Title: Partner violence: Adopting a public health approach to addressing the problem.

Author: Nadine Littler

Institutional Affiliation: Clinical Nurse Educator/PhD Candidate

Abstract

Adolescence is an exciting, critical period of development, where young people develop a sense of self, new peer and romantic relationships and have an opportunity to explore a range of new experiences. However, due to the enormity of biological, psychological, sociological and environmental changes that occur during this stage of life, young people are also vulnerable to a range of risks, one of which is intimate partner violence. Due to the lack of research on experiences of violence in adolescent intimate partner relationships, there is limited awareness and recognition of this abuse in young people, so they are often silent victims. Therefore, the aim of this article is to provide a narrative review of adolescent intimate partner violence, and to highlight the importance of adopting a public health approach, which involves transdisciplinary working to deliver primary, secondary and tertiary preventative interventions to address this hidden issue.

Keywords: Adolescent, public health, intimate partner violence,

Acknowledgements

None to be declared.

Conflict of interest

None to be declared.

Background

The Office of National Statistics (ONS, 2019) has estimated there were 2.4 million victims of domestic violence aged between 16-74 years (1.6 million women and 786,000 men) up to the year ending March 2019. The effects of domestic violence can have a huge impact upon an individual's behavioural and psychological health, such as; 'substance misuse, depression, suicidality, eating disorders and the development of a combination of mental health disorders' (Barter & Stanley 2016: 5). Furthermore, this abuse has an 'estimated cost of £66 billion in England and Wales, the majority of which (£47 billion) is due to both physical and emotional harms (such as anxiety and depression) incurred by victims (specifically emotional harm such as anxiety and depression), and an estimated cost of 1.3 billion per year to the Police and 2.3 billion to the National Health Service, with the remainder cost to the economy due to lost output and reduced productivity at work' (Rhys et al 2019:6).

Evidence suggests that the some of the highest rates of domestic violence and abuse are experienced by adolescents (ONS 2016), with prevalence rates as high as 45% in England (Fox et al 2014). Yet, despite this, young people are silent victims of this abuse, and therefore are not visible to services (SafeLives no ibid). While in the United Kingdom (UK) there is a plethora of evidence on the effects of domestic violence on adults and the impact upon this on children and professional practice (Radford & Hester 2007), there has been a paucity of research undertaken on young people's experiences of violence in their intimate relationships (Barter et al 2009; Taquette and Monteiro 2019). Therefore, the aim of this article is to provide a narrative review of adolescent intimate partner violence, and to highlight the importance of adopting a

public health approach to addressing this hidden problem in which young people are either at risk of or have experienced this type of abuse.

Adolescence

Kaplan (2004:1) defines adolescence as 'the period of life between childhood and adulthood', during this transformative stage, young people experience a series of rapid biological, psychological, sociological and environmental changes. However, the specific age range to identify the start and end of adolescence is hard to define, which has been stated as ages 10-19 years (World Health Organisation, WHO 2014) and most recently the expanded inclusive definition of 10-24 years (Sawyer et al 2018). What is evident, is that regardless of what age distinctions are made for this stage of life, this is a unique transition for each individual, which begins with 'physiological changes (puberty), but unfortunately does not have an equivalent physical definition to the end of adolescence, which instead this is often set on the basis of changes to social roles' (Ledford 2018: 431). Aligned to this, terminology adds to the confusion on adolescence, as the following terms are used interchangeably to describe individuals in this developmental period; teenagers, youth, young people and adolescents (Sawyer et al 2018).

There are three stages of development within the adolescent phase of life; 'early adolescence (10-14 years), late adolescence (15-19 years) and young adulthood (20-24 years)' (Patton et al 2016: 2427). In early adolescence, biologically, young people develop metamorphically through puberty, sexual and brain development. Psychologically, there is an increase in risk taking behaviours and resistance to peer influences, and sociologically, this is one of the strongest phases of development

relating to identity formation and for developing new friendships and romantic relationships (Patton et al 2016).

Brain development becomes extremely active within late adolescence, when the pre-frontal cortex (responsible for decision making) starts to develop and white matter (responsible for connectivity between brain networks) begins to increase. Young people develop self -regulation skills and want more autonomy, therefore we begin to see a shift from parental influences, to the focus being on peer and romantic relationships (Patton et al 2016). In young adulthood, from a biological perspective, both puberty and brain development reach maturation point. However, this stage focuses mainly on sociological and environmental development, as young people enter the workforce or further education, which may influence their home environments and the development of new peer and romantic relationships (Patton et al 2016).

Adolescence is an exciting, critical period of development, where young people develop a sense of self, new friendships and romantic relationships and have an opportunity to explore a range of new experiences. Parallel to this, due to the enormity of biological, psychological, sociological and environmental changes that occur at this time, young people are also vulnerable to a number of risks within the wider social context (Firmin 2017). This is evident across all stages of this transition, however, particularly during both early and late adolescence, when young people enter a ‘window of neural plasticity in which different regions of the brain start maturing, if this is interrupted, this can create an imbalance and has the potential to impact upon normal development’ (Kanwal, Jung and Zhang 2016:1).

Intimate Partner Violence:

Intimate partner violence (IPV) refers to (Home Office 2013): 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. There are five types of abuse, these being physical, psychological, sexual, financial and emotional (Her Majesty's Prison and Probation Service, HMPPS 2019). Recently, studies have also included an additional type of abuse seen in partner violence, through new technologies (Barter and Stanley 2016) which incorporates five elements: emotional online abuse, controlling behaviour, surveillance, social isolation and co-erced sexting (Wood et al 2015).

IPV can affect both females and males, regardless of class, socio-economic status, religion, sexuality, ethnicity, or culture, and within any setting. IPV has a cycle of three phases (Basu 2019):

- **Tension phase** – when stress and emotions build up over a certain period of time, when the abuser will pick fights, show aggression and nitpick.
- **Acute or crisis phase** – when episodes of intimate partner violence occur, the abuser will blame and hurt the victim.
- **Honeymoon phase** – when the abuser will become calmer and try to apologise, ask for forgiveness and promise it will not happen again.

One of the first key national research studies in the UK to be completed on adolescent intimate partner violence was the NSPCC report '*Partner Exploitation and Violence in Teenage Intimate Relationships'* (Barter *et al*., 2009). This study involved 1353 young people participants aged between 13-17 years, split evenly by gender. Findings from

this study, showed that nearly three-quarters of girls reported some form of emotional partner violence, that one in three girls reported some form of sexual partner violence and that ‘ 25% of females reported a partner had pushed, slapped, hit or held them down on one or more occasions, and 11% of females had been beaten up or hit with an object one or more times’ (Barter et al 2009:44). It also found that ‘50% of boys in a relationship reported experiencing emotional violence, physical violence (18%) and sexual violence (16%) from a partner’ (Barter et al 2009:178).

Following the publication of this research, there was a paradigm shift towards adolescent intimate partner violence, which recognised that this type of violence and abuse, needed to have the same acknowledgement as adult experiences of domestic violence (Barter et al 2009: 178). This resulted in a series of further research studies being undertaken on adolescent intimate partner violence in the UK (Fox et al 2013; Barter et al 2015) which resulted in the UK government expanding its definition of domestic violence and abuse in 2013 to include young people aged 16 and 17 years (Home Office 2013).

Although, there have been developments in this field of practice, more still needs to be done, as evidence suggests that the age range must be lowered to account for early adolescence, as this abuse can ‘occur at a younger age’ (Barter et al 2009:178). However, the Home Office (2020) has stated that there is no intention to lower the age limit of 16 years ‘as it does not want to risk blurring the lines of domestic abuse and child abuse’. This provides further evidence of the need to recognise adolescence as a separate life course which involves transitioning between childhood and adulthood. Rather than in its current stance, in which young people fail to be recognised within

legislation, policy, guidance and safeguarding systems which are focused on younger children (Littler 2019).

It is also important to highlight evidence of this type of abuse within late adolescence, as a cross sectional study with further education students aged 16-19 years in England and Wales, identified '55.1% of males and 53.5% of females reported the most common form of abuse they had experienced with a partner as being controlling behaviours' (Young et al 2017:743), as evidence suggests that a number of 'young people will experience some form of violence from a partner before they reach adulthood' (Barter et al 2009:178).

Transdisciplinary Working:

School nurses are uniquely placed to assess adolescent intimate partner violence and to respond appropriately if a young person discloses this abuse, within their role in practice (Bradbury-Jones & Clark 2016). However, a co-ordinated public health approach is paramount to tackle this issue, from a range of different angles, as it is clear that one service or agency cannot tackle this problem in isolation (Brown & White 2006). Therefore, school nurses need to work with a range of other professional disciplines such as youth work, education, criminal justice, police and social care in order to address IPV in adolescence. Through transdisciplinary working, this places emphasis on 'translating the research findings into practical solutions to solve social problems' (Stokols, Hall & Vogel 2013:5) through 'integrating natural, social and health sciences in a humanity context' (Soskolne 2000:4). Collectively, all relevant organisations and professionals can provide a range of primary, secondary and tertiary preventative interventions, as well as continuing to build upon the evidence base to inform future professional practice (Catch 22 2018).

Prevention and intervention:

Here are some examples of the primary, secondary and tertiary preventative interventions which can be provided from a health perspective. Primary prevention aims to reduce the number of instances of adolescent intimate partner violence by intervening before the abuse occurs (Harvey, Garcia-Moreno, Butchart 2007:5). From a population level, the government's commitment to introduce a domestic abuse bill, is currently in the early stages of approval in parliament, which aims to ensure victims have the confidence to come forward and report their experiences, with the assurance that the state will support them and prosecute the abuser (Home Office 2020). Similarly, public health campaigns such as 'This is Abuse' which ran between 2010-2014 which was targeted at young people aged 13- 18 years, provides a primary prevention intervention as the aim is to raise awareness and educate young people on violence, abuse, controlling behaviour and consent (Home Office 2013). At a community level, school nurses have a key public health role in delivering school based and community programmes such as peer support and counselling schemes (Barter et al 2009) and domestic abuse prevention education programmes (Fox et al 2013). This provides young people with an opportunity to discuss any queries or concerns they may have, through a variety of teaching and learning and peer activities, which both raises awareness and educates them on this key issue (Fox et al 2013).

Secondary prevention aims to detect any issues early, in order to prevent progression and reoccurrence of the event (Kirk et al 2017). Therefore, the use of the 'SafeLives Risk Identification Checklist , RIC (2013) has been developed for professionals to work with young people individually 'to identify risk in cases of domestic abuse, stalking and honour based violence' in their intimate partner relationships (SafeLives 2013:2), this

is based upon the original domestic abuse, stalking and honour based violence (DASH RIC 2009) for adults. For school nurses completing this risk assessment with young people aged between 13-15 years, this would direct a referral to children's social care for safeguarding, and for young people aged 16-18 years, this will also direct a referral to safeguarding and to a multi-agency risk assessment conference (MARAC) (SafeLives 2013).

Tertiary prevention focuses on young people who have experienced IPV as the aim is to improve their quality of life through reducing any symptoms (short or long term) effects of experiencing this abuse. This would involve school nurses referring to child and adolescent mental health services for counselling and psychotherapy and signposting to support services for rehabilitation. A targeted approach is required for perpetrators of abuse, rather than providing sustained interventions aimed at the general population of young people (Payton and Robinson 2015). This involves adopting a one to one approach, utilising a range of techniques such as counselling, motivational interviewing (cycle of change), cognitive behavioural therapy, and reviewing family dynamics and histories of abuse (Payton and Robinson 2015:16). The voluntary organisation 'Respect' provides a range of resources and services for perpetrators of partner violence, which includes access to training programmes and toolkits for practitioners delivering interventions to young people who use abuse in their relationships (Barter and Stanley 2016:14).

Recommendations for practice:

This article has highlighted several areas of practice which require development/improvement, in order to respond to this type of abuse experienced by

adolescents. This includes, reviewing legislation such as the age limit of 16 years plus for the proposed domestic abuse bill (Home Office 2020), which is currently in the approval process in parliament. Whilst, a rationale for not reducing the age has been provided, due to an overlap with safeguarding systems, this does raise the question, that maybe it is time for safeguarding policies, guidance and systems to be revised for the adolescent age group, so that it reflects current safeguarding issues for young people, instead of their developmental needs being grouped with younger children (Littler 2019). This links to the need to improve safeguarding education and training (Littler 2020), so that the adolescent stages of development (early, late and young adulthood) and adolescent intimate partner violence are both clearly represented within training sessions with practitioners, to assist them in this aspect of their role in practice.

The re-introduction of public health campaigns such as ‘This is abuse’ (Home Office 2013) are vital, in order to educate young people on violence, abuse, controlling behaviour, this needs to continue so that they can recognise the signs of abuse, as well as reinforcing the key messages. As it is evident that further research is needed to understand what young people perceive as intimate partner violence, particularly as ‘49% of boys and 33% of girls aged between 13-14 years, thought hitting a partner is OK in at least of one of the twelve scenarios’ they were presented with in the study (Safe Young Lives no ibid). This is even more important, given the ‘increase in the use of mobile phones, internet, and social media, which has contributed to the rapidly changing nature of young people’s social contexts’ (Young et al 2017:743). Therefore, we need to understand how new technologies are being used as a form of abuse in young people relationships, which considers this from both gender perspectives (Barter et al 2017). Finally, there is also the need to explore the aetiology and the

impact of this violence, both on victims and on perpetrators, so that this can inform and enhance future practice development.

Conclusion:

Young people in early and late adolescence experience some of the highest rates of domestic violence in the UK, yet due to the lack of evidence base within this field of practice, this largely remains a hidden abuse, the impact of which has the potential to affect their development across their lifespan. School nurses are in an ideal position to assess and respond to this abuse in their role in practice. However, it is evident that in order to tackle this issue, there needs to be a coordinated public health approach, which involves transdisciplinary working with a range of other disciplines, to deliver primary, secondary and tertiary preventative interventions in order to address this issue holistically.

References

Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009a) Partner Exploitation and Violence in Teenage Intimate Relationships, London, NSPCC.

Barter, C., Stanley, N., Wood, M., Aghtaie, N., Larkins, C., Øverlien, C ... S. Lesta. (2015) 'Safeguarding Teenage Intimate Relationships (STIR): Connecting online and offline contexts and risks. Research Report. [Cited 5th August 2020]. Available from: http://stiritup.eu/wp-content/uploads/2015/06/STIR-Exec-Summary-English.pdf.

Barter, Christine and Stanley, Nicky (2016) Interpersonal Violence and Abuse in Adolescent Intimate Relationships: Mental Health Impact and Implications for Practice. International Review of Psychiatry, 28. pp. 485503. ISSN 09540261.

Barter, C., Stanley, N., Wood, M, Lanau, A., Aghtaie, N., Larkins, C., and Overlien, C (2017) Young people's online and face to face experiences of interpersonal violence and abuse and their subjective impact across five European countries. Psychology of Violence, 7 (3), pp.375-384.

Basu, A (2019) Intimate partner violence – How to help your teen. [Cited 6th August 2020]. Available from: https://www.massgeneral.org/children/domestic-violence/intimate-partner-violence-how-to-help-your-teen.

Bradbury-Jones, C, Clark, M, Parry, J & Taylor, J (2016) Development of a practice framework for improving nurses' responses to Intimate Partner Violence, *Journal of Clinical Nursing*. doi.org/10.1111/jocn.13276.

Brown, K; and White, K. (2006) Exploring the evidence base for integrating children's services. [Cited 5th August 2020]. Available from: https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2006/02/exploring-evidence-base-integrated-childrens-services/documents/0021746-pdf/0021746-pdf/govscot%3Adocument/0021746.pdf.

Catch 22 (2018) What does a public health approach to violence really mean? [Cited 3rd August 2020]. Available from: https://www.catch-22.org.uk/news/public-health-approach-to-violence/.

DASH (2009) Domestic abuse, stalking and harassment and honour based violence risk model. Practice guidance for all front-line staff. [Cited 4th August 2020]. Available from: www.dashriskchecklist.co.uk.

Firmin C (2017) Contextual Safeguarding: An Overview of the Operational, Strategic and Conceptual Framework. University of Bedfordshire, Luton.

Fox, C., Corr, M-L., Gadd, D., and Butler, I. (2013) *From Boys to Men:* Phase One Key Findings. [Cited 30th July 2020]. Available from: http://www.boystomenproject.com/phase-1-research- findings/.

Fox, C., Corr, M-L., Gadd, D., and Butler, I. (2014) Young Teenagers' Experiences of Domestic Abuse, Journal of Youth Studies. Vol. 17(4): 510-526.

Harvey, A., Garcia-Moreno, C., Butchart, A. (2007) Primary prevention of intimate partner violence and sexual violence. Back paper for WHO expert meeting. May 2-3 2007. World Health Organisation.

Her Majesty's Prison and Probation Service (2019) Intimate partner violence-domestic abuse programmes. [Cited 29th July 2020]. Available from: https://www.gov.uk/guidance/intimate-partner-violence-domestic-abuse-programmes.

Home Office (2013) Domestic Violence and Abuse. [Cited 4th August 2020]. Available from: https://www.gov.uk/domestic-violence-and-abuse.

Home Office (2013) 'This is Abuse' campaign. [Cited 3rd August 2020]. Available from: https://www.gov.uk/government/collections/this-is-abuse-campaign.

Home Office (2020) Statutory definition of domestic abuse factsheet. [Cited 30th July 2020]. Available from: https://www.gov.uk/government/publications/domestic-abuse-

bill-2020-factsheets/statutory-definition-of-domestic-abuse-factsheet#why-is-there-an-age-limit-of-16.

Kanwal J.S., Jung, Y.J and Zhang, M. (2016) Brain Plasticity during Adolescence: Effects of Stress, Sleep, Sex and Sounds on Decision Making. Anatomy and Physiology 6: e135. doi:10.4172/2161-0940.1000e135.

Kaplan, P. S. (2004). Adolescence. Boston: Houghton Mifflin Company.

Kirk, L., Terry, S., Lokuge, K., Watterson, J. (2017) Effectiveness of secondary and tertiary prevention for violence against women in low and low-middle income countries: a systematic review. BMC Public Health. 17:622. doi: 10.1186/s12889-017-4502-6.

Ledford, H. (2018) Who exactly counts as an adolescent? Nature. 554, 7693, 429-431.

Littler, N. (2019) Safeguarding adolescence: A review of the literature. Nursing Children and Young People. 31(5), 30-35.

Littler, N. (2020) Designing an adolescent safeguarding education framework for pre-registration nursing education. *Nursing Children and Young People.* doi: 10.7748/ncyp. 2020.e1293.

Office of National Statistics (2016) Crime in England and Wales: Year ending June 2016. Office for National Statistics. [Cited 29th July 2020]. Available from: http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingjune2016.

Office for National Statistics (2019) Domestic abuse victim characteristics, England and Wales: year ending March 2019. [Cited 29th July 2020]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2019.

Patton, GC., Sawyer, SM., Santelli, S et al. (2016) Our future: A Lancet commission on adolescent health and wellbeing. The Lancet. 387, 10036, 2423-2478. doi: 10.1016/S0140-6736(16)00579-1.

Payton, J and Robinson, A (2015) Motivating Respect: A welsh intervention into youth-perpetrated domestic abuse. [Cited 1st September]. Available from: https://orca.cf.ac.uk/72876/1/Payton%20%26%20Robinson%20%282015%29%20Motivating%20Respect.pdf.

Radford, L. and Hester, M. (2007) Mothering Through Domestic Violence. London: Jessica Kingsley.

Respect (no date) Together we can end domestic abuse. [Cited 2nd September 2020]. Available from: https://www.respect.uk.net/.

Rhys, O., Barnaby, A., Roe, S., and Wlasny, M. (2019) The economic and social costs of domestic abuse. Research report 107. Home Office.

SafeLives (no date) Safe Young Lives: Young People and Domestic Abuse. [Cited 4th August 2020]. Available from:

https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf.

SafeLives (2013) Risk identification checklist for the identification of high-risk cases of domestic abuse, stalking and honour based violence. Young people's version with practice guidance, SafeLives.

Sawyer, S., Azzopardi, P., Wickremarathne, D. et al (2018) The age of adolescence. The Lancet Child & Adolescent Health. 2, 3, 223-228.

Soskolne, C. (2000) Transdisciplinary approaches for public health. Epidemiology: July 2000, Vol 11, Issue 4, ps122.

Stokols, D., Hall, K., and Vogel, A. (2013) Transdisciplinary Public Health: Definitions, Core Characteristics, and Strategies for Success. In book: Transdisciplinary Public Health: Research, Methods and Practice. Jossey-Bass.

Taquette, S. R., & Monteiro, D. (2019). Causes and consequences of adolescent dating violence: a systematic review. Journal of injury & violence research, 11(2), 137–147. Available from: https://doi.org/10.5249/jivr.v11i2.1061.

Wood, M., Barter, C., Stanley, N., Aghtaie, N. and Larkins, C (2015) Images across Europe: The sending and receiving of sexual images and associations with interpersonal violence in young people's relationships. Children and Youth Services Review, 59, pp.149-160.

World Health Organisation (2014) Recognising adolescence. [Cited 29th July 2020]. Available from:

https://apps.who.int/adolescent/second-decade/section2/page1/recognizing-adolescence.html.

Young, H., Turney, C., White, J., Bonell, C., Lewis, R., and Fletcher, A. (2017) Dating and relationship violence among 16-19-year olds in England and Wales – A cross sectional study of victimisation. Journal of Public Health. Vol 40, No 4, pp.738-746.