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Adolescent Dating Violence: A National Assessment of School Counselors' Perceptions and Practices

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KEY WORDS

adolescent, dating, violence, school, prevention

ABBREVIATIONS

ADV—adolescent dating violence

IQR—interquartile range

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WHAT'S KNOWN ON THIS SUBJECT: Adolescent dating violence has been studied from the perpetrators' and survivors' perspectives. The risk and protective factors have been explored, and the strength of the association of these factors with adolescent dating violence has been adequately described.

WHAT THIS STUDY ADDS: This study assessed the perceptions and practices of school counselors on adolescent dating violence. Knowing school personnel's practices and perceptions may help researchers and practitioners gain insights into possible ways to alleviate the problem of dating violence in adolescents.

abstract

FREE

BACKGROUND AND OBJECTIVES: Adolescent dating violence (ADV) is a significant public health problem that, according to various estimates, affects 9% to 34% of adolescents in the United States. Schools can play an important role in preventing ADV. However, little is known about school personnel's practices and perceptions regarding ADV. This study assessed high school counselors' knowledge, training, perceptions, and practices on dealing with ADV incidents.

METHODS: A national random sample (n = 550) of high school counselors who were members of the American School Counselors Association were sent a valid and reliable questionnaire on ADV. A 3-wave mailing procedure was used to increase the response rate, which was 58%. Statistically significant differences ($P < .05$) were calculated by using t tests, χ^2 tests, analysis of variance, and logistic regression.

RESULTS: A majority of the school counselors reported that they did not have a protocol in their schools to respond to an incident of ADV (81.3%). Additionally, the majority (90%) of counselors reported that in the past 2 years, training to assist survivors of teen dating abuse has not been provided to personnel in their schools, their school did not conduct periodic student surveys that include questions on teen dating abuse behaviors (83%), and their school did not have a committee that meets periodically to address health and safety issues that include teen dating abuse (76%).

CONCLUSIONS: The results of this study indicate that schools do not find ADV a high-priority issue to be addressed in their student populations. *Pediatrics* 2012;130:1–9

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Dating and the exploration of nascent romantic relationships should be a part of the normal progression toward adulthood for adolescents. More than half of US adolescents reported being involved in a special romantic relationship within the past 18 months.[1] Also, almost 3 in 4 (72%) eighth- and ninth-graders reportedly "date" by the time they are in high school.[2] Periodically, these romantic relationships are marked by dating violence, and adolescents sometimes believe that these unhealthy relationships are the norm. In recent times, adolescent dating violence (ADV) is increasingly recognized as a significant school health problem in the United States that is beginning to receive attention from school administrators, social workers, school educators, health professionals, and public policy makers.[3,4] ADV is defined as physical, sexual, or psychological/emotional violence within a dating relationship.[5]

Much of the relational violence research has focused on adult couples or college samples. However, in the past 2 decades increased attention has been paid to dating violence among adolescents and middle or high school students.[2,3,5–7] A national assessment of high school students found that as many as 30% of teenagers have experienced dating violence in the previous year.[8] Another study of national prevalence data collected during the same year suggests that 1 in every 11 adolescents reported being a victim of dating violence, and the problem is more likely to be reported among minority students (13.9% African Americans vs 9.3% Hispanics vs 7% in whites).[9]

Both adolescent males and females report having been survivors of partner aggression, but girls are more likely to be seriously injured psychologically and physically by such violence.[10,11] Surveyed high school students found that males' "worst" incident of physical violence from their date was found to "hurt a little" (90% cases), whereas 81% of the girls reported it "hurt a lot" and 40% "cried."[12] Males commonly "thought it was funny" that their date thought they could physically hurt them, and most laughed or ignored the violence.[13] Similarly, psychological and minor physical violence victimization is also common among adolescents involved in same-sex intimate relationships. However, male adolescents exclusively engaged in same-sex relationships are less likely than their female counterparts to be victimized.[14]

Survivors of ADV are at an increased risk for a variety of health-related sequelae. These problems have a wide spectrum ranging from minor physical ailments to severe mental health problems including homicide and suicide. Survivors of ADV are not only at increased risk for injury, they are also more likely to engage in binge drinking, suicide attempts, physical fights, current sexual activity, and poorer educational outcomes. ADV also involves sexual assault and may be associated with unsafe sexual behaviors that can lead to sexually transmitted diseases such as HIV infections and to unintended teen pregnancies.[5,8,15–18]

Dating violence can usually be prevented.[19–21] Because substantial amounts of socialization among adolescents occur in the school setting where adolescents spend almost one-third of their daily time, school counselors can possibly play a central role in identifying and intervening in ADV. However, there has been no assessment of the training/education, current practices, and perceptions of school counselors in relation to ADV. Therefore, answers to the following questions were sought: Do school counselors perceive ADV to be a serious problem? What are the beliefs of school counselors about the role of various school personnel in assisting the survivors of ADV? What is the school counselors' level of knowledge about ADV? Do schools have a response protocol to follow in case of an ADV incident? What activities do schools engage in to prevent and ameliorate ADV?

METHODS

Subjects

The American School Counselor Association was contacted regarding its membership list of ~4000 high school counselors that was available for purchase. An a priori power analysis for external validity of the results was conducted. On the basis of an eligible population of 4000 high school counselors and by using a conservative 50-50 split with regard to the practice of interest (ie, it was assumed that ~50% of school counselors would report that they assisted survivors of ADV), it was determined that a sample of 257 high school counselors would be needed to make inferences to the total population with a sampling error of $\pm$5% at the 95% confidence level.[22] Factoring in a potential nonresponse rate of ~50%, 550 high school counselors were randomly selected to receive surveys. The a priori α level for statistical significance was set at $P < .05$ to reduce making type I errors.

Instrument

A 4-page, 17-item (multicomponent), closed-format questionnaire was developed to assess high school counselors' perceptions and practices regarding their roles in assisting survivors of ADV. The questionnaire was developed by using a key component of the Health Belief Model (eg, perceived barriers to assisting survivors of ADV) and the transtheoretical model originally developed for smoking cessation.[23,24] The Stages of Change theory assesses the progress of groups as they move from not thinking about a behavior (precontemplation stage) to having been actively involved in a behavior for longer than a year (maintenance stage).

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These models are usually used with personal behaviors but have also been used in assessing organizational behavior changes.[25,26]

The instrument also included questions about the high school counselors' perceptions of the extent of the ADV problem in US schools and their own schools, the practices and policies of their schools to prevent ADV, knowledge about ADV, number of ADV survivors assisted by the high school counselors in the past 2 years, the roles of various school personnel in assisting survivors of ADV, types of assistance provided to survivors of ADV, and demographic items.

The questionnaire items were based on a comprehensive review of the literature to establish face validity of the items. To establish content validity, the questionnaire was mailed for review to a panel of published experts (n = 13) in the areas of dating violence, pediatrics, and survey research. After the expert review, changes were made to the instrument (wording changes and deleting a few items) to ensure that valid measures concerning perceptions and practices of high school counselors regarding ADV were included and that the survey was clear and easy to read.

Internal reliabilities were established for 4 subscales by using the final responses to the questionnaire. The 4 subscales and their reliabilities were school practices and policies (α = .63), school counselors' knowledge about ADV (α = .72), assisting survivors of ADV (α = .93), and perceived roles in preventing and responding to ADV (α = .81).

Procedures

Several techniques published in the literature were used to help maximize the survey response rate.[25,27,28] These included limiting the length of the questionnaire to 4 pages, placing the demographic items at the end of the survey, offering a $1 monetary incentive, personalizing the letter that introduced the questionnaire, and using multiple contacts (n = 2 reminders). This study design and protocol were sent to the Institutional Human Subjects' Research Review Committee for approval before the mailings were initiated.

Data Analysis

Data from the study were analyzed by using SPSS 17.0 (SPSS Inc, Chicago, IL). Data analysis included descriptive statistics with a report of the appropriate frequencies, means, and SDs to describe the responses to the questionnaire items as well as the demographic and background characteristics of the respondents. t tests were calculated to determine differences between dichotomous independent and parametric dependent variables. Logistic regression analyses, analyses of variance, and χ^2 tests were conducted to determine differences among multiple categorical independent and parametric dependent variables.

RESULTS

Background and Demographic Characteristics

Out of the 550 questionnaires that were mailed, 27 questionnaires could not be used (incorrect address, retired person received the questionnaire, trainee member, etc). Of 523 counselors, 305 responded (58.31%). The majority of school counselors were female (69.8%), white (84.6%), had a master's degree (84.3%), were employed full time (95%), and worked in a suburban location (50.5%). The majority (71.1%) of the counselors had not received any formal training on ADV (Table 1).

Respondents were asked to rate their perceptions of the extent of the ADV problem in US schools and in their own schools on a scale of 1 (no problem) to 5 (major problem). The median extent of ADV for US schools was 3 (interquartile range [IQR] = 3–4) and for the schools of the respondents was 3 (IQR = 2–3). The average perceived extent of the ADV problem in US schools was 3.37 (SD = 0.73). The average perceived extent of the ADV problem in the respondent's school was 2.74 (SD = 0.91). The perceived extent of the ADV problem in US schools was directly correlated with the number of ADV survivors assisted by the school counselor (r = .45, P = .03). Similarly, the perceived extent of the ADV problem in their own schools was directly correlated with the number of ADV survivors assisted by the school counselor in the past 2 years (r = .63, P = .01).

School Policies and Practices Regarding ADV

The counselors reported that the majority of schools educated students about healthy dating relationships (66%) and where to report an incident of ADV (54%). The schools were less likely to educate students regarding dating violence (42%) or had information posted regarding ADV that was easy for students to find (25%). In addition, few (10%) counselors had recently (past 2 years) received training to assist survivors of ADV (Table 2).

On the basis of the Stages of Change theory, the school counselors were asked to identify the stage they were in as it related to having a protocol for responding to an incident of ADV. The majority (81.3%) of the school counselors reported that they did not have a school protocol or procedure to respond to an incident of ADV (precontemplation: "we have never seriously thought about creating a protocol for responding to a dating violence incident" [65%]; contemplation: "we have been 'talking' about creating a protocol for responding to a dating violence incident" [14%]; and preparation: "we have formal plans to implement a protocol for dating violence incidents in the next school year" [2.3%]). Fewer than 1 in 5 (17%) school counselors reported that they

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TABLE 1 Demographic and Background Characteristics of the Responding School Counselors

Variable	Category	*n*	%
Gender			
	Female	213	70
	Male	92	30
Age			
	20–29 y	42	14
	30–39 y	109	36
	40–49 y	61	20
	50–59 y	72	24
	≥60 y	21	6
Race/ethnicity			
	African American	29	10
	Asian	8	3
	Hispanic	6	2
	White	258	85
	Other	4	1
Location of school			
	Urban	67	22
	Suburban	154	51
	Rural	84	28
Highest level of education			
	Less than master's	2	1
	Master's	257	84
	Specialist	23	8
	Doctorate	23	8
Employment status			
	Full time	290	95
	Part time	15	5
Certification status			
	Yes	299	98
	No	6	2
Formal training on ADV			
	Yes	88	29
	No	217	71
		Mean	SE
Years worked as school counselor			
	Full-time, y	8.9	0.45
	Part-time, y	3.40	0.89
Service provided			
	Schools served	1.10	0.04
	Students served	483.59	29.62
Student population			
	Whites, %	68.33	1.62
	Nonwhites, %	32.24	1.64

had a school protocol to respond to an incident of ADV (action and maintenance stages). Counselors who had a school protocol reported statistically significantly fewer barriers to assisting survivors of ADV compared with those counselors who did not have a school protocol (Mean [M] = 0.62, SE ± 0.14 vs M = 1.11, SE ± 0.06; $t = -3.324$, $df = 303$, $P = .001$).

School Counselors' Knowledge of ADV

Eight factual statements from scientific journals and government reports were used to construct a basic ADV knowledge scale. Three of the 8 items were correctly answered by a majority of the school counselors: "Patterns of dating violence behavior often start in early adolescence and carry through into adult relationships" (97%), "Dating abuse can lead to risky sexual behaviors that can result in unintended pregnancy, sexually transmitted diseases, and HIV infections" (90%), and "Less than 5% of high school students experience physical dating violence" (72%; Table 3).

A knowledge score was computed for the entire population of respondents (potential range 0–8). The maximum score actually obtained was 7 and the minimum was 0. The average score for the participants was a little less than half of the total score (M = 3.85, SD ± 1.29), and the median score was 4 (31%; IQR = 3–5). The knowledge score correlated directly with the perceived extent of dating violence in the respondent's school ($r = .63$, $P = .003$) and the perceived extent of dating violence in US schools ($r = .45$, $P = .01$). Knowledge scores were statistically significantly higher for those responding counselors who were aged ≤40 years compared with those who were older (M = 4.01, SE ± 0.11 vs M = 3.70, SE ± 0.07; $t = -2.077$, $df = 303$, $P = .03$). There was a statistically significant difference in knowledge scores between those who received formal training on ADV versus those who did not receive formal training on ADV (M = 3.60, SE ± 0.09 vs M = 2.90, SE ± 0.05; $t = -2.340$, $df = 303$, $P = .03$). Knowledge scores were not statistically significantly correlated with the number of student survivors assisted by the school counselor. Similarly, the knowledge scores for rural area school counselors (M = 3.90, SE ± 0.13), suburban area school counselors (M = 3.80, SE ± 0.12), and urban area school counselors (M = 3.74, SE ± 0.10) were not statistically significantly different ($F = 0.33$, $df = 2$, $P = .71$).

Perceived Roles of Various Groups in Assisting Survivors of ADV

When school counselors were asked to rate the roles of 7 groups of school-associated personnel in assisting survivors of ADV, more rated themselves as playing a major role than any other group (Table 4). The counselors were least likely to perceive that students' peers played a major role in assisting survivors of ADV.

Subsequently, the school counselors were asked to rate their level of

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TABLE 2 School Policies and Practices for Preventing ADV (*N* = 305)

Item	Yes, *n* (%)
School educates students about healthy dating relationships	202 (66)
School educates students about where to report an incident of ADV	165 (54)
School educates students about dating violence prevention	128 (42)
School keeps ADV complaints in confidential file separate from academic records	117 (34)
School has information posted about ADV that is easy for students to find	77 (25)
A school committee meets periodically to address health and safety issues that include ADV	74 (24)
School conducts periodic student surveys that include questions on ADV	53 (17)
School's violence prevention/safe school policy addresses ADV	34 (11)
School provided training to assist survivors of ADV provided in the past 2 y	31 (10)

TABLE 3 School Counselors' Knowledge on ADV (*N* = 305)

Item (Correct Answer)	Answered Correctly, *n* (%)
Patterns of dating violence behavior often start in early adolescence and carry through into adult relationships. (True)	297 (97)
Dating abuse can lead to risky sexual behaviors that can result in unintended pregnancy, sexually transmitted diseases, and HIV infections. (True)	274 (90)
Less than 5% of high school students experience physical dating violence. (False)	220 (72)
Girls who report physical or sexual dating abuse have higher rates of drug, alcohol, and tobacco use than girls who report no abuse. (True)	134 (44)
Survivors of ADV typically talk about the abuse with their peers. (True)	82 (27)
Abuse in a dating relationship occurs more commonly in students from a lower socioeconomic background compared with students from higher socioeconomic backgrounds. (True)	77 (25)
ADV occurs more frequently among racial and ethnic minorities as compared with whites. (True)	46 (15)
Physical dating violence is more common against adolescent females than males. (False)	47 (15)

agreement with 8 statements regarding their roles in assisting survivors of ADV. The vast majority (>90%) of school counselors strongly agreed or agreed with all 8 items regarding their roles in assisting ADV survivors (Table 4).

School Counselors' Assistance to ADV Survivors

School counselors were asked to report the number and gender of ADV survivors assisted by them in the previous 2 years. The majority of the school counselors (61%) had assisted survivors of ADV in the previous 2 years. Fewer than 1 in 5 (17%) high school counselors had assisted a male victim of ADV, and more than half (59%) of the high school counselors had assisted a female victim of ADV. The average number of survivors assisted per school counselor was slightly >2 survivors in the previous 2 years (M = 2.37, SD ± 6.34). Of those school counselors who had assisted a victim of ADV (61%), they most often helped the victim by calling the parents/guardians (42%) or referred the students to legal authorities (33%; Table 5). Suburban counselors assisted higher numbers of student survivors (M = 2.92, SE ± 0.69) compared with counselors in the urban (M = 1.86, SE ± 0.26) and rural (M = 1.79, SE ± 0.21) areas. However, this difference was not statistically significant.

The counselors were also asked to identify the barriers they encountered in assisting the survivors of ADV (Table 5). The main barrier perceived by the counselors to assisting survivors of ADV was not having the training required to help the survivors (43%). The only other barrier to helping student survivors of ADV that was perceived by approximately one-fourth (28%) was the belief that ADV is a minor issue when compared with all the other health issues with which they had to deal (Table 5). A barrier score was computed by adding all the possible barriers. On average, each school counselor reported ≥1 barrier to assisting survivors of ADV (M = 1.03, SD ± 0.63), with a minimum score of 0 and a maximum score of 5. Counselors who did not have any formal training on ADV perceived statistically significantly higher numbers of barriers compared with those counselors who had formal training on ADV (M = 1.17, SE ± 0.06 vs M = 0.68, SE ± 0.09; $t = -4.132$, $df = 303$, $P < .001$). Similarly, counselors who had less than a master's degree perceived statistically significantly higher numbers of barriers as compared with those counselors who had master's degrees or higher (M = 1.09, SE ± 0.09 vs M = 0.72, SE ± 0.18; $t = -2.418$, $df = 303$, $P = .01$). There was no significant difference in the number of barriers perceived based on the location of practice of the school counselor.

On the basis of the number of ADV survivors assisted in the previous 2 years, the school counselors were grouped into 2 categories (did not assist survivors of ADV and assisted ≥1 survivors of ADV). This variable was treated as a dependent variable to compute the odds of assisting ADV survivors based on selected independent variables. Logistic regression analyses were conducted to determine the predictors of assistance to survivors of ADV. Eight independent predictors were found to be associated with whether a school counselor had assisted a victim of ADV in the past 2 years. A final model (Table 6) was created by adjusting these 8 predictors for age, gender, location of practice, and education of the school counselors. Those school counselors who perceived a high extent of ADV problems in the schools of the United States were 4 times more likely to assist a victim of ADV. Similarly, the counselors who received formal training on ADV or those

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TABLE 4 School Counselors' Perceptions of the Roles of School Personnel in Assisting Survivors of ADV

Perceived Roles of School Personnel in Assisting Survivors of Dating Violence	Major Role, *n* (%)	Minor or No Role, *n* (%)
School counselors	292 (96)	11 (4)
School social workers	229 (75)	56 (19)
School resource officers (police)	228(75)	76 (19)
School nurses	217 (71)	80 (27)
School administrators	197(65)	104 (34)
Health teachers	154 (51)	146 (48)
Students (peers)	137 (45)	162 (53)
Perceived Roles of School Counselors in Assisting Survivors of Dating Violence	**Agree/ Strongly Agree, *n* (%)**	**Disagree/ Strongly Disagree, *n* (%)**
School counselors should be educated to assist students who are abused in a dating relationship.	303 (99.3)	2 (0.7)
Students who are abused in a dating relationship need to be encouraged to report the abuse to the school counselor.	301 (98.7)	4 (1.3)
It is 1 of the roles of school counselors to cultivate the trust of students so that students report any occurrence of abuse in their dating relationships.	301 (98.7)	4 (1.3)
School counselors should be involved in developing the protocols that focus on how to respond to teen dating abuse incidents.	288 (97.7)	7 (2.3)
It is the role of school counselors to work closely with school personnel to help them be able to identify survivors of teen dating abuse	295 (97.0)	10 (3.0)
It is the role of school counselors to work closely with other school personnel to improve their skills in assisting students who are survivors of dating abuse.	294 (96.3)	11 (3.7)
It is the role of school counselors to work closely with school administrators to help formulate appropriate dating abuse policies for students.	288 (94.4)	17 (5.6)
School counselors should assist the survivors of dating abuse by referring them to legal authorities.	280 (91.8)	25 (8.2)

who reported that staff training on ADV was provided in their schools were at least twice as likely to assist a victim of ADV in the previous 2 years compared with counselors who had no formal training or counselors who reported that their school did not provide staff training on ADV in the previous 2 years (Table 6).

DISCUSSION

A comprehensive review of the literature failed to reveal published literature on school personnel's practices and perceptions on ADV. Lack of an understanding of what school personnel are doing in relation to preventing and responding to ADV severely limits our understanding of the epidemiology of ADV in the United States. Therefore, this study may be seminal in assessing school counselors' practices and perceptions regarding ADV.

The findings from the current study reveal that the majority (81.3%) of the responding school counselors did not have a school protocol or procedure to follow when an incident of ADV was reported. This stands in stark contrast with many of the sexual and domestic violence issues in adults. Several response protocols have been developed at the local, state, and national levels for adult intimate partner violence in the United States.[29–31] ADV incidents may present as emergency and nonemergency situations; it remains unclear how student survivors of ADV can obtain assistance from school counselors or other school personnel in the absence of a well-defined response protocol irrespective of the severity of ADV incidents. Additionally, a plurality (43%) of the school counselors did not have training to assist a victim of ADV, which would further reduce the likelihood of school counselors providing assistance to a victim of ADV.

The average knowledge score for the sample of school counselors was slightly less than half of the total score. Additionally, the majority of school counselors did not know that abuse in a dating relationship occurs more commonly in students from lower socioeconomic backgrounds compared with students from higher socioeconomic backgrounds, occurs more frequently among racial and ethnic minorities compared with whites, and that dating abuse survivors who report physical or sexual dating abuse have higher rates of drug, alcohol, and tobacco use than students who report no abuse.[8,9,32,33] This may be because the majority of the counselors never received formal training on ADV. In these circumstances, it is unlikely that counselors would take special note of the high-risk groups such as minorities and economically disadvantaged students or if they would recognize groups who are more likely to engage in risky behaviors.

Several nonprofit groups and organizations recommend actions by schools to prevent ADV. The recommended actions include a plethora of possible ways in the form of school compliance checklists to tackle ADV, such as providing staff, faculty, and administrator training on teen dating violence and sexual assault; educating students about teen dating violence, sexual assault, and healthy dating relationships; having a policy that addresses teen dating violence and sexual violence; and having information posted around campus regarding teen dating violence.[34,35]

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TABLE 5 Assisting Survivors of ADV and Barriers to Assistance (*N* = 305)

Types of Assistance Provided to Survivors of ADV	*n* (%)
Called the parents/guardians of the survivor to inform them	127 (42)
Referred student to legal authorities	99 (33)
Reported the incident to child protection agencies	56 (18)
Referred the survivor to school nurse	48 (16)
Referred the survivor to school social worker	42 (14)
Referred the survivor to a physician/medical clinic	36 (12)
Helped the survivor obtain protective orders	26 (9)
Provided primary care	24 (8)
Reported the incident to teachers	18 (6)
Other	56 (18)
Barriers to Providing Assistance to Survivors of ADV	***n* (%)**
I do not have the training to help survivors of ADV.	130 (43)
ADV is a minor issue compared with other student health issues with which I deal.	85 (28)
I do not have the time to help survivors of ADV.	55 (18)
Parents will not approve of my involvement in helping survivors of ADV.	28 (9)
I do not have the private space needed to help ADV survivors.	15 (5)
It is not my responsibility to help survivors of ADV.	5 (2)
Other	56 (18)

TABLE 6 Factors That Predict Whether School Counselors Provide Assistance to Survivors of ADV (*N* = 305)

Predictors	AOR (95% CI)
Perceived extent of ADV in counselors' schools	
Low	Ref
High	4.74 (2.15–10.45)
School counselor ever received formal training on ADV	
No	Ref
Yes	3.06 (1.98–8.01)
School provided staff training on ADV in the previous 2 y	
No	Ref
Yes	2.88 (1.15–7.25)
Perceived extent of ADV in US schools	
Low	Ref
High	2.29 (1.41–3.74)
School educates students about healthy dating relationships	
No	Ref
Yes	2.24 (1.37–3.63)
School educates students about dating violence prevention	
No	Ref
Yes	2.20 (1.36–3.59)
School keeps ADV complaints in confidential file separate from academic records	
No	Ref
Yes	2.10 (1.27–3.45)
School educates students about where to report an incident of ADV	
No	Ref
Yes	1.93 (1.21–3.09)

AOR, adjusted odds ratios (adjustments were made for gender, age, race, education level, and location of practice of the school counselor); CI, confidence interval.

Unfortunately, the only prevention activity reported by the majority of the school counselors was educating students on ADV (healthy dating relationships, dating violence prevention, and where to report an incident of dating violence). Staff training on ADV has not been provided in the majority of the high schools in the current study. Therefore, even if the school personnel are willing to assist student survivors of ADV or are required to assist survivors of ADV, in all likelihood they cannot provide comprehensive quality assistance. A recent study indicated that the majority of the states (64%–87%) have adopted a policy stating that districts or schools will provide identification of or referral for physical, sexual, or emotional abuse.[36,37] However, in the absence of staff training on ADV it is unlikely that student survivors will receive adequate assistance irrespective of existing state laws.

The findings of this study need to be considered in light of several potential limitations that are typical of the cross-sectional survey design used for this study. First, this study had a satisfactory response rate (58%). However, to the extent that the nonrespondents might have answered the questions differently, this could limit the external validity of the findings. Second, the study was based on a self-administered questionnaire, and therefore some respondents may have responded to some of the questions in a socially desirable way. If so, this would be a threat to the internal validity of the findings. However, this was likely minimized because the survey was anonymous. Finally, the questionnaire was monothematic, which may have created a mind-set in responding to the questions that may not have been indicative of the true perceptions and practices of school counselors. If so, this too could have been a threat to the internal validity of the findings.

CONCLUSIONS

On the basis of the review of related literature, the American Academy of Pediatrics practice guidelines,[4] and the findings of the current study, a few suggestions are offered to improve school counselors' ability to assist student survivors of ADV. First, organizations with concerns for school health (ie, American School Health Association, National Association of School Nurses, and American School Counselors Association) should provide continuing education for school personnel including school counselors on how to assist

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student survivors of ADV and how to improve the ADV prevention efforts in schools. Second, schools should periodically assess their student body to determine the extent of ADV and its epidemiologic characteristics. Such a policy would need to specify how often the assessment is done, who will do the assessment, to whom the results will be reported, and what strategies will be implemented for dealing with increased detection of instances of ADV. Coordinated efforts would help reach the maximum number of high school students as opposed to disjointed efforts by individual school personnel. Third, advocacy efforts should use the results from the current study to provide information to legislators and school administrators regarding the role schools could and should play in preventing ADV and providing assistance to ADV survivors. Policies and training of school staff should occur with respect to possible disclosure of sexual relationships and sexual activity that might occur in relation to ADV. Several states have laws on ADV, and these efforts could facilitate additional ideas and strategies for preventing ADV. School personnel should be familiarized with minor consent statutes for their respective states so that they are able to counsel youth appropriately on access to health care to mitigate negative sexual health outcomes such as unwanted pregnancy and sexually transmitted infections. Finally, research indicates that 30% to 60% of high school students tell no one about being victimized by their dating partner.[12,38] When they do tell someone, they usually turn to their peers, not parents, teachers, or school counselors.[39] Thus, school counselors must become more active regarding anticipatory guidance of ADV to help prevent and to encourage reporting of ADV to trusted school authorities and health care providers. A number of studies have reported specific information on how to help reduce ADV.[20,34,37–40] Finally, school counselors and pediatricians need to reach out to one another to form partnerships between counselors and providers to help augment their training on anticipatory guidance strategies and skill building in dealing with ADV.

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