


# Male Perpetration of Adolescent Dating Violence: A Scoping Review

American Journal of Men's Health  
September-October 2020: 1–15  
© The Author(s) 2020  
Article reuse guidelines:  
sagepub.com/journals-permissions  
DOI: 10.1177/1557988320963600  
journals.sagepub.com/home/jmh



Noreen K. Malhi, MN-NP, RN<sup>1</sup> ,  
John L. Oliffe, PhD, RN<sup>1,2</sup>, Vicky Bungay, PhD, RN<sup>1</sup>,  
and Mary T. Kelly<sup>1</sup>

## Abstract

Male violence against females most often occurs within intimate relationships, and when that occurs during youth, it is termed adolescent dating violence (ADV). A scoping review focused on male perpetration of ADV was conducted to synthesize existing evidence and offer insights about what influences male adolescents to perpetrate ADV. The current scoping review explored the findings drawn from 16 research studies conducted in the United States, Spain, South Africa, and Italy, to distil modifiable factors related to male perpetration of ADV. Three themes were extrapolated from the 16 studies: (a) entitlement; (b) adverse childhood experiences (ACE); and (c) ineffective conflict management. Entitlement as a theme was characterized by attitudes and beliefs aligning to violence, hierarchical and marginalizing masculine norms, traditional gender roles, and male superiority, which in various configurations influenced the perpetration of ADV. ACE as a theme highlighted how male adolescents who had experienced, observed, and/or initiated abuse were at increased risk of perpetrating ADV. Male adolescents with ineffective conflict management (theme 3), including alcohol use and/or emotional dysregulation, were also at higher risk of perpetrating ADV. Tailored prevention efforts are often delinked from issues of male entitlement, ACE, and ineffective conflict management; therefore, we make suggestions for trauma-informed care to guide primary care providers (PCPs) in the assessment and management of ADV.

## Keywords

adolescent dating violence, adolescent health, domestic violence, gender-based violence, intimate partner violence, male violence, teen dating violence, violence prevention

Received June 17, 2020; revised August 27, 2020; accepted September 9, 2020

Dating and the cultivation of romantic relationships during adolescence are imperative to the development of interpersonal communication skills, self-concept, self-worth, autonomy, self-perceived competence, and connectedness to peers (Collins, 2003; Simon et al., 2008). Although adolescence is idealized as a period of cognitive and behavioral maturation, emotional distress coupled with underdeveloped interpersonal skills can negatively impact adolescent behavior (Adhia et al., 2019). Romantic relationships during adolescence can be distressing and overwhelming due to interpersonal role restructuring, issues of sexuality and identity formation, in addition to rejection and breakups, which challenge coping and conflict resolution skills, as well as self-worth and self-concepts (Erikson, 1968; Zimmer-Gembeck, 2002). Along with the emotional and behavioral vulnerability experienced during adolescence, individual, relationship, social,

and community risk factors may provide a scaffold for the emergence of adolescent dating violence (ADV) (Centers for Disease Control and Prevention [CDC], 2019; Cucci et al., 2019; Wincentak et al., 2017; World Health Organization [WHO], 2019).

Gender prevalence rates of victimization and perpetration of ADV vary within the literature. Physical ADV

<sup>1</sup>School of Nursing, University of British Columbia, Vancouver, BC, Canada

<sup>2</sup>Department of Nursing, University of Melbourne, Parkville, Victoria, Australia

## Corresponding Author:

Noreen K. Malhi, MN-NP, RN, BScN, BSc, School of Nursing, University of British Columbia, 2176 Health Sciences Mall, Vancouver V6T 1Z3, Canada.

Email: noreenkmalhi@gmail.com



prevalence globally spans from 4.2% to 46% for females and 2.6% to 59% for males; sexual ADV prevalence spans from 1.2% to 76% for females and 1% to 75% for males; psychological/emotional ADV prevalence spans from 17% to 88% for females and 28% to 85% for males (Leen et al., 2013). Both female and male adolescents can be perpetrators and victims of ADV as observed in the symmetry of prevalence rates, but research indicates that males engage in more violent forms of ADV perpetration and females report more adverse outcomes of ADV victimization (Dardis et al., 2015; Duke & Borowsky, 2014; White, 2009). A systematic review of 113 international studies examining dating violence reported patterns of higher rates of perpetration of sexual violence and aggression by males with greater psychological and sexual violence victimization against females (Rubio-Garay et al., 2017). Victims of male ADV experience adverse health outcomes such as increased sexual risk behaviors, suicidality, adverse health behaviors (i.e., lack of physical activity and negative weight-controlling behaviors), adverse mental health outcomes, disordered substance use, injuries, revictimization, and death (Adhia et al., 2019; Duke & Borowsky, 2014; Exner-Cortens et al., 2013; Parker & Bradshaw, 2015; WHO, 2013a). ADV has become a substantial human rights and public health issue internationally (WHO, 2013b).

The growing prevalence of male to female ADV (Garcia-Moreno et al., 2005; Stöckl et al., 2014) along with substantive negative health outcomes for female victims globally marks the importance of addressing male perpetration of ADV. The current scoping review offers a synopsis of literature addressing the factors related to male perpetration of ADV as a means to raise recognition of its occurrence, provide recommendations for primary care providers' (PCPs') clinical assessment and management, and offer guidance for prevention efforts.

For the purpose of the current scoping review, ADV was defined as a form of intimate partner violence (IPV) that occurs between individuals aged 10–24 years old, which spans early, middle, and late adolescence as per Sawyer et al.'s (2018) broadened definition. ADV is defined as “physical, sexual, or psychological/emotional abuse, including threats, towards a dating partner” (Leen et al., 2013, p. 160). Physical violence is any form of intentional physical force with the potential to cause harm, injury, disability or death, such as hitting, choking, or kicking; emotional/psychological/verbal violence includes threats or coercive tactics, such as insulting and humiliating in private or public or isolation from friends and family; sexual violence is coercing or using physical force to urge an individual to engage in sexual activity when they do not or cannot consent (Aizpitarte et al., 2017; Breiding et al., 2015; Leen et al., 2013; Vagi et al., 2013).

## Methods

A scoping review methodology was used to map relevant research and summarize findings in an accessible format for policymakers, PCPs, and consumers (Arksey & O'Malley, 2005). The methodology is effective for offering a synthesis of the current evidence and articulating key concepts and knowledge gaps in an emergent and specialized topic, such as male ADV perpetration (Arksey & O'Malley, 2005; Colquhoun et al., 2014; Peterson et al., 2017). The study was conducted by following the five-stage methodological framework as outlined by Arksey and O'Malley (2005): (a) identifying the research question, (b) identifying relevant studies, (c) study selection, (d) charting the data, and (e) collating, summarizing, and reporting the results.

The following research question guided the current scoping review: *What factors are associated with adolescent male perpetration of ADV?* CINAHL, MEDLINE, PsycInfo, and Google Scholar electronic databases were searched for relevant articles published between 2014 and 2019. The following search terms were used: *intimate partner violence, adolescen\**, *teen\**, *male\**, *young adult\**, *youth, perpetrator\*, domestic violence, adolescent dating violence, teen dating violence, dating violence, gender based violence, sexual abuse, physical abuse, verbal abuse, intimate partner homicide*, among other terms. Boolean phrases and truncation strategies were used to expand and then narrow the search for relevant articles in consultation with a university health sciences librarian.

## Selecting Relevant Studies

This search highlighted 1092 results; 198 duplicates were removed, yielding 894 articles. Articles pertaining to female perpetration, male victimization, samples outside the age range of 10–24 years, and review articles were excluded by screening titles and abstracts, reducing the data set to 317 articles. Inclusion criteria were: (a) empirical studies with original findings, (b) male only ADV perpetration or studies that formally compared and separately reported a mixed sex sample, (c) publications in the English language, and (d) studies from 2014 to 2019. Applying these criteria reduced the number of articles to 43. The 43 studies were read for their relevance in addressing the aforementioned research question, and 16 articles were assessed as meeting the inclusion criteria.

## Charting and Data Analyses

The Garrard Matrix Method (2017) was employed for critically evaluating the articles and extracting and tabling the study components and then

**Table 1.** Garrard Matrix of Articles: Adolescent Dating Violence.

Author/Year/Country/ Journal	Aim of Study	Study Design/Method	Population and Sample Size	Findings Relevant to Male ADV Perpetration
1. Foshee et al. (2014) USA <i>Journal of Adolescent Health</i>	(1). To determine if direct and indirect bullying perpetration in the sixth grade predicted the onset of physical dating violence perpetration by the eighth grade  (2). To assess if associations vary by sex and race/ethnicity of the adolescent.	Quantitative Longitudinal Questionnaires Data from multi-wave longitudinal investigation of contextual influences on adolescent health-risk	1154 males and females sixth grade (11–12 years) and again in eighth grade (13–14 years)	Boys reported significantly more direct bullying than girls. Family conflict significantly positively associated with direct bullying perpetration. Direct bullying in sixth grade predicted onset of physical dating violence perpetration by the eighth grade.
2. Russel et al. (2014) South Africa <i>Prevention Science</i>	(1). Describes potentially preventable factors in IPV perpetration and victimization among South African eighth grade students	Quantitative cross-sectional Data from baseline surveys of eighth grade students attending mandatory life orientation classes; conducted as part of a project to develop a curriculum to prevent IPV	549 males and females eighth grade (13–14 years)	Boys more likely than girls to agree with dating abuse and rape myth. Disagreeing with dating abuse predicted lower rate of perpetrating sexual IPV among boys. Disagreement with rape myths predicted lower rates of perpetrating physical IPV among boys. Negative styles of resolving conflict in general predicted higher rates of sexual and emotional IPV by boys. Negative styles of resolving conflict with partners predicted higher risk of emotional and physical IPV among boys. Heavier alcohol use was associated with higher risk of physical IPV among boys.
3. Black et al. (2015) USA <i>Journal of Interpersonal Violence</i>	(1). Examines how African American youths' experiences with family (child abuse and neglect), school, and community violence relate to their attitudes about TDV and their victimization and perpetration of TDV.	Quantitative cross-sectional Data from a larger study examining the differential effects of cumulative violence and trauma exposure among African American and Iraqi refugee youth. Findings from the African American youth were reported on. Five data collect stations with questionnaires and assessments	175 males and females Mean age: 14.1 years	Males experiences more violence in their schools and communities than females. Males were more accepting of male perpetration of dating violence. Youth who experienced more community violence reported more acceptance of male perpetration of TDV. Teens who experienced higher rates of community violence perpetrated more acts of TDV.

(continued)

Table 1. (continued)

Author/Year/Country/ Journal	Aim of Study	Study Design/Method	Population and Sample Size	Findings Relevant to Male ADV Perpetration
4. Niolon et al. (2015) USA <i>Journal of Adolescent Health</i>	(1). Examines the prevalence of perpetration in a sample of middle school youth from high-risk urban communities.	Quantitative cross-sectional Data drawn from the student baseline surveys from the evaluation of a CDC prevention initiative	2895 males and females Grades 6–8	Risk for all TDV perpetration types (threatening behaviors, verbal/emotional abuse, relational abuse, physical abuse, sexual abuse but except stalking) was higher for boys reporting bully/victim status relative to boys not involved in bullying. Risk for perpetration of threatening behaviors, verbal/emotional abuse, and sexual abuse was higher for boys who reported alcohol use than for those reporting no alcohol use.
	(2). Explores the association between modifiable cognitive and behavioral risk factors and TDV to inform current and future prevention efforts.			
5. Reidy et al. (2015) USA <i>Journal of Adolescent Health</i>	(1). Examines whether boys who experience stress because they believe that others perceive them to be less masculine than the “average” male are more likely to engage in TDV.	Quantitative cross-sectional Self-administered questionnaires	589 males sixth and ninth grades	Boys who experienced stress about being perceived as “sub-masculine” may be more likely to engage in sexual violence. Boys who endorsed discrepancy stress reported a greater likelihood of using physical TDV. Boys endorsing higher levels of perceived gender role discrepancy were more likely to endorse some history of sexual TDV; main effect of gender role discrepancy was significantly and positively associated with increased risk for sexual violence in a dating relationship.
	(2). Identify the influence of gender role discrepancy and discrepancy stress on physical and sexual dating violence and sexual violence against a non-dating partner.			
6. Mason-Jones et al. (2016) South Africa <i>South African Medical Journal</i>	(1). Explores the prevalence of physical and sexual IPV perpetration and victimization by gender	Quantitative cross-sectional Data collected from baseline data collected from the PREPARE study Cluster randomized controlled trial Self-administered questionnaires	839 males and females Grade 8 average age 13 years	Male perpetration of physical and sexual IPV was associated with being a victim of physical/sexual IPV, higher age, low scores on school connectedness and feelings of school safety, and more negative feelings about school appearance. Victimization was the strongest predictor for perpetration, and vice versa.
	(2). Determines whether there was an association between perpetration and victimization for physical and sexual IPV			
	(3). Examines the risk and protective factors for physical and sexual IPV perpetration and victimization, and whether these factors differed by gender.			

(continued)

**Table 1. (continued)**

Author/Year/Country/ Journal	Aim of Study	Study Design/Method	Population and Sample Size	Findings Relevant to Male ADV Perpetration
7. Reyes et al. (2016) USA <i>Journal of Youth and Adolescence</i>	(1). Examines the longitudinal association between gender role attitudes and physical dating violence perpetration among adolescent boys  (2). Examines whether injunctive (i.e., acceptance of dating violence) and descriptive (i.e., beliefs about dating violence prevalence) normative beliefs moderated the association.	Longitudinal quantitative Data from male participants in a randomized trial evaluating an ADV prevention program 18 months apart (T1-T2)	577 males Grades 8-9 at start; grade 9-10 at T2	Boys who were high in their acceptance of dating violence, traditional gender role attitudes prospectively predicted greater likelihood of dating violence perpetration.  Normative beliefs had a significant main effect predicting increased risk of dating violence perpetration.
8. VanderEdne et al. (2016) Malawi (South Africa) <i>Annals of Epidemiology</i>	(1). Examines the association between exposure to violence in childhood, including exposure to multiple forms of violence, with young men's perpetration of IPV	Interviewed in the Malawi Violence Against Children and Young Women Survey, a nationally representative, multistage cluster survey  Cross-quantitative	450 males ages 18-24	Perpetration of sexual IPV increased in a statistically significant gradient for young men with exposures to one, two, three, and four or more forms of violence in childhood.  Exposure to violence in childhood was associated with increased odds of perpetrating IPV.
9. Aizpirtarte et al. (2017) Spain <i>Journal of Research on Adolescence</i>	(1). Tests an explanatory model of dating violence perpetration in which insecure attachment, interparental conflict resolution, and perceived peer dating violence are considered as complementary factors that may explain the higher risk of dating violence perpetration, and aggressiveness mediates between individual, family, relational, and sociocultural variables and dating violence perpetration.	Quantitative cross-sectional Self-filled questionnaires	477 males and females ages 16-20	Insecure attachment was a positive predictor of aggressiveness.  Interparental negative conflict resolution observed by adolescents was positively associated with aggressiveness.  Perceived peer dating violence was a positive predictor of aggressiveness.  Aggressiveness mediated the association between insecure anxious attachment, interparental conflict resolution, perceived peer dating violence, and dating violence perpetration.

(continued)

Table 1. (continued)

Author/Year/Country/ Journal	Aim of Study	Study Design/Method	Population and Sample Size	Findings Relevant to Male ADV Perpetration
10. McClure et al. (2017) (1). USA <i>Journal of Interpersonal Violence</i>	Investigates the relationship between IPV, childhood trauma, trait anxiety, depression, and anxious attachment in college students.	Quantitative cross-sectional Five self-report inventories	254 males and females ages 17–23	IPV perpetration in college dating relationships was related to childhood emotional and physical abuse, emotional and physical neglect, and trait anxiety. Childhood emotional abuse was related to being the perpetrator of verbal or emotional abuse in dating relationships. Childhood physical abuse, physical neglect, and emotional abuse were related to perpetration of physical IPV. Threatening behavior perpetration in dating relationships was related to childhood emotional abuse, emotional neglect, physical abuse, and physical neglect. Trait anxiety was related to perpetration.
11. Nydegger et al. (2017) (1). USA <i>Journal of Urban Health</i>	Examines the relationship between gender norms and IPV, sexual violence and coercion, and risky sex among adolescent gang members	Quantitative cross-sectional Audio computer-assisted self- interview	461 male and female gang members ages 14–19	Male gang members who manifested more chauvinistic gender norms were significantly more likely to have forced someone to have sex. Males in age-disparate sexual relationships reported that they had engaged in more than four times as many IPV acts toward their female partners in the past year as male gang members with partners of similar age or older. Endorsing unequal gender norms toward women was significantly related to perpetration among male participants. Unequal gender norm beliefs were significantly related to male participants perpetrating rape.
12. Shorey et al. (2017) (1). USA <i>Preventive Medicine</i>	Examined when onset for physical and sexual TDV perpetration was greatest from the ages of 14 to 20 utilizing a prospective design in a large, racially/ ethnically diverse sample of adolescents.	Panel-based quantitative longitudinal Questionnaires	684 and 772 males and females Mean age 15.09 (SD = 0.77)	Male perpetration of TDV findings suggested a relatively consistent pattern during middle adolescence (age 15–16) with a slight increase in late adolescence (i.e., ages 18–20). Specifically, after age 18, risk for sexual TDV was markedly higher for men.

(continued)



**Table 1. (continued)**

Author/Year/Country/ Journal	Aim of Study	Study Design/Method	Population and Sample Size	Findings Relevant to Male ADV Perpetration
13. Smith-Darden et al. (2017) USA <i>Journal of Research on Adolescence</i>	(1). Explores the additive and interactive effects of anger or hostility, acceptance of violence, and constructive conflict resolution strategies on the perpetration of physical and sexual TDV	Quantitative cross-sectional Self-administered questionnaires	833 males and females, Grades 6–9 Mean age: 15.38 years SD: 1.62	Anger, hostility, and attitudes of violence were significantly and positively associated with the perpetration of physical TDV. When boys endorsed attitudes of violence and possessed poor conflict resolution strategies, anger and hostility were strongly associated with sexual TDV perpetration. Association between anger and hostility and sexual TDV was greatly reduced when conflict resolution strategies were high. Attitudes about violence were a pertinent risk factor for TDV perpetration.
14. Fernandez-Gonzalez et al. (2018) Spain <i>Personality and Individual Differences</i>	(1). Explores whether the components of EI predict less dating violence perpetration over time. (2). Examines whether the different components of EI have a buffering role in the maintenance of dating violence perpetration.	Quantitative longitudinal (1 year) Data extracted from larger 4-year project that investigates risk factors for aggression during adolescence Self-completed questionnaires	809 male and females Mean age 16.36 years (SD = 0.86)	The EI component of emotional clarity influenced both girls and boys, meaning that the ability to identify and understand one's own emotional states favors the desistance of behaving aggressively toward a partner for both genders. Perpetuation of ADV was higher for boys with a lower tendency to regulate their emotions.
15. Cucci et al. (2019) Italy <i>Journal of Family Psychology</i>	(1). Tests a conceptual model in which ADV perpetration toward a romantic partner is affected by the memories of authoritarian paternal and maternal parenting styles through the mediation of adolescents' emotion dysregulation. Determines whether aggressive behavior in past relationships can predict dating violence perpetration in present relationships, when the expected costs and benefits of aggressive behavior and romantic attachment are considered as predictors. (2). Determines whether these predictors can explain TDV for both sexes.	Quantitative cross-sectional Three self-report instruments	622 males and females, ages 13–21 years	Authoritarian maternal style was reported to indirectly explain verbal/emotional and physical abuse among males through the mediation of impulse control difficulties; authoritarian paternal style was reported to indirectly explain verbal/emotional abuse through the mediation of impulse control difficulties.
16. Fernandez-Fuertes et al. (2019) Spain <i>Children and Youth Services Review</i>	(1). Determines whether aggressive behavior in past relationships can predict dating violence perpetration in present relationships, when the expected costs and benefits of aggressive behavior and romantic attachment are considered as predictors. (2). Determines whether these predictors can explain TDV for both sexes.	Quantitative cross-sectional Four questionnaires and one open-ended question to indicated relationship duration	593 males and females, ages 15–18 years	Aggressive perpetration in adolescents' present relationships was closely related to aggressive behavior in past relationships, as well as to the expected benefits of aggression (power/dominance).

Note. ADV = adolescent dating violence; CDC = Centers for Disease Control and Prevention; EI = emotional intelligence; IPV = intimate partner violence; TDV = teen dating violence.

comparing, contrasting, and synthesizing their findings and recommendations (Table 1). The matrix included the geographical location, publication year, study aim(s), study design, sample size, and empirical findings relevant to male ADV perpetration. Selected literature was organized in chronological order using a systematic approach to help evaluate the nature of the evidence and attempt to highlight the evolution of literature on male ADV perpetration over time. The articles were read multiple times to critically analyze and inductively derive common themes relevant to factors associated with male perpetration of ADV.

The analyses were guided by the socio-ecological framework to better understand violence and create effective assessment and prevention strategies (CDC, 2019; WHO, 2019). This framework employs four interacting and dynamic factors—individual, relationship, community, and societal—to explain interpersonal violence perpetration and victimization. Individual level examines biological and personal history factors; relationship level investigates the relationships that may influence behavior and experience with violence; community level assesses settings in which social relationships occur and identifies the characteristics in these settings that may conflate violence; social level explores norms or policy factors that may create environments in which violence is accepted or rejected. ADV is associated with a multitude of interacting factors that cross all four levels and facilitate violence (CDC, 2019; WHO, 2019). The findings presented in the current scoping review were interpreted and analyzed in guidance with this framework as a means to present relevant risk factors paralleling the four levels of context.

## Findings

Of the 16 international articles in this scoping review, 12 were quantitative cross-sectional studies (75%) and four were quantitative longitudinal studies (25%). The quantitative studies relied on survey questionnaires and measures. The studies included samples with adolescents aged between 11 and 24 years old in the United States ( $n = 9$ ; 56%), Spain ( $n = 3$ ; 19%), South Africa ( $n = 3$ ; 19%), and Italy ( $n = 1$ ; 6%). The research focus across the studies investigated factors associated with male perpetration of ADV including bullying; masculinity and gender roles; conflict resolution skills and parenting styles; emotional dysregulation; adolescent alcohol use; and attachment styles. Drawing commonalities from the 16 articles, three overarching themes associated with factors relevant to boys and young men's perpetration of ADV were inductively derived: (a) entitlement; (b) adverse childhood experiences (ACE); and (c) ineffective conflict management.

## Entitlement

Male entitlement, the belief that one is inherently deserving of privilege or special treatment, was reported as a key influence motivating adolescent males to engage in perpetration of ADV. These attitudes and beliefs related to entitlement were extrapolated from a variety of measures collated from five of the 16 articles (31%), conducted in the United States, Spain, and South Africa. Measures capturing a sense of entitlement included male perpetrators' acceptance of ADV, unequal gender norms, traditional gender roles, male superiority, discrepancy stress, and perceived gender role discrepancy (Foshee et al., 2014; Nydegger et al., 2017; Reidy et al., 2015; Reyes et al., 2016; Russel et al., 2014).

The belief that females were unequal to males led to power imbalances in relationships and was associated with negative health outcomes such as unintended pregnancy, sexually transmitted infections, mental health disorders, sexual violence, and the conservation of gender inequity (Nydegger et al., 2017; Russel et al., 2014). Male adolescent gang members who expressed belief in unequal gender norms, by strongly agreeing with statements such as "if a woman cheats on a man, it's okay for him to hit her" (Nydegger et al., p. 269) were at higher risk of committing acts of ADV including rape within intimate and non-intimate relationships than those who disagreed with such statements. Male adolescent gang members who were in age-disparate relationships (partner 5 years younger or more) had engaged in more than four times as many ADV acts toward their female partner, and were five times as likely to force a female to engage in sexual activity—compared to males who had partners of the same age or older—suggestive of power imbalances created by the age disparity (Nydegger et al., 2017). Although this study was conducted with adolescent gang members, where other factors such as gang-related beliefs and norms regarding violence and gender may have an impact, similar findings in relation to gender norms were reported in other studies, with diverse adolescent male populations (Reyes et al., 2016; Russel et al., 2014).

Russell et al. (2014) reported that 13–14-year-old males who disagreed with dating abuse had lower rates of perpetrating sexual ADV, and those who disagreed with rape myths had lower rates of perpetrating physical ADV. These findings were extrapolated from adolescents residing in South Africa, though a longitudinal study conducted in the United States extrapolated similar findings (Reyes et al., 2016). Males aged 13–15 years old who affirmed traditional gender role attitudes of male power and aggression and were accepting of dating violence had a greater likelihood of perpetrating ADV (Reyes et al., 2016). Importantly, male adolescents who endorsed traditional gender role attitudes, but expressed low acceptance



of dating violence were not likely to perpetrate ADV (Reyes et al., 2016). This association suggests that traditional gender norm attitudes themselves do not predict future ADV perpetration; the key moderator was the male's belief regarding dating violence (Reyes et al., 2016; Smith-Darden et al., 2017).

Discrepancy stress, defined as stress due to the perception that one is failing to live up to ideal masculine roles, may facilitate using aggression to overcompensate for a self-perceived lack of masculinity (Reidy et al., 2015). Males in grade six and nine who agreed with statements such as "I wish I was more manly [or] I worry that people find me less attractive because I'm not as macho as other guys" (p. 620) reported a greater likelihood of perpetrating physical ADV (Reidy et al., 2015). Adolescent males who experienced discrepancy stress may be more likely to commit acts of sexual violence against their partner, as a means of publicly establishing their masculinity (Reidy et al., 2015). Adolescents who do not perceive themselves as "sub-masculine" may still engage in ADV due to social pressures to conform with "masculine" behaviors and gain peer acceptance (Reidy et al., 2015). This is especially significant during the period of adolescence when they hope to be accepted and are attempting to form their own identity and gain independence as men.

Unequal gender norms potentiate a sense of entitlement in males to dictate one's authority over their female partner specifically within intimate relationships (Nydegger et al., 2017; Russel et al., 2014). Several studies examined masculinity as a mediating construct; socio-cultural norms and patterns of gendered behavior may have coercive effects on adolescent male perpetrators who have a sense of entitlement, which renders them susceptible to engage in ADV against females (Foshee et al., 2014; Niolon et al., 2015; Nydegger et al., 2017). Male adolescents with beliefs accepting of abuse and superiority normalized aggressive behavior and rationalized their engagement in ADV as instinctive to their gender role (Nydegger et al., 2017; Reidy et al., 2015; Reyes et al., 2016; Russel et al., 2014).

### ***Adverse Childhood Experiences***

Exposure to ACE in the form of experiencing and/or witnessing physical, emotional, or sexual abuse by their caregivers or peers has shown to negatively impact health outcomes into adolescence and adulthood in the form of chronic disease, infectious disease, mental health, and reproductive health (VanderEnde et al., 2016). "A history of experiences with physical and/or sexual abuse [is] a notably powerful risk factor for dating violence perpetration" (Duke et al., 2010, p.e783) with a cumulative increase with every additional type of adverse experience increasing the risk of violence perpetration from 35% to

144% for males (VanderEnde et al., 2016). Exposure to stressors in the form of experiencing and witnessing violence has been theorized to drive physiological and structural changes in the brain that may influence the likelihood of aggressive behavior such as the perpetration of ADV (Duke et al., 2010; VanderEnde et al., 2016).

Adolescent males with a history of experiencing, observing, and/or initiating violence and abuse within the home, school, and community were associated with ADV perpetration within seven of the 16 articles (43.7%) (Black et al., 2015; Fernández-Fuertes et al., 2019; Foshee et al., 2014; Mason-Jones et al., 2016; McClure & Parmenter, 2017; Niolon et al., 2015; VanderEnde et al., 2016). A dose-response relationship was reported wherein multiple exposures or witnessing three forms of violence (physical, emotional, sexual) produced the greatest risk for the development of violent behaviors (Black et al., 2015; Duke et al., 2010; VanderEnde et al., 2016). VanderEnde et al. (2016) and Black et al. (2015) reported that adolescent males who experienced more violence in their school and community were more accepting of male perpetration of ADV, and those exposed to violence in childhood (sexual abuse, physical violence, emotional violence, witnessing ADV) were associated with increased odds of perpetrating ADV. VanderEnde et al. (2016) identified that adolescent males who were exposed to different forms of violence in childhood were more likely to perpetrate sexual ADV with each successive incident of violence experienced. Relatedly, Mason-Jones et al. (2016) highlighted that South African grade eight male perpetrators of physical and sexual ADV were associated with being a victim of physical/sexual abuse and scoring their school low in safety, connectedness, and appearance (school maintenance).

Several studies examined bullying as a predictor of ADV. Foshee et al. (2014) stated that direct bullying (hitting, slapping, or picking on others) by sixth-grade American males predicted the onset of physical ADV perpetration by the eighth grade. Niolon et al. (2015) reported that American males in grades six to eight living in high-crime urban communities who were perpetrators and victims of relational bullying (rumor spreading, humiliation) were six times more likely to perpetrate ADV. This result may have been accentuated due to the additive effect of community violence exposure, low socioeconomic status, and segregation in the setting (Niolon et al., 2015). Bullying appears to be related to beliefs accepting of aggression, and the perception that bullying increases the perpetrator's social status (Foshee et al., 2014; Niolon et al., 2015). Bullying may provide a mechanism for male adolescents to exert authority that they perceive as morally right or justifiable, especially if they observed this behavior in adults. Being a victim of bullying or sexual/physical ADV in adolescence may

potentiate a need for power and control in an attempt to regain authority as a result of past inequity in relationships (Mason-Jones et al., 2016; Niolon et al., 2015).

Childhood trauma in the form of physical and emotional abuse or neglect was significantly related to ADV perpetration in American male college students aged 17–23 years old (McClure & Parmenter, 2017). Childhood trauma may also indirectly heighten ADV risk due to personality traits formed during childhood—where trait anxiety, in which the individual feels a lack of security in the relationship and frequently worries about being left by the partner, was associated with ADV perpetration (McClure & Parmenter, 2017). In a Spanish study, males aged 15–18 years old with high levels of attachment anxiety and a history of aggressive behavior were more likely to behave aggressively (emotional, physical, and sexual) in their current relationships (Fernández-Fuertes et al., 2019). This association is indicative of adverse learned behaviors repeating themselves as the individual's perception of aggressive behavior and its expected benefits when perpetrated were perceived to foster positive outcomes (Fernández-Fuertes et al., 2019). Almost half the studies in this scope (43.7%) concluded that males who have a history of being perpetrators and/or victims of abuse in the form of direct/relational bullying, aggression, dating violence, or childhood abuse are at increased risk of abusing their current or future dating partner (Black et al., 2015; Fernández-Fuertes et al., 2019; Foshee et al., 2014; Mason-Jones et al., 2016; McClure & Parmenter, 2017; Niolon et al., 2015; VanderEnde et al., 2016).

### *Ineffective Conflict Management*

Experiencing conflict within relationships is especially important as it provides a means for partners to compromise, build appropriate social skills to resolve their disagreements, and communicate effectively, whilst also attending to their own needs and considering those of their partner to reach a mutually satisfactory agreement (Fernet et al., 2016). Developing and formulating effective interpersonal communication and conflict resolutions skills (CRS) during adolescence is vital because these patterns of behavior may dictate adult dating behavior. Adolescent males with ineffective CRS were identified as central to comprehending their perception of ADV perpetration. Ineffective CRS and CRS affected by alcohol use and/or emotional dysregulation were associated with increased ADV perpetration in seven of the 16 articles (43.7%) (Aizpitarte et al., 2017; Cucci et al., 2019; Fernández-González et al., 2018; Niolon et al., 2015; Russell et al., 2014; Shorey et al., 2017; Smith-Darden et al., 2017).

American grade six and nine students who endorsed attitudes of violence and expressed angry and hostile behaviors were strongly associated with sexual and

physical ADV perpetration, but when conflict resolution strategies were effective, the association between anger/hostility and sexual ADV was greatly reduced (Smith-Darden et al., 2016). Similarly, Russell et al. (2014) reported that 13–14-year-old males who used negative conflict resolution styles were at greater risk of emotional and physical ADV perpetration.

Several studies concluded that alcohol use among adolescents exacerbated negative CRS, contributing to conflict and potentially leading to abusive behavior (Niolon et al., 2015; Russell et al., 2014). For example, South African adolescent males who engaged in disordered alcohol use were associated with higher risk of physical ADV compared to males who did not engage in disordered alcohol use (Russell et al., 2014). Similarly, American males in grades 6–8 who drank alcohol were more likely to engage in threatening behaviors, verbal/emotional abuse, and sexual abuse, compared to their male counterparts who reported no alcohol use (Niolon et al. 2015).

In addition to CRS, emotion regulation, awareness and acceptance of emotions, and the ability to tolerate negative emotions was used to explain male ADV. In a study based in Italy, the inability to control impulsive behaviors when experiencing negative emotions mediated the association between authoritarian maternal style and ADV perpetration of emotional or physical abuse for adolescent males (Cucci et al., 2019). Relatedly, Aizpitarte et al. (2017) suggested that emotion dysregulation and aggressiveness, as a trait, could function as an antecedent of ADV manifesting as anger, hostility, and aggression, catalyzed by attachment insecurities. Aggression mediated the association between interparental conflict resolution and perceived peer ADV, wherein both showed significant correlation with ADV male perpetration (Aizpitarte et al., 2017). When adolescent males were exposed to intimate aggression (i.e., parents engaging in conflict with hostile behavior) and authoritarian parenting styles, these experiences informed the way they managed and expressed their own emotions and perceptions regarding violence as an acceptable dating behavior (Aizpitarte et al., 2017; Cucci et al., 2019).

One study proposed that CRS could be affected by emotional intelligence (EI), an individual's perceptions of their own and others' emotional abilities (e.g., impulse control) (Fernández-González et al., 2018). EI as a trait was negatively associated with ADV perpetration in males and mediated by the expression of aggression (Fernández-González et al., 2018). When male adolescents scored high on components of EI, such as emotional repair (one's own beliefs in their ability to regulate their emotions) and clarity (ability to understand their own emotional states), a lower perpetuation of ADV was reported (Fernández-González et al., 2018). Male ADV perpetration is consistent throughout

middle adolescence with a slight increase at late adolescence, which may be related to improved EI development that peaks in middle late adolescence (Fernández-González et al., 2018; Shorey et al., 2017). The presence of conflict combined with poor CRS, the stress of preserving a relationship, and the inability to recognize and regulate emotions appeared to heighten male perpetration of ADV (Fernández-González et al., 2018; Fernet et al., 2016; Jewkes, 2002; Niolon et al., 2015; Russell et al., 2014; Smith-Darden et al., 2017).

## Discussion and Recommendations

The themes inductively derived from the current review confirm there are key modifiable and preventable risk factors that influence male ADV perpetration. These findings are vital to public health education and primary prevention efforts. The studies reviewed tentatively offered avenues for addressing preventative efforts. Programs targeting norms and attitudes related to ADV, school-based workshops educating adolescents on positive CRS, and substance use and dating behaviors were most often mentioned. Such prevention efforts are crucial: when relationship aggression and ADV perpetration have been established in adolescent relationships, this behavior may become a consistent pattern in future adult relationships, an association supported within the literature (Dardis et al., 2014; Exner Cortens et al., 2018; Garthe et al., 2017). Taking these findings forward within the current discussion, we offer the following recommendations.

Traditional beliefs about gender and gender inequities and attitudes accepting of ADV are societal norms and may be held by people of all genders. Efforts must target not only adolescent boys but societies and cultures worldwide; by implementing prevention programs that challenge ideologies of male superiority and violence, it is possible to recalibrate gender relations and roles in vastly reducing the likelihood of male to female ADV (Nydegger et al., 2017; Reidy et al., 2015; Reyes et al., 2016; Russell et al., 2014; Smith-Darden et al., 2017). At the same time, prevention programs that target male adolescents specifically to redress the socially constructed beliefs promoting males as tough and dominating, or superior to females, could reform misperceptions about violence and inequity in dating relationships (Reidy et al., 2015).

Implementing prevention programs in schools during early adolescence before the peak of ADV perpetration occurs in middle to late adolescence is key to decreasing the likelihood of dating violence becoming a normative behavior (Black et al., 2015; Fernández-Fuertes et al., 2019; Mason-Jones et al., 2016; McClure & Parmenter, 2017; Shorey et al., 2017; VanderEnde et al., 2016). Because direct bullying was reported to have a strong association with the likelihood of male adolescents

perpetrating physical ADV, school programs to prevent bullying may also prevent ADV (Foshee et al., 2014). Many negative behavioral outcomes for adolescents share common factors; therefore creating prevention programs that address multiple factors could contribute to positive mental health outcomes in adolescents in general (Foshee et al., 2014; Niolon et al., 2015).

Negative CRS was a key component in how aggression mediated ADV; assisting male adolescents in developing positive CRS and resolving negative emotions productively is essential to primary prevention (Aizpitarte et al., 2017; Cucci et al., 2019; Fernández-González et al., 2018; Smith-Darden et al., 2017). Reducing alcohol use may reduce male ADV perpetration given its mediating effects for escalated negative conflict resolution styles (Niolon et al., 2015; Russell et al., 2013). Early intervention and education are needed during the period when neuroplasticity, cognitive processes, and attitudes are adaptable and open to the positive messaging in primary prevention programs (Fernández-Fuertes et al., 2019). In recognizing that violence is preventable, developing programs, policies, and accessible support services to reduce violence against adolescents is integral to the healthy growth and development of the next generation of parents who will shape our future, therefore demanding heightened urgency and action.

Global initiatives championing programs that challenge patriarchal masculinity and power inequalities at multiple levels and advocate for gender justice include MenEngage and Promundo (MenEngage Alliance, 2020; Promundo, 2020). By tailoring programs such as Prevention+, to adolescents and young adults, evidence-based gender transformative violence prevention courses, campaigns and activism can influence behaviors and lobby institutions and governments to enact new policies and legislation to prevent gender-based violence (MenEngage Alliance, 2020; Promundo, 2020). These programs also address the social, economic, and cultural contexts that can underpin the risk for perpetration and victimization of violence. Intervening at multiple levels as per the socio-ecological framework can bolster efforts for garnering sustained changes to transform individual, social, and structural factors that can potentiate the prevalence of gender-based violence (MenEngage Alliance, 2020; Promundo, 2020).

### *Clinical Application: Trauma-Informed Care*

Based on the preliminary prevention strategies suggested by the current review, we offer ways for how PCPs may effectively assess and manage ADV perpetrators and victims. PCPs come into contact with adolescents during general medical visits, but male perpetrators and female victims may also seek consults regarding dating violence

in their current circumstances (Moore et al., 2015). Advising PCPs how to appropriately assess and manage male perpetrators of ADV and assess and equip adolescent females to ensure they are safe and secure to speak up when ADV occurs is crucial to prevention efforts. Recommendations for PCP involvement in violence prevention and management have been issued by many groups including the Canadian Pediatrics Society (CPS), American Academy of Pediatrics (AAP), the CDC, and WHO (AAP, 1999; Greig et al., 2016; Tharp et al., 2011; WHO, 2015). Their recommendations include preventative education, assessing or screening for risk, intervention implementation, and ensuring timely follow-up services and referral when required. Despite the growing evidence for PCP involvement in adolescent violence prevention, few of these routine practices have been implemented in primary care (Wagman et al., 2004).

Screening tools in general have been linked to re-traumatization and harm when trauma-informed practice is not implemented for individuals with current or previous trauma experiences (Substance Abuse and Mental Health Services Administration, 2014). Trauma-informed practice is a strengths-based approach that underscores the impact of trauma, its effect on the physical, psychological and emotional safety of the survivor (victim or perpetrator) and promotes an environment for the survivor to gain control and make choices that supports their empowerment (BC Ministry of Children and Family Development, 2016; Substance Abuse and Mental Health Services Administration, 2014). The incorporation of trauma-informed practice within primary care contributes to the prevention of re-traumatization and promotes coping and resilience by building trust, credibility, consistency and presence for individuals affected by ADV (BC Ministry of Children and Family Development, 2016).

### Assessment Methods

Due to the influence that parents have in molding their children's beliefs and attitudes, the involvement of parents in the prevention and intervention of ADV is key (Aizpitarte et al., 2017; Cucci et al., 2019; Duke & Borowsky, 2014). Based on the current review and evidence-based recommendations of relevant health organizations, we offer PCPs assessment and counselling suggestions with a trauma-informed approach for the prevention of ADV (American Academy of Pediatrics, 1999; Duke & Borowsky, 2014; Greig et al., 2016; Tharp et al., 2011; Wagman et al., 2004; WHO, 2015):

First, ensuring confidentiality and conducting part of the adolescent visit in private is key to gaining trust and discussing topics the adolescent is uncomfortable divulging with their caregiver present. Second, conducting a

thorough health history in regard to their physical and mental health as well as substance use may offer insight into underlining factors associated with ADV. This may include assessing safety at home, school, and in the community, and assessing the possibility of neglect or abuse, exposure to violence, as well as gang/weapon involvement—as experiencing violence in other contexts increases susceptibility to experiencing violence in intimate relationships (Davies et al., 2015). Third, exploring thoughts regarding gender-based norms and feelings pertaining to power and control is warranted. Lastly, offering counseling regarding sexual health practices, including consent, and assessing current intimate relationships for signs of abuse including manipulation, humiliation, and relationship dissatisfaction is integral.

Counseling parents on the importance of modeling positive behaviors and encouraging conversations that focus on communication skills and conflict management to promote healthy dating behavior is pivotal for adolescents. Most importantly, encouraging parents to review and make safety plans with their child in the event the child feels threatened is crucial. Clarifying that violence is an unacceptable method of conflict resolution and detailing options for nonviolent resolution or offering community-based workshops for social skill development is essential.

These assessment and counseling suggestions can provide a means for PCPs to create a safe nonjudgmental environment where adolescents feel comfortable to communicate on their own terms. Identification of ADV and the factors associated with male adolescents who engage in this behavior can aid PCPs in devising intervention strategies such as prompt referrals to specialists, prevention programs, and office-based counseling (American Academy of Pediatrics, 1999; Greig et al., 2016).

### Limitations

There are several limitations in the current scoping review. The findings may not be generalizable to all adolescents due to the small number of articles, diverse study locations, and the fact that gender norms interact with cultures and an array of social determinants of health. The articles in this review were mainly quantitative cross-sectional designs; therefore, temporal ordering of factors and causality in ADV perpetration cannot be determined. Qualitative studies that explore the subjective experiences of male adolescent perpetrators of ADV would be advantageous to inductively derive and contextualize emergent factors that drive such behaviors. Findings were also limited to published research articles, thereby excluding tertiary literature and gray literature including provider, policy, and government documents. Tools used to measure ADV perpetration differed across the various articles;



therefore, clear identification for standardized comparisons of ADV perpetration is lacking. Finally, data collected from all 16 studies were self-reported; therefore, social desirability bias may have influenced responses.

## Conclusion

The current scoping review identified factors that are associated with the increased likelihood of male perpetration of ADV. These factors include male entitlement and gender norms that endorse power and control over females; adverse childhood experiences, especially witnessing or experiencing violent behavior in the home, school, or community; and poor conflict resolution skills and emotion dysregulation. Identifying these factors and acknowledging their dynamic interactions and cumulative risk provides evidence for recognizing and addressing the complicated nature of male ADV perpetration.

## Acknowledgments

I would like to acknowledge my parents, Kulwant and Harinder Malhi, as I am particularly grateful for their support and encouragement throughout my years of education. Furthermore, I would like to acknowledge Gabriela Montaner for her assistance in preparing and submitting the manuscript for peer review and publication.

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The work of Mary Kelly and Gabriela Montaner was funded by the UBC Men's Health Research program, and open access fees were provided by the School of Nursing, University of British Columbia.

## ORCID iD

Noreen Malhi  <https://orcid.org/0000-0003-3140-8300>

## References

- Adhia, A., Kernic, M. A., Hemenway, D., Vavilala, M. S., & Rivara, F. P. (2019). Intimate partner homicide of adolescents. *JAMA Pediatrics, 173*(6), 571–577. <https://doi.org/10.1001/jamapediatrics.2019.0621>
- Aizpitarte, A., Alonso-Arbiol, I., & Van de Vijver, F. J. R. (2017). An explanatory model of dating violence risk factors in Spanish adolescents. *Journal of Research on Adolescence, 27*(4), 797–809. <https://dx.doi.org/10.1111/jora.12315>
- American Academy of Pediatrics. (1999). The role of the pediatrician in youth violence prevention in clinical practice and at the community level. *Pediatrics, 103*(1), 173–181. <https://doi.org/10.1542/peds.103.1.173>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology, 8*(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- BC Ministry of Children and Family Development. (2016). *Healing families, helping systems: A trauma-informed practice guide for working with children, youth and families*. [https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed\\_practice\\_guide.pdf](https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf)
- Black, B. M., Chido, L. M., Preble, K. M., Weisz, A. N., Yoon, J. S., Delaney-Black, V., Kernsmith, P., & Lewandowski, L. (2015). Violence exposure and teen dating violence among African American youth. *Journal of Interpersonal Violence, 30*(12), 2174–2195. <https://dx.doi.org/10.1177/0886260514552271>
- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. (2015). *Intimate partner violence surveillance uniform definitions and recommended data elements, version 2.0*. Center for Disease Control and Prevention, National Center for Injury Prevention and Control. <https://www.cdc.gov/violenceprevention/pdf/ipv/intimatepartnerviolence.pdf>
- Centers for Disease Control and Prevention. (2019). *The social-ecological model*. <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>
- Collins, W. A. (2003). More than myth: The developmental significance of romantic relationships during adolescence. *Journal of Research on Adolescence (Wiley-Blackwell), 13*(1), 1–24. <https://doi.org/10.1111/1532-7795.1301001>
- Colquhoun, H. L., Levac, D., O'Brien, K. K., Straus, S., Tricco, A. C., Perrier, L., Kastner, M., & Moher, D. (2014). Scoping reviews: Time for clarity in definition, methods, and reporting. *Journal of Clinical Epidemiology, 67*(12), 1291–1294. <https://doi.org/10.1016/j.jclinepi.2014.03.013>
- Cucci, G., O'Leary, K. D., Olivari, M. G., Bonanomi, A., & Confalonieri, E. (2019). Adolescent dating violence perpetration, emotion dysregulation, and parenting styles. *Journal of Family Psychology, 33*(1), 12–22. <https://doi.org/10.1037/fam0000464>
- Dardis, C. M., Dixon, K. J., Edwards, K. M., & Turchik, J. A. (2015). An examination of the factors related to dating violence perpetration among young men and women and associated theoretical explanations: A review of the literature. *Trauma, Violence, & Abuse, 16*(2), 136–152. <https://doi.org/10.1177/1524838013517559>
- Davies, L., Ford-Gilboe, M., Willson, A., Varcoe, C., Wuest, J., Campbell, J., & Scott-Storey, K. (2015). Patterns of cumulative abuse among female survivors of intimate partner violence: Links to women's health and socioeconomic status. *Violence Against Women, 21*(1), 30–48. <https://doi.org/10.1177/1077801214564076>
- Duke, N. N., & Borowsky, I. W. (2014). Adolescent interpersonal violence: Implications for health care professionals. *Primary Care, 41*(3), 671–689. <https://doi.org/10.1016/j.pop.2014.05.013>



- Duke, N. N., Pettingell, S. L., McMorris, B. J., & Borowsky, I. W. (2010). Adolescent violence perpetration: Associations with multiple types of adverse childhood experiences. *Pediatrics*, *125*(4), e778–e786. <https://doi.org/10.1542/peds.2009-0597>
- Erikson, E. H. (1968). *Identity: Youth and crisis*. Norton & Co.
- Exner-Cortens, D., Eckenrode, J., & Rothman, E. (2013). Longitudinal associations between teen dating violence victimization and adverse health outcomes. *Pediatrics*, *131*(1), 71–78. <https://dx.doi.org/10.1542/peds.2012-1029>
- Fernández-Fuertes, A. A., Fuertes, A., Fernández-Rouco, N., & Orgaz, B. (2019). Past aggressive behavior, costs and benefits of aggression, romantic attachment, and teen dating violence perpetration in Spain. *Children and Youth Services Review*, *100*, 376–383. <https://doi.org/10.1016/j.childyouth.2019.03.020>
- Fernández-González, L., Calvete, E., Orue, I., & Echezarraga, A. (2018). The role of emotional intelligence in the maintenance of adolescent dating violence perpetration. *Personality and Individual Differences*, *127*, 68–73. <https://doi.org/10.1016/j.paid.2018.01.038>
- Fernet, M., Hébert, M., & Paradis, A. (2016). Conflict resolution patterns and violence perpetration in adolescent couples: A gender-sensitive mixed-methods approach. *Journal of Adolescence*, *49*, 51–59. <https://doi.org/10.1016/j.adolescence.2016.02.004>
- Foshee, V. A., McNaughton Reyes, H. L., Vivolo-Kantor, A. M., Basile, K. C., Chang, L., Faris, R., & Ennett, S. T. (2014). Bullying as a longitudinal predictor of adolescent dating violence. *Journal of Adolescent Health*, *55*(3), 439–444. <https://dx.doi.org/10.1016/j.jadohealth.2014.03.004>
- García-Moreno, C., Heise, L., Jansen, H. A. F. M., Ellsberg, M., & Watts, C. (2005). Violence against women. *Science*, *310*(5752), 1282. <https://doi.org/10.1126/science.1121400>
- Garrard, J. (2017). *Health sciences literature review made easy: The matrix method* (5th ed.). Jones and Bartlett Publishers.
- Garthe, R. C., Sullivan, T. N., & McDaniel, M. A. (2017). A meta-analytic review of peer risk factors and adolescent dating violence. *Psychology of Violence*, *7*(1), 45–57. <http://dx.doi.org/10.1037/vio0000040>
- Greig, A. A., Constantin, E., Leblanc, C., Riverin, B., Tak-Sam, P., & Cummings, C. (2016). *Position statement. An update to the greig health record: Preventative health care visits for children and adolescents aged 16 to 17 years – technical report*. Canadian Pediatric Society. <https://www.cps.ca/en/documents/position/greig-health-record-technical-report>
- Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *Lancet (London, England)*, *359*(9315), 1423–1429. [https://doi.org/10.1016/S0140-6736\(02\)08357-5](https://doi.org/10.1016/S0140-6736(02)08357-5)
- Leen, E., Sorbring, E., Mawer, M., Holdsworth, E., Helsing, B., & Bowen, E. (2013). Prevalence, dynamic risk factors and the efficacy of primary interventions for adolescent dating violence: An international review. *Aggression & Violent Behavior*, *18*(1), 159–174. <https://doi.org/10.1016/j.avb.2012.11.015>
- Mason-Jones, A. J., De Koker, P., Eggers, S. M., Mathews, C., Temmerman, M., Leye, E., Leye, E., De Vries, P. J., & De Vries, H. (2016). Intimate partner violence in early adolescence: The role of gender, socioeconomic factors and the school. *The South African Medical Journal*, *106*(5), 60. <https://dx.doi.org/10.7196/SAMJ.2016.v106i5.9770>
- McClure, M. M., & Parmenter, M. (2017). Childhood trauma, trait anxiety, and anxious attachment as predictors of intimate partner violence in college students. *Journal of Interpersonal Violence*. <https://dx.doi.org/10.1177/0886260517721894>. [Vip]
- MenEngage Alliance. (2020). *Annual report 2019*. <http://menengage.org/wp-content/uploads/2020/07/MenEngage-Alliance-Annual-Report-2019.pdf>
- Moore, A., Sargent, K. M., Ferranti, D., & Gonzalez-Guarda, R. M. (2015). Adolescent dating violence: Supports and barriers in accessing services. *Journal of Community Health Nursing*, *32*(1), 39–52. <https://doi.org/10.1080/07370016.2015.991668>
- Niolon, P. H., Vivolo-Kantor, A., Latzman, N. E., Valle, L. A., Kuoh, H., Burton, T., Taylor, B. G., & Tharp, A. T. (2015). Prevalence of teen dating violence and co-occurring risk factors among middle school youth in high-risk urban communities. *Journal of Adolescent Health*, *56*, S5–S13. <https://doi.org/10.1016/j.jadohealth.2014.07.019>
- Nydegger, L., DiFranceisco, W., Quinn, K., & Dickson-Gomez, J. (2017). Gender norms and age-disparate sexual relationships as predictors of intimate partner violence, sexual violence, and risky sex among adolescent gang members. *Journal of Urban Health*, *94*(2), 266–275. <https://doi.org/10.1007/s11524-016-0068-3>
- Parker, E. M., & Bradshaw, C. P. (2015). Teen dating violence victimization and patterns of substance use among high school students. *Journal of Adolescent Health*, *57*(4), 441–447. <https://dx.doi.org/10.1016/j.jadohealth.2015.06.013>
- Peterson, J., Pearce, P. F., Ferguson, L. A., & Langford, C. A. (2017). Understanding scoping reviews: Definition, purpose, and process. *Journal of the American Association of Nurse Practitioners*, *29*(1), 12–16. <https://doi.org/10.1002/2327-6924.12380>
- Promundo. (2020). *Preventing violence*. <https://promundo-global.org/work/?program=preventing-violence>
- Reidy, D. E., Smith-Darden, J., Cortina, K. S., Kernsmith, R. M., & Kernsmith, P. D. (2015). Masculine discrepancy stress, teen dating violence, and sexual violence perpetration among adolescent boys. *Journal of Adolescent Health*, *56*(6), 619–624. <https://doi.org/10.1016/j.jadohealth.2015.02.009>
- Reyes, H., Foshee, V., Niolon, P., Reidy, D., & Hall, J. (2016). Gender role attitudes and male adolescent dating violence perpetration: Normative beliefs as moderators. *Journal of Youth & Adolescence*, *45*(2), 350–360. <https://doi.org/10.1007/s10964-015-0278-0>
- Rubio-Garay, F., Ángeles López-González, M., Ángel Carrasco, M., & Javier Amor, P. (2017). The prevalence of dating violence: A systematic review. *Papeles Del Psicólogo*, *38*(2), 135–147. <https://doi.org/10.23923/pap.psicol2017.2831>
- Russell, M., Cupp, P. K., Jewkes, R. K., Gevers, A., Mathews, C., LeFleur-Bellerose, C., & Small, J. (2014). Intimate partner violence among adolescents in Cape Town, South

- Africa. *Prevention Science*, 15(3), 283–295. <https://dx.doi.org/10.1007/s11121-013-0405-7>
- Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet. Child & Adolescent Health*, 2(3), 223–228. [https://doi.org/10.1016/S2352-4642\(18\)30022-1](https://doi.org/10.1016/S2352-4642(18)30022-1)
- Shorey, R. C., Cohen, J. R., Lu, Y., Fite, P. J., Stuart, G. L., & Temple, J. R. (2017). Age of onset for physical and sexual teen dating violence perpetration: A longitudinal investigation. *Preventive Medicine*, 105, 275–279. <https://doi.org/10.1016/j.ypmed.2017.10.008>
- Simon, V. A., Aikins, J. W., & Prinstein, M. J. (2008). Romantic partner selection and socialization during early adolescence. *Child Development*, 79(6), 1676–1692. <https://doi.org/10.1111/j.1467-8624.2008.01218.x>
- Smith-Darden, J. P., Kernsmith, P. D., Reidy, D. E., & Cortina, K. S. (2017). In search of modifiable risk and protective factors for teen dating violence. *Journal of Research on Adolescence*, 27(2), 423–435. <https://dx.doi.org/10.1111/jora.12280>
- Stöckl, H., March, L., Pallitto, C., & Garcia-Moreno, C. (2014). Intimate partner violence among adolescents and young women: Prevalence and associated factors in nine countries: A cross-sectional study. *BMC Public Health*, 14(1), 751–764. <https://doi.org/10.1186/1471-2458-14-751>
- Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. <https://store.samhsa.gov/system/files/sma14-4816.pdf>
- Tharp, A. T., Burton, T., Freire, K., Hall, D. M., Harrier, S., Latzman, N. E., Luo, F., Niolon, P. H., Ramirez, M., & Vagi, K. J. (2011). Dating Matters™: Strategies to promote healthy teen relationships. *Journal of Women's Health*, 20(12), 1761–1765. <https://doi.org/10.1089/jwh.2011.3177>
- Vagi, K. J., Rothman, E. F., Latzman, N. E., Tharp, A. T., Hall, D. M., & Breiding, M. J. (2013). Beyond correlates: A review of risk and protective factors for adolescent dating violence perpetration. *Journal of Youth and Adolescence*, 42(4), 633–649. <https://doi.org/10.1007/s10964-013-9907-7>
- VanderEnde, K., Mercy, J., Shawa, M., Kalanda, M., Hamela, J., Maksud, N., Ross, B., Gupta, S., Wadonda-Kabondo, N., & Hillis, S. (2016). Violent experiences in childhood are associated with men's perpetration of intimate partner violence as a young adult: A multistage cluster survey in Malawi. *Annals of Epidemiology*, 26(10), 723–728. <https://doi.org/10.1016/j.annepidem.2016.08.007>
- Wagman, I., Mozayeny, S., Stuenkel, K., & Ireland, M. (2004). Effects of a primary care-based intervention on violent behavior and injury in children. *Pediatrics*, 114(4), e392–e399. <https://doi.org/10.1542/peds.2004-0693>
- White, J. W. (2009). A gendered approach to adolescent dating violence: Conceptual and methodological issues. *Psychology of Women Quarterly*, 33(1), 1–15. <https://doi.org/10.1111/j.1471-6402.2008.01467.x>
- Wincentak, K., Connolly, J., & Card, N. (2017). Teen dating violence: A meta-analytic review of prevalence rates. *Psychology of Violence*, 7(2), 224–241. <https://doi.org/10.1037/a0040194>
- World Health Organization. (2013a). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. [https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf?sequence=1)
- World Health Organization. (2013b). *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. [https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595\\_eng.pdf;jsessionid=6DE6D37AE15BCAE702D2723A0CF5006E?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf;jsessionid=6DE6D37AE15BCAE702D2723A0CF5006E?sequence=1)
- World Health Organization. (2015). *Preventing youth violence: An overview of the evidence*. [https://apps.who.int/iris/bitstream/handle/10665/181008/9789241509251\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/181008/9789241509251_eng.pdf?sequence=1)
- World Health Organization. (2019). *The ecological framework*. <https://www.who.int/violenceprevention/approach/ecology/en/>
- Zimmer-Gembeck, M. (2002). The development of romantic relationships and adaptations in the system of peer relationships. *Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 31(6), 216–225. [https://doi.org/10.1016/S1054-139X\(02\)00504-9](https://doi.org/10.1016/S1054-139X(02)00504-9)