DOMESTIC VIOLENCE REPORT™

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Vol. 23, No. 3 ISSN 1086-1270 Pages 33 – 48 February/March 2018

Adolescent Dating Violence Prevention: Perspectives of School Personnel in the United States

Jagdish Khubchandani, Erica Somerson and Jacqueline Davis

Adolescence is a critical period in the life of individuals. Major changes occur during this period that affect the biological, physical, psychological, and behavioral domains of an individual's functioning. Dating and the exploration of nascent romantic relationships in adolescence is a part of the normal progression toward adulthood. At any given point of time, the majority of American adolescents admit to having been involved in a romantic relationship within the past two years. Adolescent experiences in these early romantic relationships in life are also the predictors of the quality of relationships in adulthood.

While the occurrence of romantic relationships in adolescence is highly prevalent, not all the adolescent romantic relationships are healthy and normal; many are marked by adolescent dating violence. Adolescents may be vulnerable to violence in romantic relationships as they are investigating and experiencing different patterns of adult relationships. This may mean that they are likely not aware of the interactions within a dating relationship that are considered unacceptable or unhealthy. In some cases, adolescents believe that unhealthy relationships are the norm. Some relationships seen on TV, in the movies, and in magazines are unrealistic or unhealthy examples of relationships marked by violence.

The prevalence of adolescent dating violence in the United States has been reported in a plethora of peer reviewed scientific articles. Studies suggest that 10% – 30% of adolescents are victimized in a romantic relationship every year. The lack of clarity in the estimates is in part due to the way we define adolescent dating violence: Is it sexual violence? Is it physical abuse? Is it emotional neglect

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Path-Breaking Law Reform in Rhode Island

Ann Burke

The Lindsay Ann Burke Memorial Fund (LABMF) is a non-profit corporation that was founded to honor the life of Lindsay Ann Burke, a 23 year old Rhode Island College graduate from North Kingstown, Rhode Island. Lindsay was a compassionate, honest, and trusting young woman who cared deeply for others. She was trying to break the cycle of violence when she was murdered by her former boyfriend in 2005.

Lindsay was an education major who came from a family of educators. To honor her memory, we founded LABMF to work toward ending relationship violence through education. The fund supports the prevention of relationship violence primarily through the education of teens, parents, educators, and the public.

At the time of my daughter Lindsay's death, I was a middle school teacher and school nurse who taught health education. I spent a year after her death researching the subject of teen dating violence. I was appalled to learn of the lack of education about dating abuse in the schools. I found this to be unacceptable. As a health teacher, I knew the value of education, and I thought, "This is a major health issue, so why isn't this being taught in schools?"' In my eighth grade class, when I was teaching students about HIV, STDs, drugs, alcohol, I started to think, "Why isn't dating violence

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In This Issue . . .

February is National Teen Dating Violence Awareness and Prevention Month. As a result, we devote this Special Issue to the topic of teen dating violence.

D. Kelly Weisberg, Editor, *Domestic Violence Report*

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or psychological torture? Or is it a combination? Various scientists and practitioners who have published on the prevalence of adolescent dating violence have used different definitions in their assessments to generate estimates.

Despite the varying definitions and assessment methods for prevalence of dating violence in American adolescents, certain outcomes have been consistently linked with dating violence. Broadly classified, there are physical and psychological health effects of dating violence. Physical effects can be minor (*e.g.,* bruises) to major (*e.g.,* sexually transmitted infections and teen pregnancy). While rape and murder are among the infrequent and gravest outcomes, victims of adolescent dating violence frequently suffer from depression and anxiety and also tend to be at greater risk of substance use and academic failure. Victims of adolescent dating violence are more likely to become victims or perpetrators of relational abuse in adulthood.

Fortunately, within the past decade, adolescent dating violence has garnered greater attention from school personnel, parents, popular media, and policymakers. In part, this could be due to the high profile murder cases in various states that were associated with dating violence (*i.e.,* victim was a romantic partner of the murderer in these cases). This is also evident from the fact that states such as Indiana and Ohio have named a law after the victims of dating violence (*i.e.,* Tina's law and Heather's law). As of now, almost half of American states have some type of law recommending that schools take actions to prevent adolescent dating violence. Will the rest of the states likely wait until a serious incident occurs?

Almost half of American states have some type of law recommending that schools take actions to prevent adolescent dating violence.

Our National Studies

Schools are being considered as an avenue for prevention of adolescent dating violence. However, there is no evidence to show if schools across various states are prepared to deal with the new recommendations from policy makers on adolescent dating violence prevention.

We carried out three national studies with random samples of high school principals (n = 750), counselors (n = 550), and nurses (n = 750) to find out what school personnel think about preventing adolescent dating violence and also to learn about the current practices of American schools with regard to responding to dating violence incidents and prevention education provided to students and staff.

These studies were carried out at Ball State University with collaborators from the University of Toledo and Illinois State University. We conducted these studies from the years 2011-2016 by sending questionnaires in first class mail with reminders to ensure adequate response rates (>50% for all studies). We followed the best practices in mail survey research and also consulted experts in school health and statistics to ensure that our survey content was valid and reliable.

What we found from our work was hard to classify: the results of our studies were surprising, shocking, insightful, and sometimes, expected. First, the vast majority of school principals (76%), school nurses (86%), and school counselors (81%) across

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Domestic Violence Report is published bimonthly by Civic Research Institute, Inc., 4478 U.S. Route 27, P. O. Box 585, Kingston, NJ 08528. Periodicals postage paid at Kingston, NJ and additional mailing office (USPS # 0015-087). Subscriptions: $165 per year in the United States and Canada. $30 additional per year elsewhere. Vol. 23, No. 3. February/March 2018. Copyright © 2018 by Civic Research Institute, Inc. All rights reserved. POSTMASTER: Send address changes to Civic Research Institute, Inc., P.O. Box 585, Kingston, NJ 08528. *Domestic Violence Report* is a trademark owned by Civic Research Institute and may not be used without express permission.

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Health Consequences of Teen Dating Abuse Among African-American and Latino Youth

by Lisa Fedina and Kantahyanee W. Murray*

Introduction

A wide range of negative behavioral and mental health outcomes, such as substance abuse, eating disorders, depression, anxiety, and suicidal behaviors have been linked to teen dating violence in samples of predominately non-Hispanic white and middle-class youth.[1] Additionally, multiple behavioral and sexual health risks have also been associated with teen and adolescent dating abuse, including inconsistent condom use, multiple sex partners, pregnancy, and STIs/HIV,[2] in samples of both minority and non-minority youth.

These sexual health risks disproportionately affect economically disadvantaged and racial and ethnic minority youth in the U.S., however, and it is important to understand the extent to which health correlates of teen dating abuse may differ or exacerbate existing sexual health disparities among African-American and Latino youth in order to develop appropriate and culturally informed approaches. Furthermore, research strongly suggests that dating violence is often reciprocal in youth adult relationships; that is, youth may be both victims and perpetrators of dating abuse,[3] which has important implications for dating violence intervention and prevention programs.

Few studies have examined the sexual and reproductive health consequences of teen dating abuse, including the overlap between victimization and perpetration, among youth of color living in urban, low-income communities. We sought to address this gap by exploring the relationship between teen dating violence victimization, perpetration, and sexual and reproductive health consequences in a sample of economically disadvantaged and predominantly African-American and Latino youth between the ages of 15 and 21. Our original study was published in the *International Quarterly of Community Health Education* in 2016.[4]

Aims

Our study used data from *Welfare, Children, and Families: A Three City Study*[5] to explore the relationship between teen dating violence and sexual health consequences among economically disadvantaged and racial and ethnic minority male and female youth (n = 513). Our findings revealed that youth who were victims of dating violence were more likely to have used condoms inconsistently in the past 12 months and to have ever been or gotten someone pregnant in their lifetime as compared to youth who had never been victimized by a romantic partner. Youth who perpetrated dating violence were also more likely to use condoms inconsistently and to have had multiple sex partners in the past 12 months. Girls were also more likely to perpetrate dating abuse than boys. Finally, 30% of youth in the sample reported being both victims and perpetrators of dating abuse.

Our findings, along with previous studies, highlight the sexual and behavioral health risks of dating violence among youth who are victims, perpetrators, and both victims and perpetrators of abuse. In this article, we aim to provide a deeper understanding into the findings related to victimization and perpetration, particularly among African-American, Latino, and economically disadvantaged youth. Specifically, we expand upon the practice implications for this research and provide recommendations on the use of culturally informed prevention and intervention strategies for youth of color.

Implications

Indeed, there are many negative health consequences for adolescents and young adults who have experienced teen dating violence. These consequences have significant implications for micro- and macro-level intervention and prevention strategies focused on reducing behavioral health risks and promoting adolescent sexual and reproductive wellbeing. The following sections present the implications for intervention and prevention strategies for leading correlates of teen dating violence.

> ***Although teen pregnancy rates have declined over the past decade, African-American and Latino youth in the U.S. remain at a disproportionately higher risk for unintended and intended pregnancy.***

1. Pregnancy

Although teen pregnancy rates have declined over the past decade, African-American and Latino youth in the U.S. remain at a disproportionately higher risk for unintended and intended pregnancy. In our study's sample of urban, low-income, and predominately Latino and African-American youth, the odds were twice as high for victims of dating abuse to have ever been pregnant as compared to youth who had never been victimized by a romantic partner. This finding is consistent in other studies and demonstrates how teen dating violence victimization, as well as perpetration,

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may exacerbate existing health disparities (*e.g.,* pregnancy) among youth of color living in urban and economically disadvantaged communities.

Adolescent reproductive healthcare providers should routinely screen for dating abuse among youth, which will not only provide opportunities to make referrals to services and/or prevention programming, but to also inform youth of pregnancy risks, which could be addressed through contraceptive counseling services. Similarly, practitioners working with disadvantaged racial and ethnic minority youth in many settings (*e.g.,* community health, public child welfare) should keep an updated referral list of healthcare practitioners who are culturally competent, where pregnancy risks can be addressed for youth of color who previously or are currently experiencing dating violence.

It should be noted that our study used cross-sectional data, which is true for most of the research on health correlates of teen dating violence. As a result, temporal and causal relationships between health correlates and dating abuse cannot be determined. It remains unclear if pregnancy, along with other sexual health risks, precedes teen dating abuse or whether pregnant and/or parenting teens are at high risk for teen dating abuse, though there may be some possible explanations that provide context to this relationship.

The literature on intimate partner violence (IPV) in adult relationships suggests that pregnancy is associated with an increased risk for more severe forms of intimate partner violence and homicide among adult women.[6] The relationship between pregnancy and dating abuse in youth relationships may have some parallels to this same relationship among adults, though it is likely that developmental factors and, in particular, sociocultural factors influence this relationship specifically for youth of color living in low-income communities.

Pregnancy may also be the result of various forms of sexual violence (*e.g.,* rape, sexual coercion) in adult romantic relationships, as well as in youth relationships. A growing body of research on reproductive violence and coercion such as birth control sabotage, tampering with condoms, and refusing to wear condoms in adult, adolescent, and youth relationships may also provide contextual insight into the relationship between pregnancy and dating violence.

However, research on sexual and reproductive coercion among youth of color is very limited. Practitioners who work with pregnant or parenting youth should screen for reproductive coercion on clinical assessments. For example, practitioners might assess the extent to which birth control practices are used or not used among youth (*e.g.,* condom use, birth control pills, use of withdrawal or "pulling out") and examine how youth facilitate or negotiate these practices with their partners, which may help practitioners identify situations of reproductive coercion and violence. Additionally, practitioners should screen for sexual violence (*i.e.,* forced, incapacitated, and coerced sexual intercourse), in addition to physical violence, since sexual violence (as well as reproductive coercion) may co-occur with physical violence in youth relationships.

2. Sexual Risk Behaviors

Unprotected sex, inconsistent condom use, and multiple sex partners are highly associated with dating violence victimization across populations of youth, including non-Hispanic white, African-American, Latino, lower-income, and middle to upper-income youth. However, these sexual health risks, as well as STIs and HIV, disproportionately affect racial and ethnic minority youth[7] and underscore the need to address these risks in settings where minority youth are served, such as community-based healthcare and social service settings.

The association between dating violence and sexual risk behaviors are also likely connected to associations we see between dating violence and pregnancy; that is, youth who are victims and/or perpetrators of dating abuse may be engaging in sexual risk behaviors that also increase their risk for unplanned pregnancy. Therefore, adolescent sexual health education programs should include information on dating violence and address the interrelationship relationship between pregnancy, sexual risk behaviors, STIs/HIV, and dating violence in youth romantic relationships. Practitioners delivering reproductive and sexual health education to youth should screen for dating violence and consult with youth to identify situational factors in their relationships that may lead to various risk behaviors as well as pregnancy, STIs, and HIV.

3. Gender Differences

No significant gender differences were found for dating abuse victimization among youth in our study; however, female youth were more likely to perpetrate dating abuse than male youth. These findings are consistent with prior studies on teen dating violence suggesting higher rates of perpetration among female adolescents and teens. It is indeed a topic of debate, however, since research on adult intimate partner violence consistently demonstrates that women are more likely to be victims and men are more likely to be perpetrators.

Researchers have offered several explanations for gender differences in teen dating violence perpetration, including the possibility that female youth may be perpetrating violence in self-defense.[8] Recent studies have also suggested that norms and attitudes related to the acceptability of violence or aggressive behavior among girls contributes to higher perpetration rates among female youth. Given these findings, practitioners working with at-risk youth of color should equally address the risks of both victimization and perpetration among male and female youth. Additionally, a significant proportion of youth who experience dating violence are both victims and perpetrators of abuse and therefore, teen dating violence prevention programs might consider addressing these co-occurring experiences in youth as well as norms and attitudes towards relationship violence and abuse (*e.g.,* whether violence perpetrated by boys or girls is ever justified in dating relationships).

Research on aggressive behaviors among racial and ethnic minority youth may also offer insight into the gender differences seen with dating abuse perpetration. Specifically, studies suggest that boys tend to engage

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Healthcare Provider Screening for Dating Violence

by Vijay Singh*

Dating violence is a pattern of coercive behavior leading to physical, sexual, or psychological violence, including through use of phone messages, texts, or social media posts. Nearly one in 10 U.S. high school students report being a victim of dating violence (Eaton, 2012). Among U.S. adult women who were victims of rape, physical violence, or stalking by an intimate partner, 22% first experienced partner violence between 11-17 years of age (Black, 2011). In 2015 nearly 1,000 women were killed by an intimate partner, and of those men who killed their intimate partners, nearly half were former or current dating partners (Violence Policy Center, 2017). Health and related conditions associated with dating violence include depression and anxiety, suicidal ideation, alcohol and substance use, injuries, sexually transmitted infections, and unintended pregnancy (Black 2011, Singh 2014, Singh 2015).

The Joint Commission accredits and certifies hospitals in the United States, and this commission mandates that healthcare providers screen patients for intimate partner violence in all healthcare settings, including the emergency department (Joint Commission, 2008). National guidelines exist for screening dating violence among adolescents (Miller, 2012). The United States Preventive Services Task Force guidelines recommend that clinicians should screen women of childbearing age 14-46 for partner violence victimization and provide or refer adolescents and women who screen positive to intervention services (Moyer, 2013). Yet, despite the high prevalence of dating violence and national guidelines recommending screening, studies reveal that only 30% of adolescent report having been screened for dating violence (Miller, 2010).

To learn more about the problem of teen dating violence, I conducted research with faculty colleagues at the University of Michigan. We examined the prevalence and correlates of teen dating violence identified among adolescent patients seeking healthcare. We studied both dating victimization and dating aggression. In our study, published in the *Annals of Emergency Medicine*, we screened 4,089 males and females ages 14 to 20 who sought care in our academic medical center's emergency department (ED). Our hospital is a Level 1 trauma center in Ann Arbor, Michigan. We analyzed data from a larger survey of teens and young adults who visited our ED for any reason between late 2010 and early 2013. The teens took the surveys on touch-screen tablet computers in private, though those under age 18 needed their parents' consent to take part. We defined dating victimization as violent acts received by a young adult, where dating aggression referred to violent acts perpetrated by youths. These acts included throwing objects at someone; kicking, hitting, or punching; slapping, or pulling hair; and pushing and shoving.

More than 15% of adolescents in the sample reported dating violence in the past year. Almost one in five females and one in eight males reported such past-year victimization.

Findings

We found that more than 15% of adolescents in the sample reported dating violence in the past year. Almost one in five females and one in eight males reported such past-year victimization. Any dating victimization was reported more by male patients (12%) than female patients (11%), while any dating aggression was reported more by female patients (15%) than male patients (5%). Female patients were most likely to report dating aggression only (42%), followed by both dating aggression and victimization (33%) and dating victimization only (19%).

This shows that among all patients with dating violence in our sample, nearly one in three patients reported both dating victimization and dating aggression. This suggests that reciprocal or mutual violence is common, and that a healthcare setting such as the emergency department can aid in identifying dating violence.

Several themes emerged regarding demographics, associated behaviors, and ED health service use for any dating violence, any dating victimization, and any dating aggression. Patients who misused alcohol, used illicit drugs, and/or had depression were more likely to commit dating violence, regardless of the patient's gender. African-American race was another factor associated with dating violence for both males and females.

In addition, females who reported dating violence were more likely to be on public assistance, and have lower academic grades. Teen girls who had sought emergency care for an intentional injury in the last year had twice the odds of reporting violence in their dating relationships. In general, the pattern of findings was similar for dating victimization and aggression for both male and female patients, with the notable exception of any past-year ED visit for intentional injury

Implications for ED Treatment

Our study has important implications for emergency healthcare for an adolescent population. Understanding ED health service use patterns

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may enhance the identification of dating violence.

Overall, our sample showed high rates of dating violence, higher than that found in school-based samples. More females than males reported dating violence, and there was a high degree of overlap in reporting both dating victimization and aggression. The consistency in findings for victimization and perpetration may reflect the reciprocal nature of dating violence in this age group, and the fluid and not established gender roles in relationships at this early age. We should consider including aggressors as well as victims of dating violence in future ED-based interventions.

Our data highlight the fact that many adolescents have already experienced violence in their dating lives. These patterns may begin in adolescence, and there is a real chance that they can carry over into adulthood. Screening and interventions for youths with a history of dating violence may help reduce the risk of IPV later in life.

The fact that dating violence among adolescents was strongly associated with alcohol misuse, illicit drug use, and depression is important. Alcohol and illicit drug misuse may be associated with dating violence due to the clustering of risk behaviors in an individual, or substance use to cope with multiple consequences of dating violence. It is unknown if depression is a consequence or cause of dating violence. If adolescents present to the ED with any of these factors, clinicians should consider asking about dating violence. We can take a targeted approach if we understand the factors and health problems associated with dating violence.

The study's multivariate findings showed that any past year ED visits for intentional injury were associated with higher odds of any dating violence, any dating victimization, and any dating aggression among females. ED visits for intentional injury may serve as a marker of prior dating violence in female youth seeking ED care, even if those female adolescents do not explicitly state their reason for seeking care is for a dating violence injury, or if the dating violence was not severe enough to cause injury. An ED healthcare provider simply treating an injury and not assessing for dating violence can miss an opportunity for breaking the cycle of violence.

Our data highlight the fact that many adolescents have already experienced violence in their dating lives. There is a real chance that can carry over into adulthood.

Suggestions for Reform

If adolescents present to the ED with alcohol misuse, illicit drug use, depression, or intentional injury, clinicians should consider asking about dating violence. We offer several suggestions for health care screening in this population. Healthcare providers can introduce the topic of dating violence by using a framing or normalizing statement such as "We've started talking to all of our patients about safe and healthy relationships because it can have such a large impact on your health" (Miller, 2012). Patients need to be informed about the limits of provider-patient confidentiality if the adolescent discloses a recent violence-related injury that they are seeking treatment for (Durborow, 2013).

Healthcare providers can create shared decision making with a confidentiality statement such as, "Before we get started, I want you to know that everything you share with me is confidential, unless you have an injury due to violence. I would have to report that situation, OK?"(Chamberlain, 2012). Healthcare providers should screen adolescents in a private place, away from partners, parents, or other family or friends. A commonly-used dating violence screen is the HITS scale, and that includes the questions, "Does your partner physically: Hurt you? Insult you or talk down to you? Threaten you with harm? Scream or curse at you?" Yes to one or more questions is a positive screen, and the HITS scale has sensitivity and specificity >85% (Sherin 1998; Rabin 2009).

Healthcare providers can respond to positive screens by using supportive statements such as, "This is not your fault. No one deserves to be treated this way. I am concerned about your safety." Healthcare providers can assess safety of those adolescents who screen positive for dating violence. A brief safety assessment includes the following five questions: "Has the physical violence increased over the past six months? Has he ever used a weapon or threatened you with a weapon? Is he violently and constantly jealous of you? Have you ever been beaten by him while you were pregnant? Do you believe he is capable of killing you?" Yes to three or more of those five questions denotes high risk of harm or injury (Snider, 2009). Healthcare providers can develop a safety plan for adolescents at high risk of injury. Safety plans include such things as packing a bag in advance, establishing a code with family or friends, and planning where to go in case of an emergency. Healthcare providers need to be aware that patients are in the best position to determine what to do in their situation, and that an adolescent may prefer to stay in a relationship with the perpetrator. Healthcare providers can refer patients to health system-based counseling for advocacy, support, and safety planning. If no trained service providers are available on-site, healthcare providers can describe local and national resources (WHO, 2014). The latter includes the toll-free, 24-hour, multi-language National Domestic Violence Hotline at 800-799-SAFE and its website *www.thehotline.org,* as well as *www.loveisrespect.org,* which focuses on teens. Healthcare providers can consider screening adolescent males for dating violence victimization. Screening and interventions for adolescents with a history of dating violence may help reduce the risk of intimate partner violence later in life.

In the future, dating violence interventions should assess mental health and substance use problems, and intervene on these co-occurring problems. When developing interventions, we should consider both male and female

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youths as potential victims and/or aggressors. We need studies to explore new and efficient ways to screen young adults for dating violence in the emergency department and related healthcare settings so that we can decrease the burden of this increasingly recognized health problem.

Understanding associated health conditions for dating violence and emergency department health service use patterns may enhance the identification of dating violence. Healthcare providers who identify dating violence and aggression among adolescents will create better healthcare responses for this important population.

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When developing interventions, we should consider both male and female youths as potential victims and/or aggressors.

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in overt and instrumental aggressive behaviors that will help them achieve power, status, influence, or money, whereas girls tend to engage in relational and reactive aggressive behaviors primarily in peer, familial, and romantic relationships.[9]

Overt aggression includes an intent to hurt others through physical and verbal aggressive behaviors. Relational aggression includes behaviors that intend to emotionally hurt or damage relationships with friends or romantic partners. Additionally, instrumental aggression includes behaviors that will directly benefit the perpetrator, which is different than reactive aggression, which includes defensive behaviors used in response to being provoked or angered.

Although this body of research has been largely conducted in predominately white child and early adolescent populations,[10] these findings may provide some clues regarding the increased perpetration patterns seen specifically with females in their romantic relationships. However, scant research exists on the situational context of dating violence in African-American and Latino youth romantic relationships. Therefore, the dating or romantic circumstances in which violence and aggressive behavior occurs is largely unknown.

Although more research is needed on aggression typologies among older youth and youth of color, teen dating violence prevention programs might consider targeting relational and reactive aggressive behaviors among females, overt aggressive behaviors among males, and consult youth about the situations and circumstances in their romantic relationships where these types of aggressive behaviors occur. For example, prevention program specialists might ask girls about the situations in their romantic relationships where they feel provoked by their partners (*e.g.,* situations of infidelity, issues with children or parenting) and focus on strategies to reduce reactive behaviors related to those situations. Similarly, program facilitators might ask boys about their

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Case Summaries

by Anne L. Perry

Seventh Circuit: Sexual Assault, Domestic Violence Complaints Lead to Warrantless Search, Firearm Possession Conviction

The Facts. Defendant Vincent Jones lived with his girlfriend, Jennifer, and her three children. Jennifer's daughter, MK, went to a neighbor's residence to call the police to report that Jones sexually assaulted her. Two officers were dispatched to the scene where they encountered Jennifer and MK. Jennifer told the officers that she was afraid of Jones. The officers transported Jennifer and MK to the police department for further inquiry.

At the police department, MK told the officers that she had been sexually assaulted by Jones for several years. Jennifer told the officers that Jones was a convicted felon who had tendencies of being violent and aggressive, that he had guns in a safe in their shared bedroom, and that she feared for her life and the lives of her children. The officers ran a criminal history search, which confirmed that Jones was a convicted felon. Jennifer and MK returned to the residence with five officers.

The Search. When Jones opened the door, officers observed knives on the counter and asked Jones to vacate the premises. He was handcuffed and escorted away from the home. Jennifer then consented to a warrantless search of the residence and all rooms to clear the home of possible weapons. In the bedroom, the officers saw two gun safes, one which was partially open revealing several guns, as well as boxes of ammunition and empty gun holsters. The officers ceased the search and sought a search warrant for the home and the content of the safe. A full search resulted in the seizure of 12 firearms, over a thousand rounds of ammunition, 17 clips, and several firearm scopes. Jones was arrested and charged with one count of possession of a firearm by a felon in violation of federal law.

Motion to Suppress and Trial Court Conviction. Jones moved to suppress the products of the search. At a hearing on the issue, Jones argued that Jennifer's consent to search was invalid against him because the officers did not ask him for consent, and he did not consent. Jones contended that the first search was illegal and the search pursuant to the warrant was tainted by the warrantless search. The judge found that Jones failed to object to the search when it occurred, the initial search was conducted with Jennifer's consent, and the guns were observed in plain view, so there was nothing to taint the subsequent search warrant. The court denied Jones's motion, and rejected his new claim that the officers removed him for the purposes of preventing him from objecting to the search. The court found that Jones did not object to the search and the officers did not unlawfully detain him.

The court alternatively concluded that either the inevitable discovery rule or the independent source doctrine would prevent exclusion of the evidence. Jones filed multiple motions to reconsider, but was ultimately convicted by jury of possession of a firearm by a felon, and he appealed.

The Appeal. The U.S. Court of Appeals for the Seventh Circuit reviewed the Fourth Amendment protections against unreasonable searches and seizures, noting exceptions for voluntary consent. The court determined that, with the exception of Jones's gun safes, there was "no dispute" that Jennifer had the authority to consent to the search of the home. However, where a "physically present" inhabitant expressly refuses consent, it is dispositive as to him, regardless of the consent of a fellow occupant.

An occupant who is absent due to a "lawful detention or arrest" is the same as any other absent occupant. Jones argued that the warrantless search was unreasonable because the officers removed him for the sake of avoiding a possible objection. The court disagreed, finding that "it was objectively reasonable for the officers to remove [Jones] not only for the officers' safety, but also because they had probable cause to arrest him."

Given that Jones's removal was lawful, Jennifer's consent was effective to permit the warrantless search of the home. The court next considered the search of the gun safe, for which Jennifer lacked the authority to consent. The court agreed with the district court finding that, even if the officers did not observe the guns in plain view, the evidence would have been admitted under the inevitable discovery exception. The court determined that the state had legal justification for a warrant, based on sufficient information prior to entry that Jones possessed guns, as well as the observations of the gun safes and ammunition. The court was "confident that the guns would have inevitably been discovered by lawful means." Accordingly, the judgment of conviction was affirmed. **U.S. v. Jones**, 861 F.3d 638 (7th Cir. 2017).

Editors' Note: The ability of one occupant to consent to the search of a jointly occupied residence is well established, with the limited exception of when the other occupant is present and objects to the consent search. Justice Alito's opinion in the similar case of ***Fernandez v. California,*** *134 S. Ct. 1126, 1137 (2014), adds resonance as well as precedent to this topic. He wrote: "Denying someone in [an abused woman's] position the right to allow the police to enter her home would also show*

The ability of one occupant to consent to the search of a jointly occupied residence is well established, with the limited exception of when the other occupant is present and objects to the consent search.

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disrespect for her independence. Having beaten [her], petitioner would bar her from controlling access to her own home until such time as he chose to relent. The Fourth Amendment does not give him that power."

Oregon: Harassment Conviction in "Domestic Disturbance" Reversed Where Warrantless Entry Not Justified by Emergency Aid Exception

The Facts. Police officers responded to a "domestic disturbance" at the home of the defendant, Shawn Galen Stanley, after a 911 call by the victim, his then-girlfriend. Officers testified that they were informed by dispatch that Stanley had attacked his girlfriend, had taken her phone to prevent her from calling 911, and had broken down the bedroom door to "get at her." According to dispatch, the victim was upstairs and "felt safe" and Stanley was outside waiting for police to arrive. Officers were also informed that there was a gun somewhere in the house. Three officers arrived and found Stanley sitting on the front porch. They determined that the house belonged to Stanley and the victim was still inside. One officer told Stanley, "I'm going to go in and check on [the victim,]" to which Stanley replied, "Go on ahead. She's inside." Two officers entered the house to locate the victim while the third remained outside to interview Stanley. The victim was upset and had red marks on the side of her face. She showed the officers the damaged door to the upstairs bathroom. The officers took photos of her injuries and the damaged door, which were later admitted as evidence at trial. Stanley was subsequently charged with harassment and interference with making a police report.

Motion to Suppress; Trial Court. At trial, Stanley moved to suppress all of the evidence obtained after the officers entered his home, on the ground that the warrantless entry violated his Fourth Amendment rights. He argued that the search was not justified by an exception to the warrant requirement. He further argued he did not consent to the entry, he had merely acquiesced to the officer's declaration that she intended to enter the home. The state responded that the entry was justified under the emergency aid exception, as the officers were investigating whether a crime had occurred and if the victim was potentially injured.

The state alternately responded that Stanley had consented to entry through his reply to the officer. The trial court agreed with the state on both grounds and denied the motion to suppress. Following a bench trial, the court convicted Stanley on both counts. Stanley appealed, contending that the trial court erred when it denied his motion to suppress because neither reason cited by the court justified the warrantless entry into his home.

The Appeal. The Court of Appeals of Oregon first considered the contours of the emergency aid exception to the Fourth Amendment protection against warrantless entries. In order for this exception to apply, the state must prove that the officers held a subjective belief that there was an "immediate need" to assist a person with "serious physical injury or harm," and that belief must be objectively reasonable. In this case, the court found that it was "unnecessary to address whether objectively reasonable grounds" existed for the officers to believe that the victim was seriously injured, because there was no evidence in the record that the officers subjectively held this belief. "Without an actual, subjective belief that the victim needed their immediate assistance, and without any evidence that defendant continued to pose a threat to the victim's safety, the officers could not act under the emergency aid exception."

The court next considered whether Stanley had voluntarily consented to the warrantless entry into his home. The court agreed with Stanley that the officer's "declaratory statement was not a request for consent to enter the house and invited no response other than acquiescence." The court reasoned that the officer told Stanley "unconditionally" that she was "going to go in," leaving him to agree or to challenge the officer's authority. Under these circumstances, the court concluded that "the state failed to meet its burden of proving that defendant's response amounted to anything more than passive acquiescence."

Accordingly, the court concluded that the trial court erred when it denied Stanley's motion to suppress evidence obtained as a result of the warrantless entry into his home. Finally, the court rejected the state's contention that the admission of the evidence was harmless. The state referenced the photographs of the victim's injuries and the damaged property in closing argument, remarking that this evidence was consistent with the victim's description of events. Because the case was "essentially a credibility contest" between Stanley and the victim, the court could not conclude that there was "little likelihood" that the error affected the verdict. The judgment was reversed and remanded. **State v. Stanley**, 404 P.3d 1100 (Ore. Ct. App. 2017).

*Editors' Note: **Stanley** is an excellent training case for law enforcement because it makes it abundantly clear that the emergency aid exception to a warrantless search must be based on an actual belief that a victim needed assistance (not merely a desire to "find out") and that consent to a search of one's home is very different from acquiescence to an officer's statement that he or she is going inside.*

Massachusetts: Traffic Stop to Serve Abuse Prevention Order Not Permissible

The Facts. A police officer, parked outside a local bar, was randomly checking the owner and registration information of vehicles parked outside the bar. He inquired about a license plate number associated with the defendant, Richard R. Sanborn. The officer found that a civil abuse restraining order had not yet been served on Sanborn. While another officer was delivering the restraining order to that location, Sanborn left the bar, entered his car, and drove away. The officer followed Sanborn and eventually stopped his vehicle. Based on the officer's observations of Sanborn after the stop, he was placed under arrest for operating while under the influence of liquor.

Motion to Suppress. Sanborn moved to suppress the evidence relating to, and discovered as a result of, the stop. Sanborn argued that his Fourth Amendment rights had been violated. At a hearing on Sanborn's motion, the officer testified that he stopped Sanborn after observing multiple lane violations. The motion judge discredited this testimony, however, and found that the purpose of

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Commentary on School Personnel Study

by Ann Burke

Domestic violence was declared an epidemic in the U.S. in the 1980s. Researchers were aware that these violent behaviors did not begin in adulthood, but rather were learned behaviors that began in the pre-teen years, and referred to them as teen dating violence. The teen dating violence statistics are alarming and have remained relatively steady over the years. Yet, here we are in 2017 still discussing the importance of preventing dating violence through education in an attempt to persuade school districts across the country to take this health problem seriously.

As a retired school nurse and health teacher, and as a parent who lost her daughter to dating violence, I find this disheartening. For a variety of reasons, the federal government has acted much too slowly in this arena. There are so many obstacles and factors that slow them down, and hold them back from taking strong, decisive action mandating state schools to address this problem.

And perhaps, they cannot issue a mandate to the states. That's not to say that they have not taken some action, like issuing the February 2013 "Dear Colleague" letter from then-USDOE Director Arne Duncan to all Chief State School Officers (issued in conjunction with the 2013 Teen Dating Violence Awareness and Prevention Month). That policy statement urged educators and administrators to "take action and consider how your school community will reduce gender-based violence." (Laws & Guidance, Elementary & Secondary Education, Key Policy Letters from the Education Secretary and Deputy Secretary, February 28, 2013, available at *https://www2.ed.gov/policy/gen/guid/secletter/130228.html.)* The policy statement was issued after a group of parents whose children had been murdered by abusive dating partners formally urged the USDOE to do so. We are grateful for this, but there has been little to no follow-up with the states to check on their progress.

In addition, it is also nice to see that the authors of the YRBS made a change to their survey questions in 2013 by adding questions specifically about sexual dating violence. And we must recognize researchers who continue to pursue their work in this area. The recent study published on page one of this issue of **DVR**, "Adolescent Dating Violence Prevention: Perspectives of School Personnel in the U.S." by J. Khubchandani, E. Somerson, and J. Davis is one example of this work.

> ***Educators need to be convinced of the seriousness of the problem and the need for prevention within the schools. Health educators, in particular, need to be properly trained in order to be successful teaching this topic within the classroom.***

But there is so much more to be done. If prevention within the schools is to be successful, the proper tools need to be provided. DV agencies or experts must take on the task of educating school staff. There is a need for more evidence-based teen dating violence curricula for use within schools. Educators need to be convinced of the seriousness of the problem and the need for prevention within the schools. Health educators, in particular, need to be properly trained in order to be successful teaching this topic within the classroom. The health education profession needs to play a much greater role advocating for this. And if we expect schools to have policies to deal with episodes of dating violence at school, then the states need to mandate this, such as the various dating violence prevention laws that have been passed, beginning in 2007 with the passage of the Lindsay Ann Burke Act in Rhode Island.

Some states have taken the initiative to pass dating violence prevention education laws, but most of those were the direct result of either a parent who lost a child or a motivated state legislator taking on the task of getting such a law passed. Only when everyone involved—legislators, concerned citizens, the state Department of Health, the state Department of Education, and the domestic violence agencies—joins together to recognize the importance of such prevention and actively work to get legislation passed, can this be successful.

Together they can overcome the obstacles to getting laws passed, but they must all work together. This is no easy task as each group has its own agenda and philosophy. This task will be followed by the equally difficult task of then implementing the law. This is where DV agencies can play a vital role through offering their services to provide training to school staff in the most efficient way possible.

The Khubchandani, Somerson, and Davis article is an important contribution to the debate about how to respond to the problem of teen dating violence. As a former educator, the results do not surprise me and I agree wholeheartedly with their recommendations. My hope is that those who work in this area in the CDC, the U.S. Department of Education, the state Departments of Education, the national professional organizations for health teachers, school counselors, school superintendents and principals, school social workers, school psychologists, and secondary teachers will all have an opportunity to read this. And more importantly, perhaps it will help to inspire and motivate some of these individuals to take action towards implementing the recommendations. ■

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United States reported that their schools do not have a formal protocol to deal with an incident of dating violence. However, the majority of school principals (57%), nurses (55%), and counselors (61%) reported assisting victims of dating violence in the past two years.

We question the nature, extent, and quality of assistance provided by school personnel to dating violence victims given that there is no formal protocol to assist victims in majority of American schools. Adolescent dating violence is a complex problem, which has a medical side and a legal side. Victims of dating violence need a variety of services such as primary care or first aid, social services, counseling, legal assistance, and rehabilitation. Without a clear protocol, one wonders how school personnel are assisting dating violence victims.

In addition, the focus was entirely on victims. We probed further in our studies—what about the perpetrators? The vast majority of school personnel did not report sanctioning of disciplinary action against perpetrators. This further confirmed the fragmented and piecemeal approach to the prevention of dating violence in American schools.

We took the opportunity to gauge the knowledge of school personnel about adolescent dating violence related issues through the study questionnaire. Unfortunately, the majority (>50%) of the school principals, school nurses, and school counselors could not correctly answer almost half or more of the knowledge questions. Even though this was disconcerting, upon further examination, a potential cause for this finding was revealed. The majority of the school principals (68%), school nurses (70%), and school counselors (71%) had not received formal training on adolescent dating violence. In addition, the vast majority of respondents reported that their schools did not provide training to staff and school personnel on dating violence prevention within the past two years. Given that the majority of the school principals, counselors, and nurses reported having assisted victims of dating violence in the past two years, one wonders what assistance was provided to victims without training and formal protocols in place.

In relation to assisting victims of dating violence, school nurses, principals, and counselors believed the top most preferred ways are to call the parents and guardians, involve legal authorities, and make referrals to school nurses and counselors. However, the majority of the schools did not practice these strategies. Obviously, schools face barriers in assisting dating violence victims. The top barriers reported by the school personnel we surveyed were lack of time and staff to help, lack of expertise, and lack of training. Some school personnel did not believe it was their role to assist victims and were visibly upset given the comments we received (*e.g*, "We are not here to deal with dating issues, we are here to teach" and "where are the parents? When will the parents take responsibility?").

We agree and understand the frustration of school personnel—parents and family members have a major responsibility. However, school personnel should also keep in mind that providing a healthy and safe learning responsibility is not only a moral task, but also a legal responsibility. Therefore, being proactive, teaching children about healthy relationships, conflict resolution, and how to prevent and respond to dating violence incidents is expected of schools. Further, a majority of American states recommend that schools take preventive action and get involved.

What we also found was the confusion about who should play a major role in assisting victims of dating violence: School nurses? School counselors? School principals? While most of our study respondents believed that school counselors should play a major role in preventing and responding to dating violence, the role of other school personnel was not clear. School principals especially did not believe that peers and health teachers had a major role to play. This is surprising because peers are often bystanders and sources of help. In addition, health teachers are the ones who teach about healthy relationships and should be a playing a major role in educating teenagers about dating violence prevention.

We asked about school prevention practices and policies in relation to dating violence and had mixed results. The majority of school nurses, counselors, and principals admitted that they do not post information on the school campus regarding where to report incidents of dating violence, the schools do not have an exclusive policy on dating violence prevention, and periodic assessments of student health, and violent risk behaviors are not conducted in their schools. Most school personnel reported that students are taught in classes about healthy relationships and dating violence prevention. Unfortunately, there seems to be a lot of cognitive dissonance and fractured attempts to address this problem.

Since the majority of the school principals, counselors, and nurses reported having assisted victims of dating violence in the past two years, one wonders what assistance was provided to victims without training and formal protocols in place.

Finally, in our studies with school nurses, counselors, and principals, we explored through statistical modeling: what predicts whether a school assists victims of dating violence and is proactive in relation to prevention of dating violence. We found that school personnel who are more likely to: have a formal school protocol to respond to dating violence incidents; provide training to school staff on dating violence prevention and related issues; perceive dating violence to be a serious problem and perceive fewer barriers to assisting victims; and have

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a clear and strong violence prevention and safe school policy.

So, what can schools do? What *should* schools do? We created a summary of actionable strategies for schools to address Adolescent Dating Violence (ADV):

- First, schools should create a formal protocol to deal with any incident of ADV. This protocol should include a checklist or practical guide on what actions to take in case of an incident.
- Second, development, documentation, and implementation of robust school violence prevention policies and periodically educating students and staff about these policies can help prevent ADV.
- Third, periodic training of school personnel on ADV issues can help reach out to a greater number of victims and help reduce the prevalence of ADV.
- Fourth, schools should consider implementing evidence-based prevention interventions published in scientific literature. These interventions aim at changing negative attitudes and unhealthy behaviors in adolescent relationships, in addition to educating teenagers.
- Fifth, providing counseling, medical care, and referral to appropriate agencies and legal authorities can help victims of ADV and prevent repeated abuse.
- Sixth, all states and school districts should consider enacting strong ADV prevention laws.
- Seventh, ADV is a complex problem with social, academic, and health-related impacts on adolescents; greater collaboration between schools, parents and pediatricians, community health, and social services will be required for effective ADV prevention.
- Finally, organizations with concerns for children and adolescents should be actively involved and help raise awareness. These organizations can be health professionals (*e.g.*, National Association of School Nurses) or legal (American Bar Association) or other community based agencies (*e.g.*, local shelters).

Adolescent dating violence is a real problem that affects not only the victims, but their families and peers as well, and can have life-long effects. Schools and parents must work together to enact policy and procedures to reduce the incidents of adolescent dating violence and protect victims. As a primary source of information and first line of defense, school-based programs and education are key to ensuring victims have access to appropriate physical and psychological care. Perpetrators can be appropriately reprimanded and prosecuted.

By raising the profile of school-based policy and procedures, policymakers will take note and put laws in place to provide resources to victims and repercussions to perpetrators. The action items listed above are just the beginning to address adolescent dating violence. Starting the conversation and working together to protect and educate our youth will have lasting, meaningful impacts on individual lives, and reduce the prevalence of adolescent dating violence.

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education mandated?" As I looked into my students' eyes, I kept asking myself, "Why is it that I'm teaching them about other health problems, such as substance abuse, but I'm not teaching them about this?"

After looking at our family's background in education and Lindsay's love of education, it was clear what needed to be done. I felt that we had a deficit of education on teen dating violence in our schools. If we could reach teens before the violence, if we could help them understand that it's wrong and that they don't have to endure it, then we would be making a real difference. That's how we'll stop this violence.

Beginning in 2006, I worked together with former Rhode Island Attorney General Patrick Lynch to support legislation requiring TDV prevention instruction in Rhode Island schools in all health education classes for grades seven to 12. The Lindsay Ann Burke Act was passed in 2007 (R.I. Gen. Laws §§ 16-85-1; 16-21-30;16-22-24). That made Rhode Island the first state to pass a comprehensive dating violence education law. Since then, about two dozen other states have passed legislation based on Lindsay's Law.

How successful has Lindsay's Law been in Rhode Island? One measure of success is the decrease in the percentage of students who experience physical dating violence and sexual dating violence. For the past few years, Rhode Island has had lower percentages of student victims on both these measures as compared to the percentage of student victims across the country. The percentage of students who experienced physical dating violence in the United States in 2015 was 9.6%, but in Rhode Island, the percentage was 8.8%. The percentage of students who experienced sexual dating violence in the United States was 10.6%, but in Rhode Island, the percentage was 9.6%.

Rhode Island did not always have lower percentages than the country as a whole. Rhode Island's statistics revealed a spike in dating violence on the Youth Risk Behavior Survey (YRBS) from 9.7% in 2005 to 14% in 2007. The Youth Risk Behavior Survey is a biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention.

What explains this spike? Was it perhaps due to an increase in domestic violence education that occurred as a result of the passage of the Lindsay Ann Burke Act in 2007? Did it result from a greater awareness as a result of our working toward this law, and educating teachers, which began in 2006? We can only speculate.

Two years after the law's passage in 2009, Rhode Island's rate of teen dating violence was still higher than the national rate. The percentage of students who experienced physical dating violence in Rhode Island was 10.8% compared to the US rate of 9.8%. I think we could safely argue that the increase then may have occurred as a result of the increased education in the classrooms—thus leading to more students' identifying the problem and becoming more comfortable reporting on the survey.

Since that time, impressively, Rhode Island's rate of teen dating violence has been consistently lower than the national rate. Thus, in 2011, the rate of TDV in the United States was 9.4% but in Rhode Island, the rate was 8.2%. In 2013, the rate of TDV in the United States was 10.3%, but in Rhode Island, it was 8.4%. By now, it is clear that mandatory education is making a difference.

I have suggested to the Rhode Island State Department of Health that is responsible for adding questions to the RI YRBS (at a hefty cost, according to them), that they add a question to respondents that asks them: "Have you used your DV education/knowledge to help yourself or a peer/friend to leave or end an abusive relationship?" The state replied that it is too costly to add questions. But only by adding such a question, will we be able to better understand the impact of the Lindsay Ann Burke Act on students' behaviors.

How successful has Lindsay's Law been? For the past few years, Rhode Island has had lower percentages of student victims on both measures of physical and sexual dating violence as compared to the percentage of student victims across the country.

Too often we rely on statistics to judge the success of an initiative. As a retired school nurse and health teacher who has spent the past 10 years in Rhode Island training teachers about dating violence, I have had the opportunity to hear their feedback regarding their own success stories in teaching teens about this topic. And there have been many success stories, including positive feedback I received from my own students when I was still teaching. One health teacher told me that at the end of teaching the dating violence unit, one female student approached the teacher exposing bruises on her arm and stated "This is what my boyfriend did to me." As a health teacher, that is all the proof I need to know that dating violence prevention education works.

Ann Burke, M.Ed., is President, Lindsay Ann Burke Memorial Fund.

The Lindsay Ann Burke Memorial Fund is a non-profit 501(c)(3) charitable corporation. All donations are tax deductible and directly support our mission of ending relationship violence through education. Donations can be made payable to: Lindsay Ann Burke Memorial Fund and mailed to Lindsay Ann Burke Memorial Fund, P.O. Box 1748, North Kingstown, RI 02852. Website:www.labmf.org. ■

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ideas of masculinity, power, influence, and the situations in romantic relationships where they may or may not exhibit this through physical violence and verbal aggression.

4. Sociocultural Context

Teen dating violence victimization, perpetration, and co-occurrence among youth must be considered within the context of several economic, social, and cultural factors. First, poverty and poor access to healthcare significantly impacts the health of racial and ethnic minority youth and limits the opportunities for economically disadvantaged youth of color to seek help and/or treatment compared to youth in higher socioeconomic statuses with greater access to primary and tertiary healthcare services. Primary care settings provide a vital opportunity to screen for teen dating abuse among youth; however, youth of color who may be victims, as well as perpetrators, of dating violence may be less likely to be identified in these settings.

Practitioners in community-based healthcare and social service settings might be more likely to encounter vulnerable youth and should be especially equipped to screen for dating abuse among youth served in these settings. Additionally, providers serving youth involved in the public child welfare and juvenile justice systems are also uniquely positioned for early intervention among vulnerable youth who present risks for dating abuse.

Second, youth living in economically disadvantaged neighborhoods are likely to be exposed to other forms of violent victimization, both as victims and as witnesses to community violence. It is possible that community-based victimization experiences, in addition to familial and peer victimization experiences, impact youth's experiences with victimization as well as perpetration in their romantic relationships. Teen dating violence intervention strategies should consider poly-victimization experiences among African-American and Latino youth living in disadvantaged communities when providing treatment, counseling, and referral services for this population.

Finally, racism, acculturation, and cultural norms and values impact the health of African-American and Latino youth. Youth experiences with racism and discrimination may impact their likelihood to seek help and/or disclose abuse to providers, peers, family members, or other trusted adults. Additionally, cultural norms and values (*e.g.*, religion, traditional gender roles) likely shape attitudes toward dating abuse and may also impact help seeking.

Practitioners working with African-American and Latino youth should be cognizant of these sociocultural factors. It is also important that staff be trained on providing culturally competent services to youth of color. Being culturally responsive to the experiences and needs of youth of color may lead to increased help-seeking behaviors among youth and opportunities to refer at-risk youth to culturally relevant teen dating violence prevention and intervention programs. Teen dating violence prevention and intervention programs should consider the use of peer educators who can help facilitate culturally relevant programming for youth and address the unique experiences of racism, discrimination, and acculturation among African-American and Latino youth.

Findings from this study and others demonstrating strong correlations between teen dating abuse victimization, perpetration, sexual health outcomes, and risk behaviors, establish a need and opportunity to intervene through other prevention platforms where at-risk youth are served.

Recommendations for Prevention

There are many teen dating violence prevention programs for adolescents and youth; however, prevention program foci and approaches (*e.g.*, healthy relationships, perpetrator-focused, victim-focused), format (*e.g.*, multiple sessions, dyadic, small group), setting (*e.g.*, school-based versus community-based), populations (*e.g.*, adolescents, teens, minority youth, urban, rural), and outcome findings vary.[11] Perhaps the most well-known evidenced-based prevention program Safe Dates[12] was implemented and evaluated with eighth and ninth grade white Non-Hispanic, African-American, and other (not-specified) racial/ethnic minority students in predominately rural counties of North Carolina; however, the sociocultural context for youth living in rural areas is different for youth living in urban areas within the U.S., including for youth of color living in rural communities.

Adaptations to facilitate and test the Safe Dates program with racial minority youth living in urban, low-income communities may provide new insight into its relevance and effectiveness with urban populations. Additionally, there have been some prevention programs developed specifically for "at-risk" youth,[13] but the extent to which sociocultural and contextual factors are addressed in these programs is unclear. Future studies of at-risk and population specific programs, as well as general population programs, might evaluate efforts to incorporate sociocultural factors in prevention curricula to facilitate culturally adapted programs with African-American and Latino youth living in urban and low-income communities.

Finally, most teen dating abuse prevention programs are tested and implemented in schools, and youth who are not attending school are not being reached through these prevention efforts. Furthermore, African-American and Latino youth experience disproportionate school dropout rates, which highlights the need for increased community-based prevention efforts. School-based teen dating violence curricula, such as Safe Dates, might also be tested for efficacy in community settings.

Findings from this study and others demonstrating strong correlations between teen dating abuse victimization, perpetration, sexual health outcomes, and risk behaviors,[14] establish a need and opportunity to intervene through other prevention platforms where at-risk youth are served. Teen

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dating violence prevention strategies for particularly at-risk and disadvantaged youth can be incorporated into other programs developed specifically for youth of color living in urban, economically disadvantaged communities that focus on pregnancy prevention, sexual risk behavior reduction, and peer aggression and conflict resolution.

The Family and Youth Services Bureau at the U.S. Department of Health and Human Services recommends that pregnancy prevention programs incorporate dating violence content into existing efforts and suggests that content on healthy relationships as well as risk and protective factors for dating violence (*e.g.,* norms related to violence) be incorporated into pregnancy prevention curricula.[15] Additionally, many pregnancy and sexual health programs have been developed for community-based settings, where out-of-school youth can be reached. Peer aggression and conflict resolution programs in school-based and community settings that address aggression among at-risk youth of color may also provide an opportunity to address aggressive behaviors, fighting, and communication skills and styles present in romantic relationships in addition to peer relationships.[16]

Conclusion

Overall, dating violence in adolescent and youth relationships may exacerbate existing sexual and reproductive health disparities such as pregnancy and sexual risk behaviors among economically disadvantaged and minority youth. The high prevalence of co-occurring victimization and perpetration patterns among youth suggests that programs should not necessarily be focused only on victims or perpetrators of dating violence.[17]

School-based and community-based programs targeting public health problems (*e.g.,* early pregnancy, sexual risk behaviors, STI/HIV, peer aggression) that incorporate dating violence components should be informed by the sociocultural context of youth participating in the program. This includes addressing the intersection of race and ethnicity, socioeconomic status, gender identity, and sexual orientation for youth, as well the ways in which these factors intersect and manifest within youth romantic relationships. Prevention programs should also include members of ethnic and minority communities, including peer educators, in the development and implementation of school-based and community-based prevention programs to ensure programming is culturally appropriate.

Programs should address the intersection of race and ethnicity, socioeconomic status, gender identity, and sexual orientation for youth, as well the ways in which these factors intersect and manifest within youth romantic relationships.

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the stop was to serve the abuse prevention order. The judge granted Sanborn's motion and reported the question to the appeals court.

Appellate Court Review of Motion to Suppress. The Supreme Judicial Court of Massachusetts, on its own initiative, transferred the case from the appellate court. The question reported was whether the police were authorized to effectuate a motor vehicle stop to serve a civil abuse prevention order. The Massachusetts domestic violence statute requires law enforcement to "use every reasonable means to enforce . . . abuse prevention orders," which includes using reasonable means to serve them. The court held that "[i]n order for the service of the orders to be reasonable, the manner of service must comply with the terms of the Fourth Amendment," as well as Massachusetts law. A search or seizure conducted without a warrant is presumptively unreasonable, unless it falls within an established exception to the warrant requirement.

As such, the court reasoned, the domestic violence statute "cannot authorize a stop in the absence of a constitutional justification, such as a warrant, reasonable suspicion of criminal activity or a civil traffic violation, or a reasonable belief that emergency intervention is required." The court considered whether service of an abuse prevention order was a reasonable measure to avert the harm from an emergency. This analysis was dependent on "an objective assessment of the necessity of doing so, in light of all facts known to law enforcement at the time." Absent such constitutional justification, reasonable means of service would include in-person delivery, leaving the order at the defendant's residence, or service by mail.

By means of a footnote, the court agreed with a concurring opinion that "effecting a motor vehicle stop to serve an abuse prevention order may be constitutionally justified in some circumstances, such as an emergency or other exception to the Fourth Amendment's warrant requirement." The court answered the reported question in the negative and remanded the case for further proceedings. **Commonwealth v. Sanborn**, 77 N.E. 3d 274 (Mass. 2017).

Editors' Note: While domestic violence advocates nationally need and appreciate the assistance of law enforcement in the service of orders of protection, ***Sanborn*** *effectively shows the limits of reasonable police conduct.* ■

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