Teen Dating

Throughout adolescence, teens become increasingly involved in a wide array of romantic experiences, including romantic and sexual relationships. Being in a dating relationship — where youth spend time with a current or potential romantic partner — is one common pattern, and is considered an important developmental marker for teens. Dating is associated with both positive and negative developmental outcomes.

Child Trends Databank

More than 47 percent of all high school students say they have had sex, and 15 percent of high school students have had sex with four or more partners.

Centers for Disease Control and Prevention

Research indicates dating starts between 12 and 14 years of age, with more serious relationships usually reserved for the later teen years. Half of all teens report having been in a dating relationship, and nearly one-third of all teens said they have been in a serious relationship (Collins, Welsh, & Furman, 2009; Furman, Brown, & Feiring, 1999; Sorensen, 2007). This brief resource highlights positive and negative facets of youth dating and explores the role of schools in accentuating the positives and minimizing the negatives.

Dating from a Developmental Perspective

For a variety of psychosocial, cultural, and religious reasons the topic of teen dating is complex and often controversial and confusing. A significant facet of all this is the possibility of sexual activity.

Although adolescent romantic relationships may last for only a few weeks or months, these early relationships play a pivotal role in the lives of adolescents and provide a foundation for developing committed relationships in adulthood. However, teen dating can also have negative developmental outcomes.

Healthy adolescent romantic relationships can be characterized as including teens who are relatively close in age who develop open communication, high levels of honesty and trust, mutual respect, appropriate compromise, mutual understanding, and encourage each other’s individuality. Among other benefits, such relationships are viewed as providing emotional support and enhancing interpersonal skills (Sorensen, 2007; Debnam, Howard, & Garza, 2014).

In contrast, dating someone who is not supportive and trusting or who is violent or abusive can undermine an individual's sense of self-worth and induce social and emotional stress. During crucial developmental stages, unhealthy romantic relationships can hinder, harm, and distort personal growth. Furthermore, dating violence can be socially contagious (Mulford and Giordano, 2008).

Teen dating also raises concerns about sexual exploration. In many cultures, sexual exploration is viewed as a common and natural part of development. Sexual exploration may enhance an individual’s understanding and appreciation of his/her body. Sexual exploration with others may play a role in learning about sexual responsibility (e.g., about consensual sex and mutual respect). At the same time, it is clear that some individuals have problems related to such exploration, especially when they experience dating violence (Besharov and Gardiner, 1993; Centers for Disease Control and Prevention, 2016; Ein-Dor and Hirschberger, 2012).

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"Teenagers in some dating relationships report higher levels of self-esteem and self-confidence, and are more likely to perceive themselves as popular, and to do well in school (Collins, Welsh, & Furman, 2009; Quatman, Sampson, Robinson, & Watson, 2001). However, teenagers in other types of dating relationships frequently have lower levels of academic achievement and motivation, higher levels of depression, and higher levels of drug and alcohol use (Collins, Welsh, & Furman, 2009). These associations depend in large part on characteristics of the relationship, including its timing and duration, the quality of partner interactions, the cognitive and emotional status of the participants, and whether the relationship includes sexual activity (Collins, Welsh, & Furman, 2009; Furman, 2002; McCarthy & Casey, 2008). In any case, adolescents’ experiences in dating set the stage for dating and relationship experiences in adulthood” (Collins, Welsh, & Furman, 2009).

Today’s teens describe a progression from mixed-sex group outings, to pairing off within the group, to individuals going on dates with one another (Feiring, 2002; O’Sullivan, Cheng, Harris, & Brooks-Gunn, 2007). Popular dating activities include going out to dinner or the movies, “hanging out” at school or the mall, and visiting each other’s homes (O’Sullivan, Cheng, Harris, & Brooks-Gunn, 2007).

Concern has also been raised about an uncommitted form of dating referred to as ‘hooking up,’ characterized by casual sex, though the term encompasses many other types of sexual encounters (Stepp, 2007). Although only 28 percent of urban secondary students had engaged in any form of ‘hook-up’ in 2009, the practice was associated with drug use, truancy, and school suspensions. However, even when only looking at ‘hook-ups’ involving sexual intercourse, the research shows that 62 percent of hook-ups were between friends, and another 23 percent were between acquaintances, rather than strangers (Fortunado, Young, Boyd, & Fons, 2010).”

**Dating Violence**

Research across cultures and time have found that teens in general and females in particular are overwhelmingly at risk for sexual violence. Nonconsensual sex remains a major concern in our society. Date rape is a constant worry. Adolescent girls are particularly vulnerable to dating violence and for revictimization later in life (Smith, White, and Holland, 2003; Wolitzky-Taylor, 2008). And African American youth are estimated as two-times more likely to experience dating violence than white youth (Centers for Disease Control & Prevention, 2006).

A 2011 CDC nationwide survey found 23% of females and 14% of males first experienced some form of partner violence between age 11 and 17. A 2013 survey found approximately 10% of high schoolers reported physical victimization and 10% reported sexual victimization from a dating partner in the previous 12 months. A Bureau of Justice Statistics Report indicates that 22% of all homicides against females aged between 16-19 were committed by an intimate partner. Other estimates suggest that one in three adolescents in the U.S. has been victimized by a dating partner. Other studies have reported 20% of 13- to 14-year-olds indicated knowing friends or peers who have been physically abused by a dating partner.

Not surprisingly, victims of dating violence can experience a range of physical, emotional, social, and academic problems. Pregnancy and sexually transmitted infections (STIs) are major concerns. Dating violence among adolescents is associated with increased risk of engaging in physical fights,
unhealthy weight control habits, risky sexual behaviors, substance abuse, emotional problems, and suicide attempts. Victims may suffer from problems with self-esteem and body image, and often continue to experience patterns of violence in their future relationships (Ackard, 2007; Ackard & Neumark-Sztainer, 2002; Molidor, Tolman, & Kober, 2000; Smith, White, & Holland, 2003). Studies report that a history of witnessing interparental violence and parental victimization is associated with both victims and perpetrators of dating violence. Having friends in violent relationships is an even stronger correlate (Arriaga & Foshee, 2004; Leiderman & Almo, 2001; Manseau, Fenet, Halbert, Collin-Vezina, & Blais, 2008; Tschann, Pasch, Flores, & VanOss Marin, 2009). Such correlational studies, of course, aren’t predictors of who will be a victim or perpetrator.

Keeping Teen Dating in Developmental Perspective

It is incumbent on parents, guardians, schools, and society to enhance ways of promoting positive social-emotional development for all young people. This includes modeling, direct teaching, and providing guidance and support for safely engaging in responsible and healthy relationships. Promoting social-emotional development is intended to contribute to enriching interpersonal and personal knowledge and skills, developing prosocial relationships, and enhancing feelings of competence, empowerment, well-being, and enjoyment of living. And all this is seen as helping to prevent teen violence, combat systemic gender, sexual, racial, and religious prejudice and oppression, and ultimately having a positive cultural and political impact.

Note: Researchers focused on addressing the structural barriers contributing to dating violence and related unhealthy youth relationships report that increased knowledge about dating violence leads to less acceptance of such behavior (De La Rue, Polanin, Espelage, & Pigott, 2014).

It is widely acknowledged that what is taught and modeled for the young has a profound influence on their subsequent attitudes and behaviors. However, when it comes to social-emotional development, what should and should not be taught remains a source of controversy. This is especially so with respect to a focus on romantic and sexual relationships. The controversies are deeply rooted in the many different social, cultural, and religious factors involved in socializing the young, and research has been too limited to narrow the debates. Research, however, is beginning to clarify the impact of factors such as peer pressure, popular culture/media, and social networking and of interventions such as peer resistance training and abstinence-only programs.

With all this in mind, wherever teen dating is common, it is important to establish the behavior as a positive part of growing up and counter the related problems. In these respects, as a major agent of socialization, schools play a key role.

A School’s Role In Addressing Teen Dating

Given that dating and sexual exploration are natural aspects of human development, it is important that schools focus on more than the risks involved, but given there are risks, schools must also take steps to minimize the risks and address ensuing problems. Thus, schools have a role to play in promoting healthy development and behavior, preventing problems, responding quickly when problems arise, and helping provide specialized assistance in cases where students have been severely victimized or are perpetrators of violence.

All this necessitates more than a curriculum focus on social-emotional learning and health education and responding to problems. It requires major changes in school improvement policy and practice so that schools can more effectively foster positive attitudes about diversity and can counter biases related to gender, race, ethnicity, religion, and so forth. Also necessary is an improved system for addressing learning, behavior, and emotional problems. Such systemic changes are the route to healthier and more productive students and a more positive school climate. And by reaching out to work collaboratively with community stakeholders, schools can enhance the quality of life in their neighborhood.
About Sex Education in Schools

Controversy has always surrounded discussions of sex education in schools. Some families feel that this is not an area for school involvement. Others support it as long as the content fits with their goals for their children (e.g., related to abstinence, age and marital status for intercourse, birth control). And still others want a curriculum that recognizes that many teens are sexually active and need to understand how to be responsible and accountable for their actions and to protect themselves from sexual exploitation, date rape, pregnancy, and sexually transmitted infections.

Note: The United States has the highest teen birth rate in the industrialized world, and adolescents are disproportionately affected by sexually transmitted infections (STIs). According to the Centers for Disease Control and Prevention (CDC), more than 47 percent of all high school students say they have had sex, and 15 percent of high school students have had sex with four or more partners. Among students who had sex in the three months prior to being surveyed, 60 percent reported condom use and 23 percent reported birth control pill use during their last sexual encounter. Only 22% of sexually experienced students have ever been tested for HIV. Young people ages 15 to 24 represent 25 percent of the sexually active population, but acquire half of all new STIs, which amounts to 9.8 million new cases a year. About 3.2 million adolescent females are infected with at least one of the most common STIs. The most recent data available, in 2000, indicates the estimated direct medical costs for treating young people with sexually transmitted infections was $6.5 billion annually, excluding costs associated with HIV/AIDS. In 2011, approximately 24 percent of new HIV diagnoses were young people age 13 to 24.

According to the National Conference of State Legislatures:

All states are somehow involved in sex education for public school children. As of Jan. 1, 2015: 22 states and the District of Columbia require public schools teach sex education (20 of which mandate sex education and HIV education). 33 states and the District of Columbia require students receive instruction about HIV/AIDS. 19 states require that if provided, sex education must be medically, factually or technically accurate. State definitions of “medically accurate” vary, from requiring that the department of health review curriculum for accuracy, to mandating that curriculum be based on information from “published authorities upon which medical professionals rely.”

Many states define parents’ rights concerning sexual education: 37 states and the District of Columbia require school districts to allow parental involvement in sexual education programs. Three states require parental consent before a child can receive instruction. 35 states and the District of Columbia allow parents to opt-out on behalf of their children.

For a discussion of effective sex education, see –
http://www.advocatesforyouth.org/component/content/article/450-effective-sex-education

For a discussion of the pros and cons of sex education in schools –
Concluding Comments

Research suggests that teen dating can promote positive development. Where teen dating is common, it is part of developmental and socialization processes. As such, some risk taking is inevitable, and there is evidence that unhealthy relationships produce harm.

Home, school, and community all have a role to play in maximizing good outcomes and preventing and minimizing the impact of any harm. For schools, this involves a major focus on facilitating social-emotional learning and development, with concerns for such matters as sex education and prevention of interpersonal violence appropriately embedded in the continuum of interventions.

In our work, we stress that interventions to facilitate social-emotional development and learning can be pursued as part of many natural opportunities throughout the school day and not just as part of formal instruction. And with specific respect to helping young victims (and rehabilitating perpetrators), we stress that schools can readily embed interventions into their system of student and learning supports. At the same time, we emphasize that students tend to have multiple problems, and thus separate interventions for a designated problem are not always necessary. For more on this, see the Center’s discussions of addressing barriers to learning and teaching and other references and resources cited in the following list.

We have not covered social networking and cyberdating, so this quote from Susan Orlean is meant to start folks thinking about these matters:

_Human relationships used to be easy: you had friends, boy- or girlfriends, parents, children, and landlords. Now, thanks to social media, it's all gone sideways._

And we close with the world view of Franklin Delano Roosevelt:

_If civilization is to survive, we must cultivate the science of human relationships - the ability of all peoples, of all kinds, to live together, in the same world at peace._
References and Resources Used in Preparing this Information Resource


Center for Mental Health in Schools (2015). *Preventing teen dating violence*. Los Angeles: Author at UCLA.


http://catdir.loc.gov/catdir/samples/cam032/98032339.pdf

http://www.violencepreventionworks.org/public/safe_dates.page


http://www.loveisrespect.org/resources/dating-violence-statistics/


http://www.clotheslineproject.org/teendatingviolencefacts.pdf


http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.93.7.1104


http://www.loveisnotabuse.com/statistics.htm


Also see the Center Online Clearinghouse Quick Finds on

- LGBTQ – [http://smhp.psych.ucla.edu/qf/p3017_02.htm](http://smhp.psych.ucla.edu/qf/p3017_02.htm)
- Social-Emotional Learning – [http://smhp.psych.ucla.edu/qf/p2102_05.htm](http://smhp.psych.ucla.edu/qf/p2102_05.htm)
- Teen Pregnancy – [http://smhp.psych.ucla.edu/qf/p3005_02.htm](http://smhp.psych.ucla.edu/qf/p3005_02.htm)
- Violence Prevention – [http://smhp.psych.ucla.edu/qf/p2108_03.htm](http://smhp.psych.ucla.edu/qf/p2108_03.htm)

CDC’s website ([http://www.cdc.gov/violenceprevention/pdf/teen-dating-violence-factsheet-a.pdf](http://www.cdc.gov/violenceprevention/pdf/teen-dating-violence-factsheet-a.pdf)) recommends the following sites for learning more about the problem and hotlines for help:

- **National Dating Abuse Helpline and Love is Respect**: 1-866-331-9474 or text 77054 or [www.loveisrespect.org](http://www.loveisrespect.org)
- **National Sexual Violence Resource Center** – [www.nsvrc.org](http://www.nsvrc.org)
- **National Sexual Assault Hotline** 1-800-656-HOPE (4673)

**Additional Resources from CDC**

- CDC TV's *Break the Silence: Stop the Violence* – In this video, parents talk with teens about developing healthy, respectful relationships before they start dating. [http://wwwdev.cdc.gov/CDCTV/BreakTheSilence/index.html](http://wwwdev.cdc.gov/CDCTV/BreakTheSilence/index.html)
- **Dating Matters: Understanding Teen Dating Violence Prevention** – This 60-minute, interactive training is designed to help educators, youth-serving organizations, and others working with teens understand the risk factors and warning signs associated with teen dating violence. [http://www.vetoviolence.org/datingmatters](http://www.vetoviolence.org/datingmatters)
- **Division of Adolescent and School Health** – This CDC Division promotes the health and well-being of children and adolescents to enable them to become healthy and productive adults. [http://wwwdev.cdc.gov/HealthyYouth](http://wwwdev.cdc.gov/HealthyYouth)