolescents who are sexually active before age 13 are more likely to be victimized than those who were sexually active later. They propose that this variable is actually related to the age of

puberty. Girls who go through puberty earlier are more at risk of being victimized, a hypothesis corroborated by Vicary et al. (1995). Several studies, however, conclude that the number of sexual or romantic partners, rather than the age of the first sexual experience, is related to DV (Krahé, 1998; Lavoie et al., 2001; O'Keefe & Treister, 1998; Synovitz & Byrne, 1998).

Some authors suggest that the link between the number of romantic and/or sexual partners and DV could be attributed to simple probability (Cleveland et al., 2003; O'Keefe & Treister, 1998; Pirog-Good, 1992; Synovitz & Byrne, 1998). Multiplying partners would increase the chances of being involved with a violent partner. Furthermore, sexual promiscuity can, much like substance abuse, be considered a deviant lifestyle (Gover, 2004; Howard & Wang, 2003; Kreiter et al., 1999). Lavoie and Vézina (2002) also argue that sexual promiscuity, and probably romantic promiscuity, may in fact reflect a lack of parental supervision or poor affective relationships between girls and their parents. The lack of supervision and poorer relationships with parents could push girls to seek affection elsewhere and to choose their partners too hastily. They would therefore expose themselves to a greater risk of ending up with a violent boy. Finally, notwithstanding the number of sexual partners, the mere fact of being sexually active with a romantic partner in adolescence constitutes a risk factor for all three types of victimization (Cleveland et al., 2003; Kaestle & Halpern, 2005; Tourigny et al., 2006; Vicary et al., 1995). Indeed, Kaestle and Halpern (2005) report that sexual relationships between partners precede rather than follow episodes of violence. Tourigny et al. (2006) argue that having sexual relations with their boyfriend makes girls consider their relationship as more serious, which would make them more susceptible of tolerating episodes of violence because of their increased emotional investment in the relationship. However, while considering all these hypotheses about the link between sexual experiences and DV, one should keep in mind that some sexual experiences reported by girls could have been forced.

Contraceptive methods. Inadequate use of contraceptive methods is associated with DV

(Howard & Wang, 2003, 2005; Kreiter et al., 1999; Rickert, Wiemann et al., 2002). Roberts, Auinger, and Klein (2005) propose that this relationship could be a consequence of violence rather than its antecedent. Some girls could fear that discussions of this topic (e.g., negotiating the use of a condom) could lead to violence. It is also probable that girls who are forced into sexual activity cannot compel their partners to use a condom, which suggests a link with sexual violence. Synovitz and Byrne (1998) were unable to confirm this hypothesis empirically, however. DV is also associated with having been pregnant (Kreiter et al., 1999), and those who report having one or more children are more likely to have been victims of physical and psychological violence (Rickert, Wiemann et al., 2002). The earlier young women have their children, the more likely they are to be victims of these two types of violence. The population of adolescent mothers is also probably at risk of experiencing violence in their relationship. In fact, a number of factors associated with teen pregnancy are also associated with DV (e.g., high-risk behaviors) (Scaramella, Conger, Simons, & Whitbeck, 1998).

Prior victimization in romantic relationships. Four studies (Himelein, 1995; Lavoie et al., 2001; Rickert et al., 2004; Smith et al., 2003) out of five (Hendy et al., 2003) suggest that the risk of revictimization is an important factor to consider. Smith et al. (2003) report the only data collected prospectively from university students over 4 consecutive years. This study shows that even if the risk for victimization decreases with time, the risk actually increases for those who report victimization in the previous year. Also, being the victim of one type of violence (physical or sexual) increases the risk of being a victim or the other type (Howard & Wang, 2005; Kreiter et al., 1999; Rickert et al., 2004; Smith et al., 2003). Himelein (1995) argues that the consequences of the initial trauma (in this study, having experienced sexual violence in adolescence) could create vulnerability to being revictimized. She explains that given that girls, compared to boys, are more likely to take responsibility for failure and to have less self-confidence, they could feel responsible for these experiences of violence. They could also doubt their capacity to assert

themselves in similar situations in the future. It is also possible that some girls are at risk for repeated victimization because they do not recognize or perceive certain acts as being abusive (Symons et al., 1994).

School Adaptation

Eight studies have evaluated the association between different school-related factors and DV (Cleveland et al., 2003; Halpern et al., 2001; Magdol et al., 1998; Maxwell et al., 2003; O'Keefe, 1998; Reuterman & Burcky, 1989; Rickert et al., 2004; Tourigny et al., 2006). According to Reuterman and Burcky (1989), victimized girls report more discipline problems in school than nonvictimized girls, but they do not report more academic difficulties. Other studies, however, have identified high academic achievement and school connectedness (feeling happy and involved in school and feeling close to people) as protective factors against DV (Cleveland et al., 2003; Halpern et al., 2001; Maxwell et al., 2003; O'Keefe, 1998). O'Keefe (1998) proposes that academic success allows girls to acquire a feeling of mastery and control over their life, which would decrease the risk for DV.

Adolescents who have no intention of pursuing postsecondary schooling or who have not obtained their high school diploma are at greater risk of being victims of sexual and physical violence (Maxwell et al., 2003; Reuterman & Burcky, 1989; Rickert, Wiemann et al., 2002). Magdol et al. (1998) have also found that the age at which girls drop out of school is negatively associated with physical and psychological violence. They suggest that the education level attained is predicted by scholastic output and cognitive abilities, measured as early as age 5, two factors known to be predicting physical victimization at age 21. Finally, lower educational attainment is associated with physical victimization (Magdol et al., 1997) but not with sexual victimization (Rickert et al., 2004).

Conclusions for the Link Between Individual Factors and DV

Internalizing disorders seem to be associated with DV, specifically depressive symptoms and

suicidal behaviors. However, only eight studies considered this question. More inconsistent empirical results were obtained when examining the link between low level of self-esteem and DV. The literature suggests several mechanism by which internalizing problems could contribute to a higher probability for girls to engage and stay in relationships with violent partners (e.g., lower level of self-efficacy), but no study has evaluated these hypotheses empirically through mediation analyses.

Most studies examining the attitudes and beliefs of young people about romantic and sexual relationships did not find an association between these factors and DV. An association between DV and believing that violence is tolerable and justified in certain situations has been shown. These studies, however, are cross-sectional in nature, which means it is possible that these attitudes could be developed as a result of victimization. Furthermore, attitudes and beliefs can be influenced by several sources, such as parents, friends, the media, and the community. For example, Malik et al. (1997) found that tolerance for violence in relationships mediates the association between, on one hand, being exposed to family violence and violence in the community and, on the other hand, physical victimization. Attitudes and beliefs could therefore play a role as a mediator.

Externalizing problems, such as conduct disorders, substance use, and risky sexual practices, seem to be integral to the experience of victimized girls. Jessor's (1991) theory about behavior problems stipulates that high-risk behaviors in youths tend to covary. Girls who manifest several behavior problems compound risk factors, which make them all the more likely to be victimized. The deviant lifestyle adopted by these girls, which generally promotes contact with a deviant peer group, is associated with DV. Finally, adolescent mothers and school dropouts could be especially at risk of being victimized in their romantic relationship.

ENVIRONMENT FACTORS

Factors linked to the environment in which youth are evolving include studies that have evaluated family variables (parental practices,

witnessing family violence, and sexual abuse during childhood) and variables linked to social network (characteristics of the peer group and witnessing violence in the community).

Family Factors

Parental practices. Girls who do not feel close to their parents are more at risk of being victimized than those who report a satisfactory level of affective closeness (Cleveland et al., 2003; Ehrensaft et al., 2003; Lavoie & Vézina, 2002; Magdol et al., 1998; Reuterman & Burcky, 1989). The lack of parental support and affection could contribute to girls' belief that they do not deserve to be loved and treated with respect. Moreover, according to Magdol et al. (1998), girls who have enjoyed a warm, open relationship with their parents develop good interpersonal skills, which they reproduce and seek in their adult romantic relationships.

Having authoritative parents that are both warm and capable of setting limits is a protective factor for DV (Small & Kerns, 1993). Such parents are positively involved in their child's life and their daughters could be better prepared to stand up for themselves in difficult situations and to seek help, given that they have been guided repeatedly in their decision making by their parents. Furthermore, parents using harsh punitive discipline methods (e.g., corporal punishment) is also a risk factor for DV in every study that has studied this parenting style (Ehrensaft et al., 2003; Magdol et al., 1998; Reuterman & Burcky, 1989; Small & Kerns, 1993). Finally, parental supervision has also been highlighted as a protective factor against DV (Ehrensaft et al., 2003; Howard et al., 2003; Small & Kerns, 1993).

Exposure to family violence. Nineteen studies have shown a positive association between either witnessing interparental violence or being a victim of family violence and DV (Arriaga & Foshee, 2004; Cyr et al., 2006; Ehrensaft et al., 2003; Follingstad et al., 1992; Foshee, Benefield et al., 2004; Gagné, Lavoie, & Hébert, 2004; Hendy et al., 2003; Malik et al., 1997; Noland et al., 2004; O'Keefe, 1998; O'Keefe et al., 1986; Reuterman & Burcky, 1989; Rosen, Bartle-Haring,

& Stith, 2001; Sanders & Moore, 1999; Smith et al., 2003; Wekerle & Wolfe, 1998; Wekerle et al., 2001; Wolfe, Scott, Wekerle, & Pittman, 2001; Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998). Seven studies, however, did not find similar results (DeMaris, 1987; Lavoie et al., 2001; Lavoie & Vézina, 2002; O'Keefe & Treister, 1998; Pirog-Good, 1992; Symons et al., 1994; Tourigny et al., 2006). Bandura's (1977) social learning theory is often cited to explain the link between family violence and DV. According to this theory, violence is learned through exposure to violent models. Being a victim, or witness of violence, would contribute to children's learning that violence is tolerable and acceptable. In this way, violence would be perceived as an acceptable way of resolving conflict, which would make girls more at risk for victimization.

Recently, other theories have been put forward. Researchers have found that adding mediators to the model, specifically insecure attachment patterns, feelings of inadequacy or inferiority in interpersonal relationships, and posttraumatic stress symptoms, reinforces the link between abuse in childhood and DV (Sanders & Moore, 1999; Wekerle & Wolfe, 1998; Wekerle et al., 2001; Wolfe et al., 1998). According to the last authors, abused girls would develop internal representations of interpersonal relationships (i.e., an attachment pattern) in which they are inferior and powerless in the face of others. They may show a tendency to select romantic partners whose characteristics fit within this model. Furthermore, abuse could trigger symptoms of posttraumatic stress, such as dissociation, irritability, and feelings of anger. Dissociation could lead girls to experience a certain amount of detachment that would keep them from recognizing a potentially dangerous situation. Irritability and anger could further fuel patterns of violence.

Being a victim of sexual abuse during childhood. Seven studies have specifically evaluated sexual abuse during childhood and have reported that girls who have had these experiences are at greater risk of being victims of violence in their romantic relationships (Banyard, Arnold, & Smith, 2000; Cyr et al., 2006; Gagné et al., 2004; Himelein et al., 1994; Sanders & Moore, 1999;

Small & Kerns, 1993; Tourigny et al., 2006). Cyr et al. (2006) have found that some characteristics of the sexual abuse during childhood (e.g., duration and presence of violence or completed intercourse) can increase the risk of DV. Rickert, Wiemann et al. (2002) have also established that there is a link between a history of sexual abuse and DV, but the age at which sexual abuse occurred and the identity of the aggressor were not documented, so it is possible that the abuse was in fact perpetrated by a romantic partner. Four studies, however, did not manage to establish a link between sexual abuse in childhood and DV (Ehrensaft et al., 2003; Himelein, 1995; Lavoie et al., 2001; Symons et al., 1994).

As is the case with other forms of maltreatment, sexual abuse during childhood could trigger internalizing problems and externalizing behaviors (Putnam, 2003). Substance abuse, sexual promiscuity, and suicidal behaviors are common problems in survivors of sexual abuse. As highlighted by Lavoie et al. (2001), these problems can lead girls to adopt a deviant lifestyle and increase the risk of encountering violent boys. Furthermore, according to Tourigny et al. (2006), the consequences of sexual abuse (e.g., low self-esteem, feelings of isolation, and stigmatization) inhibit girls' capacity to identify demeaning attitudes and violent behaviors by their partners and to escape the situation.

Social Network Factors

Characteristic of the peer group. Four studies indicate that knowing other youths, or having friends, who are experiencing violence in their romantic relationships acts as a significant risk factor for DV (Arriaga & Foshee, 2004; Foshee, Benefield et al., 2004; Lavoie et al., 2001; Reuterman & Burcky, 1989). According to Connolly and Goldberg (1999), it is through contact with friends that young people determine what they expect from a romantic relationship and what is acceptable from a romantic partner and what is not. In this way, being in a group where violence is normalized can increase the risk that a girl would believe that violence in a couple is justified and acceptable, which could

put them more at risk to be victimized. Lavoie et al. (2001) report, but not Tourigny et al. (2006), that having peers that approve resorting to violence is a risk factor for psychological violence. They also found that girls who have delinquent friends are more at risk to be victimized. Furthermore, based on multivariate analyses, Howard et al. (2003) concluded that being exposed to peers who drink alcohol has a unique contribution to predict DV. They explained the results by suggesting that spending time with delinquent youths would increase the incidence of risky behaviors and the probability of having a deviant romantic partner.

Three studies have examined the link between quality of relationships with peers and DV. They show that girls who report being victims of violence report less positive relationships with their peers than those who have not been victimized (Sharpe & Taylor, 1999; Vicary et al., 1995). This factor could be both a precursor and a consequence of violence. On one hand, girls who feel rejected by their peers could show a greater tolerance for abusive behaviors from boys to avoid losing the relationship and ending up alone. On the other hand, a violent partner could also socially isolate his girlfriend. Indeed, Magdol et al. (1997) show that young victims of violence report having less social resources than nonvictims.

Exposure to violence in the community. Two studies (Gagné et al., 2004; O'Keefe & Treister, 1998) out of four (Malik et al., 1997; O'Keefe, 1998) have noted a positive association between community violence (school and neighborhood) and a higher risk for young girls to be victimized. Social learning theory is invoked again to explain this association. It is also probable that girls are likely to meet boys who come from the same community. Furthermore, girls who report peer victimization in school or who report having been victims of sexual harassment are more at risk of being victims of violence in their romantic relationships than those who do not report such experiences (Gagné et al., 2004; Lavoie & Vézina, 2002). According to Lavoie et al. (2001), girls who have been victims of sexual harassment could feel

powerless in subsequent situations of violence because they have come to believe that they deserve it. Another possible hypothesis is that girls come to believe that the system fails to protect them as they did not receive an adequate response.

Conclusions for the Link Between Environment Factors and DV

Several types of victimization experiences that take place in different social contexts have been associated with DV (family violence, child sexual abuse, community violence, and sexual harassment). Gagné et al. (2004) show that these experiences of violence appear to be linked to one another in young girls' lives. Other studies also highlight the fact that girls who accumulate several experiences of victimization during childhood (e.g., sexual abuse, witnessing interparental violence, and being a victim of parental violence) are more at risk of being victimized in their relationships than those who have not had these experiences (O'Keefe, 1998). Girls therefore seem particularly sensitive to repeated exposure to violence in different relational contexts. Scott, Wolfe, and Wekerle (2003) suggest that maltreatment during childhood could trigger symptoms of trauma that would be reactivated during experiences of violence in romantic relationships. The violence experienced in the relationship would then further exacerbate the initial trauma, which would maintain the cycle of victimization and trauma throughout life.

Violence within the family is the factor that has most often been documented as a risk factor for DV. Current studies also tend to support the fact that a dysfunctional family environment, characterized by a lack of affection, parental support, and supervision and by overly punitive methods of discipline can have repercussions on girls' self-esteem and increase their risk of being victimized. Parental practices, however, have not been studied extensively, neither has the influence of peers or the larger social context of community.

Factors linked to peer influences need to be studied more comprehensively. In adolescence,

peers occupy an ever-increasing position in young people's lives, and it is often in this group context that first romantic relationships are developed (Connolly, Furman, & Konarski, 2000; Dunphy, 1963, 1969). As highlighted by Sharpe and Taylor (1999), girls also generally confide in their friends if they are the victims of violence. Friends can offer support but can also trivialize violence. Some groups could be more likely to tolerate and validate violence than others. The two studies that examined whether belonging to a deviant peer group predicted DV confirmed this hypothesis. Furthermore, Arriaga and Foshee (2004) found that having friends who are experiencing violence in their relationship is a more important risk factor for DV than being exposed to interparental violence. The violence experienced by friends in their relationships predicts girls' victimization 6 months later, but the opposite relationship is not true. These results contradict the hypothesis that girls choose friends who live in a situation that is similar to their own.

CONTEXTUAL FACTORS ASSOCIATED WITH VIOLENCE IN ROMANTIC RELATIONSHIPS

The contextual factors are covered in studies that have evaluated the characteristics associated with a violent romantic relationship and violent romantic dating as well as with the presence of mutual violence.

Characteristics Associated With a Higher Risk of DV or to Experience a Violent Date

Studies show that the longer girls frequent the same partner (Kaestle & Halpern, 2005; Neufeld et al., 1999; Pedersen & Thomas, 1992), the more attached they are to him (O'Keefe & Treister, 1998; Pedersen & Thomas, 1992), the more numerous the conflicts in the relationship, and the more unsatisfied they are in their relationship (O'Keefe & Treister, 1998), the more at risk they are of being victims of physical or psychological violence. Furthermore, the less they are attached to their partner, the more they are at risk to sustain sexual violence (Rickert et al., 2004). One possible hypothesis is that girls who

are less attached to their partners have not been in the relationship for as long or that they have had numerous dating or sexual partners, which makes them more likely to come across a violent partner. Also, other studies did not report the same significant results concerning length of relationship (Buzy et al., 2004; Reuterman & Burcky, 1989; Rickert et al., 2004; Sharpe & Taylor, 1999), emotional attachment to the partner (Pirog-Good, 1992), or the number of hours spent with him (Tourigny et al., 2006). The results concerning these factors are therefore inconsistent from one study to the next.

Cleveland et al. (2003) suggest that the more a romantic relationship becomes serious and the more emotions between partners become intense, the higher the likelihood that opportunities for conflict will arise. The authors found that the factors involved with the risk of being physically victimized vary according to the seriousness of the relationship. The factors associated with violence in serious relationships are internalizing symptoms (e.g., depressive symptoms), whereas those associated with violence in less serious relationships are generally externalizing symptoms (e.g., having a high number of sexual partners). Thus, physical or sexual victimization seems more associated with a high number of sexual partners or to relationships that are not serious, whereas a high number of serious romantic relationships is associated more with psychological victimization (Cleveland et al., 2003; Harned, 2002).

Muehlenhard and Linton (1987) have identified several contextual factors linked with a higher probability of a sexual abuse happening during a romantic date. These factors show that men have more power than women in decision making about the date (e.g., men decide the location of the date and take charge of the associated costs). Also, the fact that a date happens in an isolated setting, such as in a parked car or in the boy's home, increases the probability that girls will be victims of sexual violence (Muehlenhard & Linton, 1987; Rickert et al., 2004). Neufeld et al. (1999) also highlighted the fact that young women perceiving their romantic partners as exercising more control than they do in the relationship is positively associated with physical

victimization. Moreover, having an older partner also acts as a risk factor for physical and sexual violence (Buzy et al., 2004; Rickert et al., 2004). This age difference between partners could contribute to the male partner taking on a more dominant role with his romantic partner. Adolescent girls who have an older romantic partner are also initiated to sexual activity earlier (Marin, Coyle, Gomez, Carvajal, & Kirby, 2000). Girls can also gain easier access to psychotropic substances and to a vehicle, allowing them to go to unsupervised places. Finally, as reported earlier, substance use specifically during a date is associated with a higher probability of being a victim of physical or sexual violence (Howard & Wang, 2005; Kreiter et al., 1999; Muehlenhard & Linton, 1987; Synovitz & Byrne, 1998).

Mutual Violence

According to Gray and Foshee (1997), 66% of young people who experience violence are both victims and aggressors, compared to 14% who are only victims and 20% who are only aggressors. However, this study did not explore gender difference, but four studies highlighted the fact that girls who report inflicting violence on a partner are at higher risk to be victimized (Cyr et al., 2006; Harned, 2002; Magdol et al., 1998; O'Keefe & Treister, 1998). Harned (2002) reports that mutual violence most powerfully predicts three types of violence, with each specific type of violence predicting itself. For example, the physical victimization of girls is predicted by their own physical violence but not by psychological or sexual violence. Lavoie et al. (2001) and Tourigny et al. (2006) have identified a psychological factor likely to contribute in the maintenance of mutual violence. Their studies suggest that girls who are intolerant of frustration (hostility) could react strongly during a conflict with their partner, which could increase the violence.

Conclusions About the Link Between Contextual Factors and DV

The relational dynamics of young couples who experience violence have so far not been studied extensively, and the methodology used

in these studies is rife with limitations. Primarily, none of the studies have examined samples of couples. As for mutual violence, results show, in general, the presence of an association between the perpetration and experience of victimization. However, none of these studies have considered the possibility that girls were violent in an attempt to defend themselves. Furthermore, when girls answered questionnaires about their own perpetration of violence against their partner and about their experiences of victimization, it is possible that they are not referring to the same partner (Harned, 2002; O'Keefe & Treister, 1998). Consequently, it is difficult to determine if we are truly seeing a dynamic of mutual violence or rather violence learned in the context of a previous relationship. Similar problems arise for the characteristics associated with a violent relationship (Neufeld et al., 1999; O'Keefe & Treister, 1998; Pedersen & Thomas, 1992). It is impossible to determine for which participant the length of the relationship or the degree of emotional investment the questions were answered or which partner was the violent one. Considering these limitations, it is important to interpret these results carefully, especially given that some of the results are inconsistent (length of relationship, degree of emotional attachments between partners). Despite these limitations, however, several studies empirically support the hypothesis, suggesting that differences in power between partners, which can manifest itself, for example, in a relationship where the partner is much older, is associated with DV.

IMPLICATIONS FOR RESEARCH

Considerable interest has been focused on risk factors for dating violence in the past 15 years, and in the present review, 61 empirical reports documenting potential factors associated with DV were identified. Although this wealth of data has contributed to a better understanding of factors linked to dating violence, results remain inconclusive regarding a number of factors, some of which have been investigated in only a limited number of studies. In fact, only prior family violence and substance use as potential markers for DV have been evaluated in more

than 20 studies. Research conducted to this day, while providing valuable data, presents some methodological limitations, namely in terms of measurement issues, samples studied, research designs, and underlying conceptual models.

Measurement Issues

First, the operationalization of DV and consequently measures used present a source of inconsistency. As Hickman, Jaycox, and Aronoff (2004) explain, the concept of "dating partner" is difficult to define in a way that encompasses all the forms that it can take in adolescence and young adulthood. Few researchers in fact specify to their respondents what dating partner refers to. Furthermore, in some studies, participants are asked to answer victimization questionnaires concerning romantic relationships that have lasted at least a month (Wolfe, Scott, Wekerle et al., 2001; Woodward et al., 2002), whereas others do not specify a minimum length of relationship, which means one-night stands could be included (Ackard et al., 2003). Also, there is no standardized way of measuring DV. The majority of studies only measure physical violence and use the Conflict Tactic Scales (CTS; Straus, 1979; CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Some authors have criticized the use of the CTS with younger participants and argue that it does not adequately represent the range of violent behaviors that are specifically seen in adolescence (Wolfe, Scott, Reitzel-Jaffe et al., 2001). Other measures have therefore been developed, namely the Conflict in Adolescent Dating Relationships Inventory (Wolfe, Scott, Reitzel-Jaffe et al., 2001) and the *Violence Faite aux filles dans les Fréquentations à l'Adolescence* [Violence Against Adolescent Girls in the Context of Dating Relationships] (VIFFA; Lavoie & Vézina, 2001). In the VIFFA, girls must indicate if their romantic partner has tried to tarnish their reputation. The measure of this type of psychological violence is especially adapted to adolescents' developmental stage. The consideration of such questionnaires may orient future research.

Several studies also use composite scores that combine different types of victimization for their analyses. This approach can therefore not

identify the potential unique contribution of specific types of violence. Of 62 studies reviewed, only 5 have evaluated psychological, physical, and sexual violence separately (Harned, 2002; Jezl et al., 1996; Lavoie et al., 2001; Tourigny et al., 2006; Wolfe, Scott, Wekerle et al., 2001). These studies demonstrated that risk factors could vary according to the type of violence. These types of analyses should therefore be reproduced in future studies to clarify both the specificity and generalizability of risk factors for different types of victimization.

Samples

The literature review reveals that few studies have used representative population samples. The majority of studies recruited their participants in high schools or in university settings. An important proportion of girls who are at risk for victimization, however, cannot be found in these settings or drop out before the end of high school. Studies attempting to evaluate the prevalence of DV may therefore be underestimating the actual number of victims. According to Rickert, Vaughan et al. (2002), a greater effort should be made to recruit populations that may be particularly at risk of victimization, such as school dropouts and adolescent mothers. Although some risk factors may be specific to certain populations, this has not been investigated to date. Wekerle et al. (2001) highlight the importance of this type of research. In their evaluation of the same model using two populations of adolescents (adolescents recruited in a high school and through child protective services), these authors show that DV is not predicted by the same variables in the two groups of girls. In the former group, posttraumatic symptoms completely mediate the relationship between violence experienced in childhood and violence experienced in romantic relationships in adolescence. In the latter group, however, the mediation is only partial, with an additional portion of variance explained by posttraumatic symptoms.

The lack of studies that have used samples of couples is striking. According to Lewis and Fremouw (2001), collecting information about the way that couples interact from only one

source gives incomplete, if not inaccurate, results. They suggest that a behavioral analysis of couples observed while interacting in their natural environment or in interactions in a laboratory setting would represent an interesting option. Capaldi and Crosby (1997) used this strategy by filming a problem resolution task carried out by young couples in which the boy was identified as being at risk for delinquency. Results show that aggressive behaviors observed during this task converge with those reported by partners in self-report questionnaires. The authors were also able to observe that some girls act aggressively with their partners while maintaining a positive affect, as if it was a game (playful physical aggression). Some of these behaviors even seem to be part of a pattern of sexual intimacy. The authors suggest that physical aggression with a positive affect can send confusing signals to a partner. If the partner is prone to antisocial behavior or has experienced family violence, it is possible that he would interpret these behaviors as being aggressive rather than playful and then react aggressively. This type of behavior on the part of girls could therefore put them at risk of being victimized. Observational data would therefore allow researchers to identify and better understand factors associated with certain relational dynamics that could lead to violence. Given that romantic relationships between young people are often brief and volatile, however, samples of couples could be difficult to recruit and especially to follow over time. The undeniable advantages of these methods, however, are worth the efforts involved.

Research Designs

The literature review shows that the majority of studies in this area have used cross-sectional designs. In these types of studies, the factors of interest are measured at the same time as victimization and retrospective measures are used. Longitudinal designs help avoid the pitfalls of such limitations (e.g., memory issues) and in particular allow researchers to identify which factors are precursors versus consequences of victimization. Twelve of the 61 studies reviewed managed to

measure risk factors before the onset of victimization (Cleveland et al., 2003; Ehrensaft et al., 2003; Magdol et al., 1998; Woodward et al., 2002), and 9 of these also controlled for previous history of victimization (Arriaga & Foshee, 2004; Buzy et al., 2004; Foshee, Benefield et al., 2004; Himelein, 1995; Roberts et al., 2003; Smith et al., 2003; Testa et al., 2003; Walsh & Foshee, 1998). In this way, the variance attributable to the effect of violence can be partialled out to determine if the factors of interest precedes victimization or appears as its consequence. Longitudinal designs focusing on the factors associated with different paths to victimization between adolescence and young adulthood are likely to offer important cues in our understanding of risk factors for DV. This type of prospective study would help identify what characterizes girls who are victimized in both adolescence and young adulthood or explain why some girls do not follow this pathway whereas others do.

Conceptual Models

Several studies carry out analyses on potential risk factors associated with DV without grounding their work in a conceptual framework. The present review suggests the adoption of an ecological perspective. This approach allows for the integration of a multitude of risk factors while highlighting their respective role in accounting for DV but also the way they interact. The number of studies that have considered several levels of relevant factors is limited at the present. Future research using such ecological approach and relying on multivariate analyses that include interaction analyses is susceptible to produce relevant information.

Future investigation may also benefit by focusing on exploration of the development of "normative" (nonviolent) romantic relationships in young people. Such research could highlight protective factors against DV, which has, to date, not been well documented (Rickert, Vaughan et al., 2002). These studies allow for a better understanding of the context in which first romantic relationships are being formed and how these relationships change over time. Indeed, romantic relationships change form,

essence, and function across different life stages (Brown, 1999). A developmental framework may thus help in considering these issues. Few studies thus far have used a developmental perspective in their attempt to develop an explanatory model for DV. It is possible that some risk factors associated with DV are more important at some developmental stages than others. For example, the influence of peers, which is known to exert its biggest influence during adolescence (Gardner & Steinberg, 2005), could be a stronger predictor of DV at this stage than at the beginning of adulthood. Analyses that would allow the comparison of the relative contribution of different factors to DV in adolescence versus in early adulthood could illustrate the underlying mechanisms at work.

IMPLICATIONS FOR PREVENTION PROGRAMS

The majority of existing prevention programs are universal and are implemented in school settings (for a review of prevention programs, see Hickman et al., 2004; Lavoie, 2000; Wekerle & Wolfe, 1999). The most common target of intervention is to change the attitudes that favor violence against women. These interventions are usually accompanied by educational activities about DV and training in personal resources (e.g., problem solving and communication skills). For example, through in-class role-playing and discussions, the VIRAJ (*Programme de prévention de la violence dans les relations amoureuses des jeunes*) program (Lavoie, Vézina, Gosselin, & Robitaille, 1994) aims to make students aware of different types of violence but in particular of psychological violence. These activities seek to change standards regarding DV (recognizing that violence is unacceptable, identifying the negative consequences of DV for both partners) and to develop prosocial behaviors (being sensitive to the needs and rights of others).

Several programs have been implemented and have been evaluated (e.g., Bright program: Avery-Leaf, Cascardi, O'Leary, & Cano, 1997; Safe Dates Program: Foshee et al., 1996; Foshee et al., 1998; Foshee et al., 2000; Foshee, Bauman et al., 2004). The available data suggest that programs are associated with positive change

concerning the proximal objectives (knowledge, awareness of the phenomenon, attitudes), but results are more ambiguous for distal objectives of prevention programs (reduction of incidence of victimization) (Wekerle & Wolfe, 1999). Moreover, a question remains: Are universal programs sufficient to really prevent DV? The present review suggests they may not be. Some clienteles appear more vulnerable and would undoubtedly benefit from specific interventions, and more universal types of programs may not currently reach these clienteles. Issues regarding prevention programming will now be considered.

What Type of Specific Clientele Should Prevention Programs Reach?

Offering prevention programs in high schools is an efficient means of reaching an important number of adolescents. This strategy, however, does not allow programs to focus on adolescents who have dropped out of school and who are at risk of being victimized. These adolescents therefore may need to be reached by other means, such as through community organizations. In the area of HIV prevention, street youths were successfully recruited through a community drop-in center for at-risk clients (Booth, Zhang, & Kwiatkowski, 1999). Dropping out of school has often been linked to teenage pregnancy (Fergusson & Woodward, 2000; Manlove, 1998), which means teenage mothers are also not likely to benefit from more universal prevention initiatives. To reach this population, specific programs need to be established in partnership with practitioners involved with this clientele. For example, intervention programs targeted at adolescent mothers could include themes related to relational violence (Rothenberg & Weissman, 2002). Some studies show that several girls are victims of violence by their partner even while pregnant and therefore need immediate interventions (Jasinski, 2004). Health professionals who follow the pregnancies of these young women could also prove to be invaluable allies in the fight against DV (for recommendations to health professionals, see Olson, Rickert, & Davidson, 2004; Williams & Martinez, 1999). Finally, girls who are under protective services

care may represent another important clientele to target. Indeed, girls who have been abused during childhood are particularly likely to be victimized by their romantic partners. The consequences associated with these traumatic experiences need to be addressed to end the cycle of victimization. Wolfe et al. (1996) have elaborated a program targeted to this population. Results obtained following the implementation of this program are encouraging and suggest that this type of prevention should be pursued (Hickman et al., 2004).

Which Risk Factors Should Prevention Programs Target?

The literature review reveals that internalizing and externalizing problems are associated with DV and therefore deserve particular attention when elaborating preventive measures. Depressive symptoms, low self-esteem, and suicidal behavior can be risk factors for DV. To this list, one can add an entire constellation of high-risk behaviors. Sexual promiscuity, psychotropic drug use, and delinquent behavior are reported by a large number of girls who are victims of violence in their romantic relationships. Given that externalizing behaviors are more visible than DV, they are generally easier to target in interventions. Furthermore, these high-risk behaviors, especially in adolescence, are generally linked to the association with a deviant peer group (Keenan, Loeber, & Green, 1999; Vitaro, Brendgen, & Wanner, 2005). These groups could be an interesting target population for the implementation of preventive measures. Being accepted by peers is an important preoccupation for adolescents. If peers communicate attitudes and behaviors that favor violence, girls could develop a tendency to adapt their beliefs and conform their lifestyle to match the peer group. On the other hand, socially competent peers could also be competent tools for socializing values of equality and respect in relationships. Those who are in healthy romantic relationships can act as models and can also be a source of help for victims. Indeed, Lavoie (2000) suggests that universal programs should train young people to be a source of help for peers who may experience violence in their relationship.

The majority of prevention programs only target adolescent populations, but awareness campaigns for parents and other adults in adolescents' social network represent potential tools against DV. Parents, for example, can get involved in the prevention of DV. On one hand, adequate parental supervision can reduce the likelihood that a girl will find herself in a risky environment. On the other hand, a lack of emotional support or the use of harsh discipline can be a risk factor for DV, which points to the importance of developing early interventions to better parental practices.

The dynamics of mutual violence often found in young couples who experience violence also deserves particular attention. According to Watson, Cascardi, Avery-Leaf, and O'Leary (2001), the most common behavior by girls in response to violence is more violent behavior. In addition, few girls report leaving their romantic partner after a violent episode (Jezl et al., 1996) and they are just as unlikely to confide in someone about their experiences (Jackson, Cram, & Seymour, 2000; Molidor & Tolman, 1998). Strategies that encourage help seeking and support for victims therefore need to be improved (Lavoie, 2000). Suggestions mentioned earlier, such as peer implication, could be promising avenues of intervention.

Finally, the interaction between different risk factors is also important to consider. Indeed, it is very likely that the more risk factors are accumulated, the greater the risk that girls will be victims of violence. The present review illustrates that DV is a multidetermined phenomenon, but current programs often only target changes in individual risk factors (in the adolescent itself). Programs that will be developed in the future would therefore be well served to conceptualize DV within an ecological perspective and to consider the environment in which young people are evolving, such as the peer group and the family.

When Should Prevention Programs Be Implemented?

Adolescence could be an ideal time for implanting prevention programs against DV.

Wolfe and Feiring (2000) argue that as they enter adolescence, adolescents develop an increasing interest in romance and sexuality and are therefore more attentive to all aspects of romantic relationships. It is also at this time that young people develop attitudes and beliefs about interpersonal relationships and abuse of power. Putting into action prevention programs in early adulthood, for example in college, could therefore be too late. Lavoie (2000) maintains that repeating an antiviolence message is essential if preventive measures are to be successful. Prevention programs that are repeated annually, for example from adolescence to early adulthood, would be ideal. Furthermore, this review also highlights the need for prevention initiatives to be implemented in childhood for certain populations. Children who are growing up in hostile or negligent family climates can develop dysfunctional patterns of social interactions. Feiring and Furman (2000) suggest that these difficulties can be transmitted in friendships and then in romantic relationships. For this reason, it is important to consider interventions at this level before adolescence.

CONCLUSION

Important progress has been made in the past 15 years toward a more comprehensive understanding of DV. The risk factors associated with this phenomenon are better known, and research in the area is increasingly rigorous methodologically. This has led to the development of new tools to measure DV, to the more frequent use of representative samples and longitudinal designs. Nevertheless, several points still need to be addressed in this field. Among these, the recruitment of samples of couples and the use of developmental and ecological conceptual frameworks. As for methods put into place to prevent DV, the majority of preventive interventions are universal in nature. Despite the fact that these interventions have demonstrated benefits in changing attitudes, they are probably not enough to prevent DV. A more selective approach of high-risk youths may represent an additional promising avenue. The participation of peers, of families, and of different individuals who

work in areas related to DV could also increase the success rate of these interventions. The development of novel approaches to deal with DV should therefore be considered in the

upcoming years. Ensuring that young people experience harmonious romantic relationships should be high priority on social and political agendas.

IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH

- Promoting the development of healthy romantic relationships for young people should be a priority in social and political agendas.
- Future studies would benefit from:
 - establishing a consensus about an operational measure of DV,
 - developing a measure of DV that take into account developmental specificities,
 - recruiting representative population samples and samples of couples,
 - relying on longitudinal designs, and
 - guiding their study by using a developmental and ecological conceptual framework.
- In addition to universal programs, specific interventions targeting at-risk populations (dropout

youths, adolescent mothers, youths in child protective services, deviant peer groups) should be considered.

- Awareness campaigns for parents and other significant adults in adolescents' social network could represent a potential tool against DV.
- The literature review reveals that internalizing and externalizing problems are associated with DV and therefore should be addressed in prevention programs.
- Although adolescence appears to be an ideal time for implementing prevention programs, early childhood interventions also need to be considered, namely for children who are growing up in hostile or negligent family environments.

NOTE

1. Results from multivariate analyses are reported, with the exception of studies reporting only bivariate analyses.

REFERENCES

- Ackard, D. M., & Neumark-Sztainer, D. (2002). Date violence and date rape among adolescents: Associations with disordered eating behaviors and psychological health. *Child Abuse and Neglect, 26*(5), 455-473.
- Ackard, D. M., Neumark-Sztainer, D., & Hannan, P. (2003). Dating violence among a nationally representative sample of adolescent girls and boys: Associations with behavioral and mental health. *Journal of Gender Specific Medicine, 6*(3), 39-48.
- Arriaga, X. B., & Foshee, V. A. (2004). Adolescent dating violence: Do adolescents follow in their friends', or their parents', footsteps? *Journal of Interpersonal Violence, 19*(2), 162-184.
- Avery-Leaf, S., Cascardi, M., O'Leary, K. D., & Cano, A. (1997). Efficacy of a dating violence prevention program on attitudes justifying aggression. *Journal of Adolescent Health, 21*(1), 11-17.
- Bandura, A. (1977). *Social learning theory*. New York: General Learning Press.
- Banyard, V. L., Arnold, S., & Smith, J. (2000). Childhood sexual abuse and dating experiences of undergraduate women. *Child Maltreatment, 5*(1), 39-48.
- Billingham, R. E., & Notebaert, N. L. (1993). Divorce and dating violence revisited: Multivariate analyses using Straus's conflict tactics subscores. *Psychological Reports, 73*(2), 679-684.
- Booth, R. E., Zhang, Y., & Kwiatkowski, C. F. (1999). The challenge of changing drug and sex risk behaviors of runaway and homeless adolescents. *Child Abuse and Neglect, 23*(12), 1295-1306.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*(7), 513-531.
- Brown, B. B. (1999). "You're going out with who?" Peer group influences on adolescent romantic relationships. In W. Furman, B. B. Brown, & C. Feiring (Eds.), *The development of romantic relationships in adolescence* (Vol. 12, pp. 291-329). New York: Cambridge University Press.
- Buzy, W. M., McDonald, R., Jouriles, E. N., Swank, P. R., Rosenfield, D., Shimek, J. S., et al. (2004). Adolescent girls' alcohol use as a risk factor for relationship violence. *Journal of Research on Adolescence, 14*(4), 449-470.
- Callahan, M. R., Tolman, R. M., & Saunders, D. G. (2003). Adolescent dating violence victimization and psychological well-being. *Journal of Adolescent Research, 18*(6), 664-681.
- Capaldi, D. M., & Clark, S. (1998). Prospective family predictors of aggression toward female partners for at-risk young men. *Developmental Psychology, 34*(6), 1175-1188.
- Capaldi, D. M., & Crosby, L. (1997). Observed and reported psychological and physical aggression in young, at-risk couples. *Social Development, 6*(2), 184-206.
- Capaldi, D. M., Dishion, T. J., Stoolmiller, M., & Yoerger, K. (2001). Aggression toward female partners by at-risk young men: The contribution of male adolescent friendships. *Developmental Psychology, 37*(1), 61-73.
- Cleveland, H. H., Herrera, V. M., & Stuewig, J. (2003). Abusive males and abused females in adolescent relationships: Risk factor similarity and dissimilarity and

- the role of relationship seriousness. *Journal of Family Violence*, 18(6), 325-339.
- Coker, A. L., McKeown, R. E., Sanderson, M., Davis, K. E., Valois, R. F., & Huebner, E. S. (2000). Severe dating violence and quality of life among South Carolina high school students. *American Journal of Preventive Medicine*, 19(4), 220-227.
- Connolly, J., Furman, W. C., & Konarski, R. (2000). The role of peers in the emergence of heterosexual romantic relationships in adolescence. *Child Development*, 71(5), 1395-1408.
- Connolly, J., & Goldberg, A. (1999). Romantic relationships in adolescence: The role of friends and peers in their emergence and development. In W. Furman, B. B. Brown, & C. Feiring (Eds.), *The development of romantic relationships in adolescence* (Vol. 11, pp. 266-290). New York: Cambridge University Press.
- Cyr, M., McDuff, P., & Wright, J. (2006). Prevalence and predictors of dating violence among adolescent female victims of child sexual abuse. *Journal of Interpersonal Violence*, 21(8), 1000-1017.
- DeMaris, A. (1987). The efficacy of a spouse abuse model in accounting for courtship violence. *Journal of Family Issues*, 8(3), 291-305.
- Dunphy, D. C. (1963). The social structure of urban adolescent peer groups. *Sociometry*, 26(2), 230-246.
- Dunphy, D. C. (1969). *Cliques, crowds and gangs*. Melbourne, Australia: Cheshire.
- Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 71(4), 741-753.
- Feiring, C., & Furman, W. C. (2000). When love is just a four-letter word: Victimization and romantic relationships in adolescence. *Child Maltreatment*, 5(4), 293-298.
- Fergusson, D. M., & Woodward, L. J. (2000). Teenage pregnancy and female educational underachievement: A prospective study of a New Zealand birth cohort. *Journal of Marriage and the Family*, 61(1), 147-161.
- Follingstad, D. R., Rutledge, L. L., McNeill-Harkins, K., & Polek, D. S. (1992). Factors related to physical violence in dating relationships. In E. C. Viano (Ed.), *Intimate violence: Interdisciplinary perspectives* (Vol. 11, pp. 121-135). Washington, DC: Hemisphere Publishing Corporation.
- Foshee, V. A., Bauman, K. E., Arriaga, X. B., Helms, R. W., Koch, G. G., & Linder, G. F. (1998). An evaluation of Safe Dates, an adolescent dating violence prevention program. *American Journal of Public Health*, 88(1), 45-50.
- Foshee, V. A., Bauman, K. E., Ennett, S. T., Lin, G. F., Benefield, T., & Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates Program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health*, 94(4), 619-624.
- Foshee, V. A., Bauman, K. E., Greene, W. F., Koch, G. G., Linder, G. F., & MacDougall, J. E. (2000). The Safe Dates Program: 1-year follow-up results. *American Journal of Public Health*, 90(10), 1619-1622.
- Foshee, V. A., Benefield, T. S., Ennett, S. T., Bauman, K. E., & Suchindran, C. (2004). Longitudinal predictors of serious physical and sexual dating violence victimization during adolescence. *Preventive Medicine*, 39(5), 1007-1016.
- Foshee, V. A., Linder, G. F., Bauman, K. E., Langwick, S. A., Arriaga, X. B., Heath, J. L., et al. (1996). The Safe Dates Project: Theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine*, 12(5), 39-47.
- Gagné, M.-H., Lavoie, F., & Hébert, M. (2004). Exploration des rapports entre différentes expériences avec la violence dans la vie des jeunes québécois(es) [Exploration of interrelations of different experiences of violence in the lives of young Quebecois girls]. *Revue de Psychoéducation*, 33(1), 41-60.
- Gardner, M., & Steinberg, L. (2005). Peer influence on risk taking, risk preference, and risky decision making in adolescence and adulthood: An experimental study. *Developmental Psychology*, 41(4), 625-635.
- Glass, N., Fredland, N., Campbell, J., Yonas, M., Sharps, P., & Kub, J. (2003). Adolescent dating violence: Prevalence, risk factors, health outcomes, and implications for clinical practice. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 32(2), 227-238.
- Gover, A. R. (2004). Risky lifestyles and dating violence: A theoretical test of violent victimization. *Journal of Criminal Justice*, 32(2), 171-180.
- Gray, H. M., & Foshee, V. (1997). Adolescent dating violence: Differences between one-sided and mutually violent profiles. *Journal of Interpersonal Violence*, 12(1), 126-141.
- Halpern, T. C., Oslak, S. G., Young, M. L., Martin, S. L., & Kupper, L. L. (2001). Partner violence among adolescents in opposite-sex romantic relationships: Findings from the national longitudinal study of adolescent health. *American Journal of Public Health*, 91(10), 1679-1686.
- Harned, M. S. (2002). A multivariate analysis of risk markers for dating violence victimization. *Journal of Interpersonal Violence*, 17(11), 1179-1197.
- Hendy, H. M., Weiner, K., Bakerofskie, J., Eggen, D., Gustitus, C., & McLeod, K. C. (2003). Comparison of six models for violent romantic relationships in college men and women. *Journal of Interpersonal Violence*, 18(6), 645-665.
- Hickman, L. J., Jaycox, L. H., & Aronoff, J. (2004). Dating violence among adolescents: Prevalence, gender distribution, and prevention program effectiveness. *Trauma, Violence, & Abuse*, 5(2), 123-142.
- Himelein, M. J. (1995). Risk factors for sexual victimization in dating: A longitudinal study of college women. *Psychology of Women Quarterly*, 19(1), 31-48.
- Himelein, M. J., Vogel, R. E., & Wachowiak, D. G. (1994). Nonconsensual sexual experiences in precollege women: Prevalence and risk factors. *Journal of Counseling and Development*, 72(14), 411-415.
- Howard, D. E., Qiu, Y., & Boekeloo, B. (2003). Personal and social contextual correlates of adolescent dating violence. *Journal of Adolescent Health*, 33(1), 9-17.
- Howard, D. E., & Wang, M. Q. (2003). Risk profiles of adolescent girls who were victims of dating violence. *Adolescence*, 38(149), 1-14.
- Howard, D. E., & Wang, M. Q. (2005). Psychosocial correlates of U.S. adolescents who report a history of forced sexual intercourse. *Journal of Adolescent Health*, 36, 372-379.

- Jackson, S. M. (1999). Issues in the dating violence research: A review of the literature. *Aggression and Violent Behavior, 4*(2), 233-247.
- Jackson, S. M., Cram, F., & Seymour, F. W. (2000). Violence and sexual coercion in high school students' dating relationships. *Journal of Family Violence, 15*(1), 23-36.
- Jasinski, J. L. (2004). Pregnancy and domestic violence. *Trauma, Violence, & Abuse, 5*(1), 47-64.
- Jessor, R. (1991). Risk behavior in adolescence: A psychosocial framework for understanding and action. *Journal of Adolescent Health, 12*(8), 597-605.
- Jezl, D. R., Molidor, C. E., & Wright, T. L. (1996). Physical, sexual and psychological abuse in high school dating relationships: Prevalence rates and self-esteem issues. *Child and Adolescent Social Work Journal, 13*(1), 69-87.
- Kaestle, C. E., & Halpern, C. T. (2005). Sexual intercourse precedes partner violence in adolescent romantic relationships. *Journal of Adolescent Health, 36*(5), 386-392.
- Katz, J., Kuffel, W. S., & Coblenz, A. (2002). Are there gender differences in sustaining dating violence? An examination of frequency, severity, and relationship satisfaction. *Journal of Family Violence, 17*(3), 247-271.
- Keenan, K., Loeber, R., & Green, S. (1999). Conduct disorder in girls: A review of the literature. *Clinical Child and Family Psychology Review, 2*(1), 3-19.
- Krahé, B. (1998). Sexual aggression among adolescents: Prevalence and predictors in a German sample. *Psychology of Women Quarterly, 22*(4), 537-554.
- Kreiter, S. R., Krowchuk, D. P., Woods, C. R., Sinal, S. H., Lawless, M. R., DuRant, R. H., et al. (1999). Gender differences in risk behaviors among adolescents who experience date fighting. *American Academy of Pediatrics, 104*(6), 1286-1292.
- Lavoie, F. (2000). La prévention de la violence dans les relations de couple à l'adolescence [The prevention of dating violence in adolescence]. In F. Vitaro & C. Gagnon (Eds.), *Prévention des problèmes d'adaptation - II. Problèmes externalisés* [Prevention of adaptation problems - II. Externalized problems] (pp. 405-460). Québec, Canada: Presses de l'Université du Québec.
- Lavoie, F., Hébert, M., Tremblay, R. E., Vitaro, F., Vézina, L., & McDuff, P. (2002). History of family dysfunction and perpetration of dating violence by adolescent boys: A longitudinal study. *Journal of Adolescent Health, 30*(5), 375-383.
- Lavoie, F., Hébert, M., Vézina, L., & Dufort, F. (2001). *Facteurs associés à la violence dans les relations amoureuses à l'adolescence* [Factors associated with violence in dating relationships of adolescents]. Québec, Canada: Université Laval.
- Lavoie, F., & Vézina, L. (2001). Violence faite aux filles dans le contexte des fréquentations à l'adolescence: Élaboration d'un instrument (VIFFA) [Violence towards girls in the context of dating relationships: Elaboration of a measure VIFFA]. *Canadian Journal of Community Mental Health, 20*(1), 153-171.
- Lavoie, F., & Vézina, L. (2002). Violence dans les relations amoureuses à l'adolescence [Dating violence in adolescence]. *Enquête sociale et de santé auprès des enfants et des adolescents québécois* (Vol. 21, pp. 471-484). Québec, Canada: Institut de la Statistique du Québec.
- Lavoie, F., Vézina, L., Gosselin, A., & Robitaille, L. (1994). *VIRAJ: Programme de prévention de la violence dans les relations amoureuses des jeunes: Animation en classe* [VIRAJ: Youth dating violence prevention program: In-class animations]. Québec, Canada: Gouvernement du Québec, Ministère de l'Éducation.
- Lewis, S. F., & Fremouw, W. (2001). Dating violence: A critical review of the literature. *Clinical Psychology Review, 21*(1), 105-127.
- Magdol, L., Moffitt, T. E., Caspi, A., Fagan, J., Newman, D., & Silva, P. A. (1997). Gender differences in partner violence in a birth cohort of 21-year-olds: Bridging the gap between clinical and epidemiological approaches. *Journal of Consulting and Clinical Psychology, 65*(1), 68-78.
- Magdol, L., Moffitt, T. E., Caspi, A., & Silva, P. A. (1998). Developmental antecedents of partner abuse: A prospective-longitudinal study. *Journal of Abnormal Psychology, 107*(3), 375-389.
- Malik, S., Sorenson, S. B., & Aneshensel, C. S. (1997). Community and dating violence among adolescents: Perpetration and victimization. *Journal of Adolescent Health, 21*(5), 291-302.
- Manlove, J. (1998). The influence of high school dropout and school disengagement on the risk of school-age pregnancy. *Journal of Research on Adolescence, 8*(2), 187-220.
- Marin, B. V., Coyle, K. K., Gomez, C. A., Carvajal, S. C., & Kirby, D. B. (2000). Older boyfriends and girlfriends increase risk of sexual initiation in young adolescents. *Journal of Adolescent Health, 27*(6), 409-418.
- Maxwell, C. D., Robinson, A. L., & Post, L. A. (2003). The nature and predictors of sexual victimization and offending among adolescents. *Journal of Youth and Adolescence, 32*(6), 465-477.
- Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review, 100*(4), 674-701.
- Molidor, C. E., & Tolman, R. M. (1998). Gender and contextual factors in adolescent dating violence. *Violence Against Women, 4*(2), 180-194.
- Muehlenhard, C. L., & Linton, M. A. (1987). Date rape and sexual aggression in dating situations: Incidence and risk factors. *Journal of Counseling Psychology, 34*(2), 186-196.
- Neufeld, J., McNamara, J. R., & Ertl, M. (1999). Incidence and prevalence of dating partner abuse and its relationship to dating practices. *Journal of Interpersonal Violence, 14*(2), 125-137.
- Noland, V. J., Liller, K. D., McDermott, R. J., Coulter, M. L., & Seraphine, A. E. (2004). Is adolescent sibling violence a precursor to college dating violence? *American Journal of Health Behavior, 28*(Suppl. 1), S13-S23.
- O'Keefe, M. (1998). Factors mediating the link between witnessing interparental violence and dating violence. *Journal of Family Violence, 13*(1), 39-57.
- O'Keefe, M., & Treister, L. (1998). Victims of dating violence among high school students: Are the predictors different for males and females? *Violence Against Women, 4*(2), 195-223.

- O'Keeffe, N. K., Brockopp, K., & Chew, E. (1986). Teen dating violence. *Social Work, 31*(6), 465-468.
- Olimb, D., Brownlee, K., & Tranter, D. (2002). Adolescent dating violence in the rural context. *Rural Social Work, 7*(2), 16-25.
- Olson, C. E., Rickert, V. I., & Davidson, L. L. (2004). Identifying and supporting young women experiencing dating violence: What health practitioners should be doing now. *Opinions in Pediatric and Adolescent Gynecology, 17*(2), 131-136.
- Pedersen, P., & Thomas, C. D. (1992). Prevalence and correlates of dating violence in a Canadian university sample. *Canadian Journal of Behavioural Science, 24*(4), 490-501.
- Pirog-Good, M. A. (1992). Sexual abuse in dating relationships. In E. C. Viano (Ed.), *Intimate violence: Interdisciplinary perspectives* (Vol. 9, pp. 101-110). Washington, DC: Hemisphere Publishing Corporation.
- Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*(3), 269-278.
- Reuterman, N. A., & Burcky, W. D. (1989). Dating violence in high school: A profile of the victims. *Psychology, a Journal of Human Behavior, 26*(4), 1-5.
- Rickert, V. I., Vaughan, R. D., & Wiemann, C. M. (2002). Adolescent dating violence and date rape. *Current Opinion in Obstetrics and Gynecology, 14*(5), 495-500.
- Rickert, V. I., Wiemann, C. M., Harrykisson, S. D., Berenson, A. B., & Kolb, E. (2002). The relationship among demographics, reproductive characteristics, and intimate partner violence. *American Journal of Obstetrics and Gynecology, 187*(4), 1002-1007.
- Rickert, V. I., Wiemann, C. M., Vaughan, R. D., & White, J. W. (2004). Rates and risk factors for sexual violence among an ethnically diverse sample of adolescents. *Archives of Pediatrics & Adolescent Medicine, 158*(12), 1132-1139.
- Roberts, T. A., Auinger, P., & Klein, J. D. (2005). Intimate partner abuse and the reproductive health of sexually active female adolescents. *Journal of Adolescent Health, 36*(5), 380-385.
- Roberts, T. A., & Klein, J. D. (2003). Intimate partner abuse and high-risk behavior in adolescents. *Archives of Pediatrics & Adolescent Medicine, 157*(4), 375-380.
- Roberts, T. A., Klein, J. D., & Fisher, S. (2003). Longitudinal effect of intimate partner abuse on high-risk behavior among adolescents. *Archives of Pediatrics & Adolescent Medicine, 157*(9), 875-881.
- Rosen, K. H., Bartle-Haring, S., & Stith, S. M. (2001). Using Bowen theory to enhance understanding of the intergenerational transmission of dating violence. *Journal of Family Issues, 22*(1), 124-142.
- Rothenberg, A., & Weissman, A. (2002). The development of programs for pregnant and parenting teens. *Social Work in Health Care, 35*(3), 65-83.
- Sanders, B., & Moore, D. L. (1999). Childhood maltreatment and date rape. *Journal of Interpersonal Violence, 14*(2), 115-124.
- Scaramella, L. V., Conger, R. D., Simons, R. L., & Whitbeck, L. B. (1998). Predicting risk for pregnancy by late adolescence: A social contextual perspective. *Developmental Psychology, 34*(6), 1233-1245.
- Scott, K. L., Wolfe, D. A., & Wekerle, C. (2003). Maltreatment and trauma: Tracking the connections in adolescence. *Child and Adolescent Psychiatric Clinics of North America, 12*(2), 211-230.
- Sharpe, D., & Taylor, J. K. (1999). An examination of variables from a social-developmental model to explain physical and psychological dating violence. *Canadian Journal of Behavioural Science, 31*(3), 165-175.
- Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association, 286*(5), 572-579.
- Small, S. A., & Kerns, D. (1993). Unwanted sexual activity among peers during early and middle adolescence: Incidence and risk factors. *Journal of Marriage and the Family, 55*(4), 941-952.
- Smith, P. H., White, J. W., & Holland, L. J. (2003). A longitudinal perspective on dating violence among adolescent and college-age women. *American Journal of Public Health, 93*(7), 1104-1109.
- Spencer, G. A., & Bryant, S. A. (2000). Dating violence: A comparison of rural, suburban, and urban teens. *Journal of Adolescent Health, 27*(5), 302-305.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and the Family, 41*(1), 75-88.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*(3), 283-316.
- Sugarman, D. B., & Hotaling, G. T. (1989). Dating violence: Prevalence, context, and risk markers. In M. A. Pirog-Good & J. E. Stets (Eds.), *Violence in dating relationship: Emerging social issues* (pp. 3-30). New York: Praeger.
- Symons, P. Y., Groër, M. W., Kepler-Youngblood, P., & Slater, V. (1994). Prevalence and predictors of adolescent dating violence. *Journal of Child and Adolescent Psychiatric Nursing, 7*(3), 14-23.
- Synovitz, L. B., & Byrne, T. J. (1998). Antecedents of sexual victimization: Factors discriminating victims from non-victims. *Journal of American College Health, 46*(4), 151-158.
- Testa, M., Livingston, J. A., & Leonard, K. E. (2003). Women's substance use and experiences of intimate partner violence: A longitudinal investigation among a community sample. *Addictive Behaviors, 28*(9), 1649-1664.
- Tourigny, M., Lavoie, F., Vézina, J., & Pelletier, V. (2006). Incidence et facteurs associés à la violence subie dans les fréquentations amoureuses des adolescentes [Violence in adolescents' romantic relationships: Incidence and associated factors]. *Revue de Psychoéducation, 35*(2), 323-354.
- Vicary, J. R., Klingaman, L. R., & Harkness, W. L. (1995). Risk factors associated with date rape and sexual assault of adolescent girls. *Journal of Adolescence, 18*(3), 289-306.
- Vitaro, F., Brendgen, M., & Wanner, B. (2005). Patterns of affiliation with delinquent friends during late childhood

- and early adolescence: Correlates and consequences. *Social Development*, 14(1), 82-108.
- Walsh, J. F., & Foshee, V. A. (1998). Self-efficacy, self-determination and victim blaming as predictors of adolescent sexual victimization. *Health Education Research: Theory and Practice*, 13(1), 139-144.
- Watson, J. M., Cascardi, M., Avery-Leaf, S., & O'Leary, K. D. (2001). High school students' responses to dating aggression. *Violence and Victims*, 16(3), 339-348.
- Wekerle, C., & Wolfe, D. A. (1998). The role of child maltreatment and attachment style in adolescent relationship violence. *Development and Psychopathology*, 10(3), 571-586.
- Wekerle, C., & Wolfe, D. A. (1999). Dating violence in mid-adolescence: Theory, significance, and emerging prevention initiatives. *Clinical Psychology Review*, 19(4), 435-456.
- Wekerle, C., Wolfe, D. A., Hawkins, D. L., Pittman, A.-L., Glickman, A., & Lovald, B. E. (2001). Childhood maltreatment, posttraumatic stress symptomatology, and adolescent dating violence: Considering the value of adolescent perceptions of abuse and a trauma mediational model. *Development and Psychopathology*, 13(4), 847-871.
- Williams, S. E., & Martinez, E. (1999). Psychiatric assessment of victims of adolescent dating violence in a primary care clinic. *Clinical Child Psychology and Psychiatry*, 4(3), 427-439.
- Wolfe, D. A., & Feiring, C. (2000). Dating violence through the lens of adolescent romantic relationships. *Child Maltreatment*, 5(4), 360-363.
- Wolfe, D. A., Scott, K. L., Reitzel-Jaffe, D., Wekerle, C., Grasley, C., & Straatman, A. (2001). Development and validation of the conflict in adolescent dating relationships inventory. *Psychological Assessment*, 13(2), 277-293.
- Wolfe, D. A., Scott, K., Wekerle, C., & Pittman, A.-L. (2001). Child maltreatment: Risk of adjustment problems and dating violence in adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(3), 282-289.
- Wolfe, D. A., Wekerle, C., Gough, R., Reitzel-Jaffe, D., Grasley, C., Pittman, L.-A., et al. (1996). *The youth relationships manual: A group approach with adolescents for the prevention of woman abuse and the promotion of healthy relationships*. Thousand Oaks, CA: Sage.
- Wolfe, D. A., Wekerle, C., Reitzel-Jaffe, D., & Lefebvre, L. (1998). Factors associated with abusive relationships among maltreated and nonmaltreated youth. *Development and Psychopathology*, 10(1), 61-85.
- Woodward, L. J., Fergusson, D. M., & Horwood, L. J. (2002). Romantic relationships of young people with childhood and adolescent onset antisocial behavior problems. *Journal of Abnormal Child Psychology*, 30(3), 231-243.
- Zweig, J. M., Crockett, L. J., Sayer, A., & Vicary, J. R. (1999). A longitudinal examination of the consequences of sexual victimization for rural young adult women. *The Journal of Sex Research*, 36(4), 396-409.

SUGGESTED FUTURE READINGS

- Feiring, C., & Furman, W. C. (2000). When love is just a four-letter word: Victimization and romantic relationships in adolescence. *Child Maltreatment*, 5(4), 293-298.
- Glass, N., Fredland, N., Campbell, J., Yonas, M., Sharps, P., & Kub, J. (2003). Adolescent dating violence: Prevalence, risk factors, health outcomes, and implications for clinical practice. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 32(2), 227-238.
- Jackson, S. M. (1999). Issues in the dating violence research: A review of the literature. *Aggression and Violent Behavior*, 4(2), 233-247.
- Lewis, S. F., & Fremouw, W. (2001). Dating violence: A critical review of the literature. *Clinical Psychology Review*, 21(1), 105-127.



Johanne Vézina received her BSc in psychology from the University of Montreal and is currently completing her PhD dissertation in psychology at the University of Quebec in Montreal and her clinical training at a child and adolescent psychiatry hospital clinic. Her research interests focus on the evaluation of risk factors for dating victimization among adolescent girls and young women. More specifically, her research is relying on a longitudinal design and evaluates a model derived from lifestyle-routine activity theory to predict dating victimization among girls during adolescence and at the beginning of adulthood.



Martine Hébert, PhD (psychology), is a professor at the Department of Sexology at the University of Quebec in Montreal. She is affiliated to the Interuniversity Marie-Vincent Research Chair on Sexual Abuse and member of the CRIPCAS (Centre de recherche interdisciplinaire sur les problèmes conjugaux et les agressions sexuelles) research center. Her research focuses on factors related to outcomes of sexually abused children and adult survivors and the trajectories leading to revictimization. She is exploring risk factors associated with victimization in romantic relationships of teenagers and young adults. She is also involved in the evaluation of dating violence prevention programs and of group intervention programs for children, teenagers, and adult survivors of sexual abuse.