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Victim to Aggressor: The Relationship Between Intimate Partner Violence Victimization, Perpetration, and Mental Health Symptoms Among Teenage Girls

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The study investigated the prevalence of female-to-male dating violence, mental health symptoms, and violent attitudes among 727 female high school students. Participants completed surveys asking about experiences of dating violence victimization/perpetration, mental health symptoms, and justification of violence. Correlations among female victims of dating violence revealed moderate positive associations between sexual, physical, and psychological violence, and female's acceptance of male violence toward girls. Multiple regressions found significant predictors of negative mental health consequences, which consisted of experiencing psychological violence and justification of violence. Further analysis revealed that female participants who experienced three types of dating violence (physical, sexual, and psychological) were significantly more likely to perpetrate three types of dating violence (physical, psychological, and sexual). These findings suggest that among teenage girls justification of violence and experiencing dating violence are significant predictors of future negative mental health and violence perpetration.

KEYWORDS: dating violence; intimate partner violence; adolescents; teen violence

There is a plethora of literature that exposes the prevalence of dating violence among adolescents. Physical partner violence reported in a national study indicated that 66% of boys and 65% of girls were involved in physically aggressive relationships (National Institute of Justice, 2008). Additionally, when exploring intimate partner violence (IPV), a national survey conducted by the Centers for Disease Control and Prevention suggests that 9.4% of students experience dating violence by their boyfriend or girlfriend (Center for Disease Control and Prevention, 2010). IPV remains a critical public health concern in the United States, with nearly a quarter of women and 8% of men reporting being raped or physically assaulted by an intimate partner (Black et al., 2011; Tjaden & Thoennes, 2000). Research indicates that violence occurs at high rates among adolescents and emerging research is exploring the mental health impact of violence on teens who are dating.

The incidence of depression and other manifestations of mental health issues among adolescents is staggering. In a recent national survey, over one-third of adolescent girls reported depressive symptoms every day for more than two consecutive weeks within the past 12 months (Eaton et al., 2010). The human cost of depression is serious and illustrated by suicide epidemiology; almost 18% of adolescent girls have seriously considered suicide, 13% have made a suicide plan, and 8% have attempted suicide within the last year (Eaton et al., 2010). Furthermore, depression has been linked to negative psychosocial health outcomes in adolescent girls, including low self-esteem, poor school performance, anxiety, and antisocial outcomes (DiClemente et al., 2005; Repetto, Caldwell, & Zimmerman, 2004). Depression affects young girls in a variety of ways, among these are serious health-compromising behaviors such as substance use, self-injury, peer aggression, antisocial behavior, and sexual risk (DiClemente et al., 2005).

PTSD has been shown to be one of the most common negative mental health outcomes of IPV in adults. Dutton et al. (2006), in a review of 20 years of IPV and mental health research using adult samples, found that PTSD is the most important mediating variable between exposure to IPV and negative health outcomes. While PTSD has been shown to be a negative outcome of IPV in adults, this connection has been understudied with adolescents. Most research connecting exposure to violence and PTSD in children focuses on the effects of witnessing violence between their caregivers.

IPV is defined as an act of violence, to include verbal aggression, physical aggression, and/or sexual violence, committed against a person by a current or former spouse, cohabitating partner, or dating partner (Straus & Gelles, 1990). For the purpose of this study, IPV will be used when referring to dating or partner violence. Adolescents often report mutual violence, both IPV victimization and aggression, within their intimate relationships (Fawson, 2015; Próspero & Kim, 2009). Although studies reporting factors associated with IPV victimization in adolescent girls are numerous, factors associated with IPV aggression in the same population are less understood. Based on results of recent studies, we believe that adolescent girls' IPV aggression is related to PTSD and depressive symptoms.

Hébert, Lavoie, Vitaro, McDuff, and Tremblay (2008) studied the association of dating abuse with mental health disorders in a large sample of adolescent girls. The results of this study indicate, “multiple traumas—sexual abuse and dating violence in early adolescence—is the main variable associated with greater mental distress” (p. 185). In this sample, 84.6% of girls that were victims of childhood sexual abuse, including vaginal or anal penetration, and dating violence, demonstrated at least one internalized disorder compared to only 22.6% of girls who did not suffer multiple traumas (Hébert et al., 2008). In a longitudinal study, Manchikanti Gómez and Gomez (2011) found that along with child abuse, adolescent dating violence was highly predictive of both future IPV victimization and perpetration for both boys and girls, as well as for men and women. The study also adds to a growing body of literature that perpetration and victimization may be occurring concurrently (Flynn & Graham, 2010).

In another large study with over 81,000 participants, including 40,946 adolescent girls in grades 9–12, girls reported significantly greater rates of the following maladaptive behaviors, when they also reported either dating violence or rape: binge-eating, weight control issues, bulimia, attempted suicide, and lower levels of self-esteem and overall well-being (Ackard & Neumark-Sztainer, 2002). Studies such as this reveal that female adolescent victims of IPV experience disruptions in normal developmental processes, and have trouble establishing stable self-concepts. These problematic issues present themselves in many facets of young women’s lives, through thoughts, feelings, and behaviors. With studies indicating that as high as 39% of adolescents suffer dating-related violence, this issue must be addressed (Coker et al., 2000).

There is emerging research exploring the impact of the justification of violence on IPV among adolescents. This research suggests that adolescent males who initiated violence had higher levels of accepting violence than females whom are less accepting of dating violence overall than adolescent males (Reese-Weber, 2008).

Taken together, the studies mentioned above suggest that among adolescent females, dating violence victimization increases the risk of mental health problems, future perpetration, and acceptance of violence. However, we have limited understanding of the differential impact of the types of dating violence and the effect violent attitudes may have on the mental health of adolescent females. The current study investigates these issues further by examining how different types of dating violence are associated with mental health symptoms among adolescent female victims. The two research questions in this present study were: (a) Is there a significant relationship between three types of male-to-female dating violence (physical, psychological, and sexual), perpetrating three types of female-to-male violence, and justification of violence?, (b) Is there an association between three types of female-to-male dating violence (physical, psychological, and sexual) and justification of violence with mental health symptoms (PTSD and depression) and perpetration of (psychological, physical, and sexual) dating violence?

TABLE 1. Characteristics of Respondents

Variable	N	Percent
Total N	727	
Age of Participants ($M = 15.7$; $SD = .82$)		
14 years	13	1.8
15 years	306	42.1
16 years	298	41.3
17 years	80	11.1
18 years	24	3.3
Participant's gender		
Female	727	100
Participant's race/ethnicity		
White	267	36.7
Hispanic	258	35.5
Asian	43	5.9
African American	33	4.5
Pacific Islander	24	3.3
Native American	3	0.4
Mixed-race	49	6.7
Other	50	6.9
Participant's education		
Freshman	11	1.5
Sophomore	542	75
Junior	109	15.1
Senior	61	8.4
IPV victimization		
Psychological Violence ($M = 2.69$; $SD = 4.97$)	272	40
Physical violence ($M = 1.74$; $SD = 3.69$)	180	26
Sex violence ($M = .81$; $SD = 2.47$)	123	18
IPV perpetration		
Psychological Violence ($M = 1.17$; $SD = 2.91$)	192	29
Physical violence ($M = 1.05$; $SD = 2.56$)	191	28
Sexual violence ($M = .215$; $SD = 1.40$)	36	9

Note. IPV = intimate partner violence.

METHODS

Participants and Procedure

The present study investigates the prevalence and mental health consequences of dating violence among adolescent females. The sample consists of 727 heterosexual female adolescent high school students who are all currently in a relationship (Table 1). Approximately 36.7% were White, 35.5% were Hispanic, and the remaining

participants were relatively evenly distributed Asian (5.9%), African American (4.5%), Pacific Islander (3.3%), Native American (0.4%), Mixed-race (6.7%), and other (6.9%). The sample has a mean age of 15.72 years ($SD = .81$). The age range consisted of 14 years (1.8%), 15 years (42.1%), 16 years (41.3%), 17 years (11.1%), and 18 years (3.3%). The majority of participants were sophomores (75%), and the remaining were freshman (1.5%), junior (15.1%), and senior (8.4%).

Researcher(s) administered surveys to the students in health classrooms from three different public high schools in the western United States. The questionnaire administered to participants consisted of the following variables: IPV victimization and perpetration, mental health symptoms, and their acceptance of violence towards boys and girls. Informed consent was sought from parents and participants prior to data collection. Because the survey's violent questions could elicit adverse effects from past victimization, contact information for free psychological services and high school counselor information was provided. Institutional Review Board approval was obtained from the University for all study procedures with human subjects.

Measures

Justification of Dating Violence Scales. These scales were developed by Shen (2008) based on previous studies by O'Keefe and O'Keefe (1998), Pflieger and Vazsonyi (2006), and Yick and Agbayani-Siewert (2000). Each scale assessed agreement with the use of violence within dating partnerships in specific situations (e.g., infidelity, separation, or disobedience) for female-to-male perpetrated IPV. Respondents were instructed to rate their agreement on each item for each scale; violent attitudes towards boys (It is ok for a girl to hit her boyfriend if. . .) and violent attitudes towards girls (It is ok for a boy to hit his girlfriend if. . .), on a 4-point scale (1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree). Each scale consisted of nine items in which participants' possible scores ranged from 1 to 4. Higher scores for each scale indicated higher levels of agreement for the use of violence in IPV situational contexts. Alpha coefficients for the present study were .92 and .97 for female-to-male IPV and male-to-female IPV, respectively.

Dating Violence Scale. His scale was developed by Shen (2008) to assess experiences of dating violence victimization based on previous studies by O'Keefe and O'Keefe (1998), and (Wolfe et al., 2001). The scale consisted of 17 items to assess psychological (4 items), physical (9 items), and sexual aggression (4 items) (Shen, 2008). Respondents were instructed to complete this scale if they were in a current intimate relationship on a 7-point scale (0 = Never, 6 = Always) and were prompted by "When we have conflicts. . ." for self-reported ratings. The scale consisted of three subscales for IPV perpetration: psychological violence (I threatened my partner), physical violence (I threw something at my partner), and sexual violence (I touched their body in an unwanted way). In addition the scale consisted of three subscales for IPV victimization: psychological violence (my partner threatened), physical violence

(my partner threw something at me), and sexual violence (my partner touched my body in an unwanted way). Higher scores indicated higher levels of IPV victimization and perpetration experience. The overall α coefficient for the current study was .97 for IPV victimization and .96 for IPV perpetration, showing good internal consistency. More specifically IPV victimization Cronbach α is, psychological .94, physical .98, and sexual .95. The internal consistency for IPV perpetration is .94 psychological, .97 physical, and .94 sexual.

The World Health Symptom Questionnaire (MHSQ). These scales were developed with the World Health Organization (Garcia & McCarthy, 2000). This scale was used to measure three types of participant mental health symptoms. Respondents were instructed to read each statement regarding experiences during their life and decide how much they agree with the statement on a 2-point scale (0 = Never, 1 = Experienced). The scale consists of nine items to assess for the presence of PTSD (five items) and depression (four items) symptoms. The internal consistency for the overall scale is .82 and for the two subscales PTSD, .61 and depression, .74.

RESULTS

Statistical Analysis

The statistical software Statistical Package for the Social Sciences (SPSS) 21.0 was used for all statistical analyses.

Descriptive Statistics

Prevalence rate for male-to-female adolescent IPV is 18% for sexual IPV victimization, 26% for physical victimization, and 40% for psychological IPV victimization. Rates of female-to-male adolescent IPV is 9% sexual perpetration, 28% physical perpetration, and 29% psychological perpetration (Table 1).

Correlations

Two correlations were conducted to address the first research question: Is there a significant relationship between male-to-female IPV victimization (psychological, physical, and sexual) and female-to-male IPV perpetration and the acceptance of violence? The first correlation exploring IPV victimization and violent attitudes found 6 of the 10 correlations were statistically significant, revealing moderate positive relationships between psychological, physical, and sexual IPV, and female's acceptance of male's violence toward women (Table 2). The strongest relationships were between psychological IPV victimization and physical IPV victimization ($r = .538$), psychological IPV victimization and sexual IPV victimization ($r = .464$), and justification of violence towards boys and justification of violence towards girls ($r = .626$). Sexual IPV

TABLE 2. Correlations Between Three Types of Partner Violence Victimization and Justification of Violence Among Teen Female Victims

Variable	SexIPV	PhysIPV	PsycIPV	JVb	JVg
SexIPV	1	.422***	.464***	.013	.029
PhysIPV		1	.538***	.021	.118**
PsycIPV			1	.035	.102**
JVb				1	.626***
JVg					1*

Note. JVb = justification of violence towards boys; JVg = justification of violence towards girls; PhysIPV = physical intimate partner violence; PsycIPV = psychological intimate partner violence; SexIPV = sexual intimate partner violence.

* $p < .05$. ** $p < .01$. *** $p < .001$.

victimization was also significantly associated with physical IPV victimization ($r = .422$). Additionally, there were significant relationships with physical IPV victimization and violent attitudes towards girls ($r = .118$), psychological IPV victimization and violent attitudes towards girls ($r = .102$).

The second correlation IPV perpetration between female-to-male IPV perpetration (psychological, physical, and sexual) and violent attitudes revealed that 9 out of the 10 correlations were statistically significant, revealing moderately positive relationships between psychological, physical, and sexual IPV perpetration, and acceptance of violence toward girls and boys (Table 3). The strongest relationships were between psychological IPV perpetration and physical IPV perpetration ($r = .559$), sexual IPV perpetration and psychological IPV perpetration ($r = .548$), and sexual IPV perpetration and physical IPV perpetration ($r = .411$). Additionally, there were significant relationships between physical IPV perpetration and justification of violence towards boys ($r = .190$), psychological IPV perpetration and justification of violence towards girls ($r = .177$), sexual IPV perpetration and justification of violence towards girls ($r = .193$), psychological IPV perpetration and justification of violence towards boys ($r = .087$), and sexual IPV perpetration and justification of violence towards boys ($r = .214$).

TABLE 3. Correlations Between Three Types of Partner Violence Perpetration and Justification of Violence Among Teen Female Perpetrators

Variable	SexIPV	PhysIPV	PsycIPV	JVb	JVg
SexIPV	1	.411***	.548***	.214**	.193**
PhysIPV		1	.559***	.190**	.035
PsycIPV			1	.087*	.177**
JVb				1	.626***
JVg					1

Note. JVb = justification of violence towards boys; JVg = justification of violence towards girls; PhysIPV = physical intimate partner violence; PsycIPV = psychological intimate partner violence; SexIPV = sexual intimate partner violence.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Multiple Regressions

Five standard multiple regressions were conducted to address the second research question: Is there an association between three types of male-to-female IPV (physical, psychological, and sexual) and a justification of violence with mental health symptoms (PTSD and depression) and perpetration of female-to-male IPV (physical, psychological, and sexual)? All standard multiple regressions for the correlates of IPV perpetration (physical, psychological, and sexual) and mental health symptoms (PTSD and depression) were significant (Table 4). The first multiple regression analysis revealed that the six-variable model significantly contributed to the variance of mental health symptomology, $F(5, 606) = 4.785, p < .001$, and accounted for 6% of the variance. Individually, two of the eight variables significantly predicted mental health symptoms. Participants were significantly more likely to report depression if they reported violent attitudes towards girls ($t = 3.355, p < .01$), if the respondent experienced psychological violence from her partner ($t = .252, p < .05$). Justification of violence towards girls, physical victimization, sexual victimization, and age were not significantly related to depressive symptoms, after controlling for all variables in the model.

The second multiple regression analysis revealed that the six-variable model significantly contributed to the variance of mental health symptomology, $F(5, 609) = 5.333, p < .001$, and accounted for 7% of the variance. Individually, two of the six variables significantly predicted mental health symptoms. Participants were significantly more likely to report PTSD symptoms if they did not report a justification of violence towards girls ($t = -3.718, p < .001$) and the respondent was psychologically victimized by her partner ($t = 4.240, p < .001$). Justification of violence towards boys, physical victimization, and sexual victimization were not significantly related to PTSD symptoms, after controlling for all variables in the model.

The third multiple regression analysis revealed that the eight-variable model significantly contributed to the variance of IPV physical perpetration, $F(7, 592) = 44.249, p < .001$, and accounted for 43% of the variance. Individually, three of the ten variables significantly predicted IPV physical perpetration. Participants were significantly more likely to report physical perpetration if the respondent was physically victimized by her partner ($t = 12.212, p < .001$), the respondent was psychologically victimized by her partner ($t = 5.652, p < .001$), and the respondent reported a justification of violence towards boys ($t = 3.186, p < .01$). Respondents who reported a justification of violence towards girls, depression, PTSD, and sexual victimization were not significantly related to IPV physical perpetration, after controlling for all variables in the model.

The fourth multiple regression analysis revealed that the eight-variable model significantly contributed to the variance of IPV psychological perpetration, $F(7, 592) = 49.338, p < .001$, and accounted for 46% of the variance. Individually, four of the six variables significantly predicted IPV psychological perpetration. Participants were significantly more likely to report IPV psychological perpetration if the respondent was physically victimized by her partner ($t = 3.883, p < .001$), the respondent was

TABLE 4. Multiple Regressions: Effect of Sexual, Physical, and Psychological Partner Violence on Mental Health Symptoms and Partner Violence of Female Victims

Variable	Depression ^a			PTSD ^b			PIPVP ^c			PsyncIPVP ^d			SIPVP ^e		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.061	.046	-.053	-.047	.051	-.037	.054	.097	.018	.240	.106	.070*	.084	.050	.060
Boys JV	-.002	.009	-.013	.008	.010	.038	.061	.019	.123**	-.006	.021	-.011	-.004	.010	-.017
Girls JV	-.032	.010	.016**	-.039	.011	-.175***	-.036	.021	-.066	.029	.023	.048	.022	.011	.090*
SexIPVv	-.006	.023	-.012	.015	.024	.029	-.012	.050	-.009	.275	.054	.182***	.197	.026	.318***
PsyncIPVv	.024	.011	.107*	.052	.012	.206***	.135	.024	.219***	.317	.026	.458***	.013	.012	.046
PhysIPVv	.014	.018	.038	-.019	.020	-.047	.467	.038	.477***	.162	.042	.145***	.100	.020	.217***
PTSD							.050	.083	.021	-.031	.091	-.012	-.013	.048	-.011
Depression							-.027	.092	-.010	-.056	.100	-.019	-.092	.043	-.083*

Note. JV = justification of violence; PsyncIPVv = psychological intimate partner violence victimization; PhysIPVv = physical intimate partner violence victimization; SexIPVv = sexual intimate partner violence victimization; PIPVP = physical intimate partner violence perpetration; SIPVP = sexual intimate partner violence perpetration.

^a(F[5, 606] = 4.785, $p < .001$; adjusted $R^2 = .06$).

^b(F[5, 609] = 5.333, $p < .001$; adjusted $R^2 = .07$).

^c(F[7, 592] = 44.249, $p < .001$; adjusted $R^2 = .43$).

^d(F[7, 592] = 49.338, $p < .001$; adjusted $R^2 = .46$).

^e(F[7, 591] = 21.349, $p < .001$; adjusted $R^2 = .27$).

* $p < .05$. ** $p < .01$. *** $p < .001$.

psychologically victimized by her partner ($t = 12.231, p < .001$), the respondent was sexually victimized by her partner ($t = 5.051, p < .001$), and the respondent was older ($t = 2.270, p < .05$). Violent attitudes towards boys, violent attitudes towards girls, PTSD, and depression were not significantly related to IPV psychological perpetration, after controlling for all variables in the model.

The final multiple regression analysis revealed that the eight-variable model significantly contributed to the variance of IPV sexual perpetration, $F(7, 591) = 21.349, p < .001$, and accounted for 27% of the variance. Four of the nine variables significantly predicted IPV perpetration. Participants were significantly more likely to report IPV sexual perpetration if the respondent was physically victimized by her partner ($t = 4.997, p < .001$), the respondent was sexually victimized by her partner ($t = 7.565, p < .001$), the respondent had violent attitudes toward girls ($t = 2.090, p < .05$), and the respondent had PTSD symptoms ($t = 2.123, p < .05$). Age, depression, respondents reporting violent attitudes towards boys, and psychological violence were not significantly related to IPV sexual perpetration, after controlling for all variables in the model.

DISCUSSION

These findings suggest that dating violence is complex and that there may be a predictive factor from experiencing violence to inflicting violence. As with previous studies (Sears, Sandra Byers, Lisa Price, Byers, & Price, 2007), the study found that sexual, physical, and psychological IPV were all moderately related to each other. Physical IPV, psychological IPV, and justification of violence towards girls were all moderately-to-strongly related to each other. This helps answer research question 1: Is there a significant relationship between experiencing three types of male-to-female violence, perpetrating three types of female-to-male violence, and justification of violence? This suggests that girls who accept violence (violent attitudes) towards girls also suffer different types of violence victimization (physical and psychological).

Multivariate analysis revealed that the respondents' dating violence victimization contributed significantly to dating violence perpetration and negative mental health symptoms. Justification of violence also significantly predicted dating violence perpetration and negative mental health symptoms. This helps answer research question 2: Is there an association between three types of male-to-female dating violence victimization (physical, psychological, and sexual) and justification of violence with mental health symptoms (PTSD and depression) and perpetration of (psychological, physical, and sexual) dating violence? Dating violence victimization was significantly related to mental health symptoms among teenage girls. Notably, girls suffering from psychological violence were more likely to have PTSD and depression. The link between psychological violence, independent of other types of violence, has not clearly been established in adolescent dating partners although it has been in adult samples. For example, Pico-Alfonso et al. (2006) found among adult women that psychological victimization was just as

likely to cause negative mental health symptoms, including depression, anxiety, and PTSD.

Furthermore, girls who reported the acceptance of male-to-female violence experienced depression, but not PTSD. Other studies have not explored the nuance related to the mental health implications of acceptance of violence. These findings reveal a high association between the acceptances of violent attitudes and depression among teenage girls. Conversely when adolescent females did not justify male-to-female violence they were more likely to have PTSD.

Moreover, multivariate analysis revealed that psychological victimization, sexual victimization, and physical victimization by an adolescent male partner were significantly related to increased psychological, sexual, and physical perpetration from teenage females. For instance, a female who experienced sexual violence at the hands of her partner was also likely to inflict psychological and sexual violence on her partner. Existing literature demonstrates that adult women are just as likely to perpetrate IPV (Fiebert, 2004) as their male partners, however this phenomenon has not been fully explored with adolescent populations. Female IPV victimization has not been clearly linked to IPV perpetration in adults or adolescents. A unique finding of the study is that girls' acceptance of boys' violence toward girls not only contributes to increased depression, but also to girls' perpetration of physical and sexual violence towards dating partners. This adds to Fawson's (2015) previous study where he found that girls with violent attitudes were more likely to perpetrate IPV.

LIMITATIONS

The findings from the present study should be taken with caution. A limitation of the study is that the sample was composed of female high school students who were fairly homogeneous in age and education. Results would, at best, be limited to generalizations to other similar community-based or high school samples. Another limitation of the sample is that all respondents identified as heterosexual so there was no opportunity to explore differences based on sexual orientation. Future research should explore differences in age and sexual orientation. The measures utilized reflected past experiences with IPV, mental health, and the acceptance of violence towards dating partners. The items indicating behaviors of IPV were based on the participant's relationships in the past 6 months. However, the items measuring mental health and the acceptance of IPV were not anchored in any specific period of time or partnership, which may limit conclusions that can be made regarding the stability of the interactions between constructs across all relationships. Another limitation of the PTSD measure is the low coefficient α (.61), which means further caution should be taken when interpreting PTSD results. Additionally, the study uses a cross-sectional design and therefore cannot determine cause and effect of IPV victimization and perpetration.

CONCLUSION

The present study discovered that adolescent females who suffered dating violence were more likely to inflict different types of dating violence on her dating partner. Furthermore, the experience of multiple forms of dating violence and subsequent perpetration of violence was found to be linked with specific mental health outcomes. This study supports previous research demonstrating that multiple forms of IPV pose a compounding effect (Fawson, 2015; Reese-Weber, 2008).

This study has implications that are useful for practitioners working with female adolescents who have experienced dating violence. Mental health practitioners should be aware that, in certain dating violence situations, mental health symptoms might differ among female victims of IPV depending on the type of IPV. Additionally, mental health professionals should be aware of the victim to aggressor findings and not only assess for victimization. Practitioners should be mindful of the co-occurrence of IPV victimization, and therefore, should assess for multiple forms of abuse in female victims. This study suggests that girls' acceptance of the violent nature of male-to-female relationships may be a factor in girls' involvement with abusive boys. Therefore, when working with girl victims of IPV it is important to assess their attitudes towards violence in dating relationships. In the present study these attitudes have been shown to contribute to negative mental health outcomes. When meeting with adolescent female victims of IPV it is important to explore their attitudes toward violence within dating relationships. For example, when working with teenage female victims who express an acceptance of male-to-female violence it is important to assess for depression. Alternatively, when females do not accept male-to-female violence in their dating relationships it is important to focus on PTSD.

Predictive models provide information that can be used to guide policies and programs to prevent and address teen dating violence. Therefore, it is important to identify predictors of dating violence victimization. This study provides insights into girls' perceptions of dating relationships and the presence of violence in these relationships. It would seem, then, that attention to girls' attitudes towards violent behavior should be a significant component of health education programs for youth. Certainly finding the link between girls' acceptance of boys' aggression and girls' perpetration of dating violence is an important consideration in programs that may have only focused on girls as victims. This finding can be important for victim advocates in the development of dating violence prevention programs.

While this study does not expose the timeline for the development of violent attitudes towards dating partners, the study does indicate that, for at least some girls, dating violence is an acceptable behavior. Programs focusing primarily on girls as victims may be missing the mark. Programs should also address girls' understanding and acceptance of dating violence behavior. Primary prevention programs should be available for all youth rather than targeting girls as victims and boys as perpetrators. These findings may be revealing a socialization process in which violence is portrayed as a part of intimate relationships.

Future research into girls' (and boys') attitudes toward violence in relationships should focus on how these attitudes are developed. Research should also explore the links between family violence, community violence, violence in media, and youth's attitudes towards IPV. A longitudinal study could explore the progression of children's acceptance of violence and their exposure to violence in the environment.

Qualitative studies could explore the context and nature of violence in dating relationships. Although this study found that girls perpetrate violence, little is known about the development of girls' acceptance of boys' violence towards them and girls' participation in IPV. Studies of this nature can also provide a deeper understanding of female adolescents' lived experiences as both a victim and a perpetrator.

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