

Understanding and Addressing Teen Dating Violence: Implications for Family Counselors

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Abstract:

Teen dating violence is a significant public health and social justice issue. However, family counselors may lack training in the knowledge and skills needed to provide safe, competent services to clients impacted by teen dating violence and other forms of abuse. To address this need for family counselors to develop competence to work with clients impacted by teen dating violence, this article integrates current literature on the subject of teen dating violence to provide a set of eight counseling recommendations. To further support these recommendations, examples of stories and statements made by survivors of past teen dating violence relationships between the ages of 13 and 19 are provided.

Keywords: teen dating violence | intimate partner violence | parenting | adolescents | family counseling

Article:

An abusive relationship at such a young age sets the standard for future relationships. For me, it was harder to realize that I was in an abusive relationship as an adult because the sexual violence I had experienced as a teen had normalized that in a relationship.

Survivor of teen dating violence

Intimate partner violence (IPV) describes any form of physical, sexual, emotional, and/or psychological abuse within a current or former intimate relationship (Murray & Graves, 2012). Teen dating violence (TDV) is a specific form of IPV that occurs within dating relationships among teenagers, defined in this article as youth between the ages of 13 and 19. TDV is a significant public health problem and social justice issue. For example, the national advocacy organization, LoveisRespect.org (2015), reports that TDV is the most common form of youth violence, affecting approximately 1.5 million U.S. high school students each year. Furthermore, the teen years are critical for preventing IPV because females between the ages of 16 and 24 are at the highest risk of experiencing IPV victimization (LoveisRespect.org, 2015).

Respect.org, 2015). In light of these high rates of TDV, many families who seek counseling services have the potential to be impacted by abusive teen relationships, including families in which a teenaged child is a current or former victim or perpetrator of TDV. However, family counselors may lack training in the knowledge and skills needed to provide safe, competent services to clients impacted by TDV and other forms of abuse (Murray & Graves, 2012). For example, a survey of mental health professionals found that just over half of providers had received any training on IPV, with this training typically occurring in continuing education courses (Campbell, Raja, & Grinning, 1999). A more recent survey (Murray et al., in press) confirmed that many mental health professionals still lack extensive training on the topic of IPV and that mental health professionals without such training are less likely to use comprehensive assessment and intervention practices related to IPV. Previous research also demonstrates that less than one third of adolescent females presenting in health care settings were screened for TDV and that the majority of these teens indicated that such a screening would be welcome (E. Miller et al., 2010). Thus, it appears that many counselors lack awareness of the dynamics of TDV, and minimal training to competently address this clinical issue presents a disservice to clients.

To address this need for family counselors to develop competence to work with clients impacted by TDV, the current article integrates current literature on the subject of TDV to provide a set of eight counseling recommendations. To further support these recommendations, examples of stories and statements made by survivors of past TDV relationships are provided. These experiences of survivors of past TDV, including the quote at the start of this article, were drawn from a series of four studies with survivors of past IPV, and this article addresses the experiences of survivors of TDV that occurred between the ages of 13 and 19. We begin this article by discussing four of the major unique dynamics of TDV when compared to other forms of IPV. Next, we briefly describe the series of research studies from which the stories and statements of survivors of TDV were drawn. We then outline our set of eight recommendations for family counselors to consider when working with clients impacted by TDV.

Unique Dynamics of Teen Dating Violence

Teenagers who experience TDV face at least four unique challenges compared to adult victims. First, given their young age, teenagers have limited prior relationship experiences, and so it may be difficult for them to detect early potential indicators of an abusive relationship. Developmentally, teens may even interpret surface aggression, in the form of coercive behavior and physical violence (e.g., hitting and pushing) as demonstrative of greater intimacy, with only about half of teens stating that they would end a relationship following a violent event (Wekerle & Wolfe, 1999). Teens' relative inexperience with romantic relationships and unfamiliarity with the signs of healthy and unhealthy relationships present additional challenges to identifying and ending abusive relationships.

Second, teens are highly influenced by norms among their peer groups and therefore may be susceptible to remaining in abusive relationships due to peer pressure or perceptions that ending the relationship will carry negative social consequences. Female victims participating in a focus group expressed this fear of negative social consequences for ending an abusive relationship

(Lavoie, Robitaille, & Hebert, 2000). Conversely, exposure to prosocial peers protects at-risk youth against both TDV victimization and perpetration (McDonald & Merrick, 2013). The strength of social influence in shaping relationship choices and expectations is greater in adolescent populations relative to adult populations.

Third, technology is extremely integrated into many teenagers' lives (Pew Research Center, 2012). Although technology can be used to help victims' access resources, it also poses safety risks when perpetrators use technology to maintain control over their partners (Zweig, Dank, Lachman, & Yahner, 2013). The prevalence of cyber dating abuse is relatively high, with one recent study finding that slightly more than one quarter of the teens sampled had experienced some form of victimization in a relationship within the past year (Zweig, Dank, Yahner, & Lachman, 2013). Importantly, cyber dating abuse (i.e., abusive behaviors that are perpetrated via technology, such as e-mail, text, and/or social media) can increase the likelihood that other forms of TDV will occur across other contexts. For instance, youth victims of sexual cyber dating abuse were found to be at much greater risk of experiencing sexual coercion than their counterparts with no experiences of sexual cyber dating abuse (Zweig, Dank, Yahner et al., 2013). The prevalence of cyber dating abuse and its association with other forms of TDV highlight the unique dynamics that may occur for youth facing IPV.

Fourth, parents of teens in abusive relationships may struggle with how to help their children have safe, healthy dating relationships. Despite the high rates of TDV, Loveisrespect.org (2015) reports that over 80% of parents of teens either do not believe that TDV is an issue that teens face or they do not know whether it is an issue for teens. This suggests that many parents lack understanding of the dynamics of TDV and that they may not be aware of how to best support their children if they know or suspect that their teenaged children are in an abusive dating relationship. However, existing research supports the importance of parent–child communication in buffering against the risk of TDV for teens (Simons, Simons, Lei, Hancock, & Fincham, 2012). A growing number of TDV prevention programs incorporate parent–child communication skills training and broader family-based interventions that acknowledge the influential position parents hold in their teens' lives. Caregivers impact their teens on multiple levels, from risk factors for TDV to continued learning about healthy relationships and interpersonal values (Foshee, McNaughton Reyes, Ennett, Cance, Bauman, & Bowling, 2012; S. Miller et al., 2015). Thus, when working with clients impacted by TDV, family counselors must understand the unique educational and safety roles of parents and other community members in preventing and responding to TDV.

Despite the growing recognition of the high rates of TDV, to date the research on this issue is limited. Clinical guidelines, especially related to addressing TDV within a family counseling context, are even more scarce. Therefore, this article builds on the existing research and proposes eight recommendations for family counselors to use when working with clients who are impacted by TDV. To further support these recommendations, we provide examples of statements of survivors of past TDV who participated in an ongoing series of research studies, which are described in the following section.

Overview of Research Studies With Abuse Survivors That Inform the Current Recommendations

Our research team has conducted a series of research studies in which the participants were survivors of past abusive intimate relationships. Full details about these studies can be found in the following sources: (Crowe & Murray, 2015; Murray & Crowe, in press; Murray & Crowe, under review; Murray, Crowe, & Brinkley, 2015; Murray, Crowe, & Flasch, 2015; Murray, Crowe, & Overstreet, in press). Each of these studies included survivors of past relationships in which they experienced IPV. Altogether, our studies have included hundreds of survivors of past IPV, of whom 36 participants reported on abusive relationships that occurred in dating relationships between the ages of 13 and 19. An additional 87 participants in the surveys described subsequently reported on IPV within dating relationships that occurred during their 20s, but these participants were not included in the current article in order to examine the unique dynamics experienced related to dating violence during the teenage years. Thus, for the purpose of the current article, we examined the subset of responses by participants across four studies that specifically experienced dating violence during their teenage years (i.e., between the ages of 13 and 19). In this section, we provide a brief overview of the studies from which survivors of TDV who are quoted in this article were drawn.

For the first three studies, the participants all included survivors of past IPV who (a) were at least 21 years of age; (b) had been formerly abused by an intimate relationship partner (e.g., boyfriend, life partner, spouse); (c) had been out of any abusive relationships for at least two years; and (d) were able to participate in the studies in the English language. The first study was a qualitative study involving interviews with 12 female survivors of past IPV, of whom two participants described experiences with TDV. The interview study participants' stories about their experiences facing and overcoming stigma related to IPV compelled us to expand upon this research in the second study with a mixed methodology (i.e., quantitative and qualitative) electronic survey. Our original analyses of the data from this first survey included 219 survivors of past IPV, but we have continued to collect data for this survey, and at the time of this writing, approximately 330 participants had completed the survey. Of this sample, 16 participants described abusive relationships that occurred between the ages of 13 and 19. These studies have led to multiple publications currently in press or under review with peer-reviewed journals (Crowe & Murray, 2015; Murray & Crowe, in press; Murray & Crowe, under review; Murray, Crowe, & Brinkley, 2015). As a follow-up to that study, we completed the third study, which focused on how survivors overcome past abuse and included 123 participants, of whom 12 described experiences of overcoming TDV (Murray, Crowe, & Flasch, 2015).

To supplement the data from the three studies with survivors of IPV in general, we collected additional qualitative data via a separate electronic survey that specifically targeted participants who were survivors of TDV between the ages of 13 and 19. This survey included six additional participants. The eligibility criteria for this final study were somewhat different, in that they included being over the ages of 18 (rather than 21), having experienced TDV between the ages of 13 and 19, and having been out of any abusive relationships for at least 1 year (rather than at least 2 years, as in the previous studies). Additional information about the methodologies used in the studies described earlier is provided in the citations provided for articles describing the findings of our research on IPV survivorship in general (i.e., not specific to TDV). However, a brief summary of the methodologies used is provided here to explain the context of participants'

statements that are included in our family counseling recommendations, which our outlined subsequently.

All studies included a small incentive to demonstrate our appreciation for participants' time and input into the studies (i.e., a US\$10 store gift card for interview study participants and a drawing for US\$50 store gift cards for survey participants). The interview study involved audio-recording and transcribing participants' interviewed, and the interviews were conducted in a private location by one interviewer, each of whom is a counselor educator in programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CAREP). For each of the electronic surveys, participants' responses were collected automatically via the secure survey-hosting website platform, Qualtrics. All surveys were conducted anonymously, and participants were able to enter the drawing for the gift cards via a separate form to keep their identities separate from their responses. Across all studies, the topics addressed in the interviews and surveys included the following: (a) participants' background characteristics; (b) participants' experiences in past abusive relationships, with a particular focus on their most recent abusive relationship, if they had experienced more than one; and (c) a series of open-ended questions about participants' experiences with abuse and how their abusive relationships were viewed by others. Each of the four studies included some unique questions about the specific focus of the study (e.g., the stigma that survivors faced, whether and how they overcame past abuse, and how their experiences of abuse were impacted by the social context around them). Our past analyses of the data for the studies described earlier have included a variety of both quantitative (e.g., multivariate analyses and cluster analysis) and qualitative (e.g., content analysis and phenomenological methodology) data analysis procedures. For the current article, participants' quotes were organized into themes based on their connections with the recommendations outlined in the next section, and sample quotes illustrate the importance of the research-informed recommendations presented subsequently.

Research-Informed Recommendations for Family Counselors Working With Clients Impacted by TDV

In this section, we integrate existing research about TDV with statements made by participants in the research studies described earlier to formulate a list of eight recommendations for family counselors to consider when working with clients impacted by TDV. By "clients," we are referring to a variety of potential client/family configurations that family counselors may encounter in their work, including individual adolescent clients (but who likely also have contact with these clients' parents throughout the treatment process); parents of teenaged clients who are at-risk for TDV or who may be involved in unhealthy or unsafe dating relationships but who are not known to be experiencing current abuse; and parents of teenaged clients who are known to be in an abusive dating relationship, either as a perpetrator or as a victim.

Recommendation #1: Family Counselors Should Educate Themselves About the Dynamics of Abusive Teen Dating Relationships

Due to the complexity and variety of potential clinical situations in which family counselors may encounter clients impacted by TDV, it is important for family counselors to develop a basic understanding of the dynamics of abusive teen dating relationships, and IPV in general, so that

they will have a basis for sound clinical judgment across a variety of these scenarios. Without a solid understanding of the dynamics of TDV, counselors run the risk of inadvertently retraumatizing their clients. For example, one of the survivors in our research said, “An on-campus counselor was unhelpful and downplayed the abuse. She told me that my partner was “controlling.” When I came to her with (what I know now) are clearly PTSD symptoms, she told me that couldn’t be what it was. I felt that she didn’t take me seriously.” The client suggested that her former counselor in this situation both minimized the abuse by referring to it as a form of control, rather than abuse, as well as by failing to recognize and address her posttraumatic stress disorder (PTSD) symptoms. Of course, one of the important dynamics of TDV that is important for family counselors to understand is that the root of abusive behaviors within intimate relationships is typically found in power and control dynamics (Murray & Graves, 2012). Thus, this survivor’s former counselor did identify the patterns of control that were evident in her relationship, but it appears that the counselor failed to acknowledge that the full extent of the controlling behaviors was indicative of an abusive relationship.

It is important for family counselors to understand that TDV may become very severe (see Loveisrespect.org, 2015, for an outline of abusive behaviors ranging in form and severity), and therefore not minimize this form of abuse simply because it occurs among teenagers. Furthermore, counselors should recognize that relationship abuse may be manifest in different ways, including physical, sexual, emotional, and cyber abuse. The following statements in which our research participants described their abuse demonstrate the potential range of abusive behaviors that may occur within TDV: (a) “Strangle, hit, punched, kicked, and things thrown at me”; (b) “Name calling, body shaming, isolation, yelling, threatening, and apologies”; (c) “Tied up, forced/unwanted sex, and made to feel guilty for not wanting it”; and (d) “Mass phone calls about my whereabouts, accusations I was with any other guy that would contact me in any form, cuss people out in the background of my personal phone calls, taking my phone, and needing my passwords.” Another survivor described how her experiences with emotional abuse were overlooked, and she stated, “People think that if you’re not – if you don’t have a black eye and a broken arm, then it’s not abuse.” As these quotes illustrate, TDV can take many forms, and counselors must be equipped to recognize abuse in its many forms so that they can appropriately provide support and resources to clients who are experiencing or at risk for it.

Recommendation #2: Family Counselors Can Explore the Intergenerational and Family Systemic Influences on Teenagers’ Abusive Dating Relationships

With their training in family systems theory and skills in assessing relationship patterns in immediate and extended families, family counselors are especially well equipped to help clients examine the intergenerational patterns that may be contributing to their current experiences or increased risk of TDV. Teenagers who witnessed abuse in their parents’ relationships may have come to view abuse and violence as normal (Markowitz, 2001). For example, one survivor who participated in our research said, “I grew up in abuse. So, it was normal. So, getting in the relationship with him was just – it was just normal. And I was in – I got with him when I was like 16, getting ready to turn 17. And we were together for five and a half years.”

Counseling, and group counseling in particular, can be helpful for identifying how intergenerational patterns influence experiences of TDV. Another research participant said, “The

support group made me realize the huge similarities between abusers, which made him seem less evil. It also helped me understand how experiences with my parents affected my own life.” Family counselors can apply intergenerational theories of family therapy—such as Bowen Family Systems Theory (Bowen, 1978) and Contextual Family Therapy (Nagy & Krasner, 1986)—to explore patterns of violence and abuse across generations within families. Constructing a genogram with clients may be especially useful for identifying these patterns (Nichols, 1986). However, it is important for family counselors to remember that applying a family systems theoretical framework to abusive relationship dynamics is controversial (Murray, 2006). Thus, they should use caution to ensure that any intergenerational or systemic examinations of patterns of violence and abuse do not imply that victims are responsible or otherwise to blame for their abuse (Murray, 2006).

Recommendation #3: Family Counselors Should Address the Unique Safety Risks That May Arise Within Abusive Teen Dating Relationships

An advantage of applying a systemic lens to understanding and addressing TDV is the recognition of other systemic influences that impact experiences of TDV, including and beyond the family system. In particular, teenagers in dating relationships often do not live with their partners, and therefore the abusive relationship dynamics can arise in various other settings (e.g., schools or religious organizations). For example, consider the following statements made by survivors who participated in our research: (a) “After a school dance we rented a hotel room and we had the perfect night until it came to sleeping next to each other. He wanted the whole bed and made me sleep on the floor crying. When he heard me he would throw stuff at me and call me names”; (b) “My boyfriend and I were driving around town. He became angry because I forgot to do something, and he started driving erratically and dangerously. I asked him to take me back to my house. He dumped me out on the street, I thought he was going to hit me with the car”; (c) “My boyfriend didn’t let me go out with my girlfriends but for my best friend’s birthday she wanted to go to a teen dance club. He agreed I could go but only if he went too. We spent most of the night parked in a booth while my friends danced”; and (d) “But like one night I had my little brother in the car with me and my friend. And [Name of Perpetrator] was fighting and she like— while I was driving and like grabbed my arm while I was driving. And I finally stopped. And we were fighting. We got out and we were fighting at the [Name of Public Business].”

The above-mentioned quotes demonstrate the variety of possible settings in which TDV may occur, including in a hotel, in the car, at a dance club, and in a public business. In addition, teenagers in abusive relationships may be impacted in their school settings, with possible implications for both their social and their academic functioning. The following survivor statement demonstrates one way that victims may be impacted in their schools: “I was in high school during this time—he spread lies about me to my “friends,” which resulted in me losing those friends and being socially excluded. In high school, this is a very difficult thing, I felt isolated because I did not want to tell people. We went to high school together so a lot of our friends had to “take sides.” Therefore I lost some friends because of it. It was embarrassing as well, b/c he told a somewhat different story to people, and I never felt that my side was heard by some friends.” Although this survivor’s experiences relate primarily to the social implications of her abusive relationship, these social implications also may translate to safety risks, in that the

isolation she experienced could increase her risk for further abuse by disconnecting her from sources of potential support.

The diversity of settings in which TDV may occur has implications for safety planning, which is a basic intervention for victims or survivors who are currently at risk of experiencing violence at the hands of a current or former relationship partner (Loveisrespect.org, 2015; Murray & Graves, 2012). One TDV survivor who participated in our research emphasized the importance of safety planning in this message for other survivors: “I think that it is important to keep your safety in mind. If you are considering leaving, make sure that you have a safety plan first. Furthermore, know that you have the courage, strength, and ability to remove yourself from this situation. You can gain control and power over your life once again by using the resources that are available to you. Remember that you are not alone in this world and you can do this!” As is reflected in this participant’s message, safety planning involves identifying strategies to connect with support and protect victims from potential immediate safety risks (Murray, Horton et al., 2015).

2015). Safety planning should involve an individualized conversation with victims and survivors to identify the most pressing risks and create safety-promoting strategies to address these risks (Murray et al., 2015). One practice-oriented resource to aid professionals in the safety planning process with clients is the Safety Strategies Workbook, which is available at the following website: www.dvsafetyplanning.org. Of particular relevance for victims of TDV are the sections on safety when leaving an abusive relationship; safety during a violent incident, stalking; safety at work and school; and safety and technology. Technology safety practices are essential within this population and may be especially difficult for counselors and parents who are not as technologically savvy as teenagers (Murray et al., 2015). Therefore, counselors also may consult with other professionals with expertise in this area as well as other resources available to address safety planning in the area of technology. One useful resource is the Safety Net Project, hosted by the National Network to End Domestic Violence (<http://nnedv.org/projects/safetynet.html>).

Recommendation #4: Family Counselors Should Link Victims and Survivors of Teen Dating Violence to Community Resources to Promote Their Safety

Similar to victims and survivors of IPV, family counselors should connect teens who are experiencing dating violence to community resources (Murray & Graves, 2012, p. 380). Participants in our studies commented that both individual and group supports would have been helpful when they were experiencing dating violence, both in professional settings (e.g., psychologist, counselor, and center on school/college campus) and in group or peer support settings (e.g., other women who have been abused, peer support groups, and hotlines). Some of the quotes that suggested this were as follows: (a) “One of the biggest helps to me has been talking with other women who have been abused, sexually assaulted, and/or in abusive relationships. Hearing others’ experiences helps me gain a more objective perspective on my own experience, and it also helps me be more vocal and speak up for myself, because it is easier for me to feel angry about sexual assault and relationship abuse when I hear about it happening to other people”; (b) “With regards to finding a way to leave the relationship, I would recommend that they find an understanding, supportive, and empowering psychologist (which I recognize is very difficult to do), and that they also take advantage of other survivor support services such as support groups, hotlines, and organizations such as Women Against Rape. If

someone is in an abusive relationship and wants to end the abuse but stay in the relationship, I would recommend going to see a therapist or psychologist together to talk about how to do so”; and (c) “I got into a supportive community with other survivors and people who actually believe in mental illness. I started speaking out about what happened, and stopped being afraid of what my family thinks of my recovery. As a result, my father has stepped in to help support me on my path to recovery.”

Additionally, the following participant spoke of the importance of anonymity for teens who are experiencing dating violence and are looking for supportive services: “Have a safe, understanding, even anonymous place for students to go for help. Have a drop box somewhere that students can give an anonymous way for a counselor to contact them (kik, for example). Just in case someone needs help but doesn’t want anyone to know.” Finally, family counselors should know that teens look to professionals in their schools for support, education, and advice when facing difficult issues such as dating violence (Sousa, 1999). The role of school, education, and the desire for TDV to be discussed in academic settings with education professionals is evident in the following quotes: (a) “It was so hush hush at the school I went to that I didn’t even know how to approach my fears or humiliation ... I think if someone had said something about what was never acceptable in a relationship and taught us the differences, I would have, at least, felt safer telling my teacher or someone else what was going on” and (b) “Teach about it, pamphlets, lectures, anything. Also reach out to students who seem like they might be in an abusive relationship.”

Recommendation #5: Family Counselors Can Support Parents in Talking About Safe and Healthy Dating Relationships With Their Teenaged Children

Family counselors are also recommended to involve parents, guardians, and other supportive family members in the process of creating healthy relationships (Simons et al., 2012). Family members can offer guidance, share examples from their own lives, and perhaps recognize dangerous signs of abuse. One participant explained this by stating the following: “I think adults have had time to have relationships with other types of people so they can more readily recognize abuse. For teens, it may be all that they know ... I feel like I was too young to know what a relationship should be so I didn’t know that it was not normal, despite my parents having a really good marriage.” The following two participants also described not knowing that their relationships were abusive, with one quote in particular explaining that since his or her parents’ relationship was free of arguments and violence, abuse was even more unfamiliar: “I had no idea I was in a (sic) abusive relationship until late in the relationship. I wish I had known more” and “My parents didn’t get into big fights and definitely never had violence. I knew right from wrong but didn’t have anyone or anything to reach out to for help.” Counselors can also help parents recognize how important it is to remain nonjudgmental if a teen discloses that he or she is experiencing dating violence. When a teen does disclose, a family member who quickly blames the teen suggests that he or she “just break up” or who expresses that the teen is “too late” in seeking help might damage the relationship and have lasting negative effects. The following quotes support this recommendation. As one participant said, “I still haven’t told my parents that it happened because I’m ashamed and feel that I’ll be judged heavily for ‘engaging in premarital sex,’ even though it wasn’t my choice to begin with.” Another stated, “My father was the one person who affected me the most during this time. He actually blamed me for the

situation by telling me that I asked for it since I stayed in the relationship and didn't ask him for help. Eventually, he apologized but it has still caused a wedge between us to this day and is still a topic that I will not discuss with him.”

Recommendation #6: Family Counselors Can Help Parents Promote the Safety of Their Teenagers if They Discover They Are in Abusive Dating Relationships

Another recommendation gleaned from survivors who participated in our research is the notion that family counselors can assist parents of teens in staying safe. Relationships between parents and teenagers are often complex and conflictual (for a discussion of variables impacting parent–child relationships in the teenage years, see McKinney & Renk, 2011), but in some of the situations that participants described, a parent was able to successfully intervene. For example, one participant said, “The turning point was when I was removed from the situation for a bit. My mother, who could see what was going on better than I could, brought me home from school for a weekend to celebrate my birthday with my family and I realized then that I didn't want to be with my abuser anymore. As soon as I worked some logistical considerations out with him, I left him two weeks later.”

In other scenarios shared by participants in our research, the survivors rejected their parents' efforts at the time of the relationship, but they described how having a supportive parent was ultimately helpful during the process of ending the abusive relationship. For example, a survivor said, “The more my parents tried to get me away from the situation, the more I would push away from them like I had something to prove. I guess that the best way to deal with it is to just be supportive and let your teen know that you are there for them and if they are ever in a situation that makes them feel like less of a human being than their partner that you will be there for them. They need to know that someone cares and that someone out there values their life because they may be in the middle of being convinced that their life means nothing.”

Whether it is setting limits such as insisting a perpetrator leave the premises or taking the teen out of the area to a nearby town or city for safety reasons, parents can assist with keeping teenagers safe (Murray et al., 2015). As an illustration of this point, consider the following statement from a participant in our research: “If you suspect it, it's most likely happening. So try to talk to your teen because when I was going through it, I knew it was wrong and knew I didn't deserve that. But the abuse cycle is so violent, I was scared for my life. And truly just needed someone to intervene.”

Recommendation #7: Family Counselors Can Work With Families of Teenagers Who Have Been Abused to Develop Strategies to Protect Them From Abuse in Future Relationships

For teens who have experienced dating violence, strategies on how to avoid abuse in future relationships are important (Sousa, 1999). Family counselors can help to educate families about ways to reduce the risk of teenagers experiencing further abuse in new relationships, both during the teen years and into adulthood. Survivors often do not trust their own judgment when it comes to relationships (Flasch, Murray, & Crowe, under review), which also is evident in the following quotes: “My brothers think that every guy I try to be with is going to do the same thing or be a loser like he was. I'm afraid for them to meet people I'm interested in because I don't trust my

own judgment” and “For a long time, I felt completely paranoid and unable to trust myself, much less anyone else. I still struggle with those feelings sometimes, and on feeling like things happen to me instead of seeing myself as a strong person who makes things happen.”

Working with teens and families to explore and understand what healthy relationships look like is important for counselors who are working with those who have experienced TDV, and without intervention, patterns of unhealthy relationships may reoccur (Foshee et al., 2012). For one participant, learning about romantic relationship patterns assisted with changing these behaviors to healthier habits: “It really took a toll on my relationships. Until I met my husband, I dated people who had personality flaws that I would try to fix. These relationships could have led toward more abuse, but I noticed the pattern and got out before it happened, but then would enter into another relationship that would go that again start down that path.” Thus, family counselors can play a role in helping clients increase protective factors (e.g., social support, positive parent-child relationships, and high self-esteem) and reduce risk factors (e.g., mental health symptoms, substance abuse, and social isolation) for further IPV victimization (Murray & Graves, 2012).

Recommendation #8: Family Counselors Can Help Survivors of TDV to Develop a New Story of Empowerment and Triumph Over the Past Abuse They Experienced

A final recommendation for family counselors is the important notion that victims and survivors might struggle for a long time to overcome the negative stereotypes and stigma about abuse that are imposed upon them by others as well as by themselves (Crowe & Murray, 2015; Murray, Crowe, & Brinkley, 2015). Because abuse is still so highly stigmatized, survivors who have overcome abuse may struggle with the negative views associated (Crowe & Murray, 2015; Murray et al., 2015). Fears about being blamed, isolated, or labeled as a black sheep of the family are some of the examples of how survivors may be viewed in stigmatizing ways (Murray et al., 2015). Rewriting the stories so that these negative labels can be replaced with more positive views of themselves is a task that family counselors can take on, particularly by applying a narrative therapy framework (Kelley, Blankenburg, & McRoberts, 2002). Several participants in our research described their struggles with labels and judgment, such as the following examples: (a) “The stereotypes that exist about relationship abuse are still difficult for me, because I worry that admitting I was treated in abusive ways will make me look (and even feel) weak”; (b) “The fear of being that girl who had the abusive boyfriend’ or ‘that girl who was raped’ has scared me from telling anyone but my closest friends; (c) “I still blame myself and feel at times that I am ‘tainted goods’”; and (d) “I didn’t feel like I could tell anyone what was going on because they would look down on me.”

The survivors who participated in our research described several strategies they used to overcome these negative labels and develop a more positive, strengths-based view of themselves. For example, one participant said, “I was labeled as a victim and weak, which are two adjectives that I will never use to describe myself. They completely overlooked the courage it took for me to get out of that dangerous situation ... It wasn’t until after I received counseling that I finally started to find closure to the situation and move on with my life.” Another said, “I went to therapy and joined an online support board. I connected with other survivors and began to learn that I had nothing to be ashamed of and I did not have responsibility for being abused. I became my own advocate.” One other survivor said that she “became more confident, authoritative, and

in control of my life. I had to do this by increasing my self-esteem.” There are no singular prescriptions for how survivors can overcome abuse that apply to everyone, as each person’s story and experiences are unique (Murray, Crowe, & Flasch, 2015). However, family counselors can maintain a positive, empowerment approach to working with survivors of TDV to help them identify their strengths and resources and develop additional resources to help them build safe, healthy lives and relationships.

Conclusion

The eight recommendations presented in this article, which are grounded both in the existing research literature and the experiences of survivors, are intended to serve as a helpful guide for family counselors working with individuals and families whose lives have been impacted by TDV. These recommendations highlight the importance of understanding the dynamics of abuse, identifying key sources of support for teens, learning trauma-informed and safety-focused approaches for navigating an abusive situation, and maintaining an emphasis on personal strength and regaining agency for survivors. Family counselors are uniquely situated to begin addressing issues of safety, relationship patterns, and prevention in sessions with their clients as well as to engage in advocacy work that encourages an open dialogue on TDV within families and the broader community.

Notably, many of the survivors who participated in our research discussed the stigma around TDV, their inability to reach out for social support, and a general lack of information around healthy and unhealthy relationships during the teenage years. Future research and practice advancements should continue to develop counselors’ understanding of how they can best support parents and community members in addressing TDV in order to improve outcomes for teens at risk for or involved in abusive relationships. Moving forward, researchers and practitioners can collaborate to investigate specific interventions that encourage parental involvement throughout treatment. Additionally, greater attention to preventative measures, awareness campaigns, and safety planning specific to teen populations could begin to address the prevalence of this issue and improve service provision.

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