

Adolescent Interpersonal Violence and Vulnerable Populations

by
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Submitted in Partial Fulfillment of the Requirements

for the degree of

Doctor of Education

in the

Educational Leadership Program

Youngstown State University

August 2024

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Abstract

Approximately 11 million women and five million men in the United States report experiencing interpersonal violence (e.g., sexual violence, physical violence, psychological harassment, or stalking) before the age of 18 (CDC, n.d. -a). Victims may face a decline in grades, depression, anxiety, unwanted pregnancy, substance abuse, sexually transmitted diseases, or even death (Adhia et al., 2019; CDC, n.d. -a; CDC, 2017, 2019a; East & Hokoda, 2015). Educators are an important mitigating factor of teen dating violence, and therefore, must understand its dynamics to develop strategies to keep students safe (Offenhauer & Buchalter, 2013; Storer & Strohl, 2017; Taylor et al., 2016). A mixed methods study was conducted to evaluate the overarching research question: *What is the capacity of educators to prevent or mitigate adolescent interpersonal violence?* The quantitative section of the study features the survey results of 115 diverse education staff. The qualitative section highlights the interviews of 13 select educators. The data analysis includes a correlational analysis (i.e., regression) and identification of themes from the open-ended responses. Results indicated concerns regarding a lack of knowledge of social media and technology, limited time, sparse curricula, and limited resources to prevent or mitigate adolescent interpersonal violence. State legislation and district policies also limit the capacity of educators to support students' needs, especially those from vulnerable populations who are more susceptible to victimization (e.g., Black, LGBTQ, and students with a disability) (Agius-Ferrante & Oak, 2020; Crawford, 2023; East & Hokoda, 2015; Norris-Brown et al., 2020). Implications of this study suggest that while educators want to help students develop healthy relationships, most staff are not provided the time, resources, training, or professional autonomy to make this a reality.

Keywords: adolescent interpersonal violence, teen dating, digital abuse, comprehensive sexual education, healthy relationships, youth boundaries, vulnerable populations, child abuse

Dedication/Acknowledgements

This dissertation is dedicated to Elizabeth Alice, Thella Ann, Elizabeth Ann, Teresa, and the beautiful women who supported me through my journey in the sun.

I would like to thank and acknowledge my YSU committee members, Dr. Carrie Jackson and Dr. Sherri Harper Woods for ideas and inspiration. A special thank you to my Committee Chair, Dr. Karen Larwin, for her support and guidance throughout this entire process. Thank you, Dr. Caitlin Reash, for helping the message shine through my words and in the correct APA format.

To my husband, David, you are always a great listener. To Daylen, Dylan, and Taryn, I did this for you...and you're next.

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Chapter One

Introduction

One of the most tragic headlines to read or hear in the news is that a teen was killed by a romantic partner. Often, individuals wonder how this could possibly happen and if anyone saw the warning signs. Growing up, friends shared their dark and unreported experiences of physical abuse, harassment, and rape. Grandmothers, mothers, and aunts openly talked about partner abuse to prevent another generation of domestic violence. Yet, these cautionary conversations happened individually and behind closed doors. Perhaps not all youth were exposed to these types of discussions.

Thus, as an educational leader, it was important to bring organizations and workshops to the building that shared elements of age-appropriate personal safety. At times, this idea was met with resistance because some staff felt that intimate partner violence was an adult problem. However, as a school counselor, it was not uncommon to observe individual acts of physical intimidation and sexual harassment that could lead to unhealthy patterns of behaviors. Unfortunately, when asked about the situations, students shared that they thought these experiences were a normal part of being in a relationship. Many students would share how their experience was not much different than a peer or family member. Thus, it was understandable why students did not see a need or have an idea about how to change these patterns. However, something needed to be done to prevent another tragic headline.

According to the Ohio Domestic Violence Network (n.d.), one in five youth who identify as being in a serious relationship also report being hit, slapped, or pushed by their partner. Nationally, the Centers for Disease Control (CDC) found that one in 12

high school students reported experiencing physical dating violence within the last year (Basile et al., 2019). Additionally, about one in 12 reported experiencing sexual dating violence in the last year (Basile et al., 2020). Unfortunately, many youths see these negative behaviors and interactions as a common, or normal, part of the relationship experience. The social skills that adolescents develop through their interactions with peers in the school setting become their models of acceptable behavior traits in adulthood. Educators need to help students develop healthy habits and replace negative behaviors with more positive and productive ones. The effects of adolescent interpersonal violence can be felt long-term, including a decline in academics, an increase in antisocial behaviors, depression, eating disorders, and a plethora of problems for the victim and perpetrator. Victims are likely to continuously be re-victimized in their future relationships (Basile et al., 2020). This study aims to educate readers about adolescent interpersonal violence, vulnerable populations, and detailed strategies to mitigate its prevalence.

Statement of the Problem

Per the CDC (n.d. -a), approximately 11 million women and five million men report experiencing interpersonal violence (e.g., sexual violence, physical violence, or stalking) before the age of 18. In the United States, adolescent interpersonal violence affects all races, ethnicities, socioeconomic statuses, and genders (CDC, n.d. -a).

However, there is an inequity of risk and prevalence for some individuals and communities due to the social and structural conditions in which they live, work, and play (CDC, n.d. -a). Black females, students identified with disabilities, and the LGBTQ

community are vulnerable populations who are more frequently victimized and substantially impacted by forms of adolescent interpersonal violence (CDC, n.d -a). Unfortunately, youth from marginalized groups have additional barriers to prevention and intervention, as services are not often culturally appropriate, accessible, or designed to meet the student where they are socially or emotionally (Smith et al., 2017). Without awareness of how the problem of adolescent interpersonal violence disproportionately affects female youth of color, students with disabilities, and the LGBTQ population, educators will not be able to seek appropriate resources to mitigate the problem, further widening the social gap for these marginalized groups.

Purpose Statement

This study explored the relationship between adolescent interpersonal violence and the vulnerable populations it affects, specifically Black females, students with disabilities, and the LGBTQ population. To understand what educators and education staff feel is missing in the current prevention and intervention strategies within their school systems that address the problem of adolescent interpersonal violence, quantitative and qualitative data was collected through surveys and interviews featuring open-ended response questions. Educators had an opportunity to share what healthy and unhealthy behaviors they observe in the school setting, as well as which resources would be appropriate and helpful to meet the specific needs of students, especially those within the vulnerable populations. The goal was to provide insight into how school districts can create and/or modify the current health education curriculum to include aspects of healthy relationships, sexuality, and venereal diseases that are more relevant to all students, especially those representing vulnerable populations. The question to be answered

through this study was: *What is the current capacity of school staff to prevent or mitigate adolescent interpersonal violence?*

Role of the Researcher

The study was conducted as a requirement for the completion of a doctoral program. The researcher acknowledges that they are an apprentice and not a master at constructing rigorous studies in the field of education or on the topic of adolescent interpersonal violence. Thus, this process is conducted from the perspective and experience of a novice, with the support of the doctoral committee chair and committee to enhance the validity and reliability of the study results. The researcher came to this study with some background knowledge and experience working with the adolescent population. Prior to the study, the researcher gained knowledge of the challenges and barriers faced by adolescents through working directly with diverse student populations in elementary, middle, and high school. The researcher is a licensed school counselor who has experience working with diverse groups of students in a large, urban school setting. The researcher was interested in learning more about the challenges and barriers faced by students from marginalized populations to help provide effective intervention and prevention strategies to close achievement gaps.

The role of the researcher in this study was to produce a relevant and credible source of information for educators, community leaders, and other stakeholders who are interested in mitigating the prevalence of adolescent interpersonal violence. Although the researcher came to the study with some background knowledge and experience on the

topic, the objective was to monitor and reduce the amount of bias in the study when interpreting new information and data. Thus, the researcher made an intentional and concerted effort to use techniques grounded in theory to collect and analyze data, as well as to conduct the overall study. Additionally, the researcher maintained integrity throughout the study by consulting with the dissertation committee throughout the research process.

Research Design

This study provides an opportunity for those who work in an education setting with students from vulnerable, and often marginalized populations, to have a voice and share their experiences, attitudes, knowledge, and beliefs about adolescent interpersonal violence with various stakeholders in the educational community. A mixed-method study was utilized to gather quantitative and qualitative data through surveys and interviews. Educators and education staff served as the target population. The survey was administered through a digital format. The responses were submitted in a Likert scale, checkbox, and multiple-choice formats. One-on-one interviews were administered through a virtual platform to allow participants to provide their input in a setting that was comfortable to them. The results were coded into categories to provide more quantitative data about the perspectives of the participants. While the study was geared towards all individuals who identified as educators or education staff, there were opportunities to disaggregate data on subsets within this demographic. Those subsets included race, role in education, years of experience, age, gender, and school setting. The survey questions

were pulled from a variety of resources that featured questions aimed at understanding adolescent behaviors, interpersonal violence, and general demographics.

The CDC was a primary resource in the formulation of the questions for this study. Every two years, since 1991, the CDC uses the Youth Risk Behavior Survey to collect data from a national cross-section of high school students about their adolescent exposure and experiences with various issues of safety and violence (Basile et al., 2020). The CDC provides a full range of risk-behavior questions in the Youth Risk Behavior Survey (Basile et al., 2020). Some of the questions related to adolescent interpersonal violence from the CDC's 2019 Youth Risk Behavior Survey (2019b) include:

- “During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse).” (CDC, 2019b, p. 10)
- “During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose?” (CDC, 2019b, p. 10)
- “During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media).” (CDC, 2019b, p. 13)

Research Questions

These above questions from the CDC provide a holistic view of the problem from the student perspective. This information is used by the CDC to create fact sheets,

provide tips to stakeholders, and share best practices on how to prevent, or mitigate, adolescent interpersonal violence and create safe and supportive school environments (CDC, 2023). However, there is not an assessment used to understand the problem from the educator or staff perspective. Thus, participant interviews were structured around open-ended questions for educators and education staff who work with students from vulnerable populations, and the questions were aimed at understanding the awareness of healthy and unhealthy adolescent behaviors. The survey and individual interviews were an opportunity for educators and education staff to share information about their observations and thoughts about student behaviors and social interactions during the school day. Staff members were asked what policies, programs, and resources were available within their building or district to help prevent or mitigate adolescent interpersonal violence. Some questions included:

- How would you describe characteristics of healthy adolescent relationships, behaviors, or boundaries?
- How would you describe characteristics of unhealthy adolescent relationships, behaviors, or boundaries?
- What characteristics of healthy or unhealthy adolescent relationships, behaviors, or boundaries have you observed in your role with students in the school setting?

- What themes or patterns have you noticed regarding male and female behaviors when it comes to physical, social, or other interpersonal boundaries?
- What have you observed during unstructured time such as lunch and recess that may indicate patterns of healthy or unhealthy relationships, behaviors, or boundaries?
- How do you or other staff interact with students during the unstructured time to teach, promote, or reinforce healthy boundaries and behaviors among the student population?
- How are characteristics of healthy or unhealthy adolescent relationships discussed with students by yourself or other staff?
- Please describe any school curriculum that is in place to discuss characteristics of healthy or unhealthy adolescent relationships.
- Please describe any in-school clubs or after-school programs that are in place to discuss characteristics of healthy or unhealthy adolescent relationships.
- Please describe any resources available to students to discuss characteristics of healthy or unhealthy adolescent relationships.
- Please describe any school policies in place to discuss characteristics of healthy or unhealthy adolescent relationships.
- What are some ideas that you have about how characteristics of healthy or unhealthy adolescent relationships can be discussed with students?

Through this study, the researcher was able to provide more answers to the broader question of: What is the current capacity of school staff to prevent or mitigate adolescent interpersonal violence? The following research questions were addressed in this study:

Research Question 1: What characteristics of healthy or unhealthy adolescent relationships are observed by school staff?

Research Question 2: What programs, curriculum, or resources are in place or needed to discuss characteristics of healthy or unhealthy adolescent relationships?

Variables

This study aimed to identify the perspectives of educators and education staff regarding adolescent interpersonal violence in the education setting. Participants were asked demographic questions about their age, years of experience working in education, educational setting, race, ethnicity, typography, and role in education. Participants self-identified as a member of the various demographic groups. Participants were asked to identify the definition, examples, and prevalence of adolescent interpersonal violence. They were also asked to identify and share their experiences in working with vulnerable populations (e.g., Black, LGBTQ, and students with a disability) and the prevalence of adolescent interpersonal violence. Participants ranked how knowledgeable they felt about the topic of adolescent interpersonal violence on a Likert scale from “Very Knowledgeable” to “Completely Unknowledgeable”. Participants also ranked how confident they felt about their ability to prevent or mitigate adolescent interpersonal

violence on a Likert scale from “Very Confident” to “Completely Unconfident”. The researcher examined whether there was any correlation between how knowledgeable participants felt about the topic of adolescent interpersonal violence and their level of confidence in their ability to prevent or mitigate adolescent interpersonal violence. This study targeted educators and education staff from various demographics to answer questions about attitudes, knowledge, and beliefs about adolescent interpersonal violence, as well as thoughts about improving curriculum, programs, and resources aimed at mitigating adolescent interpersonal violence.

The study explored educational practices and the capacity that educators have to prevent or mitigate adolescent interpersonal violence. The goal was to identify what resources and interventions the educators and staff found to be relevant, or missing, to understand and address the issues and prevalence of adolescent interpersonal violence in their school communities. Additionally, this study aimed to understand whether there was an awareness of how adolescent interpersonal violence affects student members of the vulnerable populations, as well as the necessary resources to be effective in the prevention and mitigation of adolescent interpersonal violence within those groups.

Assumptions

Personal or professional attitudes, knowledge, beliefs, or experiences regarding adolescent interpersonal violence within their education setting can be uncomfortable for participants to share with a complete stranger. However, due to the confidentiality and elements of anonymity, it is assumed that responses were honest and accurate from the

perspectives of the participants. Another assumption was that the study elicited enough responses to be considered reliable, as well as provided similarities in the qualitative responses to provide a general idea of the thoughts, views, and opinions of educators and education staff in Ohio. The questions selected were easy to understand and appropriate to elicit reliable responses. The technology used to collect the survey participants' responses was easily accessible and user-friendly. A variety of educators and education staff respondents have experience or exposure to the topic of adolescent interpersonal violence, so they should have provided reliable qualitative and quantitative data.

Additionally, it was assumed that there were enough participants in the study who had diverse roles, years of experience, and typography that allowed for generalizations to be made about educators and education staff who work with students that identify as Black, LGBTQ, and/or a student with a disability. The recruitment methods included outreach to staff members known by the researcher, as well as those referred to participate in the study by someone known to the researcher to complete a survey and/or an interview about adolescent interpersonal violence. This included text messages, in-person conversations, and other interpersonal forms of communication between the researcher and those known by the researcher. This type of convenience and snowball sampling aided in gathering a diverse group of potential participants. The researcher sent an email with a brief description of the research study process and the opportunity to participate to all participants individually. It was assumed that individual correspondence with each participant separately by the researcher helped maintain confidentiality. All

potential participants received a copy of the informed consent. This informed consent was for information purposes and not for signing and committing to the study. This additionally aided in maintaining confidentiality, as there was not a paper trail of who signed up to participate and who did not.

Definition of Terms

Adolescent: The stage of development between childhood and adulthood. It is most often considered the time between puberty until the maturation of the prefrontal cortex. The age range is often from 10 to 19 years of age (World Health Organization, n.d.).

Black: People who are considered to have African ancestry. They typically have a darker pigmentation but in fact may be of a wide spectrum of skin colors (Merriam-Webster, 2022a).

Disability: A condition that can cause an impairment in or limits a person's cognitive, mental, physical, mental, cognitive abilities. It may also interfere with daily tasks, routines or executive functioning skills (Merriam-Webster, 2022b).

Female: Typically referred to the biological sex that has the ability to produce eggs or bear children (Merriam-Webster, 2022c).

Hispanic or Latino: A person or people of Spanish descent or Latin American origin or who are living in the United States of America (Merriam-Webster, 2024a; Merriam-Webster, 2024b).

Interpersonal violence: A type of violence when a person or group of people intentionally uses power, physical force, emotional or psychological manipulation to control or abuse another person (Mercy et al., 2017).

LGBTQ: An acronym representing an individual's identity regarding sexuality and/or gender classification. Most often meaning lesbian, gay, bisexual, transgender or queer (Merriam-Webster, 2022d).

Organization of the Study

The dissertation has five chapters that cover various aspects of the literature surrounding the topic, including the research study planning, execution, discussion, and evaluation of the results of the study. The study also features notes from the researcher about limitations and challenges arising during the study. Specifically, Chapter One introduced the problem and key concepts of the methodology and overall goals of the study. The second chapter features a literature review that highlights both past and contemporary research on the topic and its related themes. The third chapter goes in-depth on the methodology used to collect data about the topic and how participants were selected. The fourth chapter features tables and specific data acquired during the research. The final chapter utilizes the data from Chapter Four to discuss the core questions and provide an overall summary of the topic's themes and how the findings can be applied to the work of various stakeholders, future implications, and areas for further study.

Chapter Two

Review of Literature

Adolescent Interpersonal Violence

The perpetuation of adolescent interpersonal violence is on the rise in the United States. The Centers for Disease Control (n.d. -a) shares that about one in 12 high school students reported experiencing physical dating violence during the last year. Additionally, about one in 12 high school students reported experiencing physical dating violence during the same time frame (CDC, n.d. -a). Adolescent interpersonal violence includes various acts of abuse between youth involved in an intimate relationship. These acts can take place in person or virtually with the use of computers or cellphones. More often, females are victims rather than perpetrators of adolescent interpersonal violence (CDC, n.d. -a; Kann et al., 2014; Smith et al., 2018; Stonard et al., 2017). Per the National Intimate Partner and Sexual Violence Survey, 71% of women and over 55% of men first experienced physical violence or stalking by an intimate partner before their 25th birthday (Smith et al., 2018). Additionally, one in four women first experienced intimate partner violence before the age of 18 (Smith et al., 2018).

The perpetuation of adolescent interpersonal violence has more significant and more long-term negative effects on female victims (CDC, n.d. -a; Niolon et al., 2015; Smith et al., 2018). Survivors of physical and sexual adolescent interpersonal violence are likely to suffer from depression, eating disorders, suicidal ideation, unintended pregnancy, and be re-victimized as adults (CDC, n.d. -a; Reidy et al., 2017; The White House, 2022). LGBTQ, Black, and Latino females face the highest victimization rates

and have additional barriers to seeking help (East & Hokoda, 2015; The White House, 2022). Adolescent females with disabilities are another vulnerable group who are three times more likely to experience interpersonal violence than female peers without a disability (Mitra et al., 2013).

Victims of adolescent interpersonal violence are more at risk for academic, social, emotional, and mental health issues that can continue into adulthood (CDC, n.d. -a.; Smith et al., 2018). School and community stakeholders need to identify, implement, and maintain effective prevention and intervention programs to keep youth safe (CDC, n.d. -a; Smith et al., 2018). This chapter presents a literature review of the current research on adolescent interpersonal violence. There is a focus on understanding risk factors, warning signs, long-term effects, prevention, and intervention strategies. Research shows that peer-led education programs, supportive relationships with caring adults, and shifts in ideology on healthy relationships can help to mitigate the long-term effects of teen dating violence (Offenhauer & Buchalter, 2013; Vagi et al., 2013). This chapter also highlights prevention and intervention strategies available to Ohio youth as outlined by the state laws and the Ohio Department of Education and Workforce. Current curriculum on health education programs in the state of Ohio is reviewed and suggestions for future curriculum development are provided.

Theoretical Framework

Social learning theory, post-structuralist feminist theory, and intersectionality were the theoretical frameworks used as the foundation for this study. Given that the

research question for this study was, *What is the current capacity of school staff to prevent or mitigate adolescent interpersonal violence?*, the first goal was to understand what social and cultural behavior patterns were being taught, reinforced, or permitted by educators and education staff within their school setting. The second goal was to identify the social and cultural power dynamics that allow for adolescent interpersonal violence to exist in the school community. The third goal was to explore whether educators or education staff who work with students with multiple vulnerable identities understand intersectionality, and if they had different practices for working with these students than they did for students with just one vulnerable identity. The fourth goal was to use the frameworks to identify preventative measures and intervention strategies that could be used to mitigate the prevalence of adolescent interpersonal violence with all students, especially those from a vulnerable population.

Post-Structuralist Feminist Theory

In feminist theory, researchers examine concepts of marginalization, privilege, resistance, and agency to demonstrate inequities in the economic or political systems of society (DeKeseredy & Brubaker, 2021). Feminist theory also reviews and defines masculinity and femininity to outline the structural masculine power and privilege which can contribute to violence against women (DeKeseredy & Brubaker, 2021). Researchers expand the traditional ideas of feminist theory into what is called a post-structuralist feminist theory (Cannon et al., 2015). In post-structuralist feminist theory, in addition to looking at the societal structures, researchers consider the diverse dynamics in which

women have varying amounts of power and resources based on race, class, gender, and socioeconomic status (Cannon et al., 2015).

There are varying beliefs about the roles and privileges of gender cultural rules (Cannon et al., 2015). Most beliefs offer a limited understanding of gender roles and can lead to the acceptance of unhealthy behaviors and practices in interpersonal relationships (Cannon et al., 2015). When it comes to social situations involving stress, reputation, and fear, individuals may overreact and over perform masculine or feminine roles to meet gendered expectations (Cannon et al., 2015). This can further complicate the complex dynamics of interpersonal relationships between people of the same sex (Cannon et al., 2015). To be inclusive of how gender roles are impacted and changed by the dynamics of race, class, and gender, research has used a framework called intersectionality (Cannon et al., 2015).

Intersectionality Framework

The intersectionality framework can be useful, as the behaviors associated with traditional gender roles are not so typical when looking at the LGBTQ population (Cannon et al., 2015). Gender roles are often considered in terms of binary roles (i.e., male masculinity and female femininity) (Cannon et al., 2015). However, in many non-heterosexual relationships, there are no clear and definitive binary roles that a member exhibits in a relationship. There are typically still power differentials within same-sex relationships, but those may not often be specifically shaped by the institutional structures and practices of the patriarchal society at large (Cannon et al., 2015). Intersectionality can be considered when trying to garner an understanding of the many complexities of adolescent interpersonal violence (Cannon et al., 2015).

Social Learning Theory

First introduced by Albert Bandura, social learning theory evaluates how learning and behavior are shaped by cognitive factors and experiences within the environment (McLeod, 2016). Individuals within a society develop their views for how they should interact with others through their direct and observed experiences (McLeod, 2016). Social learning theory highlights the significance of individuals being able to observe, model, and imitate the various emotional and behavioral responses of others (McLeod, 2016). Social learning theory and the mediation model (i.e., attention, retention, reproduction, and motivation) can be used to explain and understand complex social behaviors including gender roles, moral behavior, and societal norms (McLeod, 2016).

Adolescent Interpersonal Violence: Using Feminist and Social Learning Theory

Adolescent interpersonal violence impacts women at disproportionate rates and is generally the result of power inequities in interpersonal relationships (Pemberton & Loeb, 2020). Viewing the experiences, effects, and mitigation strategies through the research of feminist theorists is a logical starting point. This perspective allows researchers to analyze the problem through the position of male dominance, power, and female rights within the social institutions. Additionally, using social learning theory to understand how behaviors are constructed and reinforced will be imperative to understanding the dynamics that exist in adolescent interpersonal violence between the perpetrators and the victim. Social learning theory may also further explain how the long-term effects can be mitigated and promoted by teaching, learning, and changing within the environment.

The Background on Adolescent Interpersonal Violence

When identifying the various types of adolescent interpersonal violence, most research considers repetitive patterns of controlling behaviors, emotional abuse, harassment, stalking, exploitation, and unwanted touching between intimate relationship partners as indicators of perpetration or victimization (Cascardi & Avery-Leaf, 2015; CDC, n.d. -a; The White House, 2022). Typically, adolescent interpersonal violence is classified as occurring in person since it is estimated that more than one in three women and one in four men have experienced in-person sexual violence in their lifetime (CDC, n.d -a). However, harassment is occurring more frequently with digital technology (Stonard et al., 2017). This may include sexting, sending unwanted photographs, aggressive texting, and posting images on various websites (CDC, n.d. -a; Stonard et al., 2017; The White House, 2022). While adolescent interpersonal violence is quite prevalent amongst youth, it is not always openly discussed in schools or community programs. Thus, it is also not easily detected by peers or adults and is also likely to be underreported.

During their adolescent years, children begin to seek more opportunities for independence and self-expression (Allen & Waterman, 2019). According to the American Psychological Association (APA) (2011), family conflicts are often about the amount of control and influence that parents seek to have over their kids' academics, time, peer group, and safety. However, teens tend to spend more time with, and are heavily influenced by, the views and opinions of their peers (Allen & Waterman, 2019). This can become stressful and frustrating for parents, as they may feel that their adolescent seems to have little regard and/or respect for their parental authority (APA, 2011). The situation

can become complex as adolescents may also be struggling with various issues of identity, sexuality, and other mental health concerns. They may feel that no one understands their feelings, especially their parents (APA, 2011).

Adolescents are not always open to sharing the intimate details of their lives with caregivers, teachers, or other adults in their lives. They rely on social and behavioral cues from their peers (CDC, n.d. -a; Taylor et al., 2016; The White House, 2022). Often, adolescents are unaware of how their behavior, words, and actions could be affecting others (Taylor et al., 2016). There could be a belief amongst peer groups that some behaviors, such as a partner constantly checking in via calls, texts, or posts on social media, are a normal part of being in a relationship (Taylor et al., 2016). If there are concerns or feelings of unease, adolescents may also be reluctant to share their experiences for fear of retaliation or embarrassment (Taylor et al., 2016). However, being in an unhealthy relationship can pose many problems for students academically, socially, and emotionally (CDC, n.d. -a; The White House, 2022).

Educational leaders have a vested interest in the health, safety and overall well-being of the adolescents they serve (CDC, n.d. -a; The White House, 2022). Still, it can seem overwhelming to navigate the challenges associated with adolescent interpersonal violence with the many other responsibilities and duties required of working in an education setting (CDC, n.d. -a). However, educators can start by being aware of the types of adolescent interpersonal violence. Being cognizant of risk factors and warning signs can assist educators in identifying students who may need help (CDC, n.d. -a; The White House, 2022). Further, understanding the long-term effects can help school leaders

advocate for support and resources to secure comprehensive and effective prevention and intervention programs.

Psychological Abuse and Digital Dating Violence

When a partner uses various methods of verbal, non-verbal, or text communication to control or hurt their partner mentally or emotionally, it is called psychological aggression (CDC, n.d. -a; Stonard et al., 2017). Much of this type of aggression is covert and only exhibited in the digital space. Most parents, teachers, and adults would agree that teens spend much of their time in a virtual space connected with their peers through social media or on their cell phones. In the United States, 95% of teens say they have access to a smartphone, and about 45% of them say that they are "almost constantly" on the internet (Schaeffer, 2017). Thus, it is not much of a surprise that digital dating violence perpetration and victimization are on the rise.

While some of the specific behaviors can vary between partners, generally, the phone or computer is used as means to psychologically control, degrade, or make the other person jealous (Korchmaros et al., 2013). In more physical types of dating abuse, often male youth are the perpetrators and female youth are the victims (CDC, n.d. -a). Yet, when it comes to digital dating violence, both female and male youth report having been a victim and having been an aggressor (Reed et al., 2017; Schaeffer, 2017). Males and females typically have different purposes regarding their use of technology to control their partners. Female youth tend to use technology (e.g., apps, social media, and/or texts) to make their partners jealous (Taylor et al., 2016). Typically, a male partner may demand nude or partially nude photos from a female partner to demonstrate affection (Taylor et al., 2016). Later, he may threaten to post or reveal those photos to others if the

female does not comply with other requests or especially if she tries to end the relationship (Taylor et al., 2016). Female adolescents are often afraid to ask for help because they are embarrassed and are afraid that they will be publicly shamed (Reed et al., 2017; Schaeffer, 2017).

Stalking

The CDC (n.d. -a) describes stalking as a type of repeated pattern of unwanted contact or attention by a partner that may cause fear, anxiety or other distress. However, when an individual is a teenager, it is not always easy for them to identify someone who may be stalking them. Youth spend most of their relationship time with their dating partners, on group outings with peers, and at school (DeGue et al., 2020; Noonan & Charles, 2009). Adolescents are very accustomed to sharing details about their whereabouts with their friends, as many adolescents use cellular applications that share their location with their friends throughout the day (Taylor et al., 2016). To an adolescent, it would not be uncommon for a dating partner to spontaneously arrive at the same location because they typically share friend groups (DeGue et al., 2020; Noonan & Charles, 2009; Schaeffer, 2017). However, always being in the same social group becomes a problem when there is a conflict between dating partners (DeGue et al., 2020; Noonan & Charles, 2009).

Surveys about adolescents in interpersonal relationships have found that female youth may want to spend time with female friends by themselves (DeGue et al., 2020; Noonan & Charles, 2009). If the female indicates that she may want to hang out with male friends, the male dating partner may begin to put restrictions and time limits on how often, or for how long, she can spend time with those friends (DeGue et al., 2020;

Noonan & Charles, 2009). Sometimes, it can seem like their partner is just overly caring and wants them to be safe; even though there may be ulterior motives (Noonan & Charles, 2009). Teens are not aware of what is healthy and unhealthy and rely on examples from their peers or the media on what dating should look and feel like (Noonan & Charles, 2009). This makes it hard for youth to understand and set healthy boundaries when it comes to dating relationships because they do not want to seem like they are making a big deal about an uncomfortable situation. When a victim asks for help or confides in them about the situation, peers may also reinforce this type of thinking.

Physical Violence

Physical violence is when a person hurts, or tries to hurt, a partner by hitting, kicking, or using another type of physical force (CDC, n.d. -a; Offenhauer & Buchalter, 2013). Most adults are naive about the nature of adolescent dating relationships (DeGue et al., 2020). They could not imagine that adolescents would use physical force to control and intimidate their partner (DeGue et al., 2020). While physical violence may seem more typical in an adult relationship, the CDC (n.d. -a) reports that for adolescents, nearly one in 11 female and approximately one in 14 male high school students have reported experiencing physical dating violence in the last year. Adolescents may not know the appropriate cultural and individual boundaries when it comes to initiating or receiving physical contact (CDC n.d. -a). Unfortunately, society often tells young girls that if a boy hits her, it means he likes her (DeGue et al., 2020). These kinds of messages are very confusing when girls are in an intimate relationship with someone who is unduly physically aggressive.

Sexual Violence

According to the CDC (n.d. -a), surveys indicate that one in eight females and one in 26 male high school students reported experiencing sexual violence in the last year. The CDC (n.d. -a) categorizes sexual violence as attempting or forcing physical unwanted contact of a sexual nature onto another person. Digital sexual harassment may include texting, posting, or sharing sexual pictures with, or of, a partner without their consent (CDC, n.d. -a). In middle school, inappropriate touching is something subtle and seemingly flirtatious amongst peer groups (DeGue et al., 2020). Students are still determining their boundaries and trying to decide what is okay for them. Youth report that groping, grazing, or grabbing a female's breasts or buttocks is common and may not be reported, although it may not be consensual (Noonan & Charles, 2009). Many female adolescents want to be liked and accepted, and they do not want to go against the social norms (DeGue et al., 2020). However, this further perpetuates the gender stereotypes of what is expected and accepted in a teenage intimate partner relationship, especially if there are not many other examples, experiences, or intentional conversations to counteract the paradigm.

Risk Factors

While there is no single predictor that indicates whether a youth is more likely to perpetrate or become a victim of adolescent interpersonal violence, there are a common set of risk factors. Researchers have found that children who have a history of negative childhood experiences, such as living in a house with domestic violence, being in foster care, and/or having distant emotional relationships with parents, typically report a history of unhealthy relationships (National Institute of Justice [NIJ], 2018). Male youth who

reported experiencing trauma in early adolescence have delays in the necessary social skills for making and keeping healthy future relationships (NIJ, 2018). Subsequently, a larger portion of the male perpetrators who reported committing violent acts between the ages of 16-18 had also reported experiencing several traumatic events during early adolescence (Daly & Marshall, 2021).

While looking at more vulnerable populations, researchers found that Latino males reported a higher rate of stalking and harassing dating partners than any other ethnic group (Rothman et al., 2021). Age, parental relationship, marijuana use, and neighborhood crime rate were associated risk factors for victimization in female youth, especially those who identified as Latino or Black (Rothman et al., 2021). The behaviors that parents and guardians exhibit in front of adolescents can also impact the likelihood of victimization (Rothman et al., 2021). Most often, when a child is involved in, or witnesses, antisocial, illegal, or other delinquent behavior, researchers have found a consistent predictor that those adolescents will later become victims of interpersonal violence (NIJ, 2018).

Cohen et al. (2018) conducted a sample study utilizing a self-report questionnaire with concepts around adolescent interpersonal violence. Over six years, 1031 diverse high school students in Southeast Texas completed the questionnaire. Student responses were analyzed and categorized to create a screener that could be used to identify risk factors and indicators of adolescent interpersonal violence. Cohen et al. claimed that based on their research, future screening protocols could be created and used to identify students who are at risk of becoming perpetrators of physical or sexual violence due to various socio-emotional and/or traumatic childhood experiences. Identified students

could then be connected with resources on teen dating violence prevention, such as education programs on healthy relationships. Yet, there were some suggestions found by this team about how to make the sharing of resources more effective. In other studies about sensitive topics, many researchers have often noted that results could be skewed due to students not being honest about their thoughts and/or behaviors for fear of possible negative consequences (Cohen et al., 2018). Thus, it may be more helpful for future screeners about sensitive topics to be given anonymously, as the results could indicate a greater need within the population even if the specific individuals are unknown (Cohen et al., 2018). Having the information about the larger population could help stakeholders build a case for the necessity of universal screeners and universal prevention and intervention programs. More students who may not have openly self-identified would also have access to the resources.

Warning Signs

Per the CDC (n.d. -a), the warning signs of adolescent interpersonal violence are similar to those of other types of in-school violence such as bullying and harassment. Students may exhibit signs of depression, anxiety, substance abuse or withdrawal from close friends and family members (CDC, n.d. -a). Often, a change in attitudes towards academics and a sharp decline in grades and effort are evident. There may be a change in eating patterns and behaviors. Sometimes, this is attributed to girls being uncomfortable eating around boys and wanting to present themselves in a certain way (Noonan & Charles, 2009); however, this can also be attributed to the stress and anxiety of being in an unhealthy relationship. With the warning signs of teen dating violence being like that

of many other common issues faced by middle and high school students, it is important to ask questions and carefully observe student behavior.

Teaching adolescents how to identify warning signs and behaviors that may be concerning is imperative. Additionally, they must understand the importance of seeking a trusted adult for help (CDC, n.d -a.; Storer & Strohl, 2017; Taylor et al., 2016). Peers are often the first line of defense when it comes to noticing a change of mood or behavior (CDC, n.d. -a.). Adolescents may often go to their peers for support and resources with their dating relationships (Offenhauer & Buchalter, 2013; Taylor et al., 2016). If adolescents' peers lack knowledge of healthy boundaries, relationships, and resources, victims will likely not get the appropriate information, and the violence will continue (CDC, n.d. -a.; Taylor et al., 2016; Storer & Strohl, 2017). Adolescents are very loyal to their peer group (Storer & Strohl, 2017; Taylor et al., 2016). Due to fear of retaliation or getting a friend in trouble, they may be afraid to reach out to an adult for support (CDC, n.d. -a.; Taylor et al., 2016). Adolescents may often think they can handle tough situations independently or that if they reach out to an adult about what they have seen or experienced that their feelings, ideas, and concerns will be dismissed because of their age (Storer & Strohl, 2017; Taylor et al., 2016). Reaching out to students who exhibit warning signs takes immediate, deliberate, and careful concern (CDC, n.d. -a).

Long-term Effects

There are many long-term effects of teen dating violence. The most concerning effect is that victims are more likely to be re-victimized in adulthood (CDC, n.d. -a.). The National Intimate Partner and Sexual Violence Survey reports that 35% of women who were raped as minors were also raped as adults (Smith et al., 2018). In comparison, only

10% of women raped as an adult were not raped as minors (Smith et al., 2018). Students who experience sexual violence tend to have depression or anxiety. They are often further engaged in unhealthy sexual behaviors and unhealthy relationships in adulthood (CDC, n.d. -a.). Additionally, students who witness peers go through teen dating violence also have signs of depression as a bystander effect (CDC, n.d. -a.). There are also many less discussed consequences of unwanted or forced sexual acts including unintended pregnancies, sexually transmitted diseases, and infection. Young women may still be learning how to set boundaries and limitations when it comes to contraception and exclusive sexual relationships (CDC, n.d. -a.).

From analyses of survey data collected over four years from two cohorts of students between the ages of 12 to 15 and 15 to 18, Thulin et al. (2021) found an association between the prevalence of electronic dating violence and mental health issues, substance abuse, and risk for in-person dating violence. Researchers surveyed 1236 students on their experience with various types of electronic harassment, parental involvement, dating behaviors, drug use, adverse childhood experiences, and social support (Thulin et al., 2021). Students reported an increase in the prevalence of electronic dating violence between their initial response in the 6th grade and a follow up survey while in the 9th grade (Thulin et al., 2021). Electronic harassment was the highest concern, followed by both electronic coercion and electronic monitoring (Thulin et al., 2021). This was consistent with other research that looked at digital dating violence and psychological harassment (Stonard et al., 2017). On a positive note, reported patterns of electronic dating violence had a decrease in prevalence in follow-up surveys for 12th graders whose initial responses were completed in 9th grade (Thulin et al., 2021).

Sometimes victims who feel like they have run out of options, resources, and coping strategies have suicidal ideation or exhibit self-injurious behaviors (CDC, n.d. -a). Suicide ideation is very complicated. There is not just one reason that a teen may consider taking his or her own life. However, having a stressful home life, feeling unsupported, and being in an unhealthy intimate relationship can feel like too much to handle (CDC, n.d. -a). A public breakup or embarrassing internet post can be a major triggering event for a young person.

Death is a tragedy that can happen as a result of unhealthy behaviors within a relationship (Adhia et al., 2019). Death can be caused by a perpetrator who has taken physical violence and stalking too far and killed the other partner in an intimate relationship (Adhia et al., 2019). Adhia et al. states that of the more than 2,000 adolescents ages 11-18 who were killed between the years 2003 and 2016, approximately 150 of them were killed by their current or former intimate partners. Most of them were female adolescents killed by a male adolescent after the relationship had ended (Adhia et al., 2019). Therefore, educators, school staff, and other community stakeholders need to be aware of the many facets that teen dating violence cannot only have in the short-term but in the long-term as well.

Vulnerable Populations

Research has shown that females are more likely to be the victims in adolescent interpersonal violence versus their male counterparts (Basile et al., 2020; Miller et al., 2018). Typically, adolescent interpersonal violence affects those in dating relationships in later adolescence more than it does an early adolescence (Miller et al., 2018). Many adolescents who have experienced trauma, or come from dysfunctional homes containing

domestic violence, alcoholism, mental illness, as well as those who live in impoverished neighborhoods, are more likely to have a higher risk factor for being in an unhealthy interpersonal relationship (Miller et al., 2018, Youth.gov, n.d.). Aside from these social and community influences, there are some adolescents who statistically have had a higher rate of interpersonal violence amongst their demographic groups (Basile et al., 2020).

Simply belonging to one of these groups does not make one more susceptible to adolescent interpersonal violence; rather, it is a combination of institutional, social, and individual factors that negatively interact that makes a person more vulnerable.

Unfortunately, research has shown that there is a higher risk of being in a violent interpersonal relationship when adolescents are also a member of a highly marginalized population, such as those who identify as Black, LGBTQ, or are diagnosed with a disability (Basile et al., 2020; CDC, n.d. -a; East & Hokoda, 2015; Mitra et al., 2013; The White House, 2022).

Black Female Adolescents

There is a disproportionate rate of sexually transmitted infections and diseases in the Black, Latino and LGBTQ communities (CDC, 2017, 2019a; East & Hokoda, 2015). Black youth continue to be one of the groups most negatively impacted by HIV infection in the United States (CDC, 2017, 2019a; East & Hokoda, 2015). According to the CDC (2017), Black youth represent 52% of all new HIV infections amongst individuals aged 13–29. HIV impacts Black female adolescents far more than young women of other races (CDC, 2017, 2019a). A comprehensive health education program can support the development of healthy, respectful, and nonviolent relationships, which has the potential to decrease adolescent interpersonal violence (Sell et al., 2021).

Research has shown that allowing comprehensive health education and discussion in a classroom setting helps students express ideas and feel validated, which could eventually lead to a positive shift in power dynamics within the male and female peer groups (Sell et al., 2021). Students must begin learning these skills in early adolescence during elementary school and continue the conversation through late adolescence including the post-secondary years (CDC, n.d. -b). This would allow for students to learn, identify, and build positive ideas about what it means to behave, communicate, and manage emotions in healthy relationships (CDC, n.d. -b).

In a qualitative research study with Black female adolescents, participants were asked to describe factors that influenced their sexual choices (Norris-Brown et al., 2020). Overwhelmingly, the participants agreed that mainstream media, including music, television, social media, and books, had an impact on what could be presumed to be risky sexual behavior of Black adolescent females (Norris-Brown et al., 2020). Participants also emphasized that Black women are often portrayed negatively in the media as sexual objects. Some of the participants mentioned that their health course had some good information on pregnancy, contraception, and diseases that were influential in their sexual decisions (Norris-Brown et al., 2020). Most felt that although the videos presented in the health class were supposed to educate students, they felt that the movies mostly promoted fear about engaging in sexual behaviors (Norris-Brown et al., 2020).

Some research has shown that creating targeted supports and interventions for Black adolescent females allows for empowering healthy relationships and sexual decision-making skills within this population (East & Hokoda, 2015; Norris-Brown et al., 2020). Thus, a health education curriculum that is inclusive of the perspectives of Black

females could potentially be effective in educating students, as well as a great opportunity to collect data for school and district leaders regarding its effectiveness (Taylor et al., 2016). More research is needed to increase stakeholder understanding of gender, racial, and socioeconomic factors that may impact Black adolescents who identify as female (East & Hokoda, 2015; Norris-Brown et al., 2020). Special attention should be given to this population's perception of sexuality and the related decision-making process (East & Hokoda, 2015; Norris-Brown et al., 2020).

Students with Disabilities

Adolescents with disabilities are at a higher risk of becoming victims of multiple types of interpersonal violence including bullying, physical abuse, sexual abuse, and digital abuse than those without disabilities (Agius-Ferrante & Oak, 2020; Mitra et al., 2013). Almost one out of every five high school youth with disabilities who identified as having been in an intimate relationship also reported experiencing violent situations (Mitra et al., 2013). These reports of interpersonal violence by students with disabilities are triple the rates reported by high school adolescents without disabilities (Mitra et al., 2013). Approximately one out of four adolescent females and nearly one out of 10 adolescent males with disabilities report interpersonal violence (Mitra et al., 2013).

Additionally, females with disabilities were significantly more likely to experience the short-term and long-term effects of interpersonal violence (e.g., unplanned pregnancy, lowered physical and mental health) (Agius-Ferrante & Oak, 2020; Mitra et al., 2013). Adolescent females who were identified as both having a disability and experiencing interpersonal violence often reported drug use, feeling sad or hopeless for more than a couple of weeks, and seriously considering suicide (Mitra et al., 2013). These

findings further suggest that adolescents with disabilities may be considered at risk for experiencing interpersonal violence and having significant negative health and well-being outcomes due to the situation. Thus, curricula and programs aimed at providing prevention and intervention strategies for interpersonal violence should be accessible and adaptable to the meet needs of adolescents with disabilities (Agius-Ferrante & Oak, 2020).

There is a misconception that adolescents identified with intellectual disabilities are often isolated, have poor social skills, and may lack the skills or interests to be able to engage in an intimate relationship (Shakespeare, 2013). Thus, out of a lack of consideration for privacy needs, many adolescents identified as having a disability typically are surrounded by caregivers and lack a private space to engage in sexual experimentation or activity (Löfgren-Mårtenson, 2013). Due to caregiver misconceptions about sexual curiosity and a lack of privacy, some adolescents identified as having an intellectual disability have also been linked to seemingly deviant behavior such as public masturbation, pornography, inappropriate touching, inappropriate boundaries, or other forms of sexual experimentation leading to further scrutiny and health risks for this already marginalized population (Agius-Ferrante & Oak, 2020; Löfgren-Mårtenson, 2013; Löfgren-Mårtenson & Ouis, 2018).

By drawing upon the intellectual strengths of adolescents identified as having a disability, it is possible to address healthy relationships, boundaries, sexual agency, and other taboo topics in a normalizing, empathetic, and supportive manner (Agius-Ferrante & Oak, 2020; Löfgren-Mårtenson & Ouis, 2018). An inclusive health education curriculum that includes the perspectives of adolescents identified as having a disability

could potentially be effective in educating students in addition to being a great opportunity to collect data for school and district leaders for its effectiveness. Additionally, it could also be an opportunity to empower and support this already marginalized and vulnerable population to develop and maintain healthy boundaries and relationships.

Lesbian, Bi-Sexual, Transgender, and Queer (LGBTQ)

According to the American Civil Liberties Union (ACLU, 2017), clear rules have yet to be established regarding the rights of students in transition. These factors include students' names, preferred pronouns, restroom and locker room accessibility, and how official records should classify them. When it comes to LGBTQ students' rights., educators may seek a model, approach, or framework to rely upon for making individual, classroom, or school-wide decisions regarding issues of equity, diversity, and inclusion. Bonde and Firenze (2013) suggest using *The Rights Approach* from Kant which states that ethical leaders should choose to act in a manner in which they treat themselves and others with a sense of humanity, fairness, and a due amount of respect. However, when there are multiple stakeholders involved, educational leaders may struggle to make decisions that show care, concern, respect, fairness, and humanity.

School leaders are often put in tough situations where they must know, define, and balance their ethical and legal responsibilities (Bass et al., 2018; Sawchuk, 2022). School leaders must choose how to handle a situation when working with a student who is upset or depressed about their identity and feeling isolated by peers (Sawchuk, 2022). School leaders must find the balance between being responsive to the parents' need for authority and control and acknowledging students' individual rights (Sawchuk, 2022).

Not all school districts have adopted a policy, or even have any past practices, that deal with these types of situations surrounding equity and diversity (ACLU, 2017). States may lack legislation or policies that specifically address the rights of LGBTQ students and social justice issues that can arise in the education system (ACLU, 2017). Thus, educators may not have any background, inclination, or resources to identify or discuss adolescent interpersonal violence from an LGBTQ perspective.

Adolescent interpersonal violence is often thought of as physical and sexual abuse that happens between individuals in a heterosexual dating relationship (Reuter et al., 2017). However, it should also be considered in terms of non-physical behaviors such as isolation, intimidation, harassment, and embarrassment (Reuter et al., 2017).

Additionally, adolescent interpersonal violence is not limited to those who consider themselves to be in dating relationships, nor is it bound to those who identify as being in a heterosexual relationship (Reuter et al., 2017). Although several studies have identified various factors that contribute to adolescent interpersonal violence amongst youth who identify as heterosexual, there seems to be a gap in the research involving LGBTQ youth (GLSEN, n.d. -a; Reuter et al., 2017).

While most of the available information can be useful in understanding the general concepts of adolescent interpersonal violence for the heterosexual population, the results cannot always be generalized to those who identify as members of the LGBTQ population (Reuter et al., 2017). The interpersonal experiences of LGBTQ youth are essentially different from those who identify as heterosexual. Factors such as having an internalized stigma, availability of positive LGBTQ role models, and the level to which both, or either, individual is "out" within their family or social community are impactful

(Reuter et al., 2017). These issues can provide challenges that lead to additional stress on the LGBTQ adolescent experience that may not be considered in the heteronormative research (Reuter et al., 2017).

Reuter et al. (2017) conducted a five-year longitudinal study in which 172 ethnically-diverse adolescents who identified as members of the LGBTQ population completed self-report surveys about their experiences with interpersonal violence and how that impacted their mental health, sexual, and substance abuse behaviors. During the fourth year, 41% of the LGBTQ adolescent participants reported experiencing some type of interpersonal violence (Reuter et al., 2017). Approximately 36% reported experiencing verbal abuse, 18% reported experiencing physical abuse, and just over 3% reported experiencing sexual abuse (Reuter et al., 2017). Identifying as a member of the LGBTQ community poses many social and emotional challenges for connecting with peers and building healthy relationships (Reuter et al., 2017). Additionally, those who identify as LGBTQ and as a member of a racial minority group may face more obstacles when it comes to adolescent interpersonal relationships (Reuter et al., 2017).

As mentioned earlier, Black adolescents are already at a higher risk of being a victim of interpersonal violence compared to all other races and gender identities (Reuter et al., 2017). In terms of gender, Reuter et al. found that youth who identified as female, including those who were transgendered, were at a higher risk of being victims of adolescent interpersonal violence than youth who identified as male, including those who were transgendered. Physical interpersonal violence was experienced at a higher rate amongst populations of adolescents who identified as female, including those who were transgendered, lesbian, and Black compared to White, Latino, and other racial groups

(Reuter et al., 2017). Adolescents who were victims of interpersonal acts of violence also reported experiencing higher rates of mental health issues including anxiety, depression, and substance abuse (Reuter et al., 2017).

Educators, community leaders, and other stakeholders must be knowledgeable of the risk factors, warning signs, and types of interpersonal violence. All stakeholders must understand that the experiences, research, and interventions geared toward adolescents who identify as heterosexual may not be easily transferable to those who identify as LGBTQ (Reuter et al., 2017). Educational curriculum and practices, resources, and support for adolescent youth identifying as LGBTQ must be specifically designed for this population (Reuter et al., 2017). There also needs to be careful consideration for the experiences of youth who have multiple identities in terms of race, gender, and sexual orientation, as they may be at an even greater risk for victimization, short-term, or long-term negative outcomes (Reuter et al., 2017).

Policies, Practices, Prevention, and Intervention

Bass et al. (2018) acknowledge that even with good intentions, most leaders are not attuned to having effective strategies for serving the needs of marginalized populations. As ethical leaders, action-oriented, reflective, transformative, democratically inclusive, and continuous practice of a culturally responsive pedagogy are necessary (Bass et al., 2018). An essential component is that the school community has an opportunity to do an honest assessment of what inequities exist especially for students from a marginalized population (Bass et al., 2018). Additionally, leaders need to intentionally create opportunities to include the perspectives of marginalized groups in their building through anonymous surveys and voluntary focus groups (Lynch, 2015).

This could lead to transformational change in buildings to create cultures that feel safe, inclusive, and one that celebrates diversity (Bass et al., 2018).

To spotlight adolescent interpersonal violence as a major societal concern, on January 31, 2022, U.S. President Joseph Biden designated February as National Teen Dating Violence Awareness and Prevention Month (The White House, 2022). The administration encouraged schools to consider implementing programs to teach students about teen dating violence and sexual assault with a focus on gender identity and sexual orientation (The White House, 2022). Those who work with youth must understand the facets of teen dating violence, including the risk factors, warning signs, long-term effects, prevention, and intervention strategies to keep those youths safe at school and in the community (Storer & Strohl, 2017; Taylor et al., 2016).

Accordingly, there is a need to provide a comprehensive education program in public schools to keep students safe and to prevent future problems. However, sexual education is not always welcome in every school district. The National Conference of State Legislators (NCSL, 2020) reports that only 30 states and the District of Columbia mandate sex education in public schools. Additionally, the NCSL reports that 30 states and the District of Columbia allow parents to opt-out on behalf of their children. Blad (2020) notes that there is much debate over whether a comprehensive sexual education course, or program, should include discussions of abstinence, understanding sexuality, reproductive options, or only what is considered medically appropriate for the age group. Many groups believe that sex education is not a subject that should be taught in schools because what students learn is too emotionally, personally, and politically charged (Blad, 2020). Furthermore, when it comes to National Teen Dating Violence Awareness and

Prevention Month, a comprehensive program on teen dating violence that includes discussions on sexual health may be too controversial to implement in a middle or high school (Blad, 2020).

In the last couple of years, there has been a shift toward parents wanting to regain more control over information that is shared between their children and the educational leaders in their school community (Sawchuk, 2022). The request to gain more control, centered around student versus parental rights when it comes to students who may identify as LGBTQ, is now being decided in a handful of state or federal court cases (Sawchuk, 2022). In most of the lawsuits, parents are claiming that school officials implemented or followed plans, policies, or guidelines that permitted students to choose new names or pronouns or adopt a different gender identity without the consent of their parents or legal guardians (Sawchuk, 2022). The outcomes of these current cases will ultimately impact future legislative battles across the nation about transgender rights in education and in the school environment (Sawchuk, 2022).

In some states, like Oklahoma, the law requires that students at some schools use restrooms and locker rooms that match the sex listed on their birth certificates (Cole, 2022). This poses various safety concerns for students who identify as transgender. Typically, a transgender student who identifies as female would prefer to use the female restrooms (Cole, 2022). However, in Oklahoma, students who refuse to use the restroom of their sex assigned at birth are required to only use a single restroom (Cole, 2022). Some parents claim that schools are violating their 14th Amendment rights in which the U.S. Constitution broadly gives parents the autonomy to direct the way they raise their child (Sawchuk, 2022). For many parents of adolescents, this may include shaping the

information available in schools for curriculum, health services, and community partnerships (Sawchuk, 2022).

While the policymakers and school board leaders decide how to move forward with students' versus parents' rights, researchers agree that prevention programs should be implemented on a universal level (Taylor et al., 2016). These programs would ensure that all demographics and sub-demographics of the U.S. population get much-needed information on the perpetration or victimization of teen dating violence (Taylor et al., 2016). Additionally, researchers conclude that it is essential to provide intervention and education to at-risk male youth in the middle school grades, as it is more effective in building social skills for healthy dating relationships at that time than later in the high school grades (Daly & Marshall, 2021). There is a need for more research on targeted prevention and intervention strategies for various ethnic and sexual minority groups (Smith et al., 2017). By evaluating programs for their impact on violent behaviors, risk, and protective factors, practitioners from the local, state, and national levels can build the evidence base of what works to prevent violence (Smith et al., 2017).

Research overwhelmingly shows that having a relationship with a caring adult is the single most important mitigating factor when it comes to teen dating violence (Offenhauer & Buchalter, 2013; Taylor et al., 2016). Some researchers argue that media, such as books and films aimed at young adults, also shapes the ideas around adolescent interpersonal violence (Storer & Strohl, 2017). Spawning from books to movies, the characters and themes in young adult literature have become very popular. Educators should encourage students to think critically about the messages they are receiving from the media and how they can shape their views on certain topics. As analyzed through a

study on young adult literature, Storer and Strohl discuss the importance of the representation of adolescent interpersonal violence and share implications of the attitudes and perspectives of youth towards such behavior. Storer and Strohl used framing theory to analyze, discuss, and identify how abusive relationships are created and marketed to adolescent women in specific media. Researchers find that victims of teen dating violence are stereotyped as having low self-esteem, dysfunctional backgrounds, personal deficits, and poor decision-making skills in most young adult novels (Storer & Strohl, 2017). However, it is argued that these representations do not accurately depict the root causes of adolescent interpersonal violence and can send the wrong message to youth, society, and policymakers (Storer & Strohl, 2017).

The National Survey of Teen Relationships and Intimate Violence was a longitudinal study funded through the National Institute of Justice created to gather more up-to-date information due to changing technology, mindsets, policies, and data (Taylor et al., 2016). There were over 2,000 adolescents ranging from ages 10-18 and their guardians who participated in annual surveys for six years (NORC, n.d.). The goal was to understand the depth and nuances of adolescent dating violence (NORC, n.d.). Researchers posited that because adolescents most often seek and receive advice from peers, prevention and intervention programs should be peer-led (Sell et al., 2021). Even the best and most comprehensive programs require buy-in and engagement to be effective. Also, researchers found that creating the opportunity for education and discussion in a classroom can help students feel validated. This validation can eventually lead to a shift in power dynamics in the classroom when it comes to discussing intimate

topics and is important in ensuring that students are engaged in the content of the programs (Sell et al., 2021).

Prevention and Intervention: CDC Dating Matters National Curriculum

The *Dating Matters: Strategies to Promote Healthy Teen Relationships* is a curriculum designed to mitigate adolescent interpersonal violence (CDC, n.d. -b). The program has various components that, when used together, can provide education, training, and reinforcement of healthy relationship messages, as well as reduce behaviors that increase the risk of dating violence amongst adolescents in middle school (CDC, n.d. -b). To provide wrap-around services for schools, families, and communities, the CDC also developed *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices* (CDC, n.d. -b). This community-based resource kit aims to provide resources, skills, strategies, and support to mitigate interpersonal violence for adolescents, adults, and families (CDC, n.d. -b). The CDC *Dating Matters* program is free to educators, community agencies, and individuals willing to agree to the licensing agreements and take the free online training course (CDC, n.d. -b).

In a longitudinal study on the CDC *Dating Matters* program, middle schools in a handful of urban school districts across the United States were randomly assigned to receive either *Dating Matters* or a routine school-based intervention (DeGue et al., 2020). During this study, a routine school-based intervention may have included a task such as a meeting with the school counselor to address concerns (DeGue et al., 2020). The participating school districts were involved in the study consecutively over four years between 2012–2016 (DeGue et al., 2020). Although it varied by cohort from 10% to

14%, the results from the school districts in which the *Dating Matters* program was implemented were positively associated with significant reductions in the perpetration and victimization of sexual violence and sexual harassment through the end of the 8th grade, when compared to the routine school-based intervention (DeGue et al., 2020).

Prevention: Health Education Curriculum in Ohio

According to the Ohio Department of Education and Workforce (2023), the state laws do not permit the Ohio State Board of Education to adopt Health Education Standards in Ohio. However, the state laws in Ohio do direct school districts to include topics related to health education throughout various points in the K-12 curriculum (ODEW, 2023). This means that it is up to each school district in the state of Ohio to decide what information should be taught and at what ages. The health education curriculum for 7th through 12th grade must include content on venereal disease, dating violence prevention, warning signs, and characteristics of healthy relationships (ODEW, 2023). The caveat is that if a parent or legal guardian of a student less than 18 years of age submits a written request to examine the dating violence prevention instruction materials used at that school, they shall be allowed to review the material and choose to opt their child out from participation (ODEW, 2023). Additionally, parents may make the same request for the curriculum on the topics of venereal diseases and opt their child out of participation. The school districts are also asked to provide sample documentation of parental notification before the course, the name of the curriculum being used, and the number of students excused from participation (ODEW, 2023).

Per state law, ODEW is required to host links on its website to a free health education curriculum, including information on dating violence and prevention, that is

available for school use (ODEW, 2023). The links provided on the ODEW website are limited and feature few resources. While there is a link for the National Teen Dating Abuse Hotline website, there are no other links to national organizations or community resources. There is a second link to an 11-page outline of a curriculum by Hazelden Publishing called *Safe Dates: An Adolescent Dating Abuse Prevention Curriculum* (ODEW, 2023). After reviewing the curriculum outline, the educator would need to visit the publisher's website to access the most updated version of the curriculum in its entirety. However, the educator would not be able to review the curriculum for its relevance or inclusivity without purchasing the material.

Paying for a curriculum that is not required could be a substantial burden depending on the number of students enrolled in the school district, the financial resources available, and the number of eligible students. This may discourage school districts and educators from implementing this evidence-based program. A list providing links to a variety of health education resources and curricula is preferable. Many completely free websites offer resources such as wristbands, buttons, and wallet-sized brochures that can be mailed to schools for free distribution to students. Sharing the nationally-recognized, evidence-based free health education program created by the Center for Disease Control's *Dating Matters* program would be worthwhile (CDC, n.d. - b).

Practices: Ohio School Districts

The concern with school districts having the autonomy to decide what type of health education they offer is that there is no continuity or consistency of information, education, and resources being provided to students. This can become an issue of equity

and inclusivity (Bass et al., 2018). Students who are residing in one of the several ultra-conservative counties in the state of Ohio may not get the opportunity to have a comprehensive health program that discusses topics such as having healthy and safe sexual decision-making skills (Millner & Upton, 2016). The school leaders in these districts may elect to teach a comprehensive health education curriculum that promotes fear and intolerance when it comes to understanding venereal diseases and other reproductive topics such as pregnancy (Millner & Upton, 2016).

If a health education course is offered that includes topics of sex education, the curriculum may focus on abstinence-only (Norris-Brown et al., 2020; Sell et al., 2021). Most health education curriculums tend to lean into a narrow view of sex education by focusing on dangers, rather than building on students' existing knowledge and individual sexual agency (Norris-Brown et al., 2020; Sell et al., 2021). They often lack options and coping strategies for dealing with the social challenges that can come with understanding and exploring sexuality (Norris-Brown et al., 2020; Sell et al., 2021). As national research identifies, there are higher rates of victimization and interpersonal violence against already marginalized populations (CDC, n.d. -b); however, there are also fewer targeted sexual health resources and education programs for the Black, Latino, and LGBTQ population (Norris-Brown et al., 2020).

Conclusion

Adolescent interpersonal violence is a serious problem affecting youth across the United States (CDC, n.d. -a; The White House, 2022; Taylor et al., 2016). Perpetrators and victims alike have reported experiencing anxiety, depression, eating disorders, suicidal ideation, and interpersonal conflicts with peers (CDC, n.d. -a; The White House,

2022; Taylor et al., 2016). These long-term negative effects have been studied long into adulthood (CDC, n.d. -a). Youth who come from dysfunctional homes, communities, and environments that engage in antisocial behaviors are more at risk of becoming victims of an intimate partner relationship (NIJ, 2018). However, the creation of universal screeners can help educators identify and understand the number of students in a building who may be at risk not only for teen dating violence, but for a myriad of other social and emotional barriers to academic success.

Additionally, comprehensive programs designed to directly teach and intervene with the currently perceived notions of gender roles and stereotypical behaviors in dating relationships have also been shown to be successful (GLSEN, n.d. -b). However, more research is needed for how to effectively work with students from ethnic and sexual minority populations. Collaboration from various stakeholders in the community, the state, and the nation is necessary to fully create, implement, and evaluate an effective model that would be cost-effective for schools and communities to implement and maintain. With improved knowledge and education, educators may become better equipped to advocate for policies that can impact practices and access to comprehensive programs for students and families. Until then, the goal for all educators is to continue to build positive relationships with the students they encounter, especially those that seem to be at-risk or display warning signs of teen dating violence.

Educators interested in immediately promoting and supporting healthy relationships among adolescents in their school or district may consider signing up for the CDC *Dating Matters* program and participating in the online training. These educators could then review the topics and framework of the program. Using the framework, they

would be able to look at how the specific lessons in each module could be differentiated to meet the needs of students who may be identified as having an intellectual disability. They could also determine whether the concept was heteronormative and discussed ways that the information could be modified to be more inclusive of all genders, including those who identify as members of the LGBTQ population.

Resources are available for downloading or ordering and are based on best practices and research on what is needed to support LGBTQ students across the country (GLSEN, n.d. -b). Additionally, there is a specific section for administrators that provides links to professional development, workshops, and webinars that can be designed and brought to the school to ensure all leaders hear a consistent message (GLSEN, n.d. -b). GLSEN is a great organization with a lot of power, influence, and knowledge about how to improve equity in the school and the community for students who identify as LGBTQ. They could also help to identify and fill in the gaps in policy, procedures, and local legislation (GLSEN, n.d. -a).

A focus group of students sharing their ideas on various topics within the curriculum would be worthwhile. While the goal would not be to completely revamp the evidence-based curriculum provided by the CDC, it is essential to make the curriculum relevant to the students who are being served in the various school districts in Ohio. Data shows that there are vulnerable and marginalized populations who have high rates of sexually transmitted disease, victimization, and negative short- and long-term effects due to adolescent interpersonal violence (CDC, n.d. -b). Anything that educators can do to promote positive and healthy relationships and decision-making skills is essential. More research would also be needed to identify and discuss the effectiveness of the CDC

Dating Matters program regarding the perceptions, decision-making skills, and interpersonal experiences of the vulnerable, and often marginalized, populations of the Black, Latino, LGBTQ populations, as well as adolescents identified as having a disability.

Chapter Three

Methodology

Introduction

According to the CDC (n.d. -a), approximately 11 million women and five million men in the United States report experiencing interpersonal violence (e.g., sexual violence, physical violence, or stalking) before the age of 18. In the United States, adolescent interpersonal violence affects all races, ethnicities, socioeconomic statuses, and genders (CDC, n.d. -a). However, there is an inequity of risk and prevalence for some individuals and communities due to the social and structural conditions in which they live, work, and play (CDC, n.d. -a). Black females, students identified with disabilities, and the LGBTQ community are vulnerable populations who are more frequently victimized and substantially impacted by forms of adolescent interpersonal violence (CDC, n.d. -a). The prevalence of abuse among vulnerable populations (e.g., Black, LGBTQ, and students identified as having a disability) is substantial and yet underreported (CDC, n.d. -a).

Many challenges with student and academic behavior stem from the social and emotional struggles often experienced in the community and are brought into the school setting (DeArmond et al., 2021). Students may have experienced varying amounts of trauma from their families, their neighborhood, or from their interactions with others in their can school community (CDC, 2023; DeArmond et al., 2021). Students need resources for creating, maintaining, and recognizing the dimensions of healthy relationships and healthy boundaries. Students need to know where they can get help if something feels uncomfortable, or if they just have questions. Studies show that students benefit from a safe person who is non-judgmental to be a support and a resource, as they

navigate through the various aspects and challenges associated with developing interpersonal relationships (CDC, 2023; DeArmond et al., 2021). These are all key concepts for mitigating various aspects of adolescent interpersonal violence. However, approximately 47% of school leaders only focus on creating safe environments, while less than 31% of school staff focus on teaching students about social-emotional skills (DeArmond et al, 2021).

Education leaders are often overlooked when it comes to creating curricula or developing school policies (Nevenglosky, 2018). The classroom educators themselves are often missing from the conversation (Nevenglosky, 2018). The findings produced by this case study are an opportunity to shed light on the resources needed to mitigate this problem through participants sharing their experiences working with adolescents from diverse backgrounds. Additionally, this research study allows staff to think about how they can get dynamic feedback from students about their needs and wants when talking about healthy boundaries, behaviors, and relationships. Education staff may later seek to analyze the student feedback and to see where there are areas of opportunity. This research intended to identify gaps in the curriculum and promote strategies to help educators teach social-emotional learning skills and healthy interpersonal relationships. The concepts are essential for educators who work with students identified as Black, LGBTQ, and students with a disability (CDC, 2023). More research may need to be done to figure out what resources educators need to feel empowered and be able to be a support for students. Thus, the research question for this study was: *What is the current capacity of school staff to prevent or mitigate adolescent interpersonal violence?* When

seeking to answer this question, it may be helpful to view the education system, educators, and student learning through the lens of relevant theoretical frameworks.

Theoretical Frameworks

Social learning theory, post-structuralist feminist theory, and intersectionality were the theoretical frameworks used as the foundation for this study. Given the research question for this study, *What is the current capacity of school staff to prevent or mitigate adolescent interpersonal violence?*, the first goal was to understand the social and cultural behavior patterns being taught, reinforced, or permitted by educators and education staff within their roles in the school setting. The second goal was to identify the social and cultural power dynamics that allow for adolescent interpersonal violence to exist in the school community. The third goal was to explore if educators or education staff who work with students with multiple vulnerable identities understand intersectionality and whether they have different practices for working with these students than they do for students having only one vulnerable identity. The fourth goal was to use these frameworks to identify preventative measures and intervention strategies that can be used to mitigate the prevalence of adolescent interpersonal violence with all students, especially those from a vulnerable population.

Research Method

The current investigation used a mixed-method study aimed at understanding the prevalence of adolescent interpersonal violence among female adolescents who belong to vulnerable populations. The sample of participants included the staff and educators from various school districts in the Midwest. The adult data collection included an electronically administered survey asking the participants to provide feedback on selected

response items and open-ended questions. Survey items were built from questions in multiple existing surveys. The data analysis examines the quantitative data using some correlational analysis (i.e. regression). The open-ended responses were analyzed for themes.

The research was conducted through voluntary surveys and interviews. School staff members were asked to volunteer to participate. Participants were asked to answer a few demographic questions, rank their experience with varying situations of adolescent interpersonal violence, and respond to a few open-ended questions about their experiences. Participants were also asked to share insights about knowledge, attitudes, and beliefs on adolescent interpersonal violence. Staff members known by the researcher, or referred to participate by someone known by the researcher, were given the opportunity to be interviewed on various concepts related to adolescent interpersonal violence.

There was a specific focus on understanding and addressing healthy and unhealthy behaviors within the school setting. Participants were also asked their views on what types of curriculum and resources they felt were needed to promote healthy boundaries and relationships within their cultural or social communities. The quantitative and qualitative data was synthesized to address the overall research questions. The researcher intended to identify thoughts, attitudes, and beliefs held by the staff on the topic of adolescent interpersonal violence with the hope of empowering them to address the issues within their schools.

It was acknowledged by the researcher that this topic can be uncomfortable, controversial, and challenging to discuss. Thus, this research process was approached

with sensitivity. The goal was to provide a space for participants to safely share their knowledge, ideas, beliefs, and experiences. It was also not the intent of the researcher to simply quantify gaps in the knowledge of the topic or capture episodes of negative experiences with adolescent interpersonal behavior, curriculum, or school policies. As a qualitative researcher, it was acknowledged that each individual's experience was valid and meaningful but also only captured a snapshot of the entire picture. Nonetheless, each experience provided insight into what types of training and resources were needed to mitigate the problem. Their collective stories provided a fuller picture of how the vulnerable population is impacted in large urban school settings. Through the process of this type of qualitative research, the researcher hoped to discover a new way to view and analyze adolescent interpersonal violence from the perspective of the school staff.

Role of the Researcher and Subjectivity Statement

While journeying through this process, the researcher was asked - *Why this topic?* Adolescent interpersonal violence is not something that a doctoral student commonly tackles. The researcher was drawn to this topic because of the personal, social, and professional experiences of working with youth in an urban school district. As a licensed school counselor in a large urban school district in the state of Ohio, many things were seen, experienced, and discussed. In a large urban school district, there are various socioeconomic, systemic, and generational barriers that students face. The researcher had several years of experience working in elementary, middle school, and high school settings.

The researcher was a previous employee of a large urban school district where many study participants were recruited through personal asks and referrals. The benefit of

being a former insider within the research field is that there is an ability to build rapport with staff during the interviews. It may have been easier for staff to share insights with the researcher as a former insider. It may have also helped in understanding the dynamics of the school day, policies, jargon, and unique challenges of working in a large urban school district. However, the goal was to gather staff insights as an outsider or semi-collaborative partner. The role of the researcher was to set up an environment in which staff felt that they could speak frankly, their information would be confidential, and it would not be seen as evaluative or unprofessional because the researcher was a former colleague from the same district.

It was also acknowledged that the researcher identifies as a member of a vulnerable population. As a Black female, who has had some previous experience with interpersonal violence, there may be some bias and challenges in analyzing the data. The researcher is also a parent of a female elementary student. The researcher may be biased in some aspects about wanting to provide solutions and seek answers to questions about how to mitigate the problem. The goal of the research was not to exaggerate the problem in an attempt to prove the validity of the research. The goal was not to become too involved in the data and in the retelling of the stories shared by educators. It is important to shed light on the details of adolescent interpersonal violence. However, it is also ethically responsible to not subject the readers to a vast amount of secondary trauma. Thus, the researcher relied on other contemporary studies to provide balance in the creation of the questions, administration of the surveys, interpretation of the data, and concluding reports.

Data Collection

This research was conducted in a mixed-methods format which included participation data collected through a survey, as well as individual follow-up interviews. The triangulation strategy used by the researcher for this study is methodological triangulation. According to Bhandari (2023), this method is aligned with a mixed-method study and can help to mitigate biases and increase the validity of the work. The strategy used for participant recruitment was non-random convenience sampling. Staff and educators known by the researcher, or referred to participate by someone known by the researcher, volunteered to take a survey and/or consented to virtual one-on-one interviews.

The researcher used Google Forms to create and collect data in a survey format. The questions on the survey served as a knowledge check about various types of adolescent interpersonal violence, statistics of vulnerable populations, and a Likert scale ranking of their capacity to implement mitigation strategies. The research questions and the example of the Google Form are listed in Appendix B.

The educators and staff who chose to participate in a virtual interview were invited to a Zoom meeting. The Zoom platform is a helpful digital tool for the researcher as it has a record, closed caption, audio, and video transcription feature. This platform also allowed for flexibility for the participants to set up their environment for comfort and for them to choose a time that was convenient for them. The Zoom virtual meeting platform has a virtual consent feature that allows the participant to agree to the recording of the meeting.

The survey was given to participants before the interview, while the participant was in the waiting room. The researcher reviewed responses before the interview and used the information to modify the interview by asking additional follow-up questions or clarifying information.

Data Analysis

According to Merriam et al. (2016), when working with qualitative data (e.g., interviews and surveys), the constant comparative method is the method that is most commonly used. This method allows the researcher to use the theory that the research is based upon as a guide to compare themes and create categories found in the data. There was a vast amount of information collected through interviews and surveys that needed to be organized and stored (Merriam et al., 2016). Creating an organizational system is important when capturing vast amounts of data. It is even more important when capturing qualitative data because not everything can fit neatly into a numerical box. There is not only one answer; there are very few similar or standard answers. The process can be somewhat tedious; however, the researcher needs to be able to easily go back through the information and identify appropriate themes and patterns. This piece is just as essential as the initial data collection (Merriam et al., 2016).

The goal was to create a coding system that encompassed all of the information collected through the interviews and surveys. The researcher was aware that there could be some overlap in the ideas and thoughts shared when coding healthy and unhealthy behaviors and staff interactions. The simplest and most efficient method was to categorize the data into the general themes of the overarching research questions: awareness and intervention. However, in qualitative research, the researcher is a primary

and flexible instrument (Merriam et al., 2016). Thus, data analysis is an ongoing and fluid process that begins with the design of the study, adapts, and modifies during data collection. It also allows discoveries to be made and incorporated into the research categories (Merriam et al., 2016).

Interview Protocol

The researcher used a structured, yet flexible, method for recruiting and interviewing participants. The goal was to include participation from staff and educators who worked in a variety of roles within their school systems. Additionally, the goal was to recruit a diverse set of people with varying years of service, race, ethnicity, age, and job titles. The interview recruitment and interview protocol are listed in Figure 1.

Figure 1

Interview Recruitment and Interview Protocol

<p>Interview Recruitment and Protocol</p>
<p>Recruitment</p> <ul style="list-style-type: none"> ● The researcher will email known contacts and share brief information about the study, the Informed consent, the link to the anonymous Google Form survey, and a 45-minute after-school interview process. Staff can choose to complete only the Google Survey or send an email and express interest in participating in the interview. ● If staff members are interested in participating in the interview part of the research study. The researcher will share the consent form and ask them to share or confirm their address, phone number and confirm the Zoom interview time. The researcher will also share with them that the Zoom will be recorded with captions for transcription purposes. <p>Reminder</p> <ul style="list-style-type: none"> ● Before the individual interview, the researcher will send a follow-up email with Zoom confirmation time, a Zoom link, and a copy consent form. The researcher will remind them again that the Zoom will be recorded with captions for transcription purposes. The researcher may also follow up with a reminder text. <p>Interview Session</p> <ul style="list-style-type: none"> ● The researcher will start the individual Zoom session. The participant will initially be in the waiting room and then be admitted into the main room. ● When the participant joins the Zoom session, the researcher will build rapport with them by thanking them for joining and agreeing to participate. The researcher will share brief information about the goals of the study and the interview process. The researcher will ask about and answer questions that the participant may have. ● To maintain confidentiality, the participant will not sign a consent form. ● However, before the start of the Zoom session recording. Zoom will ask the participant to click continue acknowledging that the meeting will be recorded. ● The researcher will record the meeting with captions as an in-the-moment analysis of what is being said in the meeting. ● The researcher will also take short notes as well, just in case the technology fails. ● The researcher will ask the participant the “Staff Interview” questions. Follow-up or clarifying questions may be asked (if necessary) to ensure the essence of the participant's experience is being captured accurately. ● After the semi-structured questions, the researcher will ask if there is any additional information that they would like to convey. ● The researcher will share with them again that their identifying information will remain confidential and that the purpose of this study is for a dissertation. ● The researcher will ask them if they would like a copy of the transcription when it is finished. If they do, the researcher will confirm their email address and give them a time frame when they can expect a follow-up. ● The researcher will end the individual Zoom session. <p>After the Interview Session:</p> <ul style="list-style-type: none"> ● The researcher will review the video and the transcription will occur within 24 hours, and confer with field notes to ensure information is captured as accurately as possible. <p>Other Notes:</p> <ul style="list-style-type: none"> ● The researcher will recruit participants from different grade levels, and send separate emails and Zoom links to maintain confidentiality. However, there is no guarantee that participants will not share their responses with someone else.

Interview Questions

The research interview questions emerged from the initial research categories and themes surrounding the prevention of and mitigation strategies surrounding adolescent interpersonal violence. The first goal was to see what the participants' awareness was of healthy and unhealthy relationships, behaviors, and boundaries exhibited by students in the school setting. The second goal was to explore the staff members' self-reported capacity to teach, promote, or reinforce healthy adolescent relationships, behaviors, and boundaries within their role in the school setting. The research questions and interview questions are listed in Figure 2.

Figure 2

Interview Recruitment and Interview Protocol - Interview Questions

Research Questions	Staff Interview Questions
<p>What characteristics of healthy or unhealthy adolescent relationships are observed by school staff?</p>	<ol style="list-style-type: none"> 1. Describe your role in the school 2. How would you describe characteristics of healthy adolescent relationships, behaviors, or boundaries? 3. How would you describe characteristics of unhealthy adolescent relationships, behaviors, or boundaries? 4. What characteristics of healthy or unhealthy adolescent relationships, behaviors, or boundaries have you observed in your role with students in the school setting? 5. What themes or patterns have you noticed regarding male and female behaviors when it comes to physical, social, or other interpersonal boundaries? 6. What have you observed during unstructured time such as lunch and recess that may indicate patterns of healthy or unhealthy relationships, behaviors, or boundaries? 7. How do you or other staff interact with students during the unstructured time to teach, promote, or reinforce healthy boundaries and behaviors among the student population?
<p>What programs, curriculum, or resources are in place or needed to discuss characteristics of healthy or unhealthy adolescent relationships?</p>	<ol style="list-style-type: none"> 1. How are characteristics of healthy or unhealthy adolescent relationships discussed with students by yourself or other staff? 2. Please describe any school curriculum that is in place to discuss characteristics of healthy or unhealthy adolescent relationships. 3. Please describe any in-school clubs or after-programs that are in place to discuss characteristics of healthy or unhealthy adolescent relationships. 4. Please describe any resources available to students to discuss characteristics of healthy or unhealthy adolescent relationships. 5. Please describe any school policies in place to discuss characteristics of healthy or unhealthy adolescent relationships. 6. What are some ideas that you have about how characteristics of healthy or unhealthy adolescent relationships can be discussed with students?

Ethical Considerations

This research study involved human subjects. This research study was approved by the Institutional Review Board which is responsible for reviewing research involving human subjects. Some of the potential negative consequences that may affect participants, should their identities be known, could be judgments or embarrassment from colleagues or school administrators based upon responses given in the interview. Some of the safeguards that were put into place to protect individual identities included having all participants agree to informed consent. Potential participants received a copy of the informed consent.

Once individuals agreed to participate, participation in the Zoom call was an acknowledgment of, and agreement to, the informed consent. Before the interview, and during the recruitment process, participants were informed of the nature of the research study and the opportunity to participate. Individuals were also informed that they could withdraw their participation from the research at any point in the process. Participants were coded via a numerical and alphabetical system such as “Participant 1A, 2B”. Participants were referred to by their coded number during the compilation of the research data and analysis of the results. Before participation, individuals were also informed of the data security protocols that were put in place to maintain confidentiality throughout the research process.

Data Protocols

There was a brief description of the research study process and the opportunity to participate. The researcher sent out a link to complete the Google Form pre-interview survey to all potential participants. Each participant received an individual email and text

messages, so there was not a thread of people receiving messages, leading to a potential break of confidentiality about who was participating in the study. The researcher followed the interview protocols outlined in Figure 1 above for individuals deciding to participate in the interview part of the research study. Individuals interested in participating in the interview part of the study emailed or texted the researcher directly.

The researcher used a personal email and cell phone to communicate with participants on their specific date, time, and Zoom link. The researcher used a personal computer to administer the Zoom call. This personal computer also created a copy of the transcript. All data collected in the study was saved in a folder with a password on the personal computer. This password was not shared with anyone. Only the researcher had access to the raw data on the personal computer. Three years after the study is completed, all participant data will be deleted.

Summary

The goal of this research was to look at the capacity of education staff to mitigate the prevalence of adolescent interpersonal violence. Educators and school staff have an opportunity to reduce the prevalence of ADV through prevention and intervention strategies in their settings. This impact is crucial for those working with students in the vulnerable populations. The researcher acknowledged there may be some limitations in trying to gain data and information within the study. The information is not expected to be generalizable to a larger population of educators in other school districts. While the number of participants may limit the researcher's ability to make generalizations, the descriptive data deepens the understanding of the capacity of school staff to prevent or mitigate adolescent interpersonal violence. There were no other known limitations.

Chapter Four

Results

Introduction

This chapter presents the findings of the mixed methods case study conducted to answer the overarching research question: *What is the current capacity of school staff to prevent or mitigate adolescent interpersonal violence?* This general question was addressed through the following two research questions:

- *Research Question 1:* What characteristics of healthy or unhealthy adolescent relationships are observed by school staff?
- *Research Question 2:* What programs, curriculum, or resources are in place or needed to discuss characteristics of healthy or unhealthy adolescent relationships?

This chapter includes a presentation of the analyzed data, findings, and categories from the research study. The purpose of this chapter is to demonstrate how the collected data supports the categories. The initial categories remained constant with their initial form. The goal was to uncover what knowledge, attitudes, beliefs, experiences, and resources educators had to prevent or mitigate adolescent interpersonal violence. Through the analysis of the qualitative and quantitative components from Chapter Three, the research data was separated into two categorical findings with subsets under each:

- *Staff knowledge and awareness:*
 - How are healthy and unhealthy behaviors, boundaries, or relationships defined and understood by staff?

- What are the healthy and unhealthy behaviors, boundaries, or relationships observed by staff?
- *Staff capacity:*
 - What are the direct or indirect ways staff can promote healthy behaviors or mitigate unhealthy student behaviors?
 - What are the direct or indirect challenges staff face to promote healthy behaviors or mitigate unhealthy student behaviors?
 - What resources are available for staff to promote healthy behaviors or mitigate unhealthy student behaviors?

Quantitative Analysis

The quantitative part of the research study aimed to gather data and create generalizations regarding the attitudes, knowledge, and beliefs of educators on the topic of adolescent interpersonal violence (ADV). The current investigation is exploring variables in the Education Staff ADV Research Survey, based on a sample of $n= 115$ educator or education staff member self-reported responses. The variables examined were the self-reported role in education, grade band, typology, years in education, age, race, ethnicity, definition of ADV, prevalence of ADV, vulnerable populations, knowledge of ADV, and ability to mitigate ADV. The analysis includes descriptive statistics, basic statistical assumptions of normality and homogeneity of variance, and a Chi Square analysis.

Descriptive Analysis

Demographics of Participants

The results for *topography* reveal that of the educators and education staff participants $n = 88$ (75.5%) work in an urban setting, $n = 19$ (16.5%) work in a suburban setting, $n = 8$ (7%) work in a rural setting (see Appendix A). The results for *grade band* reveal that of the educators and education staff participants surveyed, $n = 46$ (40%) work in an elementary setting, $n = 30$ (26.1%) work in a middle school setting, and $n = 39$ (33.9%) work in a high school setting (see Appendix A). The descriptive statistics for the *role in education* are provided in Table 1.

Table 1

Participants' Role in Education (n = 115)

Role in Education	Frequency	Percent
Building Leadership (i.e., principal, assistant principal, dean of students, etc.)	6	5.2
Certificated Support Staff (i.e., counselor, social worker, nurse, psychologist, etc.)	36	31.3
Classified Support Staff (i.e., bus driver, secretary, intervention assistant, cafeteria staff, etc.)	9	7.8
District Leadership (i.e., teacher on special assignment at more than one building)	14	12.2
Other	4	3.5
Teacher	46	40.0

As indicated above, based on the sample, the largest response level was *teacher* ($n = 46$, 40%), followed by *certificated support staff* ($n = 36$, 31.3%), and then *district leadership* ($n = 14$, 12.2%). There were four respondents who identified their role in education as

Other. This may indicate another type of district specialty job title within the education setting. Table 2 presents the descriptive analysis for *years in education*.

Table 2

Participants' Years in Education (n = 115)

Years	Frequency	Percent
0-4	8	7.0
5-9	27	23.5
10-14	20	17.4
15-19	11	9.6
20 +	49	42.6

As indicated above, 49 (42.6%) respondents had worked in education for 20 or more years, followed by 27 (23.5%) having worked in education for five to nine years, and 20 (17.4%) having worked in education for 10 to 14 years. Table 3 presents the descriptive analysis for *age*.

Table 3

Age of Participants (n = 115)

Age	Frequency	Percent
21- 29	7	6.1
30-39	34	29.6
40- 49	30	26.1
50- 59	36	31.3
60+	8	7.0

As indicated above, 36 (31.3%) respondents reported being between the ages of 50-59 years old, followed by 34 (29.6%) indicating they were 30-39 years old, and 30 (26.1%)

reporting they were 40-49 years old. Table 4 presents the descriptive analysis for *race/ethnicity*.

Table 4

Crosstabulation of Race/Ethnicity (n = 115)

Race/Ethnicity	Hispanic or Latino	Not Hispanic	Frequency	Percent
Black or African American	1	49	50	43.5
Multiracial	1	4	5	4.3
White/Caucasian	2	58	60	52.2

As indicated above, 60 (52.2%) identified as White or Caucasian, followed by 50 (43.5%) identifying as Black or African American, and five (4.3%) identifying as Multiracial. There were only a few respondents (*n* = 4) who indicated that they were Hispanic or Latino.

Perceived Awareness of Adolescent Interpersonal Violence

In the Education Staff ADV Research Survey, additional questions were asked to assess the knowledge of educators and education staff on the topic of adolescent interpersonal violence. The goal was to uncover how education staff defined and understood various dynamics of healthy and unhealthy behaviors, boundaries, and relationships. Table 5 presents the survey responses for *examples of adolescent interpersonal violence*.

Table 5

Examples of Adolescent Interpersonal Violence

Examples of ADV	Frequency	Percent
Hitting, kicking, or other types of physical force	93	80.9
Unwanted Sexual Touching	98	85.2
Unwanted Sexual Behaviors (e.g., sexting or sharing photos without permission)	93	80.9
Pattern of unwanted Attention and non-physical contact causing fear	89	77.4
Verbal Abuse	89	77.4
Emotional Control	86	74.8
Bullying and Harassment	95	82.6
Exclusion or Ignoring Someone	51	40.3
Calling a person 1 time and hanging up	9	7.8

Educators were asked to select all of the items that they deemed to be examples of a type of adolescent interpersonal violence. After reviewing the summary results from the Education Staff ADV Research Survey, a table was created to highlight the frequency of behaviors identified by educators and education staff. The original graphical depiction of this question from the Education Staff ADV Research Survey (see Appendix C).

According to the CDC (n.d.-d), behaviors such as hitting, kicking, or other types of physical force; unwanted sexual touching, photos, or sexting; verbal and emotional control; patterns of repeated and unwanted attention or contact by a previous or current partner that causes safety concerns are examples of adolescent interpersonal violence. As indicated above, 98 (85.2%) respondents identified examples of adolescent interpersonal violence as unwanted sexual touching, 95 (82.6%) identified bullying and harassment, 93

(80.9%) identified hitting, kicking, or other types of physical force, and 93 (80.9%) also identified unwanted sexual behaviors. Table 6 presents the descriptive analysis of the prevalence of high school students experiencing physical or sexual types of adolescent interpersonal violence.

Table 6

Prevalence of High School Students Experiencing Physical or Sexual Types of Adolescent Interpersonal Violence (n = 115)

What is the prevalence of high school students experiencing physical or sexual types of Adolescent Interpersonal Violence in the U.S.?	Frequency	Percent
1 in 12	43	37.4
1 in 18	15	13.0
1 in 27	4	3.5
1 in 4	53	46.1

Educators were able to select their perception of the prevalence of high school students experiencing physical or sexual types of ADV in the United States. According to the CDC (n.d.-d), approximately one in 12 experienced physical or sexual dating violence.

As indicated above, 53 (46.1%) respondents identified that the prevalence of high school students experiencing physical or sexual types of adolescent interpersonal violence was one in four, followed by 43 (37.4%) selecting one in 12 (see Appendix D). Table 7 presents the descriptive analysis of the three most vulnerable populations for experiencing adolescent interpersonal violence.

Table 7

Descriptive Analysis: Three Most Vulnerable Populations for Experiencing Adolescent

Interpersonal Violence (n = 115)

Who are the three most vulnerable populations for experiencing Adolescent Interpersonal Violence?	Frequency	Percent
White	15	13
Black or African American	87	75.7
Asian	10	8.7
Native Hawaiian or Other Pacific Islander	4	3.5
Multiracial	34	29.6
Gifted Learners	1	.9
Students with a Learning Disability	86	76.5
English Language Learners	15	13
LGBTQ	100	87
Student Athletes	9	7.8

Educators were asked to select what they thought were the three most vulnerable populations for experiencing adolescent interpersonal violence. Research has shown that there is a higher risk of being in a violent interpersonal relationship when adolescents are also a member of a highly marginalized population, such as those who identify as Black, LGBTQ, or are diagnosed with a disability (Basile et al., 2020; CDC, n.d.-a; East & Hokoda, 2015; Mitra et al., 2013; The White House, 2022). As indicated above, 100 (87%) respondents identified LGBTQ students as a vulnerable population experiencing adolescent interpersonal violence, followed by 86 (76.5%) identifying students with a learning disability, and 87 (75.7%) identifying Blacks or African Americans.

Statistical Analysis

The two variables of interest were the reported level of knowledge respondents felt they had on the topic of adolescent interpersonal violence and the reported level of confidence respondents felt about their ability to prevent or mitigate adolescent interpersonal violence. Table 8 presents the statistical analysis for: *how knowledgeable do you feel about the topic of adolescent Interpersonal Violence?*

Table 8

Perceived Knowledgeable of ADV (n = 115)

How knowledgeable do you feel about the topic of Adolescent Interpersonal Violence?	Frequency	Percent
Completely Unknowledgeable	1	0.9
Slightly Unknowledgeable	7	6.1
Neither Knowledgeable nor Unknowledgeable	35	30.4
Slightly Knowledgeable	42	36.5
Very Knowledgeable	30	26.1

As indicated above, the majority of educators rated themselves as a four, where one was feeling completely unknowledgeable, and five was feeling very knowledgeable on the topic of adolescent interpersonal violence. Based on the sample, 42 (36.5%) participants indicated they felt knowledgeable about the topic of ADV, 35 (30.4%) participants felt somewhat knowledgeable, and 30 (26.1%) participants felt very knowledgeable, while seven (6%) participants felt somewhat unknowledgeable. There was one (.09%) respondent who felt completely unknowledgeable on the topic of adolescent interpersonal violence (see Appendix F). Table 9 presents the statistical analysis for: *how confident do you feel about your ability to prevent or mitigate Adolescent Interpersonal Violence?*

Table 9

Perceived Ability to Prevent or Mitigate ADV (n = 115)

How confident do you feel about your ability to prevent or mitigate Adolescent Interpersonal Violence?	Frequency	Percent
Completely Unconfident	2	1.7
Slightly Unconfident	11	9.6
Neither Confident or Unconfident	53	46.1
Slightly Confident	33	28.7
Very Confident	16	13.9

As indicated above, 53 (46.1%) educators rated themselves as a three (i.e., *neither confident or unconfident*). Thirty-three (28.7%) participants felt *somewhat confident*, and 16 (13.9%) felt *very confident*. Eleven (9.6%) educators felt *somewhat unconfident*. There were two (1.7%) respondents who indicated that they felt *completely unconfident* about their ability to prevent or mitigate ADV.

Statistical Assumptions

Since both variables were categorical, a Chi-square test of independence was deemed the most appropriate analysis to address the research question. All observations were independent, and all cells were mutually exclusive. The crosstabulations indicate that not every cell had at least five participants meeting that value. Therefore, caution should be observed when interpreting the results. Table 10 presents the crosstabulations for knowledge of ADV and confidence to prevent or mitigate ADV.

Table 10

Crosstabulations for Knowledge of ADV and Confidence to Prevent or Mitigate ADV (n

= 115)

Knowledge of ADV and Confidence to Prevent or Mitigate	Completely Unconfident	Slightly Unconfident	Neither Confident or Unconfident	Slightly Confident	Very Confident
Completely Unknowledgeable	1	0	0	0	0
Slightly Unknowledgeable	0	5	1	1	0
Neither Knowledgeable nor Unknowledgeable	1	3	26	5	0
Slightly Knowledgeable	0	2	18	20	2
Very Knowledgeable	0	1	8	7	14

Given that several of the cells did not have at least five participants meeting the value, the lowest two values of each variable were condensed (i.e., completely unconfident/slightly confident and completely unknowledgeable/slightly unknowledgeable). Additionally, the highest two values of each variable were condensed (i.e., very confident/confident and very knowledgeable/knowledgeable). Table 11 presents the crosstabulations for knowledge of ADV and confidence to prevent or mitigate ADV.

Table 11

Modified Crosstabulations for Knowledge of ADV and Confidence to Prevent or Mitigate

ADV (n = 115)

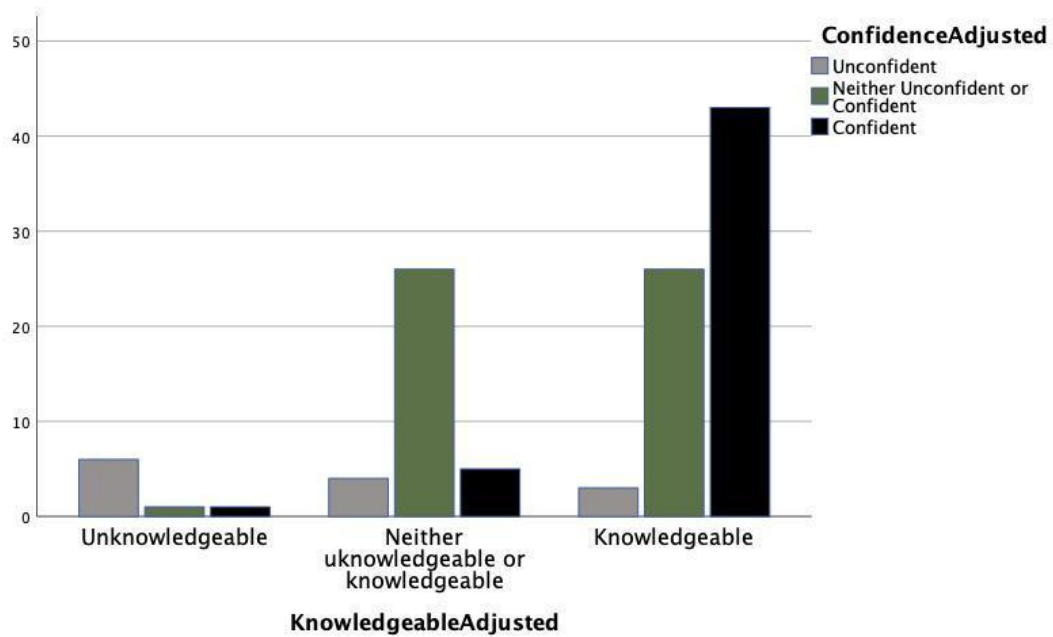
Knowledgeable Adjusted and Confidence Adjusted	Unconfident	Neither Unconfident nor Confident	Confident
Unknowledgeable	6	1	1
Neither unknowledgeable nor knowledgeable	4	26	5
Knowledgeable	3	26	43

Results

The results of the Pearson’s Chi-square analysis indicates that there is a significant association between the reported knowledge of ADV and the reported confidence to prevent or mitigate ADV, $X^2 (4) = 54.75, p = .000$ (see Appendix E). A graphical image illustrating this association is provided in Figure 3.

Figure 3

Chi-Square Chart for Adjusted Knowledge of ADV and Confidence to Prevent or Mitigate ADV



Conclusion

The current investigation examined the association between education staff’s reported knowledge of adolescent interpersonal violence and reported confidence level to prevent or mitigate adolescent interpersonal violence. The results indicate that there is a statistically significant difference between the levels of perceived knowledge and perceived confidence. Most noteworthy is that the level of confidence to prevent or mitigate adolescent interpersonal violence is not consistently predicted by the level of perceived knowledge of adolescent interpersonal violence. However, it appears that for most educators, the level of perceived confidence increases as the level of perceived knowledge increases.

Qualitative Analysis

Introduction

The Education Staff ADV Research Survey provided a collective and quantitative glimpse of the knowledge, attitudes, and beliefs on adolescent interpersonal violence held by many educators. The qualitative portion of the research aimed to capture detailed reflections from educators about their attitudes, knowledge, beliefs, and experiences. Education staff who participated in the individual interviews were able to fully describe their thoughts, feelings, stories, questions, and ideas on adolescent interpersonal violence. With the guided questions outlined in Chapter Three of the research study, the education staff was able to provide a thorough narrative about their current capacity within their respective roles in their school buildings and school districts to prevent or mitigate adolescent interpersonal violence. The quantitative survey data is compared and contrasted with the qualitative information shared in the interviews.

The following sections detail a compilation of staff knowledge, attitudes, beliefs, and understanding of healthy and unhealthy behaviors, boundaries, and relationships regarding adolescent interpersonal violence. Additionally, staff shared their capacity, resources, and challenges related to preventing or mitigating adolescent interpersonal violence within their respective educational roles and settings. This gave the researcher a more complete understanding of the scope of the problem and the resources needed to support all students, especially those from vulnerable populations, on adolescent interpersonal violence.

Participants

All 115 participants from the quantitative portion of the survey were eligible to volunteer to participate in the qualitative portion of the research study. Thirteen educators and education staff members volunteered and participated in an individual interview through Zoom. The participants represented a cross-section of the demographic population of the staff in the education field. They represented rural, suburban, and urban typography. They identified themselves as teachers, certificated support staff, classified support staff, building principals, and district-level teachers on special assignments. The education staff represented a cross-section of the races and ethnicities of those who had participated in the quantitative survey. The educators also represented a range of experience working in the education setting. Table 12 is a visual representation of the demographics of the qualitative interview participants.

Table 12

Demographics of Qualitative Interview Participants

Role	Grade Band	Focus Area	Typography	Years in Education	Race/Ethnicity	Sex
Teacher	Elementary	4 th grade	Suburban	0-5	White	Female
Teacher	Elementary	5 th grade/ELA and Social Studies	Urban	20+	White	Female
Teacher	Elementary	3 rd grade	Urban	6-10	Black	Female
Teacher	Elementary	1 st grade	Urban	6-10	Black	Female
Teacher	Middle School	Gifted ELA; Split between two buildings	Urban	20+	Black	Female
Teacher	Middle School	7 th grade Science	Suburban	6-10	White	Male
Principal	Middle School	-	Suburban	20+	Black	Male
Paraeducator	Middle School	7 th and 8 th grade, Multiple Handicapped	Rural	11-15	Black	Female
School Social Worker	Middle School	Split between two buildings	Urban	11-15	Black	Female
Teacher	High School	Social Studies	Urban	20+	Hispanic	Male
Teacher	High School	9 th ; 12 th grade, Social Studies	Urban	0-5	Black	Female
School Counselor	High School	9 th ; select 12 th graders	Urban	0-5	Black	Female
Teacher	Districtwide	Currently a teacher on special assignment as a district mentor for 20 teachers	Urban	20+	White	Female

Staff Knowledge and Awareness

What are healthy behaviors, boundaries, and relationships as described by education staff?

In the Education Staff ADV Research Survey, educators did not have an opportunity to describe the attributes of healthy behaviors, boundaries, and relationships among adolescents. In the interviews, educators reflected and shared the behaviors they deemed ideal for students, even if they had not observed them. This information could be useful for educators to explore, as they frame their ideas on promoting or reinforcing healthy behaviors, boundaries, or relationships. Educators' responses are summarized into three categories: social interaction, self-awareness, and interpersonal communication.

Social Interactions. Educators noted that students who display self-confidence, self-advocacy, and self-control are generally engaged in healthy boundaries, behaviors, and relationships. A middle school educator shared that *“kids who are engaged in learning... confident and happy”* are students who have healthy behaviors. Educators feel that students with these character traits tend to be respectful towards adults, caring, and considerate towards their peers; they are generally aware of their boundaries in relationship to others and shift behaviors when issues arise. An elementary teacher captured that students *“who can understand social cues and have a sense of empathy”* tend to be the most aware and respectful of their peers' boundaries. Another elementary teacher shared a similar idea that *“a healthy social interaction is [an] ability to adapt to different social environments.”* She further elaborated that students are *“not as quick to... have a negative response to things,”* especially in *“stressful situations”* because they have better coping strategies. A teacher on special assignment shared that the ideal

healthy behaviors are *“kids supporting [each other...doing positive things for each other ... without the teacher ...prompting [them] ..., [basically] kids caring about other kids.”*

Self-Awareness. Educators believed students benefit from being aware of their thoughts, emotions, and feelings. Students who display healthy communication can verbalize when their emotions, thoughts, and feelings become too much to handle alone. A middle school teacher shared, *“kids who are able to communicate when they are not healthy... and say I’m sad because of this ... that’s healthy.”* The school counselor shared, *“Students who say we need to have a conversation... show a lot of emotional intelligence and maturity.”* However, most educators note that not all adolescents are at the point of maturity and emotional intelligence needed to exhibit the ideal healthy behaviors and boundaries.

Interpersonal Communication. Education staff reported that communication is an essential healthy behavior. An elementary teacher described having good communication as *“being able to connect with peers and negotiate opportunities for play,”* expressing boundaries and comfort levels. Another elementary teacher specifically defined healthy verbal behaviors as:

...setting your own physical space, your own bubble... saying what makes you feel comfortable and uncomfortable... being able to tell friends or acquaintances or classmates or adults, anyone in your life what makes you comfortable and uncomfortable with those boundaries.

Educators described healthy communication as students who can communicate with an adult when they need help. These times represent when a student may have needed help with a situation outside their control. Educators want to be supportive of

students and help them solve conflicts before they turn into a fight. However, all staff acknowledge that students build self-confidence through resolving peer conflicts. An elementary teacher noted that it is a healthy behavior for students to be *“able to problem solve conflicts with relationships on their own...if they get into a fight with a friend on the playground, instead of going directly to an adult or teacher, they can work through conflict resolution steps independently.”*

Students need all of these skills when navigating relationships with peers. A high school teacher shared that *“a healthy adolescent relationship... involves open dialogue... conversation[s], understanding, and a mutual respect for other humans.”*

Communication in a healthy relationship is *“non-secretive,”* stated another high school teacher. He further explained, *“Caregivers should be included in knowing about what is going on in the relationship. If it has to be a secret, then it’s probably not that healthy.”*

Students who feel like they cannot share the simple details of their relationship are vulnerable to being hurt, taken advantage of, or controlled by another person.

What are unhealthy behaviors, boundaries, and relationships as described by education staff?

Participants described their attitudes and beliefs about what classified unhealthy behaviors, boundaries, and relationships among adolescents. This was not an assessment of what they observed; rather, it represented what they deemed would be an issue for students. Educators highlighted three concerns: reading social cues, self-concept, and adult interactions.

Reading Social Cues. Educators and education staff reported unhealthy behaviors (e.g., not being able to read others) and emotional and social cues (e.g., students who

cross boundaries without any regard for another student's feelings or personal space). Educators shared, *“students who aren't able to notice when they can [make others] uncomfortable through the words they're saying or a physical touch.”* This could be using hurtful words, name-calling, and other verbal abuse. The school counselor shared her concerns for students *“unawareness of each other's boundaries and feelings... like they're playing and [think it] is funny and not recognizing that whoever it is [that] they're interacting with is getting upset.”*

Self- Concept. Most often, educators reported that unhealthy behaviors include physical violence, such as *“pushing, hitting, and fighting.”* Some students intentionally *“trigger other people or even conversation”* and know other students have a hard time *“blocking out negative things,”* shared an elementary teacher. Educators shared that some students like the *“drama”* and intentionally get students upset to see their reactions. Many educators also expressed concerns over the inappropriate use of social media and digital devices stating that it was the root of most displays of unhealthy behavior. One middle school teacher described unhealthy behaviors as *“negative self-talk, self-hate, and an overwhelming dislike for how their body looks,”* which the teacher reported as being *“influenced by the media.”*

Adult Interactions. Educators shared concerns for student and adult interactions. Teachers shared that over the years, students have increasingly displayed very challenging behaviors and verbal aggression toward adults. A paraeducator shared, *“Authority is not there as [the] respect of here comes the teacher, let me move to the side.”* She highlighted, *“students would bump into [her] as if [she was] a student as well.”* The paraeducator noted, *“language...in the hallways... is very inappropriate,*

sometimes vulgar.” She considered having students and adults try to work and learn in this type of environment on a “*daily basis*” as unhealthy. A teacher on a special assignment felt that students are generally impacted by “*a lot of influences*” including the “*teacher structure and [the way the teacher] manages the classroom... school behavior culture...and home.*” During the interviews, many educators found it easier to share stories of unhealthy conversations, situations, and events that they had observed.

What are healthy and unhealthy behaviors, boundaries, and relationships observed by education staff?

The responses in this section are categorized into four themes: friendships, social media, students with disabilities, and dating relationships.

Friendships. A teacher on a special assignment shared, “*in everything that [she has] seen...kids are supportive of each other.*” The teacher added that she has observed kids “*helping a new student,*” friends taking a lost “*book to their next class for them*” and “*walking down the hall with their arm around a friend... in a friendly way.*” However, that teacher also shared that she has seen “*the negative side... fights, bullying, posting stuff, calling each other names... and passing pictures around.*” An elementary teacher shared that when problems arise, they typically surround social experiences of “*how to be a friend.*” Many participants shared their concerns about the ways that students treat their friends. Educators notice that some students display unhealthy behaviors with their peers such as aggressively playing at recess, teasing, name-calling, and spreading rumors about their friends. The school counselor stated that “*friends will fall out over small things because somebody pushed or went below the belt or says something offensive about a family member... not recognizing where their friend's*

triggers are.” Students may fear the negative repercussions of ending an unhealthy friendship. They may continue to “*want this person to remain their friend and they don’t want this person to turn on them like they’ve been turning on others in the school building.*” shared an elementary teacher.

Some educators observed a difference between healthy and unhealthy behaviors by age or grade level. An elementary educator reported that as “*students enter 5th grade, the unhealthy behaviors start to surround physical touch issues and physical aggressiveness with the boys.*” Students tend to “*hang out with same-sex peer groups,*” highlighted an elementary teacher. However, a concern is how boys tend to interact with girls in unstructured situations. Another elementary teacher shared that some males may give “*hugs that last too long and squeeze too tight.*” The female “*students feel uncomfortable with these hugs but do not always say anything for fear of being unliked,*” reported the elementary educator.

One middle school educator described a noticeable difference “*between those students entering sixth grade and those leaving for ninth grade. It’s a thing of immaturity or puberty that impact[s] how students behave in the school setting.*” Other educators noticed behavior differences for students by gender and age. A middle school teacher shared, “*sometimes it’s a competition for males to see how many butts they can smack*” during a designated week in school. The teacher additionally stated that for some female students, it was a sense of peer pressure and competition “*to see how many times their butt would be smacked and by which cute boys.*” A high school teacher shared:

It's interesting to look at freshmen and then turn around and look at seniors... because of the maturity [difference] for freshman, there's still a lot of hitting, and touching, and name calling, and tattling. For seniors, you don't see that.

The high school teacher further added that there has been a shift in the “boundaries” in peer relationships. The high school teacher noted students had better social boundaries “not just pre COVID” but used to exhibit better boundaries “pre-social media [that] are not there now.” The high school teacher added that students lack “an understanding of talking to other humans... and how you communicate with other humans.” Another high school teacher shared:

They're also different human beings, [with a] different personality. They came with different experiences and ...that was pre-Covid, so Covid has an effect on... students and how they interact...you have students who not so exceptionally supportive and loving of one another.

Social Media. An elementary teacher shared her concerns about a student who conversed with an unknown person on social media. A fourth-grade student in her class had been communicating with an “internet friend who he had been playing games with,” stated the teacher. The elementary teacher became curious about the anonymous friend and asked questions such as “Had [the student] ever met this person in real life?” The teacher further explained that she “contacted his mom... so that she could have a conversation with him and dig deeper.” The experience was unnerving for the elementary teacher, as she shared it “stuck with me... because if mom didn't know he was communicating with someone online who could very well be an adult. That's not good.”

Educators who work in middle and high schools also shared that they are most concerned about how students use the internet and other digital media to engage in unhealthy behaviors. *“Social media things are the root of a lot of the conflicts,”* stated a school social worker. Group chats and text messages were often *“a source of confusion and misunderstanding”* amongst students, reported one high school teacher. A high school teacher said students needed to *“constantly be on alert”* by responding to text messages, engaging in group chats, and being up-to-date with social media posts. One middle school teacher shared how students can use *“social media to intimidate or body shame female students by commenting on their body or clothing.”* A middle school principal reinforced the same ideas by stating that *“groups of girls”* would get together in the morning to check each other’s outfits following the *“daily look”* posts that were shared on social media. *“If a student did not have items to match the daily look other students in the group would provide them with the correct attire necessary to fit in for the day,”* reported the principal.

Educators shared that students also use social media as a way to draw attention to themselves and to embarrass other students. Educators shared that students do not understand the permanency of posting something online. One high school educator added that students do not understand that *“just because they delete something, doesn’t mean it goes away.”* One middle school teacher stated that some students have been recording students doing seemingly *“normal things like eating or just sitting in class without their permission, just as a joke.”* A middle teacher shared that on lunch duty, he has observed *“goofy little seventh graders [airdrop] a picture of their neighbor eating... and just somehow sends it to everybody that has airdrop open... I would say that’s unhealthy.”*

Other teachers shared how students will plan and “*record fights*” in the bathroom, on the bus, and in the hallways during class changes. Students post these images on various social media pages to get “*likes*” and gain what “*they think is positive attention*” from their peers, stated another teacher. A few educators were concerned about how many students were using their cell phones to “*airdrop unsolicited pornographic images to the entire school.*” A middle school teacher shared how girls “*have allowed themselves to be recorded participating in sexual acts on the bus.*” The teacher shared that these girls thought this would make them more “*popular with the cute boys.*”

One middle school educator shared how some teens are so influenced by the shows, images, and behaviors of social media that they almost have no concept of how inappropriate things are. The teacher stated that certain behaviors seem normal. Students want to “*imitate what they see on television or social media whether it’s good or bad.*” The teacher shared how there is one young lady who “*wear[s] her clothes in tight, tight manner and she also desires to be a teen mom.*” The girl shared with the teacher that she has seen many episodes of the popular reality TV show and hopes to someday be a part of the cast of “*16 and pregnant.*” According to that middle school teacher, the student has been engaging in various sexual behaviors and “*being overly sexually sexualized because she’ll make a comment about... see[ing her] boyfriend this weekend and he’s in high school.*” Adding to the level of concern is the information that the student has shared with the teacher about her peer influences. “*She even introduced me to one of her current eighth grade friends who thinks she’s pregnant, and who would get an abortion because this would be her second abortion.*” The teacher shared that she tries to ask

questions, listen, and build relationships with the students in hopes that they can discuss alternatives for their risky behaviors.

Students with Disabilities. Teachers shared that some students may target students who have a disability, knowing that they may not fully understand social cues and just want to fit in. Students do not realize that other students are not including them, and they are actually playing tricks on them. According to a high school teacher, students *“air dropped [a]...picture of [a] young man go[ing]to the bathroom. He’s what you would call on the spectrum, and so they thought they were doing something funny recording him... which it wasn’t.”* The teacher shared her sentiments on the differences between pranks when she was growing up and what students are engaged in today. The teacher shared that students do not understand *“you could take a picture, and air drop it to 50 people. and it’s out there. and you can’t get it back. with the Polaroid, you could just take that Polaroid, throw it in the fire, and you’re good.”*

A paraprofessional further discussed that due to students who have a disability not fully understanding *“what the feeling...was going on with their bodies,”* they may display inappropriate sexual behavior such as *“touching themselves because...being at that age.”* The paraeducator shared that she discussed her concerns with the principal, and the response was *“just let them go to the bathroom and handle it.”* The paraeducator shared that when she followed up with parents about the concern, they responded, *“we’ve been seeing it at home... we’re at a loss just like you are.”* The teacher mentioned how students with disabilities, their teachers, and parents struggle with programs that could help them through this transition. Educators shared that students with disabilities have also been caught watching pornography on their Chromebooks in class. A teacher on

special assignment remembered an incident when two special education students were caught *“having sex with each other in the hallway.”* Teachers have shared in these situations that the administration encouraged teachers to handle it. Educators working with special education students want a resource to teach appropriate behaviors to students in their classrooms. The paraprofessional shared that her higher-functioning student with *“downs-syndrome”* will pass notes in general education classes, like art, because *“she’s saying she has a boyfriend... and she wanna kiss him.”* These types of statements from students have caused alarm and concern from parents and educators alike.

Dating Relationships. It should be noted that dating is used in the section to refer to students engaged in a romantic interpersonal relationship. Educators have shared that the status of the relationship is often unclear. Students may be in an intimate peer-to-peer relationship with more than one person and will not use formal labels to describe either. A high school teacher added that technology has been used to reinforce *“toxic negative ... controlling behaviors amongst adolescent relationships.”* The teacher shared that many of the adolescent relationships are already so *“highly sexualized that students will sneak off to the back hallway to have sex.”* However, what concerns the teacher is not just the sexual encounters, it is also the emotional and psychological nuances of adolescent interpersonal relationships. The teacher has observed a *“heightened level of anxiety and nervousness among students as their cell phones are used to track the whereabouts of their significant other.”* The high school teacher shared that some unhealthy relationships were centered around *“controlling various aspects of another student’s life.”*

A high school teacher shared that subtle “*controlling behaviors*” were exhibited in high school relationships. A student may consistently “*walk their partner to class... to keep them from having an opportunity to talk with anyone else,*” the teacher reported. Students may try to separate their partner from hanging out with friends and having any other connections at school. The teacher shared that the relationship could become “*very all-consuming and very unhealthy.*” Then, “*if the relationship ends badly things get even worse,*” stated the high school teacher. The former partner may have the mentality “*if I cannot be with you then no one will,*” said the teacher. The former partner will post negative things about the other person online or in group chats, spread rumors, or disclose embarrassing intimate details about the relationship. One teacher shared that the former partner may “*airdrop naked photos*” of their peer to the entire school. The teacher shared that “*revenge porn is huge in high school.*”

Other teachers shared concerns about the “controlling behaviors” exhibited in adolescent relationships. Although not all relationships that ended negatively resulted in “*revenge porn,*” many educators shared that they have heard about a few that did. The high-school teacher shared the concern that when a relationship ends, students do not seem to be able to “*let it go.*” A middle school social worker added, students have “*no filter and [are] just saying whatever comes to mind with the intention of hurting the other person.*” The high school teacher added that students seem to act as though the other person cannot engage in a casual or romantic “*relationship with anyone*” else and may invite other friends or relatives to engage in physical fighting, exclusionary, or other acts of aggression.

Educators have shared that there are no boundaries or gender rules when it comes to physical or verbal aggression. The social worker shared that *“male students are being very disrespectful to female students and sometimes even engaging in fights.”* A high school teacher shared concerns about the *“physical fights”* that happen after students are no longer involved in interpersonal relationships and that *“girls will fight boys.”* This was very concerning to the teacher, especially given the physical size and dominance that male students that age have over female students.

Staff Capacity

What are the direct or indirect ways that staff can promote healthy or mitigate unhealthy student behaviors?

The responses in this section are categorized into the themes of community building, intentional conversations, support staff, clubs, and programs.

Community Building. Almost all of the educators in the study stressed the importance of promoting healthy behaviors through building relationships with students. *“Once a student feels as though they can trust you, they will listen to what you have to say because they know you have their best interest at heart,”* shared one elementary teacher. Many elementary educators reported that they like to embed the teaching of healthy behaviors by using character themes. An elementary teacher specifically purchases *“books that have a character that students can relate to...”* when trying to incorporate character education into the curriculum. The teacher shared that each month, the school will have a *“different theme related to character traits and development.”* The elementary teacher shared that she regularly uses *“Character Counts, [themed] books,*

PBIS, morning meetings, the beginning of the year check-ins, reminders after winter and spring break” to promote and reinforce healthy student behaviors.

Another elementary teacher shared that she has “*morning meeting and community time of checking with students,*” allowing them to check in with her about issues or concerns before they start their day. The teacher shared that occasionally the simple questions of “*How do you feel?*” will elicit a more vulnerable response, and students may share feelings of discomfort or unease. The elementary teacher shared that this is an opportunity to build “*metacognition.*” She prompts this self-awareness in students by further asking “*What can we do to make sure we can keep moving forward?*” The teacher has also taken those opportunities to remind them “*it's okay to feel this way*” and provide them with positive coping strategies starting with “*Here is what we are going to do to make sure that we can move forward.*” During unstructured times of lunch or recess duty, the elementary teacher will monitor the behavior and will check back in with students to remind them that they “*are in control of [their] actions.*” This elementary teacher collaborates with colleagues to let them know that “*check-ins*” are not just for students in her current class; she also has a good relationship with former students and allows them to check in as an alternative to discipline for unhealthy behaviors.

Intentional Conversations. Many educators highlight that they do not always intentionally focus on preventative conversations in middle or high school about what constitutes healthy and unhealthy behaviors amongst friends, in relationships, and how to set boundaries. Typically, intentional conversations are had “*after an incident occurs*” with social media or amongst peer groups, and “*students are brought to administration for discipline,*” shared a middle school principal. The principal added, “*there kept being*

a number of incidents with inappropriate touching, public displays of affection, and the spreading of rumors.” School leaders have decided to have intentional conversations with students about healthy behaviors, boundaries, and interpersonal relationships. Some schools have collaborated with community health partners to facilitate a workshop for students about sexual education, human trafficking, and staying safe online. However, many educators state that the programs were not designed to be effective at meeting students’ needs throughout the year. Educators would have liked students to have opportunities to engage in the pieces of training over a longer period of time, in small group settings, and with opportunities to ask questions without fear of embarrassment from their peers.

A middle school principal stated that he specifically asks to *“speak to the father”* when making calls home to share male concerns with the caregivers. He shared that he does not want to disrespect the mother or keep information from her; however, the middle school principal feels that having a man-to-man conversation with a student could be more beneficial to building a positive relationship and getting a student to embrace more healthy behaviors.

A high school teacher prefers *“an open-door policy”* where during lunch or *“free periods...students can just hang out and chat.”* By keeping this as an *“open space,”* he said he is also *“creating the opportunity for students to feel comfortable having conversations and asking questions.”* In high school, he wants to support students on their journey to adulthood but wants them to *“be safe and make good choices.”* Another high school teacher shared that she tries *“to connect with students' own terms”* by listening and *“asking questions about how they feel about different things.”*

Occasionally, she will invite seniors to come during a different class period and “*hang out in her freshman class*” intentionally having certain students connect. The high school teacher stated, “*The freshmen look up to seniors and will listen more from their perspective.*”

Support Staff. Educators shared that some of the unhealthy behaviors are not always observed in class and may occur during less structured times of the day such as during class changes in the hallways, lunch and recess, or after dismissal. It is during these times that all staff members work to promote healthy behaviors, even when students may not necessarily be on their caseload. A middle teacher shared that in her transition between buildings, she noticed that the school resource officers would intervene with certain students during recess. The middle school teacher also added that all staff have the opportunity to reinforce positive behaviors from the custodian to the cafeteria workers because “*a lot of times they have the best relationships with some of the most challenging kids.*” All of the educators shared that while they believe in the importance of teaching healthy boundaries, behaviors, and relationships, they felt that there are other barriers to being able to fully teach the concepts within the scope of their practice. An elementary teacher shared:

If they are having a conversation with me, it's usually pretty superficial. If it gets too deep or too personal, that's when I usually tend to refer them to the school counselor because I feel [that] one, she has the time to actually sit and listen to them... but she also has the resources that are available to provide any assistance if it's not good.

Educators often shared that they relied heavily on the school counselor for teaching appropriate behaviors. They shared that the school counselor comes into their classrooms with lessons about character education. Some educators have the opportunity to partner with a social-emotional learning coach who is a teacher on special assignment that is responsible for collaborating with the building leadership teams to support the needs of the students in that region of the school district. Educators shared that depending on the number of support staff in a building, some students may receive “*small group*” support or “*pull-outs*”. The support staff typically available for these pull-outs or small groups were school counselors and school social workers. While educators appreciate the additional support, it was shared that often these students are typically invited to the group for attendance, behavior, academic, or other challenges and not directly related to promoting healthy relationships with peers.

Clubs and Programs. Teachers shared other school-wide resources for promoting healthy behaviors such as in-school clubs and after-school programs. A high school teacher shared his thoughts on school-wide or grade-level programs as “*Those are some easy things I think you could do but then... I don't know how effective something like that would be... something you could do [just] to raise awareness around these issues.*” When asked about the program dynamics and topics, educators shared that they think the programs are beneficial for students to connect. However, educators were not sure if, or how, the curricula relate to healthy adolescent relationships. One middle school teacher, at the request of his students, helped to create a student-led club in which “*ambassadors could request speakers or guests come in to share information on certain topics.*” These students were also adamant about “*surveying their classmates and getting*

feedback” for topics that mattered to them. The middle teacher added that the students wanted “*to support*” other students and help them discuss topics surrounding healthy boundaries and relationships.

What are the direct or indirect challenges that staff face to promote healthy or mitigate unhealthy student behaviors?

Educators were asked to describe the various challenges that they directly or indirectly face when it comes to discussing adolescent interpersonal violence. Educators' responses are summarized into three categories: curriculum, program participation, and interpersonal communication.

Curriculum. One of the biggest challenges that educators face in trying to promote healthy, or mitigate unhealthy, student behaviors is that there is no specific curriculum that their schools have adopted. Educators do not feel that the content that they teach provides a space for incorporating lessons about healthy boundaries and behaviors. When issues arise, staff are not sure what could be considered appropriate or not appropriate to say to students. One middle school educator shared that she is “*generations away*” from the students. Many things that they say and do are completely different than anything she would have ever considered growing up. “*Technology is continuously changing,*” shared a high school teacher. “*We cannot keep up*” with how to monitor or support students with technology, as “*just as soon as we learn the newest things...students are on to something else,*” further explained the high school teacher.

In general, teachers are overwhelmed with the amount of tasks that they have to get done to meet students' academic needs. Some educators do not have the time or resources to incorporate social and emotional lessons into their schedules. Some

educators believe that conversations about healthy relationships should be taught in health classes. However, educators share that not all students take health classes at the same time which leaves gaps in information across the student body. Additionally, a paraprofessional shared that students who are in special education do not have access to the health class in her building. She would modify the curriculum to meet the needs of her students if it was provided to her. Educators who feel they could make the time have shared that they do not feel as if they understand how to speak the students' language. They struggle with how to communicate with students on such sensitive topics in terms that students can understand. Many educators rely on having support staff to provide individual and small-group services to students who need additional support.

Program Participation. Support staff are typically spread thin within various school districts. The school social worker in this study shared that she is split between *“two high-needs buildings.”* The school social worker shared that, most often, she is *“putting out fires”* and only addressing the needs of students who have severe attendance or other behavioral issues. She added that she does not have enough time between the two buildings to *“conduct the types of groups needed”* to reach most students. Several educators shared that they rely on the school counselor to conduct classroom lessons on various topics at the beginning of the year. However, as the year progresses, the calendar gets full with state testing, and social and emotional learning gets put on the back burner. An elementary teacher shared that there are some regular *“pullouts and small groups held by the School Counselor.”* However, *“only a handful of students from each grade level”* can participate which means only *“one or two students”* from a teacher's classroom. The school counselor shared, *“It is everyone's job [to promote healthy*

behaviors...it's hard to get to know every student... caseloads are large." She added that, often, she only meets them once or twice a quarter to discuss grades in their class schedule, so *"it takes time for students to warm up."*

Some schools have partnered with community health or community counseling agencies to bring in trained professionals to discuss comprehensive sex education and healthy relationships. Educators are also frustrated with only being able to provide programs to students that are essentially a one-time conversation. *"I don't know if it there's been enough time to see if it's been any impact... it was just a one-time 40-minute lesson"*, shared a middle school principal. Educators have shared that when these programs have taken place, all of the students have been together in the cafeteria or library. There has not been a separation of gender or grade level. In addition, some staff shared their concerns about students who are LGBTQ and do not have a space to ask questions or get beneficial information about healthy relationships. A middle school principal shared that his building has a program *"where students who identify or relate to the LGBTQ community come together and discuss certain topics or issues but it's informal and it's ran by two staff members but ...there's no structure... they're not talking about boundaries or anything like that there."* Educators complain that the programs are coming from an abstinence-only and heteronormative perspective. One middle school teacher highlighted that many of these programs do not acknowledge the *"sexual autonomy of students, especially girls"*.

These programs often come from the approach of making female students the victim versus helping them to feel empowered to make decisions about their behaviors. Educators are also concerned with the format of many of these programs in which there is

no opportunity for students to process the information, ask questions, or have any follow-up discussions with the presenters or other staff about what they learned. One elementary teacher shared that in her building *“they have an after-school club... but it’s a little too tied to biblical stories.”* There is also the issue of parents being able to opt students out of a one-day program. Thus, not all students have access to the information that could help them feel safe, secure, and accepted in schools. Schools have tried to support students through having community lunchtime clubs or after-school programs. There are some barriers to helping students access school clubs and after-school programs. Due to funding or staffing resources, those programs are typically limited to a small section of the student population. Many of the programs require parental permission by filling out a variety of forms and sometimes income guidelines.

No Policies and Inconsistent Practices. Most educators shared that they are not aware of any policies or procedures in their school district regarding mitigating unhealthy behaviors. A teacher on special assignment shared:

I don’t know any policies particularly to discuss healthy and unhealthy behavior, because most policies to my knowledge sort of relate to keeping the school environment running smoothly... Teachers are supposed to be supportive and keep their personal thoughts out of things... [be a] purely objective teacher... I don’t know of any specific district policies about teaching positive relationships other than... counselors... seeing a need and therefore creating lessons to go with their school plan.

A middle school educator shared similar sentiments:

The board has an anti-harassment policy but there is no discussion around it... [at the building level] There's a policy that when a student gets written up they get... disciplined for something unhealthy such as fighting or harassment or anything but there's nothing before that point that would even help demonstrate or discuss with students how to... not cross that line or how to display healthy relationships and boundaries... so the discussion is only being had when a student is in trouble... I think it's done by our school counselors.

A teacher on special assignment shared concerns about how to teach kids about healthy behaviors and boundaries, stating:

...talking with kids about what makes them comfortable... the moral line is just a judgment so what makes one person's judgment any better than another person's?... The argument is really just where does that judgment lie of what's acceptable behavior? Most people would probably put that in terms of where your behavior doesn't harm other people.

An administrator shared a different perspective on who gets to determine how educators will discuss what is healthy or unhealthy behavior. The administrator stated that he is cautious about conversations with students because he does not want “to cross that line by trying to parent the student.” The administrator shared that a teacher received a verbal and written reprimand for teaching about certain topics in her health class. He explained that while the teacher stated that she had been using “the same lesson plan for 12 years and no one's ever said anything,” the administrator noted, “the health teacher has a curriculum that talks about healthy relationships and boundaries... [however] last

year, [the] health teacher went off course and grabbed a document from an unauthorized document". The administrator further added, "some language really upset parents," as parents complained, and the teacher was "reprimanded."

On the other hand, many educators are unclear on how to try to build relationships with students and promote healthy behaviors and boundaries when, at times, the parents reinforce these negative behaviors such as "showing up to school dressed like the students" in inappropriate clothing. A school social worker shared that a new law would mandate that healthy relationships be taught in schools. However, she is not certain of when the mandate will take effect or how the school district would handle addressing these concepts in terms of programs, curriculum, or staff training.

How would education staff promote healthy or mitigate unhealthy student behaviors if they had a magic wand?

Educators were asked to share what resources or supports they would create if they had a magic wand to target adolescent interpersonal violence. The magic wand would be exclusive of any particular dollar amount, time, or current policy restrictions. Educators' responses are summarized into five categories: dedicated class, dedicated target curriculum, student-led programs, teacher training, and resource hub.

Dedicated Class. One elementary educator discussed having a "dedicated course just like art and [physical education] given each year would allow all students to have access to social-emotional learning." A high school teacher shared, "it's not just about condom distribution but consent and the relationship and what's healthy should be part of the conversation and I just don't think it is". He added there is "very limited conversation" about healthy relationships." Educators would like to see resources

available for students and parents to learn together. An elementary educator noted that there is a lot of push for “*teaching SEL in schools,*” however, “*students are with [them] only for so many hours of the day.*” Additionally, a high school teacher shared “*parents are not always aware of what their kids are doing.*” It would be beneficial for there to be programs that could teach parents what to look out for, so they can reinforce healthy behaviors at home.

Dedicated Targeted Curriculum. Educators are frustrated that there is a requirement and an expectation to teach students about healthy boundaries and behaviors’ however, there is no clear curriculum for staff. A middle school teacher shared:

I don’t know where health is in the curriculum. But it’s like when you take health away and the kids don’t know and understand puberty. And their parents aren’t talking about puberty. The kids are just out there in the wind.

Educators would like to see a curriculum that is comprehensive and includes targeted programs for LGBTQ students. Educators highlighted that it is essential for students with special needs to have a curriculum that is targeted for them. Even if a general education curriculum was the only one available, staff could modify and adapt it to meet the needs of students with multiple disabilities.

Student-Led Programs. A middle school teacher highlighted that it would be amazing to have programs where students are trained to be able to lead and facilitate conversations amongst their peers. A high school educator remarked that it would be great to have a “*student health center*” on-site for teams to be able to get regular checkups and ask questions about their physical health. She further added that sometimes students do not take care of their physical health because of the barriers including the

“cost of seeing a doctor” or having to have their parents take them. The middle school principal highlighted that ongoing dialogue would help promote discussion about adolescent interpersonal violence and mitigate concerns, which could lead to fewer discipline issues in the building. A high school teacher shared an idea of having students create a *“TikTok of an unhealthy relationship and have them discuss it.”*

Teacher Training. A teacher on a special assignment had shared concerns about what was appropriate and not appropriate to teach students about healthy and unhealthy behavior. Additionally, she highlighted that more consistent policies on how to promote and mitigate unhealthy behaviors would be essential to ensure that the same message was communicated across each building in the district. An elementary educator shared that she would like educators to have *“competency training where the teachers are kind of are of their own biases and then have the opportunity to maybe even buy-in that change can happen”* for students of marginalized populations.

Resource Hub. The School Counselor highlighted that a *“resource hub”* would be very helpful for students to have access to permanent information without fear of peer pressure. She added that students should be able to *“pick up pamphlets or scan a QR code”* to be connected with relevant information at their convenience. The school social worker would like to see more staff support. The school social worker added that while these conversations are important, *“being split between buildings”* does not leave enough time to build relationships and have these conversations with students.

Discussion

Many educators shared that they did not have a *“specific resource or curriculum”* to teach healthy behaviors. They admitted that they primarily relied on the school

counselor to lead classroom lessons or facilitate a grade level or schoolwide program. Some educators had special programs led by community partners but found them lacking due duration, topic coverage, or the sheer fact that they did not separate students by age or gender. Educators felt better conversations could be facilitated by staff and led by students. They felt these conversations should be ongoing throughout the school year. It was mentioned that Ohio has current legislation to be implemented within the next year on teaching students about healthy relationships in the school setting. However, only one educator was aware of the law. Likely, school staff do not have a curriculum or plan to collaborate with stakeholders to create and implement a program in their school community. At the conclusion of the interviews, all of the educators were thankful for the opportunity to explore ideas and challenges. The quantitative and qualitative information provides a starting point for school districts, school boards, and other stakeholders to design programs based on the needs of their student population. It should also include looking at specific modifications that would be needed to create programs for special education students. Additionally, further consideration should be given to creating a program that will be beneficial for students and vulnerable populations.

Summary

This chapter was a presentation and analysis of the findings of the mixed methods case study related to the overarching research question posed in Chapter One: *What is the current capacity of school staff to prevent or mitigate adolescent interpersonal violence?* Through the analysis of data from the Education Staff ADV Survey, the researcher was able to capture quantifiable beliefs held by educators about their perceived knowledge and capacity to mitigate adolescent interpersonal violence. Further, in the interviews, the

researcher was able to gather detailed explanations of educators' knowledge, attitudes, beliefs, experiences, and resources to prevent or mitigate adolescent interpersonal violence. Educators indicated they know more about ADV based upon their responses to the survey statements; however, they have inconsistent responses about their ability to mitigate ADV. This was identified through the survey responses, as well through the responses in the qualitative interviews. Educators were able to share that having healthy behaviors and boundaries were mostly defined by having an ability to communicate one's needs and seek support from adults.

Chapter Five

Discussion

Introduction

The purpose of this mixed-method study was to explore the overarching research question posed in Chapter One: *What is the current capacity of school staff to prevent or mitigate adolescent interpersonal violence?* The current investigation addressed that overarching question through the following two research questions:

Research Question 1: What characteristics of healthy or unhealthy adolescent relationships are observed by school staff?

Research Question 2: What programs, curriculum, or resources are in place or needed to discuss characteristics of healthy or unhealthy adolescent relationships?

Educators and education staff from diverse backgrounds were the primary source for uncovering the data needed to address both research questions. Educators were surveyed about their understanding of adolescent interpersonal violence. Select education staff participated in follow-up interviews to share their observations of healthy and unhealthy relationships, as well as what programs, curriculum, or resources are in place, or needed, to discuss characteristics of healthy or unhealthy adolescent relationships. This study examined the awareness, attitudes, knowledge, and beliefs of education staff about healthy and unhealthy boundaries, behaviors, and relationships. This study included a discussion of major findings as related to the literature on adolescent interpersonal violence in U.S. schools including risk factors, short- and long-term effects, and vulnerable populations.

The results of the study indicate that education staff feel limited in their knowledge and capacity to prevent or mitigate adolescent interpersonal violence. Educators from the study felt ill-equipped and unprepared to help students develop healthy behaviors, boundaries, or relationships. This chapter includes connections between major findings in the literature on social learning theory, post-structuralist feminist theory, and intersectionality. Additionally, programs, curricula, and resources available to education staff to help prevent or mitigate adolescent interpersonal violence are provided. This chapter highlights major findings from the education staff members' quantitative and qualitative responses about their experiences in schools, their capacity to intervene, and the resources they deem necessary to promote healthy behaviors and mitigate adolescent interpersonal violence.

Discussing the implications of the findings in consideration with the existing research is imperative. This chapter highlights ways education leaders and policymakers can use these findings to understand adolescent interpersonal violence with a focus on vulnerable populations. These findings are viewed through the lens of post-structuralist feminist theory and the intersectionality framework. Additionally, this chapter contains a discussion about a new state law requiring schools to teach concepts of healthy and unhealthy relationships and dating violence. The chapter concludes with a discussion of the limitations of the study, areas for future research, and a brief summary.

Interpretation of Findings

Scope of the Problem

Adolescent interpersonal violence includes various acts of abuse between intimate partners such as physical, emotional, and sexual abuse, stalking, and digital harassment

(CDC, n.d.-a). In the United States, approximately one in 12 high school students reported experiencing physical dating or sexual dating violence within the last year (Basile et al., 2019; Basile et al., 2020). Further, in Ohio, one in five youth reported being hit, slapped, or pushed by their partner (Ohio Domestic Violence Network, n.d.). Female students are more likely to be victims rather than perpetrators of adolescent interpersonal violence (CDC, n.d.-a; Kann et al., 2014; Smith et al., 2018; Stonard et al., 2017). There is also a disproportionate propensity of some marginalized populations to be victims of adolescent interpersonal violence (i.e., black girls, LGBTQ students, and students identified as having a disability) (East & Hokoda, 2015; Mitra et al., 2013; Smith et al., 2017).

Adolescents face a variety of short-term and long-term negative consequences from being victims of adolescent interpersonal violence including a decline in academics, depression, anxiety, unwanted pregnancy, suicidal ideation, issues with substance abuse, and isolation from peers (CDC, n.d.-a; Reidy et al., 2017; Smith et al., 2018; The White House, 2022). Additionally, without ongoing intervention, victims of adolescent interpersonal violence are more likely to be re-victimized in their future relationships (Basile et al., 2020). Research has indicated that supportive relationships with caring adults, peer-led programs, and curricula that teach about healthy relationships can help mitigate the negative effects of adolescent interpersonal violence (Offenhauer & Buchalter, 2013; Vagi et al., 2013). Aside from caregivers, educators and education staff are in the closest proximity to support students' development of healthy boundaries and behaviors for peer-to-peer relationships (The White House, 2022).

Connecting Theory to Practice

Social learning theory, post-structuralist feminist theory, and intersectionality were the theoretical frameworks used as the foundation for this study. Social learning theory evaluates the cognitive factors, as well as the direct and observed experiences within the environment that shape the learning and behavior of adolescents (McLeod, 2016). In post-structuralist feminist theory, concepts of marginalization, privilege, resistance, masculinity, femininity, race, class, and gender are examined with the political and cultural systems that support masculine power and privilege (Cannon et al., 2015; DeKeseredy & Brubaker, 2021). This masculine power and privilege structure often contributes to violence and discrimination against women and women's rights, especially those from marginalized communities (Cannon et al., 2015; DeKeseredy & Brubaker, 2021). Lastly, the intersectionality framework focuses on how power dynamics are impacted when people have identities from multiple marginalized communities such as female, black, and LGBTQ (Cannon et al., 2015). The goals of using these research theories as a framework were to uncover the following:

- What social and cultural behavior patterns were present and reinforced?
- What social and cultural power dynamics helped to maintain the status quo?
- What knowledge did educators have about intersectionality and marginalized student identities?

- What strategies were in place to prevent or mitigate the prevalence of adolescent interpersonal violence?

An elementary educator reported as “*students enter 5th grade, the unhealthy behaviors start to surround physical touch issues and physical aggressiveness with the boys.*” Educators mention that boys are more physically aggressive than girls, especially during early and late adolescence. The research indicates flirtatious and sometimes inappropriate touching is noticed amongst peer groups in middle schools (DeGue et al., 2020). Students are identifying their boundaries and learning how to respond when they are uncomfortable. Students have reported that some behaviors such as groping, grazing, or grabbing a female's breasts or buttocks occurs often, is not always consensual nor reported (Noonan & Charles, 2009). Educators noted that girls would allow more things to happen than they were comfortable with because of peer pressure and not feeling like they had a voice. Adolescents are very loyal to their peer group (Storer & Strohl, 2017; Taylor et al., 2016). Students may be afraid to reach out to an adult for support because they do not want to get a peer in trouble or face retaliation (CDC, n.d. -a.; Taylor et al., 2016). Unfortunately, these beliefs may subtly reinforce the unwanted behaviors of students because they are not being challenged or interrupted. Then, it becomes a part of the school culture and is reflected in the behavior of other students and the silence of other staff. Educational opportunities (e.g., comprehensive sexual education course) would allow students to express ideas and feel validated, which could eventually lead to a

positive shift in power dynamics within the male and female peer groups (Sell et al., 2021).

Some educators felt it was outside of their scope of practice or comfort level to teach the behaviors or boundaries needed to prevent adolescent interpersonal violence.

An elementary teacher shared:

If they are having a conversation with me, it's usually pretty superficial. If it gets too deep or too personal, that's when I usually tend to refer them to the school counselor because I feel [that]... she has the time to actually sit and listen to them... but she also has the resources that are available to provide any assistance if it's not good.

Some cultural norms educators expected students to have differed from the norms educators had as children. Education staff feel their students' behaviors, dress, and speech vastly differ from what is deemed healthy. One middle school educator shared that she is “*generations away*” from the students.

In most interviews, educators stated that they had not even considered having special programs to meet the needs of LGBTQ or special education students. Educators did not intentionally neglect these considerations. Currently, educators are overwhelmed by numerous federal, state, and local mandates and assigned requirements. These additional duties vary by their roles and content areas. Unfortunately, those educators who have tried to view teaching holistically and incorporate lessons in healthy relationships met negative feedback from parents or discipline from the administration.

An administrator noted, “...*the health teacher has a curriculum that talks about healthy relationships and boundaries... [however] last year, [the] health teacher went off course and grabbed a document from an unauthorized document.*” The administrator further added, “*some language really upset parents,*” as parents complained, and the teacher was “*reprimanded.*” This power dynamic and challenge from the administration and parents have educators shying away from seeing students’ growth and development socially and emotionally. Educators may not see themselves as respected leaders in the education community. This is unfortunate because within an average school week educators spend more time with adolescents than any other caring adult or caregiver.

Knowledge, Awareness, and Capacity to Mitigate Adolescent Interpersonal Violence

Knowledge and Awareness Gaps

Results of the study survey indicated that most educators were able to identify some examples of adolescent interpersonal violence. The majority of educators (80-85%) identified that hitting, kicking, or other types of physical force, unwanted sexual touching, bullying and harassment, and unwanted sexual behaviors (e.g., sexting or sharing photos without permission) were examples of adolescent interpersonal violence. Unfortunately, it is not acceptable that approximately 15-20% of the 115 educators surveyed were unable to identify these negative behaviors as examples of adolescent interpersonal violence. Furthermore, fewer educators (74- 77%) identified patterns of unwanted attention and non-physical contact causing fear, verbal abuse, and emotional control as forms of adolescent interpersonal violence. This is concerning because 20-25%

of educators surveyed were not aware of the verbal, physical, sexual, and psychological types of adolescent interpersonal violence.

The findings demonstrate that not all educators were aware of the behaviors that indicated signs of adolescent interpersonal violence. Therefore, educators need more awareness to promote preventative behaviors, lessons, and programs within their role, buildings, and school district. Some education staff can be naive about the nature of adolescent dating relationships (DeGue et al., 2020). It can be hard for educators to believe that students would use physical force to control and intimidate their partner (DeGue et al., 2020). Although physical violence is more recognized as an issue for adult relationships, the CDC (n.d.-a) reports that for adolescents, nearly one in 11 female and approximately one in 14 male high school students have reported experiencing physical dating violence in the last year. Therefore, it is understood that they may lack the awareness to mitigate unhealthy behaviors, provide support, or connect students with appropriate interventions and resources. The findings in this study suggest that educators are unaware of behaviors that indicate a pattern of abuse within adolescent relationships.

Approximately 37% of educators surveyed in this study correctly identified that one in 12 high school students experienced physical or sexual types of adolescent interpersonal violence in the United States (Basile et al., 2019; Basile et al., 2020). The majority of educators surveyed in this study (47%) incorrectly stated that one in four high school students experienced physical or sexual types of adolescent interpersonal violence in the United States. Essentially, almost half of the educators surveyed overestimated the

number of students impacted by physical or sexual violence. An initial assumption about this overestimation is that educators' responses were based on observations and experiences within the school setting. This initial data and assumption led the researcher to speculate whether educators had the capacity of time, resources, and training to address the topic with students.

Communication Gaps

The researcher sought to explore these thoughts of awareness and intervention through individual interviews with select education staff from the survey. The goal was to allow education staff to share their attitudes, knowledge, and experiences within a facilitated conversation. In the interviews, educators consistently described communication as a healthy behavior necessary to prevent and intervene in adolescent interpersonal violence. Educators deemed students with healthy boundaries could communicate their needs, wants, and comfort level with peers. A middle school teacher shared, *“kids who are able to communicate when they are not healthy... and say I’m sad because of this ... that’s healthy.”* In addition, educators noted that students with healthy behaviors would reach out to adults when they needed help or had an issue. The school counselor shared, *“Students who say we need to have a conversation... show a lot of emotional intelligence and maturity.”*

Unfortunately, educators revealed they could not make space or provide opportunities for this adult-facilitated communication. Some educators would allow students to journal thoughts, check in at lunch, or be available at recess. A high school

teacher prefers “*an open-door policy*” where during lunch or “*free periods...students can just hang out and chat.*” By keeping this as an “*open space,*” he said he is also “*creating the opportunity for students to feel comfortable having conversations and asking questions.*” Another high school teacher shared that she tries “*to connect with students’ own terms*” by listening and “*asking questions about how they feel about different things.*” Occasionally, she will invite seniors to come during a different class period and “*hang out in her freshman class*” intentionally having certain students connect. The high school teacher stated, “*The freshmen look up to seniors and will listen more from their perspective.*” Yet, these opportunities would still require students to initiate a conversation. If students did not approach the education staff about their conflicts, concerns, or questions, then an adult would not be aware that the student had an issue.

Educators observed that some students need adult help and support in identifying healthy boundaries with peers. The results indicate that education staff felt a student would engage in behavior that peers reinforced even if the student was not comfortable with that behavior. Another elementary teacher shared that some males may give “*hugs that last too long and squeeze too tight.*” The female “*students feel uncomfortable with these hugs but do not always say anything for fear of being disliked,*” reported the elementary educator. Educators shared that students appeared to struggle with letting go of relationships and establishing healthy boundaries once a relationship has ended. If a female decides to hang out with male friends, her male dating partner may begin to put restrictions and time limits on how often, or for how long, she can spend time with those

friends (DeGue et al., 2020; Noonan & Charles, 2009). Even though there may be ulterior motives, it could appear to a female student that her partner cares about her safety (Noonan & Charles, 2009).

As indicated in the literature of Chapter Two, social learning theory states that thoughts and feelings about these experiences are additionally shaped by what is taught, reinforced, or challenged (McLeod, 2016). Students may not be aware of what constitutes healthy or unhealthy behaviors (Basile et al., 2020). Adolescents may learn about healthy and unhealthy behaviors, boundaries, and relationships through experiences with other peers or from images represented in media (Basile et al., 2020; Noonan & Charles, 2009; Storer & Strohl, 2017). Even though educators do not explicitly discuss these topics, a message is being communicated and received by students. The message may be that educators are not interested in a conversation with students. Educators may inadvertently reinforce the idea that adolescent interpersonal relationships are taboo to discuss. Thus, educators need to explicitly reach out to students to discuss concepts of healthy and unhealthy behaviors, as well as provide a space for open dialogue.

Competing Priorities

Educators seek opportunities to meet students' needs academically, socially, and emotionally. However, educators must pick their battles in the classroom and the school. Educators shared that students have been more disrespectful to adults. A paraeducator shared, "*Authority is not there as [the] respect of here comes the teacher, let me move to the side.*" She highlighted, "*students would bump into [her] as if [she was] a student as*

well.” The paraeducator noted, *“language...in the hallways... is very inappropriate, sometimes vulgar.”* She described having students and adults trying to work and learn in this type of environment on a *“daily basis”* as unhealthy. Many educators feel burned out before the end of the year.

With the many other responsibilities and duties required of working in an education setting, promoting and mitigating behaviors associated with adolescent interpersonal violence can be challenging (CDC, n.d. -a). Self-preservation is important when confronting students who are declining academically and displaying unhealthy behavior. A teacher on a special assignment felt that students are generally impacted by *“a lot of influences”* including the *“teacher structure and [the way the teacher] manages the classroom... school behavior culture...and home.”* Educators want to build positive working relationships with their colleagues and give the impression that their classrooms and other workspaces are under control. Responses from the educators and staff in the interviews indicated that they are concerned about interrupting obvious signs of violence such as *“name-calling, arguing, and fighting.”* More subtle interpersonal behaviors of peer pressure were observed but inconsistently addressed. Administration and other educators admitted that most of the staff’s attention and resources focused on behaviors that negatively impacted the learning process in the classroom or disrupted the school environment. Typically, intentional conversations are had *“after an incident occurs”* with social media or amongst peer groups, and *“students are brought to administration for discipline,”* shared a middle school principal.

Technology: Trying to Keep Up and Teach Appropriate Behaviors

The research study indicated that educators felt students lacked a healthy boundary on what should be private versus public with their social media presence. A high school teacher said students needed to “*constantly be on alert*” by responding to text messages, engaging in group chats, and being up-to-date with social media posts. Given the lack of understanding of the advances with technology, social media safety and etiquette were not accessible topics for educators. Evidence indicated that educators experienced a decrease in confidence, which led to a minimized capacity to mitigate issues that involved social media and other digital technologies. Peer acceptance was noted as an area that students were most concerned with. One middle school teacher shared how students can use “*social media to intimidate or body shame female students by commenting on their body or clothing.*” A middle school principal reinforced the same ideas by stating that “*groups of girls*” would get together in the morning to check each other’s outfits following the “*daily look*” posts that were shared on social media. “*If a student did not have items to match the daily look other students in the group would provide them with the correct attire necessary to fit in for the day,*” reported the principal. “*Social media things are the root of a lot of the conflicts,*” stated a school social worker. One high school teacher reported how group chats and text messages are often “*a source of confusion and misunderstanding*” amongst students.

If a problem arises between dating partners, it is additionally challenging to navigate when both partners belong to the same social group (DeGue et al., 2020;

Noonan & Charles, 2009). Educators shared concerns about subtle student-to-student controlling behaviors such as tracking whereabouts through cell phone applications and limiting access to other peers in the hallways. A high school teacher shared that technology has been used to reinforce *“toxic negative ... controlling behaviors amongst adolescent relationships.”* A student may consistently *“walk their partner to class... to keep them from having an opportunity to talk with anyone else,”* the teacher reported. The teacher felt that the relationship could become *“very all-consuming and very unhealthy.”* Then, *“if the relationship ends badly things get even worse,”* stated the high school teacher. The former partner may have the mentality *“if I cannot be with you then no one will,”* said the teacher. The high school teacher added that students seem to act as though the other person cannot engage in a casual or romantic *“relationship with anyone”* else and may invite other friends or relatives to engage in physical fighting, exclusion, or other acts of aggression.

While some of the specific behaviors can vary between partners, generally, the phone or computer is used as means to psychologically control, degrade, or make the other person jealous (Korchmaros et al., 2013). As things posted on social media or air-dropped to a crowd cannot be undone, this was a valid concern noted by educators. One high school educator added that students do not understand that *“just because they delete something, doesn’t mean it goes away.”* When it comes to digital dating violence, both female and male youth report having been a victim and having been an aggressor (Reed et al., 2017; Schaeffer, 2017). Typically, a male partner may request nude photos from a

female partner to demonstrate affection (Taylor et al., 2016). Later, the male partner may post or reveal those photos to others if the female does meet other demands, especially if she tries to end the relationship (Taylor et al., 2016).

As one high school educator stated, “*Revenge porn is huge.*” Yet, if this is the case, educators must have preventative conversations to warn students about the social and legal ramifications of these types of forms of adolescent interpersonal violence. Victims of digital violence may develop long-term emotional problems such as depression, anxiety, or isolation (Thulin et al., 2021). Female adolescents are often afraid to ask for help because they are embarrassed and are afraid that they will be publicly shamed (Reed et al., 2017; Schaeffer, 2017). However, educators are unsure how to mitigate this problem because of the constantly changing technology.

Lack of Time and Resources

Educators shared that students have been coming into the school setting with various social, emotional, and academic challenges. A high school teacher shared that there has been a shift in the “*boundaries*” in peer relationships. The high school teacher noted students had better social boundaries “*not just pre COVID*” but used to exhibit better boundaries “*pre-social media [that] are not there now.*” The high school teacher added that students lack “*an understanding of talking to other humans... and how you communicate with other humans.*” The school counselor shared her concerns for students “*unawareness of each other’s boundaries and feelings... like they’re playing and [think*

it] is funny and not recognizing that whoever it is [that] they're interacting with is getting upset." Another high school teacher shared:

They're also different human beings, [with a] different personality. They came with different experiences and ...that was pre-Covid, so Covid has an effect on... students and how they interact...you have students who are not so exceptionally supportive and loving of one another.

Across various typologies, educators reported that their school districts had focused on implementing programs to support social-emotional learning (SEL). The elementary teacher shared that she regularly uses “*Character Counts, [themed] books, PBIS, morning meetings, the beginning of the year check-ins, reminders after winter and spring break*” to promote and reinforce healthy student behaviors. Educators shared that they use the Positive Behavior Intervention Support (PBIS) framework as a method to teach, model, reinforce, and reteach the behavior expectations in various areas of the school building. Educators reported that when the PBIS framework is implemented with fidelity, it has been effective in reducing classroom and schoolwide discipline concerns.

A middle school teacher shared:

I don't know where health is in the curriculum. But it's like when you take health away and the kids don't know and understand puberty. And their parents aren't talking about puberty. The kids are just out there in the wind.

When it comes to creating curricula or developing school policies, education leaders are often overlooked (Nevenglosky, 2018). Nonetheless, most educators feel they do not have enough training on how to meet the diverse needs of students to create a curriculum. Unfortunately, staff must find their own books and materials, as well as create resources to implement and support SEL initiatives. An elementary teacher specifically purchases “*books that have a character that students can relate to...*” when trying to incorporate character education into the curriculum. Educators appreciate the autonomy available to be able to provide input on what their students need but want more training and support. The research indicated that across classes, grade levels, and the school district, there are inconsistent messages about healthy and unhealthy behavior. Most educators rely on the school support staff to lead the SEL lessons and conversations.

Support staff stated they are spread thin and spend most of their time in meetings with students who are facing major academic, attendance, or behavior issues. Unfortunately, educational support staff have high caseloads and feel they barely know the students. The school social worker in this study shared that she is split between “*two high-needs buildings.*” Educational support staff report that they spend most of their time intervening with a select few students throughout the year. The school social worker shared how, most often, she is “*putting out fires*” and only addressing the needs of students who have severe attendance or other behavioral issues. She added that she does not have enough time between the two buildings to “*conduct the types of groups needed*” to reach most students. Support staff noted that there is not much time to provide

classroom lessons or school-wide preventative programs. Some school support staff can make time and space to run small groups creatively. The school counselor shared, *“It is everyone’s job [to promote healthy behaviors...it’s hard to get to know every student... caseloads are large.]”* However, an elementary educator shared concerns that even when small group or in-school programs are available from support staff, *“only a handful of students from each grade level”* can participate which means only *“one or two students”* from a teacher’s classroom. Thus, some schools outsource this work to community organizations.

Most educators who are somewhat knowledgeable about the external programs feel these programs are not designed to mitigate or prevent any real student problems. One elementary teacher shared that in her building *“they have an after-school club... but it’s a little too tied to biblical stories.”* Educators feel like most of these one-day, weeklong, or even year-long activities are like a checkbox to say something was done. A middle school principal shared, *“I don’t know if there’s been enough time to see if it’s [had]any impact... it was just a one-time 40-minute lesson.”* Additionally, educators believe that most students would be uncomfortable sharing honest thoughts, asking questions, or engaging with them in a schoolwide assembly or in front of a large audience of their peers. A high school teacher shared his thoughts on schoolwide or grade-level programs, *“Those are some easy things I think you could do but then... I don’t know how effective something like that would be... something you could do [just] to raise awareness around these issues.”* Educators in the interviews expressed concerns about how some

external programs have little oversight for curriculum, implementation, or evaluation. A middle school principal shared that his building has a program:

...students who identify or relate to the LGBTQ community come together and discuss certain topics or issues but it's informal and it's ran by two staff members but ...there's no structure... they're not talking about boundaries or anything like that there.

Education staff are concerned that there are no spaces or classes for students to ask questions individually or in small groups. A high school teacher shared that there are resources in the nurse's office but *"it's not just about condom distribution but consent and the relationship and what's healthy should be part of the conversation and I just don't think it is."* He added there is *"very limited conversation"* about healthy relationships. Educators are concerned that the conversations around healthy relationships are only available to students one time in health class. A middle school principal shared, *"I like that it's in health class because every student has to take health. I just wish it was more in depth... examples that currently happen in the building or maybe past examples that happen instead of just information."* However, some educators are concerned that waiting until students get an opportunity to take a health class may not be enough to support all students on a regular basis.

What Educators Say They Want and Need

Educators want an active voice in the education system. They have shared their frustrations about being able to prevent or mitigate adolescent interpersonal violence on

various levels. Time for planning and collaboration was mentioned several times as a need. Educators want a dedicated class and block of time built into the school day for students to engage in SEL work. One elementary educator discussed having a “*dedicated course just like art and [physical education] given each year would allow all students to have access to social-emotional learning.*” This class could be facilitated by a trained professional within the school district. The facilitator would have a comprehensive curriculum and provide resources for students who needed help outside of class. School support staff (e.g., counselors and social workers) wish that their job duties were more in line with this type of preventative work. They wish they had fewer administrative tasks such as following up on attendance concerns and attending support meetings. The first request of support staff would be to have smaller caseloads, so they could have an opportunity to develop meaningful relationships with students. This would make it easier for students to come to the support staff to communicate a need for help with peer relationships.

Many educators feel that after long weekends and breaks, students have lost their routine and need to be retaught school expectations. An elementary educator noted that there is a lot of push for “*teaching SEL in schools,*” however, “*students are with [them] only for so many hours of the day.*” Thus, the content of the class would also be accessible to parents to reinforce these ideas of healthy boundaries, behaviors, and relationships at home with students to promote consistency. Additionally, a high school teacher shared, “*parents are not always aware of what their kids are doing.*” Educators

noted that parents may be unaware of what their students are wearing, how they are behaving, and who they are friends with at school. Educators shared that parents are probably uninformed about their children in the digital world as well. Research indicates that 95% of teens in the United States say they have access to a smartphone, and about 45% of them say that they are "almost constantly" on the internet (Schaeffer, 2017). Students are more knowledgeable about the ever-changing technology and use that to their advantage to test boundaries without much adult input. Thus, parents may need opportunities to collaborate with teachers, educational leaders, and community resources to stay abreast of student support.

Additionally, educators want to be seen as competent and caring professionals. However, educators are also aware that in the current political climate, abstinence education dominates the conversation, and LGBTQ issues are seen as taboo (Blad, 2020; Norris-Brown et al., 2020; Sawchuk, 2022; Sell et al., 2021). Thus, educators want students to be trained to lead the conversations that are important to them. Unfortunately, research has shown that when adolescents are a member of one or more marginalized populations (e.g., diagnosed with a disability, identify as Black, LGBTQ), there is a higher risk of being in a violent interpersonal relationship (Basile et al., 2020; CDC, n.d. - a; East & Hokoda, 2015; Mitra et al., 2013; The White House, 2022). Thus, a conversation on healthy behaviors, boundaries, and relationships is imperative. Education staff want to have more time for training on adolescent interpersonal violence, and the training must be comprehensive and ongoing. Even with good intentions, most leaders

are not attuned to having effective strategies for serving the needs of marginalized populations (Bass et al., 2018). Still, educators want to be a part of the process of creating meaningful training and curriculum. If there is an opportunity, they could embed some of the character traits of healthy behaviors into their teaching through reading, journaling, or even optional check-ins.

Too often, educators who work with special education students feel as though their students' struggles with sexual development are overlooked or ignored. Research indicates that some education staff or leaders may think that adolescents identified with intellectual disabilities have poor social skills, are isolated, and therefore may lack the skills or interests to be able to engage in an intimate relationship (Shakespeare, 2013). However, a paraprofessional shared that it is more likely that students with disabilities do not fully understand "*what the feeling...was going on with their bodies,*" so they may display inappropriate sexual behavior such as "*touching themselves because...being at that age.*" A teacher on special assignment remembered an incident when two special education students were caught "*having sex with each other in the hallway.*" The paraeducator shared that when she followed up with parents about the concern, they responded, "*we've been seeing it at home...we're at a loss just like you are.*"

Within the last few years, parents have demonstrated a need to control what information is shared between their children and the educational leaders in their school community (Sawchuk, 2022). A teacher on a special assignment shared concerns about how to teach kids about healthy behaviors and boundaries stating:

...talking with kids about what makes them comfortable... the moral line is just a judgment so what makes one person's judgment any better than another person's?... The argument is really just where does that judgment lie of what's acceptable behavior? Most people would probably put that in terms of where your behavior doesn't harm other people.

Research indicates the need for educational leaders to create a curriculum for youth who have multiple identities in terms of race, gender, and sexual orientation, as they may be at an even greater risk for victimization, short-term, or long-term negative outcomes (Reuter et al., 2017). While providing the space for student conversations or after-school clubs, educators shared that they would prefer to serve as advisors for discussions on healthy adolescent relationships. Research indicates that because adolescents most often seek and receive advice from peers, prevention and intervention programs should be peer-led (Sell et al., 2021). However, it may not be legal, or possible, for educators or parents to circumvent the conversation in schools. Education staff in the study mentioned a new Ohio law called Erin's Law that mandates the incorporation of the topic of healthy relationships into their classroom lessons Crawford, 2023. Thus, there is a need for a plan or guideline to be created soon.

Implications

Adolescent interpersonal violence negatively impacts the physical, social, emotional, and mental health of youth in the United States. Educators in Ohio have limited knowledge about what adolescent interpersonal violence is or what it looks like.

Many educators want to be proactive and teach students how to have healthy relationships through positive communication with peers and adults. The most important mitigating factor of adolescent interpersonal violence is having a positive relationship with a caring adult (Offenhauer & Buchalter, 2013; Taylor et al., 2016). Unfortunately, educators are not provided with the time, resources, or training to make this a reality. The literature in Chapter Two highlights the Center for Disease Control as a primary resource for data and information on adolescent interpersonal violence (CDC, n.d.-a). The CDC conducts bi-annual surveys on student risk behaviors from the student perspective (CDC, 2023). The CDC has created, evaluated, and updated a comprehensive school-based curriculum for educators on adolescent interpersonal violence called *Dating Matters* (DeGue et al., 2020). The CDC *Dating Matters* program provides free online training for education staff on implementing the program. *Dating Matters* outlines a framework for educators, parents, and community partners to collaborate on delivering the content in the curriculum (DeGue et al., 2020).

Unfortunately, at the start of this study, the Ohio Department of Education (now called the Ohio Department of Education and Workforce) only listed a few resources on the website for educators (ODEW, 2024). These resources required an additional purchase from educators or the school district. The CDC *Dating Matters* program was not one of the resources. Shockingly, none of the participants in the research interviews were able to name any specific curriculum for the prevention or mitigation of adolescent interpersonal violence. Educators thought they did not need to discuss healthy behaviors

or relationships. Most educators were unclear whether their school district had any policies that discussed any components of healthy relationships or how to respond to behaviors associated with adolescent interpersonal violence. Only a few educators knew of Erin's Law which was enacted during the timeframe of this research study (Crawford, 2023).

If school districts want to promote a focus on healthy adolescent relationships, educators must be aware of research, policies, and resources. As indicated in the research study, educators have a belief in their confidence to mitigate adolescent interpersonal violence that is not well-correlated with their knowledge of the topic. Educators in this study have shared a myriad of reasons why they have a limited capacity to connect with students as resources on adolescent interpersonal violence. Educational leaders should seek resources such as time, money, and personnel to ensure educators have the support they need to be successful in preventing and mitigating adolescent interpersonal violence in schools. This nationwide problem necessitates the full support of all educational stakeholders in the creation of the solution. Additionally, educators must be respected in their professional autonomy to teach students without fear of negative repercussions due to bias, laws, or parent complaints. However, the latter two concerns will need to be addressed in future research.

Limitations

The researcher acknowledged potential limitations in Chapter Three. The primary concern was not being able to generate enough responses to generalize to a larger

population of educators in other school districts. There were 115 participants in the quantitative survey. There were 13 participants in the qualitative interviews. The number of participants successfully helped the researcher understand the knowledge, attitudes, beliefs, and capacity of educators to mitigate adolescent interpersonal violence. There was a diverse set of participants in terms of age, level of experience, race/ethnicity, grade level, roles in education, and typology; however, the number of participants still limits the researcher's ability to make generalizations about the capacity of school staff to prevent or mitigate adolescent interpersonal violence.

Educators were limited in knowledge about the needs and resources available to support students from vulnerable populations. Educators were informed that their participation in the study was confidential and that their response would not be linked to them through any personally identifiable data revealed in the study. However, there was some apprehension from a couple of interviewees about whether they should or should not say things because of their role in education. This subtle apprehension by a couple of interviewees may have caused them to underreport some of the things they have observed or experienced. There were no other known limitations.

Discussion

The research was framed around understanding how adolescent experiences are shaped, reinforced, and could be mitigated within the social environment, political and cultural systems that often undermine marginalized populations and foster masculine power and privilege through the lens of social learning theory, post-structural feminist

theory, and intersectionality (Cannon et al., 2015; DeKeseredy & Brubaker, 2021; McLeod, 2016). These frameworks were useful in understanding the results of the study. The educators interviewed identified that healthy communication is imperative for adolescents to develop healthy boundaries and healthy relationships. Educators have observed that males are more aggressive and physical with female students as they get older. Findings indicate that educators observed female students not speaking up about their level of discomfort in some situations with males due to direct or indirect peer pressure. This was consistent with other research that looked at digital dating violence and psychological harassment (Stonard et al., 2017; Thulin et al., 2021). However, educators in this study note that unhealthy behaviors are inconsistently addressed because of the thought that those behaviors are just a part of the traits of males or females. These findings are consistent with the literature on social learning theory and post-structural feminist theory regarding how the reinforcement of male dominance and masculinity in society may impede female voice, power, and privilege in social settings, including the school environment (Cannon et al., 2015; DeKeseredy & Brubaker, 2021; McLeod, 2016). Concerning intersectionality, the findings are consistent with research and indicate little to no resources are available to address the needs of LGBTQ and special education students (Agius-Ferrante & Oak, 2020; Cannon et al., 2015).

The results of the study indicate that most educators have concerns about not having adequate knowledge, training, time, curricula, and resources to prevent or mitigate adolescent interpersonal violence. If they are cognizant of risk factors and warning signs

of adolescent interpersonal violence, educators can support students (CDC, n.d. -a; The White House, 2022). Educators in this study shared that they are more inclined to mitigate physical or verbal forms of abuse because these behaviors are a disruption to the school environment. This is consistent with the research on adolescent interpersonal violence, as it is estimated that more than one in three women and one in four men have experienced in-person sexual violence in their lifetime (CDC, n.d -a). Still, digital harassment is increasing with the use of social media and other technology (Stonard et al., 2017). Yet, educators felt that ever-changing technology is a barrier to supporting digital forms of adolescent interpersonal violence. In general, the phone or computer (e.g., apps, social media, and/or texts) is used as means to psychologically control, degrade, or make a partner jealous (Korchmaros et al., 2013; Taylor et al., 2016). Results of this study indicated that educators are concerned about students' use of social media and the lack of healthy boundaries with the amount of information students share publicly. Due to a lack of knowledge and training, education staff feel it may not be in their scope of practice to teach or discuss content around adolescent relationships.

Education staff acknowledge that it is essential to do an honest assessment of what inequities exist, especially for students from marginalized populations (Bass et al., 2018). In this study, many educators shared that they rely on school support staff or external programs to provide information to students. Unfortunately, school support staff (e.g., school counselors, school social workers) feel unable to support students in these discussions due to being overwhelmed with other duties. Additionally, educators in this

study feel the external programs and resources are not effective in addressing the topic of healthy adolescent relationships or how to mitigate adolescent interpersonal violence.

Educators in this study share concerns about how these programs are evaluated. School leaders must set up processes to evaluate local, state, and national programs for their efficacy in promoting healthy relationships and their ability to reduce unhealthy behaviors related to adolescent interpersonal violence (Smith et al., 2017).

Additionally, leaders must create opportunities to include the perspectives of marginalized groups in their building through anonymous surveys and voluntary focus groups on current programs (Lynch, 2015). Educators in this study are optimistic about opportunities to connect with students and be a resource for holistic adolescent development; however, they also expressed apprehension about leading discussions on adolescent interpersonal violence because of fear of administrative discipline due to parent complaints and changing legislation on LGBTQ topics. This can become an issue of equity and inclusivity (Bass et al., 2018). Students who attend schools in an ultra-conservative district in Ohio may not have a comprehensive health program that discusses diverse dating topics or sexual decision-making skills (Millner & Upton, 2016). Educational leaders may want to address the rights of LGBTQ students and social justice issues that can arise in the education system; however, many states lack legislation or policies to guide practice (ACLU, 2017). Research indicates that school leaders are often put in tough situations where they must know, define, and balance their ethical and legal responsibilities (Bass et al., 2018; Sawchuk, 2022).

Findings indicate that education staff would be inclined to support a train-the-trainer model for students to lead group discussions with their peers. Research supports these findings, as most adolescents are inclined to open-up to, connect with, and believe information from peers or media more than the adults or caregivers in their lives (Sell et al., 2021; Storer & Strohl, 2017). The findings of this study provide a contextual understanding of the challenges educators face regarding their knowledge, awareness, and capacity to prevent or mitigate adolescent interpersonal violence. Lastly, more information is needed on the new state law about teenage relationships and how that will impact educators.

Limitations of the study include the inability to generalize results to a larger population of educators. Some educators were cautious about the information they shared in their interview responses because of their role in education. However, the research study findings provide additional contextual information that can help educational leaders, policymakers, and other educational stakeholders understand the knowledge, awareness, and capacity of educators in their ability to prevent or mitigate adolescent interpersonal violence. Lastly, potential bias exists as exploring the dynamics of adolescent interpersonal bias and vulnerable populations is project of personal interest to the researcher. There were no other concerns for validity in the research study.

Areas for Future Research

Across the nation, states have passed legislation founded on concepts from Erin's Law (Erin's Law, n.d.). Erin Merryn, founder of Erin's law, is a survivor of adolescent

sexual violence who advocates for preventing and mitigating abuse through intentional conversations and curriculum in K-12 schools (Erin's Law, n.d.). In Erin's early adolescence, she was sexually abused and raped by a neighbor and forced to keep silent when she was six through eight years old (Erin's Law, n.d.). With reports indicating that 35% of women who were raped as minors reported also being raped as adults, research shows that victims of childhood abuse are more likely to be re-victimized (CDC, n.d. -a; Smith et al., 2018). Sadly, Erin was again sexually abused by a cousin when was 11 through 13 years of age (Erin's Law, n.d.). Erin journaled her experiences in a diary throughout her adolescence and later published a series of books to empower other survivors, as well as educate parents, legislators, and other stakeholders on the prevalence and impact of childhood sexual abuse (Erin's Law, n.d.).

Ohio was the 38th state to enact Erin's Law which requires all K-12 schools to teach sexual abuse and violence prevention (Crawford, 2023). However, Ohio's law has a limit on what can be discussed in the curriculum and prohibits facilitation or instruction from any organization that provides abortions (Crawford, 2023). Thus, organizations such as Planned Parenthood, who provided over 7,000 resource materials to students in Ohio in 2023 and is also one of the nation's larger contributors to information on sex education, are not able to continue providing curriculum to schools in Ohio (Crawford, 2023). Legislation makes room for teachers to create curriculum, with the stipulation that those educators must be trained by law enforcement or prosecutors on appropriate materials and discussions (Crawford, 2023).

The Ohio Department of Education and Workforce is required to provide access to resources and information on Erin's Law on their website for schools to use and implement within the upcoming 2024-2025 school year (Crawford, 2023). In reviewing the Ohio Department of Education and Workforce (2024) website, there are now more requirements listed and explained about child sexual abuse, dating violence, and sexual violence prevention than before. The ODEW site includes links to curriculum, instructional supports, and resources by grade band for educators to use with most being at a cost to the school district (ODEW, 2024). Unfortunately, none of the resources listed on the ODEW website include the free Center for Disease Control *Dating Matters* curriculum which provides access to free training and resources, including a guide for lead programs and information to support LGBTQ youth (CDC, n.d.-b; ODEW, 2024). Schools now have an additional responsibility to notify parents when lessons about child abuse or dating violence will occur (ODEW, 2024). Parents have the option to opt students out of the discussion and to question and review the curriculum; administrators must respond within 48 hours of the request (ODEW, 2024).

Future research will need to be focused on the impact of the new law on preventing or mitigating adolescent interpersonal violence in Ohio. Research should again be focused on understanding educators' knowledge, awareness, and capacity to prevent or mitigate adolescent interpersonal violence in schools. With the new requirement to have educators trained by law enforcement or prosecutors, research should also evaluate the capacity of school districts to train all education staff to meet the diverse

needs of students. An essential area to review would be the curriculum resources available to specifically support students from vulnerable populations (e.g., Black, LGBTQ, needing special education).

This study was a step in the direction of uncovering educators' knowledge, attitudes, and beliefs. However, it seems to have been limited in being able to identify educators' awareness and capacity. A follow up study to this investigation would be helpful to see if educators' new awareness of their own gaps in knowledge or capacity to prevent or mitigate adolescent interpersonal violence caused them to change their behaviors or advocate for additional evidence-based resources within their schools. A focus group of educators and educational leaders from different typologies, levels of experience, age, and race/ethnicities coming together to share ideas, concerns, resources, and perspectives on how to promote healthy adolescent relationships among a diverse student population would be beneficial. Lastly, any follow up research should be centered on understanding the perspectives of students, especially those from vulnerable populations, when it comes to understanding what they need and want in terms of a comprehensive sex education program and curriculum.

Conclusion

This chapter highlighted major findings from the research study on adolescent interpersonal violence. Findings and research indicated that while educators support the idea of helping adolescents develop healthy boundaries, behaviors, and relationships with peers, many educators are lacking the resources to make it a reality (Bass et al., 2018;

Sawchuk, 2022). The findings indicate concerns that students spend too much time on social media and share too much personal information about themselves and others.

Consistent with research, educators report feeling limited in knowledge about behaviors related to the increasing issues of stalking, digital intimidation, and psychological harassment and abuse (Stonard et al., 2017). Many educators report difficulty understanding and being able to teach healthy behavior when it comes to ever-changing technology.

Findings and research indicate that educators have mixed feelings about their capacity to mitigate adolescent interpersonal violence. They fear retaliation from parents or administration in response to discussing concepts that some may deem inappropriate due to their own moral codes (Bass et al., 2018; Sawchuk, 2022). Educators and research still indicate that peers are most often influenced by other peers and the media (Sell et al., 2021; Storer & Strohl, 2017). As a result, programs and curriculum must include ways to incorporate student participation and perspectives (Reuter et al., 2017). There must also be an essential focus to have programming that is offered during the day, on a regular basis, and in a small group classroom setting to ensure all students have access (Taylor et al., 2016). With new Ohio legislation, it may be possible to have a focus on implementing more resources to prevent and mitigate adolescent interpersonal violence in schools (Crawford, 2023). However, the new restrictions attached to the law may also prove to further limit the knowledge and capacity of educators when it comes to supporting the needs of all students, especially those from vulnerable populations and traditionally

marginalized groups (Agius-Ferrante & Oak, 2020; Crawford, 2023; East & Hokoda, 2015; Norris-Brown et al., 2020). It is imperative that education leaders and stakeholders create curriculum and programs to educate, empower, and engage all students to safely explore their thoughts and identities to promote healthy adolescent relationships and eradicate systems of interpersonal violence.

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Appendix A

Participant Demographic Information

Role in Education	N	%
Building Leadership (principal, assistant principal, dean of students, etc)	6	5.2%
Certificated Support Staff (counselor, social worker, nurse, psychologist, etc)	36	31.3%
Classified Support Staff (bus driver, secretary, intervention assistant, cafeteria staff, etc)	9	7.8%
District Leadership (Teacher on Special Assignment at more than one building)	14	12.2%
Other	4	3.5%
Teacher	46	40.0%

What is the grade band that you predominantly work with as an educator/staff?	N	%
6th- 8th grade (middle school)	30	26.1%
9th -12th grade (high school)	39	33.9%
Prek-5th grade (elementary)	46	40.0%

What best describes the area in which you work as an educator/education staff?	N	%
Rural	8	7.0%
Suburban	19	16.5%
Urban	88	76.5%

Years working in Education	N	%
0-04	8	7.0%
05-09	27	23.5%
10-14	20	17.4%
15-19	11	9.6%
20 +	49	42.6%

Age	N	%
21- 29 years old	7	6.1%
30-39 years old	34	29.6%
40- 49 years old	30	26.1%
50- 59 years old	36	31.3%
60+	8	7.0%

Appendix B

Survey Questions

**Adolescent Interpersonal Violence
Research Study Survey**

This survey was created as an opportunity for you reflect upon your knowledge, attitudes and beliefs on the topic of adolescent interpersonal violence. Your answers to the self-assessment will help inform the researcher educators experience with the topic and will help guide the dissertation study.

Please respond honestly. However, please DO NOT look up the answers to questions you are unsure about or unfamiliar with.

The collective information related to knowledge and experience of all staff participants will be used in the study. However, your personal information and identifiers will not be shared and will remain confidential.

** Indicates required question*

1. Role in Education *

Mark only one oval.

- Teacher
- Certificated Support Staff (counselor, social worker, nurse, psychologist, etc)
- Classified Support Staff (bus driver, secretary, intervention assistant, cafeteria staff, etc)
- Building Leadership (principal, assistant principal, dean of students, etc)
- District Leadership (Teacher on Special Assignment at more than one building)
- Other

2. What is the grade band that you predominantly work with as an educator/staff? *

Mark only one oval.

- Prek-5th grade (elementary)
- 6th- 8th grade (middle school)
- 9th -12th grade (high school)

Appendix B, continued

Survey Questions

3. What best describes the area in which you work as an educator/education staff? *

Mark only one oval.

- Urban
- Suburban
- Rural

4. Years working in Education *

Mark only one oval.

- 0-4
- 5-9
- 10-14
- 15-19
- 20 +

5. Age *

Mark only one oval.

- 21- 29 years old
- 30-39 years old
- 40- 49 years old
- 50- 59 years old
- 60+

6. Race/ Ethnicity : Are you Hispanic or Latino? *

Mark only one oval.

- Hispanic or Latino
- Not Hispanic

Appendix B, continued

Survey Questions

7. Race/ Ethnicity *

Mark only one oval.

- White/Caucasian
- American Indian or Alaska Native.
- Asian.
- Black or African American.
- Native Hawaiian or Other Pacific Islander.
- Multiracial

8. What is Adolescent Interpersonal Violence (ADV)? *

Mark only one oval.

- An adverse childhood experience including bullying, physical and sexual assault as a part of an unhealthy relationship
- An adverse childhood experience including stalking, physical and sexual aggression as a part of an unhealthy relationship
- An adverse childhood experience including bullying, physical, psychological and sexual assault as a part of an unhealthy relationship
- An adverse childhood experience including stalking, psychological aggression and sexual violence as a part of an unhealthy relationship

9. What are examples of Adolescent Interpersonal Violence (ADV)? *

Check all that apply.

- Hitting, kicking, or other types of physical force
- Unwanted Sexual Touching
- Unwanted Sexual Behaviors (Sexting or sharing photos without permission)
- Pattern of unwanted Attention and non-physical contact causing fear
- Verbal Abuse
- Emotional Control
- Bullying and Harrassment
- Exclusion or Ignoring Someone
- Calling a person 1 time and hang up

Appendix B, continued

Survey Questions

10. What is the prevalence of high school students experiencing physical or sexual types of Adolescent Interpersonal Violence in the United States? *

Mark only one oval.

- 1 in 27
- 1 in 18
- 1 in 12
- 1 in 4

11. Who are the 3 most vulnerable populations for experiencing Adolescent Interpersonal Violence? *

Check all that apply.

- Whites
- Blacks or African Americans
- Asian
- Native Hawaiian or Other Pacific Islander
- Multiracial
- Gifted Learners
- Students with a Learning Disability
- English Language Learners
- LGBTQIA
- Student Athletes

12. How knowledgeable do you feel about the topic of Adolescent Interpersonal Violence? *

Mark only one oval.

- 1 2 3 4 5
-
- Very Completely Unknowledgeable

Appendix B, continued

Survey Questions

13. How confident do you feel about about your ability to prevent or mitigate Adolescent Interpersonal Violence? *

Mark only one oval.

1 2 3 4 5

Very Completely Unconfident

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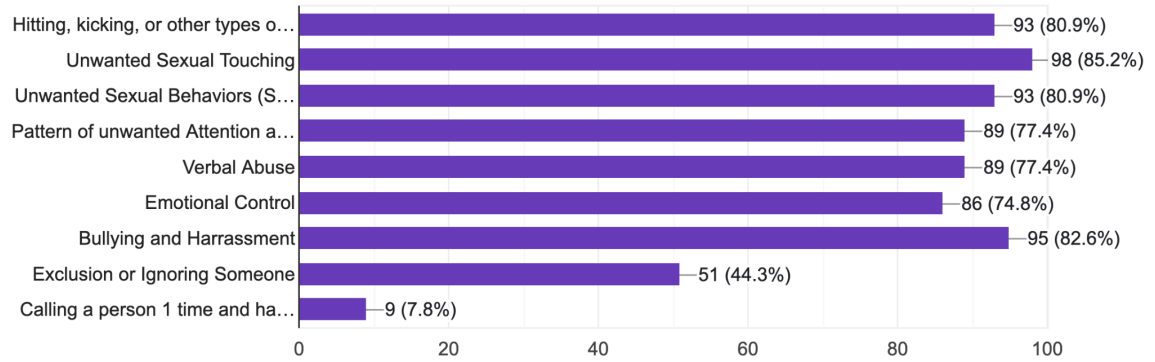
Google Forms

Appendix C

Examples of Adolescent Interpersonal Violence (ADV)

What are examples of Adolescent Interpersonal Violence (ADV)?

115 responses



Appendix D

Prevalence of U.S. High School Students Experiencing Physical or Sexual ADV

What is the prevalence of high school students experiencing physical or sexual types of Adolescent Interpersonal Violence in the United States?		
	N	%
1 in 12	43	37.4%
1 in 18	15	13.0%
1 in 27	4	3.5%
1 in 4	53	46.1%

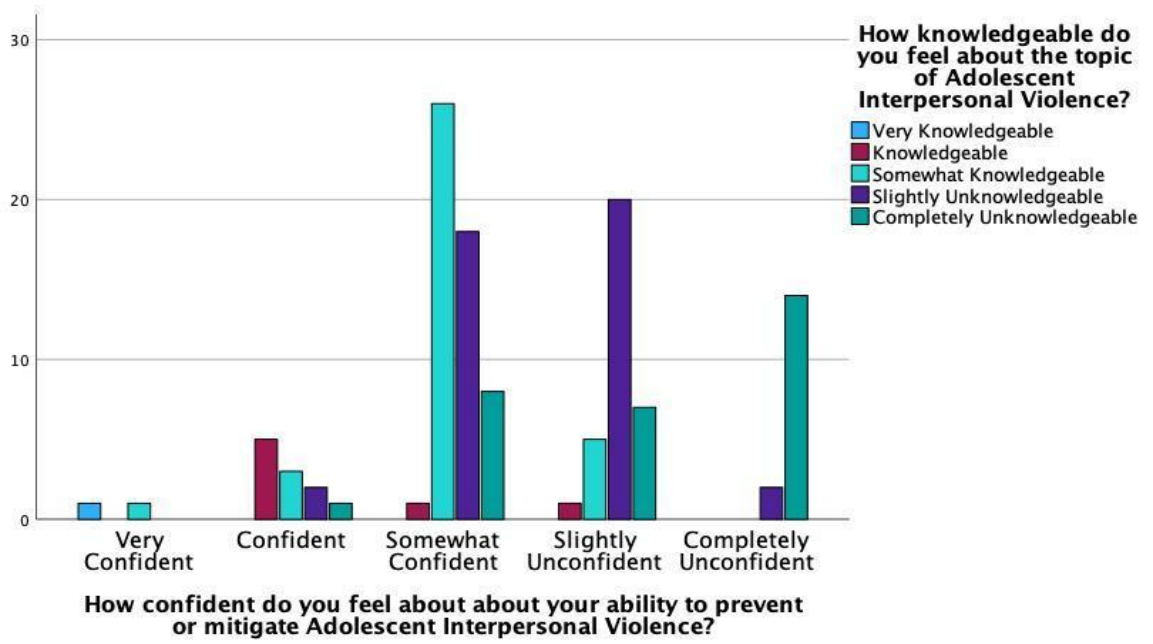
Appendix E

Chi-Square Tests

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	138.610 ^a	16	<.001
Likelihood Ratio	73.348	16	<.001
Linear-by-Linear Association	40.982	1	<.001
N of Valid Cases	115		
a. 18 cells (72.0%) have expected count less than 5. The minimum expected count is .02.			

Appendix F

Perceived Knowledge Levels Regarding ADV



Appendix G

Date: 7-26-2024

IRB #: 2024-26
Title: Adolescent Interpersonal Violence: Staff Capacity to Prevent and Mitigate
Creation Date: 8-21-2023
End Date:
Status: Approved
Principal Investigator: Karen Larwin
Review Board: YSU IRB Board
Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt
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