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But He Loves Me: Teens' Comments about Healthy and Unhealthy Romantic Relationships

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Abstract

Romantic relationships can positively affect adolescent development. However, adolescents may not always have a clear understanding of what healthy dating looks like, which may place some adolescents at risk for dating violence. The present study examined the following research questions: (1) What are adolescents' perceptions of healthy and unhealthy attributes of romantic relationships? (2) How do adolescents perceive jealousy and potentially controlling behaviors? (3) What is the relationship between adolescents' attitudes towards jealousy and controlling behaviors and their willingness to intervene in a peer's unhealthy romantic relationship? The study included a predominantly female, ethnically diverse sample of 72 adolescents ($M = 17.5$ years) who participated in an internet-based health promotion intervention that allowed peers and health educators to interact. Adolescents commented on message boards and completed a survey. Findings showed that adolescents can articulate both healthy and unhealthy romantic relationship attributes. Some adolescents struggled to understand relationship attributes including jealousy and possessiveness, as these behaviors can be perceived as expressions of strong romantic interest. Adolescents may benefit from programs that strengthen healthy dating behaviors, teach youth to distinguish healthy from unhealthy behaviors, address conflict in respectful ways, and tactfully intervene when they witness abusive behaviors in the relationships of others.

Keywords

adolescents; romantic relationships; dating violence; qualitative

Romantic relationships during adolescence are common in the United States, with nearly three-quarters of adolescents aged 13–16 years reporting that they are dating or have dated in the past (Eaton et al., 2010). Healthy romantic relationships during adolescence can foster social and interpersonal benefits, including acceptance by peers, friendship skills (e.g., advice in navigating romantic relationships), and romantic relationship skills (e.g.,

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expression of love, physical intimacy; Furman et al., 2009; Hand & Furman, 2009; Kuttler & La Greca, 2004). Although romantic relationships may positively affect adolescent development, they may also place some adolescents at risk for dating violence. Dating violence is defined as “physical, sexual, psychological, and/or emotional violence that occurs in person, or electronically, within current or former dating relationships” (Centers for Disease Control and Prevention [CDC], 2020). Dating violence is a concern with respect to adolescent development, as roughly 20% of adolescents experience physical violence and 9% experience sexual violence (Wincentak et al., 2017). The prevalence of emotional or verbal violence is less clear; some studies have estimated rates of 30% (Choi et al., 2017; Fritz & Slep, 2009), while the CDC has estimated the rate to be as high as 70% (2016). Adolescent dating violence is associated with intimate partner violence in adulthood and adverse health outcomes, including depressive symptoms, suicidal ideation, and substance abuse (Exner-Cortens et al., 2013; Haynie et al., 2013; Manchikanti Gómez, 2011). Prevention programming is needed to assist adolescents in recognizing, avoiding, and extricating themselves from relationships that are violent or have strong potential for abuse.

Gaining a better understanding of how adolescents perceive signs of healthy and unhealthy romantic relationships may improve current relationship education and dating violence prevention programs. Few studies have examined the qualities that adolescents themselves attribute to healthy dating relationships. Among the studies that have, findings showed that adolescents value trustworthiness, open communication, an emotional connection, and respect, and view these as signs of healthy romantic relationships (Childs et al., 2012; Debnam et al., 2014; Gowen et al., 2014; Guzman et al., 2009; Howard et al., 2015; Laborde et al., 2014; Williams & Hickle, 2010). In contrast, adolescents describe dishonesty, disrespect, abuse, cheating, and monitoring one another’s whereabouts or activities as undesirable and harmful to a relationship (Gowen et al., 2014; Howard et al., 2015; Martin et al., 2012; Sears et al., 2006).

Healthy and unhealthy characteristics may co-occur within adolescent romantic relationships. One study found that adolescents who reported experiencing dating violence did not differ in reported levels of healthy relationship characteristics (i.e., ratings of love, intimate self-disclosure, and perceived partner caring) from youth who did not report dating violence (Giordano et al., 2010). In this study, adolescents who reported experiencing dating violence also reported higher levels of unhealthy relationship characteristics, including verbal conflict, jealousy, cheating, and a lack of identity support. Another quantitative study found no differences in healthy relationship characteristics (e.g., communication, commitment) between youth who were or were not experiencing dating violence (Viejo et al., 2015). Because signs of healthy and unhealthy romantic relationships can coexist, it is conceivable that youth may have difficulty discerning unhealthy behaviors, acknowledging their harm, or leaving a relationship that has become abusive or has high potential for abuse.

It may be especially difficult for adolescents to discern and acknowledge relationship abuse that does not involve actual or threatened use of physical force (Graham-Kevan, 2007). Emotionally abusive behaviors and socially controlling behaviors may be viewed by adolescents as less severe than physical abuse but are also among the most robust correlates of physical violence in adolescent dating relationships (Follingstad et al., 2002; Giordano et

al., 2010; Vivolo-Kantor et al., 2016). This suggests that emotionally abusive and controlling behaviors may sometimes precede physical abuse. It may also be difficult for adolescents to distinguish between healthy and unhealthy conflict. One qualitative study of African American female adolescents found that participants believed a healthy relationship included arguing and fighting; in addition, some participants would provoke an argument to “test” their boyfriend’s love (Childs et al., 2012).

Little is known about adolescents’ perceptions of jealousy and controlling behaviors and whether they recognize these attributes to be signs of an unhealthy romantic relationship. Because jealousy and controlling behaviors may be confused for investment in a relationship, it may be especially difficult for adolescents to recognize these attributes as unhealthy. In support of this idea, one out of four youth report that it is okay for a significant other to be “really jealous” at times (Teenage Research Unlimited, 2006). In one qualitative study, adolescents acknowledged that jealousy could lead to physical violence, but also expressed ambivalence about the potential harm of expressing jealousy around a partner’s flirtatious behavior (Helms et al., 2013). A quantitative study of middle and high school students found that students were clear that physical aggression was unhealthy, but unclear about whether controlling behaviors, such as telling partners who they could be friends with, were unhealthy (Hertzog & Rowley, 2014). Collectively, these findings suggest that many adolescents may be unclear about what constitutes potential warning signs of abuse.

Many teen dating violence prevention programs have incorporated bystander training and education. This strategy is designed to empower young people to safely intercede or get help when witnessing abusive behaviors conducted by peers (Banyard et al., 2004). Studies have shown that bystander training can be an effective strategy for reducing dating violence victimization and perpetration (Mennicke et al., 2021). Yet, research also shows that adolescents face many barriers that prevent them from intervening, including lack of skills to intervene and fear of social repercussions (Debnam & Mauer, 2021). Less is known about how teens’ attitudes regarding early warning signs of potentially abusive behaviors are related to their willingness to intervene in a peer’s unhealthy romantic relationship. Understanding this association may have important implications for how bystander training programs are designed.

Theoretical Frameworks

Theory can be used to understand adolescents’ perceptions of healthy and unhealthy relationship characteristics and inform relationship education and dating violence prevention programs. Adolescents’ understanding of healthy and unhealthy relationship characteristics may be a function of their attachment style and social needs. Furman and Wehner (1994) developed a behavioral systems framework for understanding adolescent dating relationships. This framework combines aspects of attachment theory (Ainsworth, 1989; Shaver et al., 1988) with Sullivan’s social needs theory (Sullivan, 1953). Furman and Wehner (1994) propose that adolescent romantic relationships can be understood through factors such as a need to form close relationships, receive and provide care, and engage in sexual exploration.

The need to form close relationships, or in other words, to become attached to others, is integral to humans and primarily a function of attachment to parent figures in early development. During adolescence, children start to differentiate from their parent figures; friends and romantic partners increasingly meet the need for close relationships (Furman & Wehner, 1994). Evidence supports the idea that childhood attachment to parent figures can influence adolescents' experience of dating relationships (Capaldi et al., 2012). Miga and colleagues (2010) found that insecure-preoccupied attachment style with primary caregivers at age 14, in which the adolescent expresses unclear, incohesive, or angry preoccupation, was predictive of verbal aggression towards a romantic partner four years later. In the same study, an insecure-dismissing attachment style with primary caregiver at age 14, in which the adolescent expresses an inability or unwillingness to consider attachment experiences, was predictive of victimization by physical aggression from one's partner four years later. Overall, teens' insecure attachment with primary caregivers at age 14 (i.e., preoccupied or dismissing) was predictive of perpetration and victimization of dating violence four years later. Similarly, Maas and colleagues (2010) found that poor attachment with parent figures in early childhood was predictive of physical dating violence victimization in late adolescence. Chapple (2003) found that teens reported less secure parental attachment when they reported also witnessing interparental violence in childhood; both factors predicted experience of teen dating violence.

Attachment theory suggests that early attachment experiences are a foundation for adolescents' views of their own and other people's capacity to engage in intimate relationships. Adolescents who experience challenges in trusting others and being trustworthy may struggle to identify and engage in healthy relationship practices. Sullivan's social needs theory complements attachment theory by articulating five basic social needs (i.e., tenderness, companionship, acceptance, intimacy, and sexuality) that emerge across different developmental stages (Sullivan, 1953). At each stage, a key relationship (e.g., caregiver, peer, romantic partner) is viewed as crucial for the fulfillment of that stage's need. During preadolescence and early adolescence there becomes an increasing need for intimacy and sexuality, as one begins to explore their sexual identity and form romantic partnerships. It is during these later stages, that adolescence begin learning to differentiate between friendships, lust, and intimate relationships. The desire for these social needs, however, may make it difficult for adolescents to recognize signs of unhealthy romantic relationships when social needs such as intimacy and sexuality are being met.

While the behavioral systems framework can be used to understand adolescents' experiences in dating relationships, other theories may be particularly useful in shaping the content of relationship education and dating violence prevention programs. The Information-Motivation-Behavioral skills (IMB) model of risk reduction asserts that people need to have the necessary information, required motivation, and relevant skills to execute specific health behaviors (Fisher & Fisher, 1992; Fisher et al., 2003). Originally designed to inform HIV prevention, the model since has been used to inform health promotion in a variety of domains (Chang et al., 2014). A key assumption of the model is that people need to receive accurate information, clarification of vague information, and correction of incorrect information in order to make healthy choices. Motivation to engage in health promoting behaviors is assumed to be a function of personal values and social context.

Finally, individuals need relevant skills and confidence in their ability to implement skills in order to make healthy choices. When applied to relationship education and prevention of dating violence, the IMB model suggests that adolescents should be given the chance to articulate their current perceptions of what comprises healthy and unhealthy relationship characteristics; receive information that may correct misperceptions and help to clarify values and norms; and learn skills to communicate through modeling and discussion with others.

The Present Study

The present study examined a predominantly female sample of Midwestern adolescents' thoughts about what constitutes a healthy versus an unhealthy romantic relationship, as well as their thoughts about potential warning signs for unhealthy relationships. Adolescents provided comments on moderated message boards while participating in *TeensTalkHealth*, an interactive internet-based intervention. Three overarching research questions guided the present analysis: (1) What are adolescents' perceptions of healthy and unhealthy romantic relationships? (2) How do adolescents perceive jealousy and potentially controlling behaviors within a romantic relationship? (3) What is the relationship between adolescents' attitudes about jealousy and potentially controlling behaviors and their willingness to intervene in a peer's unhealthy romantic relationship?

Method

Procedures

Data were collected from 72 adolescents who participated in the intervention arm of a pilot randomized controlled trial of *TeensTalkHealth*, an interactive web-based intervention to promote condom use and other healthy decision-making in the context of romantic and sexual relationships (Brady et al., 2015). Participants were recruited from three community clinics specializing in adolescent sexual health and three schools in Minnesota between January and October, 2011. To be eligible, participants had to meet the following criteria: (1) aged 14–18 years at enrollment, (2) engaged in vaginal or anal sex at least once in the past three months; and (3) typically used the internet at least twice a week for a total of two hours or more. Exclusion criteria included graduating from high school prior to the spring before data collection and being pregnant at the time of screening. Adolescents aged 18 years provided consent and those aged 14–17 years provided assent with a parent's or legal guardian's provision of consent. Participants chose a non-identifying username and password to use on the website. Participants' partners were not invited to participate in the study. Participants were anonymous to one another. All study procedures were reviewed and approved by the University of Minnesota Institutional Review Board and a federal certificate of confidentiality was obtained.

Study involvement included a pre-intervention period, 4-month intervention period, and 2-month follow-up. Of the 92 adolescents assigned to the intervention arm, 72 commented on at least one of the two message board topics analyzed in the present study.

Participants

Adolescents were predominately female (88.9%), with a mean age of 17.5 years ($SD = 0.99$). Most adolescents identified as non-Hispanic White (58.3%); 20.8% identified as more than one race/ethnicity, 11.1% identified as Black or African American, 6.9% identified as Asian or Pacific Islander, and 2.8% identified as Hispanic and/or Latino. Of the 8 male participants, 1 reported being attracted to all male people, 5 to all female people, and 2 to both male and female people. Of the 64 female participants, 49 (76%) reported being attracted to all male people, 1 (2%) to all female people, and 14 (22%) to both male and female people. Of the 72 adolescents who commented on at least one of the two message boards, 47 commented on both message board topics, 19 commented only on *Signs of Healthy and Unhealthy Relationships*, and six commented only on *But He Loves Me*. No significant differences were found between intervention participants who commented on at least one of the message board topics ($n = 72$) and those who did not ($n = 20$) in terms of gender, age, race/ethnicity, and the gender of people to whom adolescents reported being attracted.

Data Analyzed in the Present Study

Adolescents in the intervention condition participated in a variety of assigned activities on the *TeensTalkHealth* website, including watching video vignettes 3–5 minutes in length, reading teen-friendly articles, completing brief, private surveys immediately after being exposed to selected videos and articles, and participating in discussion topics posted by health educators. These materials served as conversation catalysts on message boards visible to all adolescents participating in the intervention. Comments from two message boards comprise the qualitative data in the present study. Adolescents were asked to respond to the first message board topic, titled *Signs of Healthy and Unhealthy Relationships*, during the first month of the intervention period. It began with the introduction, “*We all want relationships that make us feel respected, safe, and happy. Sometimes those things come easily, and sometimes they may seem out of reach. Even in “good” relationships, people get upset, confused, and mad.*” Following this introduction, participants were asked to answer one of the following questions posed by health educators:

1. What qualities make a good relationship?
2. How do you know if a relationship is healthy or unhealthy? What are some signs?
3. Are there things that are unclear, so it’s hard to tell if you might be in an unhealthy situation?

Adolescents were asked to respond to the second message board topic, titled *But He Loves Me*, during the third month of the intervention period. Prior to commenting, participants were asked to watch a brief video vignette. In the vignette, two close female friends, Isabella and Kayla, discuss the behavior of Kayla’s boyfriend, Devan. Isabella is concerned about Devan’s behavior towards Kayla. Devan constantly checks up on Kayla, becomes angry with her when she cannot be reached, and comes between Kayla and her friends. When Isabella shares her concerns about Devan’s behavior with Kayla, Kayla becomes defensive and says that Devan loves her.

The IMB model (Fisher et al., 2002) provided a framework for developing *But He Loves Me*. Isabella modeled the behavior of intervening when she became concerned about Devan's behavior towards her friend, Kayla. This video vignette was used to elicit participants' perceptions of jealousy and controlling behaviors, as well as their motivation and perceived skills (i.e., self-efficacy) to intervene if they were concerned about a friend's relationship. After watching the video vignette, adolescents were prompted to complete a brief, private survey (Table 1). The research team developed survey items to correspond to constructs of the IMB model. In addition, items were developed to assess interest in the topic and perceived relevance of the topic to adolescents' own lives, as well as barriers to engaging in the health protective behaviors depicted in the video vignette (i.e., bystander behavior). Because survey items were developed to closely align with the *But He Loves Me* video vignette, they were not taken from previously validated scales. Immediately after completing the brief, private survey, adolescents were prompted to comment on the public message board. Participants were asked to answer one of the following questions posed by health educators:

1. Can jealousy and anger be signs of love? Why or why not? If you're not sure, what are some reasons that it is hard to decide?
2. Would you feel angry if a boyfriend/girlfriend was spending time with someone you didn't like or trust? Would it be okay for a partner to be angry with you if these roles were reversed? How should anger be handled in this situation?
3. Would you feel angry if a partner looked hot/sexy and was attracting the attention of others? Would it be okay for a partner to be angry with you if these roles were reversed? How should anger be handled in this situation?
4. When does "checking in" get excessive? How would you set boundaries with a partner if you needed to?
5. Do you think that it's healthy or unhealthy to have friendships that are separate from a relationship with a romantic or sexual partner? Are there benefits of having separate friendships? Are there drawbacks?

Adolescents could comment on both message boards from the time they joined the 4-month intervention until the end of the intervention period. However, most adolescents commented during the month they were asked to comment. Other intervention participants and health educators could view adolescents' comments on message boards.

Adolescents received no education on healthy and unhealthy relationships prior to viewing the *Signs of Healthy and Unhealthy Relationships* discussion post during the first month of the intervention period. *TeensTalkHealth* topics throughout the intervention period primarily addressed planning for condom-protected sex, advocacy for condom-protected sex, and handling consequences of unprotected sex. Topics also addressed an array of factors that may impact healthy decision-making in the context of romantic and sexual relationships, including healthy and unhealthy relationship characteristics. Topics other than pregnancy and STI prevention were included to create a more holistic focus on sexual health and enhance the engagement of adolescents.

Analysis Plan

Message board comments were analyzed using a quasi-deductive approach with conventional thematic analysis techniques (Braun & Clarke, 2006). Two raters (first and second authors) independently read through the message boards in their entirety to gain a sense of the whole and to achieve immersion with adolescents' experiences and perceptions of healthy and unhealthy relationships (Braun & Clarke, 2006). Raters then re-read the transcripts word by word to identify codes (i.e., salient words and/or phrases) that captured adolescents' perceptions. During the process of identifying codes, raters avoided interpretation. After coding message board conversations in this fashion, raters met together to develop preliminary themes and sub-themes related to adolescents' perceptions of relationships (Braun & Clarke, 2006). Because adolescents were asked specific questions on each of the message boards, raters came to the data with some preconceived themes that they expected to find (e.g., signs of healthy relationships, signs of unhealthy relationships). However, raters also allowed for the possibility for additional themes to emerge from the data that were not specifically elicited from adolescents. Raters then met to discuss any discrepancies that emerged and reach a consensus. If discrepancies were found, raters returned to the text to reexamine whether text from message board transcripts accurately represented the assigned themes and sub-themes.

Descriptive statistics (i.e., means and standard deviations) were used to describe adolescents' responses to items on the brief, private survey following the video vignette, *But He Loves Me*. Bivariate correlations were used to examine the relationship between adolescents' responses on survey items. NVivo version 11 and SPSS version 22 software were used to facilitate data analyses and organization.

Results

Themes and Subthemes

Data are organized by each message board to show how comments may have been elicited by specific questions posed by health educators. Quotations have been edited for spelling and grammatical errors. Gender, race/ethnicity, and age of the participant who contributed a comment are specified for each quotation. The percentage of youth who endorsed each subtheme is presented in parentheses. A single comment could contain more than one subtheme.

Signs of Healthy and Unhealthy Relationships Message Board—To learn more about adolescents' thoughts about healthy and unhealthy relationships, adolescents answered discussion questions that elicited their thoughts about signs of healthy relationships, signs of unhealthy relationships, and factors that make it difficult to distinguish between healthy and unhealthy relationships.

Signs of Healthy Relationships. The seven subthemes that emerged under this theme were “trust” (26%), “openness of communication” (24%), “respect” (21%), “constructive problem-solving” (20%), “happiness” (11%), “partner resembles a best friend” (11%), and “absence of abuse” (6%). Adolescents consistently highlighted trust as the most

important sign of a healthy relationship. Many adolescents commented that without trust, the relationship would dissolve or result in unhealthy behaviors. For example, one adolescent noted, “Loyalty, honesty, and trust are the three most important things in a relationship by far, and if any one of the three is missing, the relationship is unhealthy” (White female, 17 years).

Open communication, such as being able to share personal feelings and thoughts with partners was also commonly described as an important facet of a healthy relationship: “Healthy relationships happen when two people are able to openly communicate with each other about how they are feeling at a given time” (White female, 18 years). Some adolescents noted that qualities such as being open and listening helped to establish “good” communication in a healthy relationship: “I think that having open minds/hearts and actually listening and considering what they have to say is a big step towards good communication” (multiracial female, 14 years). It was also important to some adolescents that communication occur without fear of rejection. As one adolescent stated, “I think healthy relationships are ones where you can communicate. Where you can be open about your feelings. You can be yourself without a fear of being rejected or hurt” (White female, 16 years).

Adolescents also asserted that it is important in a healthy relationship for a partner to respect the other partner’s decisions. One adolescent highlighted mutual respect as important, in particular:

A good relationship is when both partners respect each other...when you’re in a healthy relationship you and your partner respect each other, you voice your wants and needs, you understand each other, and take the time to understand each other (multiracial female, 18 years).

In addition to trust, openness of communication, and respect, many adolescents discussed the importance of being able to “maturely” and “calmly” solve arguments and disagreements. Adolescents acknowledged that disagreements and arguments are a normative part of a relationship. What appeared to separate healthy relationships from unhealthy relationships, however, is how partners are able to solve and respond to disputes:

Partners in a relationship need to be able to talk to one another and provide a safe place for one another. Even in good relationships people can get upset and mad, however, if they are able to talk through these issues and find ways to make one another feel better, if they can fix what originally was causing the hurt, then this is a good relationship (White female, 18 years).

Adolescents also commented that it was important for people to feel happy in their relationships. As one young male stated, “I think a good relationship is one that you’re “Actually” happy in” (Hispanic male, 17 years). Other adolescents acknowledged that it is important for both people in the relationship to feel happy: “if both people are happy and treated right it is a good healthy relationship” (White female, 18 years). Some participants commented that a partner should resemble a best friend. In many cases, these adolescents reported that having a partner as a best friend went beyond the typical signs of a healthy relationship such as “good communication” and “respect.” As one participant shared, “but

I think that a healthy relationship is more than talking and respect. Your partner should be your best friend” (multiracial female, 17 years).

Lastly, adolescents discussed how healthy relationships do not include forms of abuse. Adolescents defined abuse in a variety of ways, including emotional and physical abuse: “In my opinion a healthy relationship has qualities such as, you can talk arguments/ disagreements out, there is no physical/verbal/mental abuse, and there is communication between one another, dedication and loyalty and respect” (White female, 18 years).

Signs of Unhealthy Relationships.: The six subthemes that emerged under this theme were “lack of open communication” (23%), “abuse” (18%), “controlling behaviors” (17%), fighting” (17%), “unhappiness” (12%), and “fear” (11%). Many adolescents commented that a lack of open communication is a sign of an unhealthy relationship: “You know the relationship isn’t healthy if you’re NOT able to express your feelings or emotions to your partner” (Black female, 17 years). Adolescents observed that being communicative in a relationship can be challenging and an inability to communicate openly can lead to other problems within the relationship. As one adolescent stated, “It is hard to have a relationship when both partners can’t communicate their feelings and thoughts. This creates problems on so many levels. Communication is the number one thing my boyfriend and I struggle with” (White female, 17 years).

All forms of abuse were considered unhealthy by adolescents. Adolescents most often identified physical abuse as a sign of an unhealthy relationship. However, any behavior labeled as abusive by the adolescents was considered an “obvious” sign of a poor relationship: “I’m sure it is obvious to see a healthy relationship from an unhealthy one; if a guy is hitting you or being abusive, it is a bad relationship” (Hispanic male, 17 years). Another adolescent stated, “If there is any verbal or physical abuse, it’s obviously not a healthy relationship” (White female, 18 years).

Adolescents also stated that controlling behaviors, and feelings of being controlled, are signs of an unhealthy relationship: “The biggest sign to me [referring to a potential unhealthy relationship] would be when your partner wants to control you by knowing where you’re going, who you’re with, and when they tell you what you can and cannot do” (multiracial female, 18 years). Another adolescent commented, “An unhealthy relationship is when you or your partner feels controlled or controlling and feels as though they need to know everything you are doing all the time, who you’re with etc.” (multiracial female, 17 years).

Some adolescents had a nuanced perspective of whether fighting or yelling were signs of an unhealthy relationship. These adolescents noted that fighting may be normal and, in some cases, good for the relationship or the process of determining whether a relationship should continue:

Just because you fight every now and then, doesn’t necessarily mean that it’s a bad relationship. some fights make your relationship stronger because you learn more about each other and figure out how to click together better, but sometimes fights make you realize that you guys just don’t have enough in common to get along (White female, 15 years).

In response, other adolescents observed that yelling and fighting may be unhealthy if they become habitual behaviors or escalate over time: “Some may think that yelling at one another isn’t abuse and that it’s still healthy in a relationship. But I believe it is bad for the relationship because once you begin yelling it might not stop and could progress” (White female, 18 years).

Several adolescents mentioned feelings of frequent unhappiness as a sign of an unhealthy relationship: “a sign of unhealthy relationship is when one or both of the people in it find themselves often unhappy” (White female, 18 years).

Several adolescents described feeling scared in the relationships as a sign of an unhealthy relationship:

A bad one is feeling scared. I was in a relationship once where the guy never hit me but hit things close to me and it always scared me. That was a bad relationship. I felt like I had to hide things from him and like if I talked to him about something in regard to ‘us’ he would have gotten mad (White female, 17 years).

This participant appeared to feel scared for her own physical safety. In other messages, adolescents discussed feeling scared to bring up specific topics with their partners:

I feel like it’s unhealthy if someone is scared to bring up topics that shouldn’t be a problem like where to go to eat, or what to do. If you’re constantly worried about what the other is going to think because their reaction might frighten you, there’s a problem (Asian female, 15 years).

Difficult to Distinguish a Healthy from an Unhealthy Relationship.: Some adolescents reported that it was difficult to distinguish a healthy relationship from an unhealthy relationship (23%): “Sometimes an unhealthy relationship can be hard to spot. A couple may think they are in love but unknowingly have an unhealthy relationship. It’s not always clear because every situation is different” (multiracial female, 17 years). Some adolescents commented that it was relatively easy to tell if someone was in an unhealthy relationship, but more difficult to tell if someone was in a healthy relationship:

I think you can tell if a relationship is unhealthy, but not really if it is healthy. I recently got out of a two year relationship. Everyone thought that we were perfect for each other. They could not be more wrong; we were complete polar opposites. She never trusted me throughout, and was accusing me of cheating on a monthly, if not weekly basis. I could not hang out with another girl without being yelled at. It was suffocating, I felt like a commodity that she was trying to protect. But to everyone else, we seemed perfectly fine (White male, 16 years).

This adolescent described others’ inability to determine that his relationship was “not healthy.” In contrast, another adolescent observed that it may be difficult for some adolescents to recognize that they are in an unhealthy relationship, while it may be easier for outsiders:

Sometimes it is hard for a person who is in the relationship to tell if the relationship is healthy or unhealthy. That is why some people stay in an unhealthy relationship.

If a family member or friend shows concern for you about your relationship, then it is time to step back and look at your relationship as an outsider and see what everyone else is seeing ignoring the fact that you love your partner...Some things are unclear to you if you are in the relationship, because you are in love with your partner no matter what. You may tell yourself “oh, so- and- so will never do that again. They love me too much. They were just in a bad mood.” instead of saying “Wow. Something is wrong here.” like an outsider would (White female, 18 years).

Difficulty Leaving an Unhealthy Relationship.: Several adolescents observed that it may be difficult to leave an unhealthy relationship (11%). Some adolescents explained that other teens may not want to leave a bad relationship because they will not find another partner: “I feel like a lot of teens know they’re in a bad relationship, but they’re afraid that they won’t find someone else, so they stay in an unhealthy relationship, which is very sad!” (White female, 17 years). Other adolescents explained that teens may not leave a bad relationship because they love their partner and do not want to hurt them. Some adolescents also noted that teens in abusive relationships may have a difficult time leaving because their partner makes them feel that they will never be able to attract the interest of a better partner:

If it ever gets to the point where your significant hits things around you, throws things, or says things to make you feel like [you are] less than them, it’s gone too far. It’s hard to accept when a relationship gets to this point because they can make it feel like they’re the best you’ll ever have. At that point, it’s hard to tell from the inside of the relationship that it isn’t healthy (White female, 18 years).

Lastly, some adolescents mentioned that it may be more difficult to leave an unhealthy relationship that started off as healthy:

I think it’s harder to get out of an unhealthy relationship that began as healthy. (example: one day your partner snaps and hits you after 3 years of complete happiness, now every time he snaps he apologizes and swears he’ll never do it again. From now on you’ll be holding on to what it used to be rather than what it is now). Some things are unclear based on the situation and emotions put into the situation (Black female, 17 years).

But He Loves Me Message Board and Survey—Prior to seeing discussion questions and commenting on the *But He Loves Me* message board, adolescents completed a brief, private survey about a corresponding video vignette. In the video vignette, Devon exhibits controlling behavior towards Isabella. Means, standard deviations, and bivariate correlations between survey items are presented in Table 1. Mean level of interest in the vignette was 3.5 ($SD = 1.0$), indicating moderate to high interest across most participants. Below, additional survey findings are integrated with data from the *But He Loves Me* message board.

To learn adolescents’ thoughts about unhealthy relationships and potentially abusive behaviors that may be difficult to identify, adolescents answered discussion questions related to five themes: “jealousy and anger as signs of love,” “feelings when a partner is spending time with someone who is not trusted,” “feelings when a partner is attracting the attention of others,” “recognizing excessive ‘checking in,’” “how to handle excessive ‘checking in,’” and

“friendships outside of the romantic relationship.” Several subthemes emerged within each theme.

Jealousy and Anger as Signs of Love.: The three subthemes that emerged under this theme were “jealousy is okay, to a point” (39%), “jealousy and anger are not signs of love” (17%), and “anger is not a sign of love” (13%). Over a third of adolescents endorsed the idea that jealousy may be a normal and natural feeling in a relationship. Adolescents believed that jealousy could be a sign of love in that it showed how much a partner really cared for them. Many of these adolescents also believed there was a “thin line” between the type of jealousy that represents love and the type that is unhealthy: “I think there is a thin line, because jealousy can mean someone really cares about you, but it can also mean they are overprotective, it all depends on the circumstances” (multiracial female, 16 years). Adolescents acknowledged that jealousy may progress and result in other unhealthy behaviors later in the relationship.

Both survey data (see Table 1) and message board comments suggested that many adolescents do not see jealousy and anger as signs of love. Mean agreement with the survey item, “jealousy and anger can be signs of love,” was 2, corresponding to “disagree.” Correlations between survey items revealed that adolescents who believed jealousy and anger were signs of love were more likely to also agree that they deserved their partner’s anger if they did not respond quickly to their partner’s calls or texts. Message board comments suggested that most adolescents believed that jealousy and anger may be signs of other unhealthy characteristics of the partner, such as controlling behaviors and insecurity: “Jealousy and anger are not signs of love, because it means the guy may be controlling or have anger problems!” (Asian female, 19 years). Another participant commented, “Anger and jealousy are not signs of love, they are signs of insecurity or concern and fear of what their partner is doing” (White female, 18 years). One adolescent was surprised that more teens did not endorse the idea that jealousy and anger were not signs of love. This adolescent acknowledged that anger and jealousy are normal feelings to have in a relationship and asserted that it is important to keep these feelings to a minimum:

Since jealousy and anger are such negative emotions that in some cases lead to violence, I’m surprised it’s not very apparent to some people that they are not signs of a healthy relationship when in excess. It’s normal to feel angry or jealous sometimes (it would be weird not to!), but it should be kept to a minimum to keep the good vibes going throughout the relationship, so it’s not uncomfortable for both sides (Asian female, 17 years).

Several adolescents reported that anger, in particular, was not a sign of love: “Jealousy sometimes can be, I think, but it depends on the level of jealousy. Anger is never a sign of love at all” (multiracial female, 16 years).

Feelings When a Partner is Spending Time with Someone Who is Not Trusted.: The three subthemes that emerged under this theme were “feeling angry” (9%), “feeling jealous” (6%), and “not appropriate to dictate” (4%). Survey responses suggested that most adolescents disagreed that they should only spend time with people whom their partner liked and trusted ($M = 2.14$). However, message board comments suggested that some adolescents

would be angry or mad if *their* partner was spending time with somebody *they* did not like or trust. These adolescents also recognized that they could not control with whom their partner spends time and that even though they may feel angry, they should not stop their partner from seeing certain friends:

I would be mad, but I can't control what he does and doesn't do, it's not right for anyone to do that or get treated like that. Anger should be pushed aside; I mean you can talk about the friends you each have but don't stop each other from seeing certain friends (White female, 18 years).

Some adolescents reported that they would be jealous rather than angry. Adolescents also acknowledged that their partner may feel the same way if roles were reversed:

I wouldn't be so much angry, but more so worried and jealous. I would be scared of him cheating on me or of them getting into some kind of trouble. I don't think it would be okay for him to be mad at me either. Anger should be calmed down in person if possible, and then talk it out. If there's a possibility of physical violence though, do it over the phone (Asian female, 15 years).

These adolescents also recognized that they could not control the people with whom their partner spent time; even though they may feel angry or jealous, adolescents reasoned that they should not stop their partner from seeing certain friends. Some adolescents commented that feeling angry does not justify telling your partner with whom they can or cannot hang out. Similarly, other adolescents noted that it was not their partner's place to dictate with whom they could or could not spend time:

It's not my place to tell my boyfriend who to hang out with and who not to. Unless I am concerned about his safety for some reason, I should let him have his own life and make his own decisions. I believe partners should be able to talk about their relationships with other people but not dictate what those relationships should be (White female, 18 years).

Similarly, other adolescents noted that it was not their partner's place to dictate with whom they could or could not spend time:

I personally HATE it when someone tries to tell me what to do. I am a very independent person and expect to be treated as such. My friends and my family come first. My significant other does NOT get to tell me who I can and can't hang out with. He either accepts my life and chooses to become a part of it, or he doesn't. But my life will NOT change for anyone. And I would never try to control my significant other's life/friends/family/etc. either! That's just not right (multiracial female, 16 years).

Feelings When a Partner is Attracting the Attention of Others.: No survey items directly addressed situations in which one member of a couple attracted the attention of others. The two subthemes that emerged under this theme from message board comments were "feeling upset" (6%) and "feeling proud/good" (4%). Adolescents reported that they would be "angry" if their partner was intentionally trying to attract the attention of others.

One adolescent also discussed how there may be a double standard in relationships. This participant shared how she trusts her partner, but her partner does not trust her:

I get kind of annoyed because I think that both my partner and I get attention from the opposite sex, but only I trust him enough to feel that he would never do anything to make me feel like he was cheating on me. He gets confrontational when I tell him that I was hanging out with other guys platonically. We're in a long-distance relationship and I think it's unreasonable that he thinks I shouldn't get to hang out with my friends. This is a conversation we haven't really had yet but probably need to have soon... (multiracial female, 18 years).

Adolescents believed that if one felt angry that a partner was drawing attention from others, it would be important to discuss this with the partner calmly: "If anger arises, it should be discussed with calm words" (White female, 17 years).

Several adolescents reported that they would feel good about being with a partner who attracted the attention of others, because this would be an indication of their partner's desirability: "I would not feel angry, I would feel lucky to have such a hot looking partner!!" (White female, 17 years). Other adolescents noted that they would only become upset if their partner flirted back: "I don't get angry when my boyfriend is getting attention from other girls. I know he's attractive. It only would bother me if he responded back and flirted with them. My boyfriend would feel the same way" (White female, 17 years).

Recognizing Excessive Checking-in and Strategies to Handle Excessive Checking-

in.: Survey responses suggested that many adolescents felt it was acceptable to call or text a partner 2–3 times a day (48.2%); responses ranged from less than once a day (1.8%) to seven or more times a day (7.1%). On the *But He Loves Me* message board, adolescents discussed what constitutes excessive checking-in and ways to manage the behavior. Some adolescents believed that checking-in is excessive when their partner becomes angry because they do not continually know their whereabouts (19%):

Checking in gets excessive when he is constantly calling you or texting to see who you're with or what you're doing when you're not with him. If he gets mad that you're with other guy friends and he's not there, then he doesn't trust you enough for you to be able to spend time with other people and then that means he's probably a little controlling too. Or vice versa if it's the girl checking in on the guy (White female, 18 years).

Adolescents also reported that constantly "checking in" is really a sign of distrust in the relationship. Adolescents discussed a variety of strategies for handling a partner who constantly checks in, including setting boundaries for how much a partner can call and text and explicitly asking for space in the relationship: "I would tell him, 'hey look, when I'm busy or with my friends you need to not text me as much; I feel you don't trust me and you have no reason not to'" (White female, 17 years).

Several survey items assessed how adolescents would handle a situation similar to the one depicted in the *But He Loves Me* video vignette. When asked how many times adolescents were concerned about a friend's relationship during the past year, the mean

response ($M=3.21$) was between the values of “twice” and “three or four times.” On average, adolescents would be somewhere between “somewhat” and “pretty much” concerned if a friend’s relationship was similar to the one depicted in the video vignette. On average, they would “pretty much” want to talk with their friend about how the friend’s partner was acting, and they would be “pretty much” confident that they could tell their friend about their concerns. When asked how their friend would respond if they said, “It should be okay for you both to have your own lives,” most adolescents thought their friend would agree in a way that would make the adolescent feel bad.

Adolescents who indicated they would be more concerned if a friend was dating someone like Devon expressed a greater desire to talk to the friend about their partner’s behavior ($r = .65, p < .001$); they were also more confident that they could talk to the friend about the partner’s behavior and their concerns ($r = .39, p < .05$). Adolescents who expressed greater motivation to talk to their friend were also more confident that they could talk about their concerns with their friend ($r = .53, p < .001$).

Adolescents who were concerned a greater number of times in the past year about a friend’s relationship (not the hypothetical scenario in the video vignette) had a greater tolerance for the number of times a day their partner could contact them by texting or calling ($r = .34, p < .05$) and were more likely to believe that if they did not respond quickly to their partner’s attempts to contact them, they deserved for their partner to be angry with them ($r = .35, p < .001$). Adolescents who believed they deserved their partner’s anger for not responding quickly to their partner’s attempt to contact them also had a higher tolerance for the number of times a day their partner could contact them through texts or phone calls ($r = .31, p < .05$). However, relatively few adolescents endorsed the opinion that they deserved a partner’s anger if they did not respond quickly to the partner’s calls or texts; the mean rating was 1.5, between values of “strongly disagree” and “disagree.”

Friendships Outside of Romantic Relationships.: Finally, some adolescents discussed how they felt about having friendships separate from their romantic or sexual partnership (15%). Adolescents who addressed this topic believed that it was important to have friendships that are separate from their relationship with a romantic or sexual partner. Some adolescents reported that separate friendships would help their relationship with their partner grow stronger and might increase trust. Some adolescents additionally described potential drawbacks to spending time apart:

It is healthy to have friendships outside of your partner because then you can spend time away from your partner so your love grows stronger, and your trust grows; if you’re with your partner all the time, then when you have to leave, they might freak out and get angry. separate friendships are good for communication and when you want to do or talk about different things, then you and your partner do. the drawbacks may be not spending enough time with your partner or trust will end up being an issue and either you or your partner may cheat or find someone else worthwhile to be with (White female, 18 years).

Some adolescents asserted that having outside friends is not only healthy, but also necessary. These adolescents highlighted the benefits of maintaining one's independence in the event that a relationship might end:

I think it's not only healthy but completely necessary to have a friendship(s) with people other than your partner or people who your partners are friends with. It helps to have friends that aren't connected to your partner because everyone needs a break from their partner every once and awhile. And that way they can look out for you in their best intentions. If you don't have friends outside the partner or your partner's friends you can soon become too dependent on them, and when it might come to breaking up... you'll feel abandoned (multiracial female, 14 years).

Discussion

Few studies have examined adolescent perceptions of both healthy and unhealthy behaviors within romantic relationships, especially behaviors that may be potential warning signs of an abusive relationship (e.g., controlling behaviors; Gowen et al., 2014; Howard et al., 2015). The present study is unique because it allowed adolescents to engage in relationship discussions through a secure, online platform which allowed for anonymity. Findings from the present study elucidate the complexity of adolescents' perceptions of healthy romantic relationships. While many adolescents recognized signs of healthy relationships (e.g., open communication, happiness, trust, respect), some struggled to determine when attributes such as jealousy, anger, and controlling behaviors may be warning signs of an unhealthy relationship or dating violence. It is possible that the ability to distinguish between healthy and unhealthy relationship characteristics is a function of childhood experiences, including attachment to parents (Miga et al., 2010) and witnessing healthy or unhealthy relationship behaviors between parents (Chapple, 2003). It is also possible that the ability to distinguish between healthy and unhealthy relationship characteristics can be enhanced through experience and relationship education.

The IMB model of behavior change highlights the importance of knowledge in making healthy choices (Fisher & Fisher, 1992; Fisher et al., 2003), such as entering a relationship that promises to be healthy or leaving a relationship that has proven to be unhealthy. Adolescents in the present study reported signs of healthy romantic relationships that are consistent with some standard measures of relationship quality (Demir, 2008; Fletcher et al., 2000) and previous examinations of adolescent perceptions of romantic relationships (Howard et al., 2015; Laborde et al., 2014). Thus, adolescents exhibited knowledge about healthy relationship characteristics.

Adolescents had the most difficulty distinguishing healthy from unhealthy characteristics when discussing forms of emotional and relational aggression such as controlling behaviors and jealousy. Both message board and survey findings indicated that though many adolescents view anger and jealousy as unhealthy signs of love, many adolescents also view anger and jealousy as normative attributes of intimate relationships. This apparent contradiction between beliefs may be explained by viewing anger and jealousy on a continuum, where normative relationship attributes can become unhealthy in their intensity.

This idea was captured in message board data where adolescents indicated a context dependent “thin line” between acceptable and unacceptable levels of anger and jealousy in intimate relationships.

Adolescents may differ in their beliefs about where to draw the “thin line.” There are several possible reasons for this. First, decision-making capabilities during adolescence are still maturing, making some adolescents more prone to taking risks (Steinberg & Cauffman, 1996). In addition, adolescents may perceive benefits as outweighing potential risks (Reyna & Farley, 2006). This may be particularly true when a social need, such as intimacy and sexuality (Sullivan, 1958) are being met within the romantic relationship. Adolescents may weigh these social needs and other healthy characteristics more strongly than signs of potentially abusive behavior – especially if these characteristics are not viewed as violent or as physically abusive. Relatedly, adolescents may be less likely to view forms of emotional aggression and controlling behaviors as abusive because they may seem less serious than physical aggression. For example, Baker and Helm (2010) reported that some adolescents viewed behaviors such as monitoring and “stalking” as “irritating” rather than abusive. Second, adolescents may view some forms of emotional and relational aggression as signs of love, particularly if the behaviors are infrequent or perceived as low in intensity. In the present study, several adolescents felt that jealousy and controlling types of behaviors can be expressions of strong romantic interest (i.e., jealousy can be a sign of love). This is consistent with other qualitative studies of youth suggesting that adolescents sometimes confuse aggression as a sign of love and commitment (Johnson et al., 2005; Sullivan et al., 2010). Information – a key component of the IMB model (Fisher & Fisher, 1992; Fisher et al., 2003) – can correct misperceptions about the seriousness of emotional abuse and controlling behaviors, as well as the idea that these behaviors may be signs of love.

Another reason that some adolescents may have difficulty in identifying unhealthy behaviors might be that childhood experiences have led them to have a distorted view of and higher tolerance for jealousy, anger and controlling behaviors. Previous research suggests adolescents who have been exposed to violence during childhood are more likely to engage in and have greater tolerance for dating violence (Foshee et al., 1999; Gover et al., 2008). It is also possible that insecure parent-child attachment places adolescents at greater risk for accepting unhealthy relationship behaviors, including dating violence. A systematic review of the literature shows that insecure parent-child attachment predicts both aggression perpetration and victimization in adolescent romantic relationships (Capaldi et al., 2012). Both experiencing abuse from parents and watching interparental conflict are associated with insecure attachment styles among children (Capaldi et al., 2012); this may initiate a trajectory of unhealthy relationships that could continue into adolescence.

A subset of adolescents in the present study also reported that it could be difficult to leave a relationship they recognize as unhealthy. Past research shows that adolescents often have difficulty dissolving an abusive relationship (Banister et al., 2003). It may be especially difficult for adolescents to leave abusive relationships that are meeting social needs (e.g., intimacy, sexuality) and also have positive characteristics. Research shows that positive and negative behaviors are often both present within relationships (Giordano et al., 2010; Viejo et al., 2015). The IMB model identifies both motivation and skills as necessary for

engaging in healthy behaviors (Fisher & Fisher, 1992; Fisher et al., 2003), such as leaving an unhealthy relationship. Adolescents who experience both positive and negative relationship characteristics may not be sufficiently motivated to leave their relationship. Adolescents with insecure attachment styles who are having their sexuality social needs met also may not be sufficiently motivated to leave their relationship; unhealthy relationship characteristics might be perceived as normative. In addition to sufficient motivation, skills are also necessary for leaving an unhealthy relationship. Adolescents who have little experience with intimate relationships might struggle to ascertain the best means of ending a relationship.

Responses to the *But He Loves Me* survey revealed that adolescents who were concerned about a “real life” friend’s involvement in a potentially abusive relationship possessed more tolerant attitudes towards partner behaviors that could lead to abuse (e.g., “If I don’t respond quickly to my partner’s calls or texts, I deserve for my partner to be angry with me.”). A large body of research shows that having friends who are perpetrators or victims of dating violence is strongly associated with adolescent’s own experiences with dating violence (Arriaga & Foshee, 2004; Foshee et al., 2013; Garthe et al., 2017). It is possible that adolescents who are concerned about a “real life” friend are more likely to be in or to have experienced an abusive relationship themselves. Their own experiences may lead them to feel concern when they recognize similar experiences within their friends’ relationships. Feelings of concern may coexist with tolerant attitudes towards emotional/relational forms of dating abuse, perhaps due to these behaviors being viewed as normative within one’s social circle. It is also possible that adolescents are more tolerant of controlling behaviors within their own relationships than within the context of a friend’s relationship. The IMB model (Fisher & Fisher, 1992; Fisher et al., 2003) highlights the importance of social context and norms in feeling motivated to choose healthy behaviors. Peer-based relationship education and dating violence prevention programming may help to establish healthy relationship norms and promote bystander behaviors (i.e., intervening when one observes unhealthy patterns in a friend’s relationship).

Responses to the *But He Loves Me* survey also revealed that adolescents who recognized the potential danger of Devon and Isabella’s relationship felt greater motivation and self-efficacy to intervene if they were to observe a similar situation within a friend’s relationship. It is unclear whether adolescents who recognized the potential danger of controlling behaviors in a relationship had greater motivation and self-efficacy to intervene in similar situations prior to watching the video vignette, or whether the vignette helped to enhance motivation and self-efficacy to intervene among adolescents who recognized the danger of controlling behaviors. Thus, it remains to be seen whether the video vignette, *But He Loves Me*, prompts changes in motivation and skills to leave an unhealthy relationship in addition to serving as a conversation catalyst.

Implications and Future Directions

Prevention programming grounded in theory can be tailored to address adolescents’ perceptions of healthy and unhealthy romantic relationships. Health educators can begin by querying adolescents about their perceptions. Consistent with the IMB model of risk reduction (Fisher & Fisher, 1992; Fisher et al., 2003), health educators can confirm

perceptions of positive and negative relationship characteristics that are consistent with delineations made within family social science, developmental psychology, and related fields. Health educators can also acknowledge the complexity of feelings that adolescents may experience when in a relationship. They can prepare adolescents for the possibility that some relationships may be characterized not only by healthy attributes – such as feelings of love and intimacy – but also by unhealthy attributes, such as feelings of jealousy and an urge to control the behavior of one's partner. The healthy and unhealthy characteristics that health educators explore with adolescents can be guided by adolescents' responses, both initially and over the course of education. The present study focused on two unhealthy relationship characteristics that may be warning signs of a potentially abusive relationship: jealousy and controlling behavior. In addition to these potential warning signs, health educators should acknowledge other behaviors that may be warning signs of abuse. These behaviors include pressure for commitment after a brief period of involvement; expectations of perfection; not respecting a partner's privacy; isolating a partner from friends, family, and other resources; blaming a partner for one's problems and feelings; and hypersensitivity (City of Portland Police Bureau, n.d.; Short et al., 2000).

Because evidence suggests that healthy and unhealthy attributes may co-occur in romantic relationships, prevention efforts should not exclusively focus on helping adolescents to identify abusive behaviors. Rather, prevention programs should additionally strengthen adolescents' self-efficacy and skills in building healthy romantic relationships. Adolescents themselves have suggested that prevention programs should focus less on dating violence and more on how to identify, cultivate, and maintain healthy relationships (Sears et al., 2006). Furthermore, a recent meta-analysis of 23 school-based dating violence prevention programs found that programs were effective in improving adolescents' awareness and attitudes towards dating violence but did not significantly affect victimization or perpetration rates (De La Rue et al., 2017). This suggests that interventions that focus on promoting awareness and intolerance of violence may be limited in creating behavioral change. These types of prevention programs may benefit from incorporating skill-building activities that promote healthy romantic relationships among adolescents. The IMB model (Fisher & Fisher, 1992; Fisher et al., 2003) posits that individuals need skills in addition to knowledge and motivation to make healthy choices. Findings of the present study suggest that adolescents may benefit from learning problem-solving and communication skills that encourage young people to openly communicate with their partners and calmly solve disagreements or conflicts when they arise. This is consistent with research that shows interpersonal skills such as constructive problem-solving and conflict resolution are protective with respect to dating violence (Feldman & Gowen, 1998; Smith-Darden et al., 2017).

One facet of helping adolescents to build healthy romantic relationships is helping them to cope with potentially unhealthy impulses in the context of relationships. Programs can discuss the difference between having a feeling and acting upon that feeling. Adolescents may learn how to identify variations in the intensity of their own feeling and a partner's feelings (e.g., mild jealousy versus something stronger) and how to manage and discuss those feelings rather than act on them in potentially harmful ways. Mindfulness training may be one useful strategy for helping adolescents to identify and manage these types of feelings.

Though the research is limited among adolescents, research with adults indicates that mindfulness (being focused on the present moment; Kabat-Zinn & Hanh, 2009) is positively associated with couple relationship satisfaction through increased ability to engage in self-soothing behaviors and control expressions of anger, particularly hostile anger expression (Wachs & Cordova, 2007).

In addition to improving prevention programming to focus on building healthy adolescent romantic relationships, it may also be useful to teach adolescents strategies for bystander intervention. This may be especially important because adolescents are more likely to disclose dating violence to friends than others (e.g., teachers, parents; Weisz et al., 2007). A study conducted by the Centers for Disease Control and Prevention found that despite widespread opposition to a wide range of abusive behaviors, adolescents still struggled with the concept of intervening in a friend's relationship, particularly in instances of non-physical abuse (Noonan & Charles, 2009). Similarly, a scoping review by Debnam and Mauer (2021) found that one of the barriers to intervention is adolescents' ability to deem a behavior as abusive and in need of intervention. Adolescents are most likely to intervene when they are confident that their intervention is going to have a positive outcome for themselves and the victim. In the present study, data collected through the *But He Loves Me* survey suggests that adolescents may be willing to step in when a friend is experiencing a controlling relationship. Teaching adolescent's effective strategies for intervening may build adolescents' confidence and ability to help or support a friend who is experiencing an abusive relationship. Bystander training might also impact cultural norms, for example in schools, by challenging practices that allow potentially abusive behaviors to occur without intervention.

In addition to having practical implications for prevention programming, the present study also has important policy implications. While public high schools require some form of sex education, this curriculum often does not include information about what constitutes a healthy and unhealthy romantic relationship, skills to manage strong emotions, or bystander training. Required curriculum that includes information about warning signs for potentially abusive relationships, skill-building opportunities to manage strong emotions, and skills for intervening in peers' unhealthy romantic relationships may have a substantial public health impact on preventing teen dating violence.

Strengths and Limitations

Results of the present study should be interpreted alongside study limitations. First, *TeensTalkHealth* participants were a convenience sample comprised primarily of heterosexual female adolescents in one geographic area. Findings may not generalize to male adolescents, adolescents from other geographic areas, and adolescents with other gender identities. Second, data were collected roughly 10 years ago. This limitation is perhaps less of a concern for the study of healthy and unhealthy romantic relationships; characteristics deemed to be "healthy" (e.g., trust, respect) and "unhealthy" (e.g., controlling behaviors) by developmental psychologists and other professionals are likely to remain relatively stable over time. In addition, the *But He Loves Me* video vignette featured a character who constantly "checked in" with his partner via text; texting remains a primary

means of communication among adolescents. Third, adolescents who chose to participate in the study might have been more open to receiving relationship education than those who chose not to participate. This might have created a bias effect where only the voices of adolescents who were interested in the topic of relationship education were captured. Fourth, while the video vignette and corresponding survey were both informed by the IMB model, the message board questions were not. It may be useful for future research to elicit specific responses from adolescents related to key constructs within the IMB model such as information, motivation, and skills. Finally, the *But He Loves Me* survey questions and content of the *Signs of Healthy and Unhealthy Relationships* and *But He Loves Me* discussion posts may have influenced adolescents' responses to discussion questions. While this may be viewed as a limitation, the context in which adolescents provided data may also be viewed as a strength. The present study was innovative in its use of a secure website to collect qualitative data from adolescents, who could interact anonymously with one another through message boards that were part of an intervention. Adolescents selected non-identifying screen names and thus may have perceived fewer barriers to disclosing thoughts about their own romantic relationships.

Conclusion

This study illustrates the importance of understanding adolescents' perceptions of healthy and unhealthy behavior within romantic relationships. Although adolescents could identify healthy and unhealthy characteristics of relationships, some struggled to recognize jealousy and controlling behaviors as unhealthy and potential warning signs of an abusive relationship. Dating violence prevention programming should help adolescents build the skills needed to develop and maintain healthy romantic relationships. Programming should also acknowledge the potential co-occurrence of unhealthy behaviors in relationships. It is important that adolescents learn how to recognize early warning signs of unhealthy relationships, even in the context of intense positive feelings (e.g., love). Adolescents may also benefit from learning skills to successfully manage intense emotions, engage in meaningful conflict resolution practices, and appropriately intervene when a friend is experiencing dating violence. These types of prevention programming enhancements may help adolescents to build and maintain healthy romantic relationships that yield positive youth trajectories, including positive, future romantic relationships.

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Table 1.
Means, Standard Deviations, and Bivariate Correlations between Items on “But He Love Me” Survey.

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9
1. How much did this video interest you? ^a	3.46	1.14									
2. In the past year, how many times were you concerned about a friend's relationship? ^b	3.21	1.28	.11								
If a situation similar to that in the video vignette arose...											
3. How concerned would you be about your friend's relationship? ^a	3.68	0.97	.23 [†]	.25 [†]							
4. How much would you want to talk to your friend about how their partner is acting? ^a	4.14	0.94	.16	.14	.65***						
5. How confident are you that you could tell your friend you are concerned? ^a	4.34	0.96	-.11	.22	.39*	.53***					
6. How would your friend respond if you said, “It should be okay for you both to have your own lives”? ^c	2.06	0.27	.02	.23 [†]	.12	-.02	.14				
7. “I should only spend time with people who my partner likes and trusts.” ^d	2.14	0.79	.05	.08	.08	.07	.13	.14			
8. “If I don't respond quickly to my partner's calls or texts, I deserve for my partner to be angry with me.” ^d	1.50	0.79	.20	.35***	-.17	.00	.11	-.03	.12		
9. “Jealousy and anger can be signs of love.” ^d	2.00	0.92	.09	.25 [†]	.02	-.04	.15	.20	.13	.51***	
10. How many times a day is acceptable for a partner to text or call? ^e	3.06	0.89	.21	.34*	-.20	-.09	.02	-.03	.13	.31*	.09

^aItem responses ranged from 1 (*not at all*) to 5 (*very much*).

^bItem responses ranged from 1 (*never*) to 5 (*five times or more*).

^cItem responses were 1 (*disagree*), 2 (*agree in a way that makes me feel bad*), and 3 (*agree in a way that makes me feel good*).

^dItem responses ranged from 1 (*strongly disagree*) to 5 (*strongly agree*).

^eItem responses ranged from 1 (*less than once a day*) to 5 (*7 or more times a day*).

[†]p<.10

*p<.05

**p<.01

***p<.001