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Beyond the Individual Level:

Novel Approaches and Considerations for Multilevel Adolescent Dating Violence Prevention

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Adolescent dating violence (ADV), which is also referred to as teen dating violence and dating aggression, is physical, sexual, or psychological/emotional violence within a dating relationship, as well as stalking; it can occur in person or electronically and may occur between current or former dating partners.¹ ADV has emerged as a serious public health problem, and its prevention has become a leading priority in the U.S. Each year, approximately 10% and 20% of high school–attending boys and girls, respectively, are physically or sexually assaulted by a romantic partner.² Estimates of psychological dating aggression vary; recent, nationally representative data suggest that as many as 30% of youth are verbally or emotionally assaulted by a partner at some point during adolescence.^{3,4} The sequelae of ADA victimization can be severe, long-lasting, and costly. Consequences of ADA can include injury, depression, substance use, sexually transmitted infections, unhealthy eating, and increased risk for future re-victimization and perpetration.^{5–11}

Despite a movement in public health to focus on factors and prevention strategies that occur beyond the individual level of the social ecology,¹² the bulk of research on ADV has examined individual-level risk factors and interventions. For example, a recently published systematic review of longitudinal risk factors for ADA perpetration identified 59 different risk and protective factors across 20 studies.¹³ Of the identified factors, 36 were at the individual level of the social ecology and 23 were at the interpersonal level. Notably, prior to this theme issue publication, no longitudinal study had assessed the impact of neighborhood- or societal-level factors on ADV, representing a critical gap in the literature.

The gap in the ADV literature related to what might be considered “outer-layer” social-ecologic factors is unsurprising. For decades, prevention efforts across numerous public health topics have focused on promoting individual-level behavior change, so ADV etiologic and intervention science have also reflected an individual focus. This may be at least partially attributable to the fact that researching neighborhood- and societal-level factors for any health issue is a difficult and costly undertaking. For example, designing a study to

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investigate the influence of collective efficacy of a neighborhood on adolescents' ADV status is substantially more complex than examining how individuals' self-reported exposure to inter-parental violence predicts their dating behavior. To assess collective efficacy, one must first select a conceptual definition, determine the geographic boundaries of the neighborhoods under investigation, identify an appropriate measure (or measures) of collective efficacy, and most likely collect primary data from a cross-section of neighborhood residents. It is easy to imagine why this undertaking would be more time consuming and costly than surveying a sample of adolescents about their ADV status and their recall of inter-parental conflict. Compounding the challenges associated with conducting neighborhood- and societal-level research, there are relatively fewer measurement tools available, and most scholars have relatively less training and fewer opportunities to investigate how the "outer layers" of the social ecology can be conceptualized and applied to their topics of interest. Theoretic explanations for how neighborhood- and societal-level factors may influence individual partner violence behavior remain underdeveloped. Nevertheless, there is agreement in the field that such "outer-layer" factors are essential to understand, and—pending etiologic findings—to address, in order to reduce ADV incidence.

The widespread agreement that neighborhood- and societal-level factors are important to consider and address in order to achieve larger gains in ADV prevention is based on the fact that most public health problems are influenced by the interplay of factors at many different levels of the social ecology, and the related assumption that multilevel prevention strategies may be more effective than those that target only one level.¹⁴ Indeed, multilevel and structural interventions to address nutrition, physical activity, HIV infection, and asthma control appear to offer substantial benefits over interventions that target individuals for knowledge, attitude, or behavior change.^{15–18} Generally, it has been more feasible for particular institutions—such as schools or hospitals—to adopt and test structural-level interventions to reduce health concerns.¹⁴ Studies that assess the impact of structural interventions for public spaces, towns, cities, or states remain rare, likely owing to the difficulties of designing rigorous scientific evaluations of these interventions given available resources. Foundational research that contributes to the methods and practical aspects of how multilevel ADV interventions can be designed and tested using relatively short-term grants (e.g., 3–5 years) would provide helpful guidance.

It is our hope that this theme issue advances what is known about potentially contributing causes to ADV that can be classified as belonging to the outer layer of the social ecology, and that it encourages the development of interventions that would modify those factors in order to produce larger effects than existing individual-level ADV interventions. As these novel multilevel and structural interventions are developed, we hope that researchers with expertise in assessing the impact of these types of interventions across diverse public health topics can pool their collective knowledge about how to most efficiently evaluate them. This is a nascent area of intervention research, but one that has the potential to make contributions to how the field identifies more-powerful solutions to violence prevention, which is now widely recognized as one of the most urgent public health priorities in the world.

In the current issue, three papers investigate factors at outer layers of the social ecology and their impact on ADV victimization or perpetration. Johnson and colleagues¹⁹ review the literature to date on the association between neighborhood factors and ADV, and find that there is reason to consider investing in neighbourhood-based approaches to ADV prevention. Gressard et al.²⁰ examine gender inequality and ADV at the state level in the U.S. and provide compelling evidence that addressing structural inequalities related to gender could reduce rates of partner violence victimization. Foshee and colleagues²¹ explore the extent to which family context might moderate the impact of neighborhood-level influence on ADV perpetration and victimization, and suggest that interactions between neighborhood residential instability and parental attachment could drive ADV victimization and perpetration. They also suggest that neighborhood disadvantage may not have a monotonic, linear relationship with ADV, which merits further investigation. Finally, Latzman et al.²² contribute new information about how parenting practices may influence the pathway from inter-parental partner violence exposure to ADV victimization in youth. Although this study is focused on the familial and interpersonal level of the social ecology rather than the outermost layer, it nonetheless provides novel findings about how particular adolescents may come to experience ADV whereas peers in their same neighborhoods may not. This information should enrich our understanding of the complex interplay among individual-, familial-, neighborhood-, and societal-level contributors to ADV and inspire prevention and intervention strategies that take several of these factors into account simultaneously.

It is no small task to simultaneously consider the many potentially contributing causes of ADV, given their span across the social ecology and complicated interconnections. To then devise interventions and other solutions in response to the multilayered information about risk and protective factors for ADV is even more daunting. Some examples exist, such as CDC's "Dating Matters™: Strategies to Promote Healthy Teen Relationships,"²³ and we are confident that additional innovative and comprehensive approaches are within reach and will undoubtedly be forthcoming in the foreseeable future. Knowing the intellectual strength and passionate commitment of both researchers and practitioners in this field, it is our hope that this theme issue serves as both an evidentiary platform for these future innovations and a call to action: it's time to advance the field by taking on the challenges associated with developing and testing neighborhood- and societal-level interventions. We can do much to support one another in these efforts by generating etiologic knowledge, relaying lessons learned from the field, and creating our own topic-centered collective efficacy in pursuit of our shared goals.

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