

Healthy Teen Relationships: Expert Recommendations to Improve Research and Practice on Adolescent Dating Relationships

Robert Wood Johnson Foundation Expert Convening
November 17-18, 2011
Centers for Disease Control and Prevention
Atlanta, GA

Table of Contents

- EXECUTIVE SUMMARY 3
- 1. INTRODUCTION 8
- 2. MEETING HIGHLIGHTS 10
- 3. RECOMMENDATIONS FROM MEETING PARTICIPANTS 17
- 4. SUGGESTIONS FOR NEXT STEPS 22
- Appendix A: Meeting Agenda 23
- Appendix B: Breakout Activity Instructions, Assignments, and Questions 27
- Appendix C: Participant Biographies 29
- Appendix D: Organizational Biographies 43

EXECUTIVE SUMMARY

Participation in romantic relationships is regarded as a significant, normative step in adolescent development.¹ However, for approximately 10-20% of young people, these relationships can be unhealthy, exposing them to physical,² psychological,³ verbal, or sexual abuse at the hands of their romantic partners. Even young “tweens” between the ages of 11 to 14 can be exposed to verbal or physical abuse in dating relationships.⁴ With this in mind, health practitioners need to direct dating violence prevention strategies at young people before they enter the tween years, and these strategies must teach youth the skills they need to engage in healthy relationships.

To date, experts from two distinct topic areas, adolescent development and teen dating violence prevention, have dominated research and practice on adolescent dating relationships. Historically, these two groups of experts have not collaborated with each other, leading to siloed relationships among those working in this field. Both groups of experts agree that a developmentally appropriate definition of healthy teen relationships is strongly needed to improve research and inform strategies related to adolescent dating violence prevention. Until a definition is developed, dating behavior among young people will be defined by adult standards and the unique developmental characteristics of adolescent dating behaviors will be overlooked or misinterpreted.

The Robert Wood Johnson Foundation (RWJF) is a philanthropic leader in supporting research, practice, and policy in adolescent health and teen dating violence prevention and intervention. The foundation understands the need to bring experts from adolescent development and teen dating violence prevention together to discuss ways to define adolescent relationships from a strengths-focused perspective. This report synthesizes discussions from an RWJF-sponsored expert convening on *Healthy Teen Relationships: Expert Recommendations to Improve Research and Practice on Adolescent Dating Relationships*. The ground-breaking meeting brought together for the first time 48 national experts in teen dating violence prevention and adolescent development to discuss qualities and skills associated with healthy teen relationships. In addition, meeting participants identified strategies to inform a process to create that definition and shared suggestions to address limitations of existing research on adolescent relationships.

The meeting took place at the Centers for Disease Control and Prevention (CDC) in Atlanta, GA, on November 17-18, 2011. Led by co-chairs Bonnie Halpern-Felsher of the University of California, San Francisco, and Howell Wechsler of the Centers for Disease Control and Prevention, meeting participants included researchers, practitioners from school, community, and clinical settings, leaders of national organizations, and funders.

¹ Collins, A.W., Welsh, D.P., & Furman, W. (2009). Adolescent romantic relationships. *Annual Reviews of Psychology*, 60: 631-650.

² Centers for Disease Control and Prevention. Youth risk behavior surveillance – United States, 2009. Surveillance Summaries, June 4, 2010. MMWR 2010; 59(No. SS-5).

³ Halpern, CT, Oslak, SG, Young, ML, Martin, SL, & Kupper, LL (2001). Partner violence among adolescents in opposite-sex romantic relationships: Findings from the National Longitudinal Study of Adolescent Health. *American Journal of Public Health*, 91(10): 1679-1685.

⁴ *Tween and Teen Dating Violence and Abuse Study*, Teenage Research Unlimited for Liz Claiborne Inc. and the National Teen Dating Abuse Helpline. February 2008. <http://www.loveisnotabuse.com/pdf/Tween%20Dating%20Abuse%20Full%20Report.pdf>.

The forum objectives were:

- To build a shared understanding of the cognitive, behavioral, and psychological aspects of healthy teen relationships among young people;
- To develop a universal definition of “healthy teen relationships” and discuss how this definition can be used to improve the measurement of healthy teen relationships moving forward⁵;
- To discuss measurement issues related to adolescent dating relationships;
- To discuss on-the-ground challenges practitioners face in defining healthy teen relationships, including issues related to data collection and data capacity; and
- To inform next steps for researchers, practitioners, and policymakers to follow to help those groups apply a universal definition.

Recommendations from Meeting Participants

The participants recommended a collaborative process to shape the definition of healthy teen relationships. The process is comprised of the formation of working groups consisting of young people, parents/caregivers, researchers, community practitioners, and funders, who can offer their knowledge and expertise. In particular, youth ought to guide the descriptions of healthy teen relationships so that the definition uses language that resonates with young people today. In addition, the working groups ought to include representatives from the National Institute of Justice (NIJ) and the Centers for Disease Control and Prevention (CDC) who can share knowledge from their agencies’ adolescent health projects to inform the definition. To stimulate working-group discussions, the meeting participants offered two alternatives to a universal definition. Also, they recommended that a consistent definition of “adolescence” be applied across studies to improve the way adolescent dating behaviors are measured.



⁵ Note: On Day 1 of the meeting, the thought leaders concluded that a definition of healthy teen relationships could not – and *should* not – be created unless young people actively participated in the process to develop that definition. Therefore, they shifted the focus of their discussions to describe a process that could be used to create that definition.

Include diverse youth perspectives to inform the development of a definition of healthy teen relationships

The participants recommend that working groups review existing evidence on adolescent dating relationships, generate ideas about how those relationships can be defined, and offer suggestions to address research limitations related to the study of adolescent dating relationships. The experts emphasized the groups' need to include a representative mix of young people, including members from under-represented groups, so that conversations about healthy relationships are informed by different youth perspectives and experiences. In addition, researchers and practitioners might conduct interviews, focus groups, and/or web conversations with young people to create spaces to define what a “healthy relationship” means to them -- and determine whether they even call them “healthy relationships.”

The experts discussed that it can be challenging to identify or recruit youth leaders for this process. The leaders need to be viewed by their peers as credible healthy relationship sources and not perceived as “outsiders” to those they want to influence. To do this well, the thought leaders noted the importance of conducting a scan of effective community-based practices that identify and recruit influential youth leaders in advancing healthy behavior.

Empower youth to lead decisions about the language and tools used to promote healthy relationships

If youth are empowered to offer suggestions about wording and language to define healthy teen relationships, then they might inform the development of a definition that is meaningful, age-appropriate, and culturally relevant to most youth. Also, young people can offer ideas about how healthy relationship messages can be shared with their peers. These messages need to be presented in ways that are clear for adolescents of all ages and literacy levels. Ideally, these messages ought to be shared with youth through tools they know and use, such as Facebook or Blackberry instant-messaging.

Advance thinking about healthy teen relationships by learning from federal-agency projects on adolescent health

The National Institutes of Justice (NIJ) and the Centers for Disease Control and Prevention (CDC) lead projects on adolescent health that may inform the definition of healthy teen relationships. For example, the NIJ, along with its partners in the Federal Interagency Workgroup on Teen Dating Violence, funds a concept-mapping project that aims to generate new ideas about how youth communicate about dating relationships.⁶ The CDC funds and directs the administration of the Youth Risk Behavior Survey (YRBS), a widely used surveillance tool on adolescent health. The CDC also leads DELTA (the Domestic Violence Prevention Enhancement and Leadership Through Alliances), a multi-site initiative that supports the development of intimate partner violence prevention strategies at the individual, relational, local,

⁶ <http://www.nij.gov/topics/crime/intimate-partner-violence/teen-dating-violence/research-agenda.htm>

and state levels. The CDC also collaborated with adolescents to create a widely used definition of “sexual health.”⁷

The meeting participants recommended that representatives from the NIJ and CDC be included in healthy-relationship working groups so they can share lessons learned from their agencies’ experiences with youth engagement and create opportunities to garner knowledge about healthy teen relationships from members of the CDC’s DELTA network. Furthermore, working groups can engage CDC members in discussions about ways in which the YRBS items on adolescent dating violence might be improved.

Use healthy relationship qualities and skills and a continua approach to begin to define healthy teen relationships

Throughout the meeting, the experts discussed the challenge of creating a universal definition of healthy relationships that would apply to all adolescents. They acknowledged that such a definition might not be feasible within the 1.5-day timespan with the limited number of experts who were present at the meeting. Therefore, they discussed the relationship qualities and skills associated with healthy teen relationships, which they think need to be included in a multi-dimensional definition of healthy teen relationships. Examples of relationship qualities included companionship, support, trust, and respect. Individual skills included conflict resolution, time management, or demonstrating empathy. In addition, the experts discussed the using different continua to describe “healthy” and “unhealthy” behaviors in adolescent dating relationships. For example, one continuum might represent “communication skills” and include “discussing emotional topics in in-person conversations (rather than text messages)” on the right, “healthy,” side of the spectrum and “sending texts with threatening language” on the left, “unhealthy,” side of the continuum. A rating system could assign higher scores for healthy behaviors and lower scores for unhealthy ones.



Apply a consistent definition of adolescence across studies and broaden the age range of adolescence to include young adults

Research on adolescent dating behavior will be improved by having not only a new definition of healthy relationships, but also a clearer, consistently applied definition of “adolescence.” Data comparisons across research studies on adolescent dating behavior are limited by the inclusion of differently aged adolescent samples. Existing research categorizes adolescence into early,

⁷ <http://www.cdc.gov/sexualhealth/>

middle, and late adolescence. The experts see an opportunity to broaden the age range of adolescence to add a fourth category of young adults, which includes people in their early 20s who might live at home with parents and lack financial independence. A caveat to adding this fourth category is that it might apply mostly to white, middle and upper class youth, and thus lack relevance to other cultural groups.

Suggestions for Next Steps

The experts determined that a comprehensive literature review of research on adolescent dating relationships is needed to summarize “healthy relationships” and “adolescence” definitions across studies. Also, this review would synthesize information about how effective practitioners describe and promote healthy teen relationships, including the methods they use to recruit youth leaders and engage youth participants in teen dating violence prevention programs.

As previously stated, the thought leaders recommend that national working groups comprised of youth, parents/caregivers, researchers, community practitioners, funders, and representatives from the NIJ and CDC. As a starting point, the working groups might respond to the literature review to discuss different definitions of healthy teen relationships and identify areas in need of additional research and discussion.

1. INTRODUCTION

Participation in romantic relationships is regarded as a significant, normative step in adolescent development.⁸ However, for some youth, these relationships are unhealthy, exposing them to physical, psychological, verbal, or sexual abuse at the hands of their romantic partners. According to the 2009 Youth Risk Behavior Survey (YRBS), a national survey of adolescent health and risk behaviors conducted by the Centers for Disease Control and Prevention (CDC), approximately 10 percent of adolescents in grades 9 through 12 reported being victims of physical violence in romantic relationships during the previous year.⁹ Similarly, findings from the National Longitudinal Study of Adolescent Health (also known as Add Health), suggest that two in ten adolescents were psychologically abused, and three in ten were verbally abused in their dating relationships.¹⁰ Sadly, relationship violence is reported even among young “tweens” between the ages of 11 to 14. One in five tweens say their friends are victims of dating violence, and two in five of the youngest tweens, ages 11 and 12, report that their friends are victims of verbal abuse in dating relationships.¹¹ With this in mind, health practitioners need to direct dating violence prevention strategies at young people before they enter the tween years, and these strategies must teach youth the skills they need to engage in healthy relationships.

A major issue in the study of adolescent dating relationships is the lack of a developmentally appropriate definition of “healthy teen relationships” describing normative adolescent dating behavior. Until a definition is developed, dating behavior among young people will be defined by adult standards, and the unique developmental characteristics of adolescent dating behaviors will be overlooked or misinterpreted.

To date, research and practice on adolescent dating relationships have been dominated by two distinct groups. One group consists of adolescent development experts who study relationship behaviors within a wide developmental context, placing equal value on how healthy and unhealthy behaviors may emerge as normative responses during adolescence. The second includes teen dating violence prevention experts, who focus on correlates and outcomes of unhealthy, violent relationship behavior among adolescents. This group is known for developing and evaluating some of the most widely used teen dating violence prevention programs used in the U.S., such as Safe Dates¹² and the Fourth R.¹³ Both of these groups recognize the strong need to apply their joint knowledge to create a definition of healthy teen relationships.

⁸ Collins, A.W., Welsh, D.P., & Furman, W. (2009). Adolescent romantic relationships. *Annual Reviews of Psychology*, 60: 631-650.

⁹ Centers for Disease Control and Prevention. Youth risk behavior surveillance – United States, 2009. *Surveillance Summaries*, June 4, 2010. MMWR 2010; 59(No. SS-5).

¹⁰ Halpern, CT, Oslak, SG, Young, ML, Martin, SL, & Kupper, LL (2001). Partner violence among adolescents in opposite-sex romantic relationships: Findings from the National Longitudinal Study of Adolescent Health. *American Journal of Public Health*, 91(10): 1679-1685.

¹¹ *Tween and Teen Dating Violence and Abuse Study*, Teenage Research Unlimited for Liz Claiborne Inc. and the National Teen Dating Abuse Helpline. February 2008. Available at <http://www.loveisnotabuse.com/pdf/Tween%20Dating%20Abuse%20Full%20Report.pdf>.

¹² Foshee, V., and Langwick, S. (2011). Safe Dates: The fourth step to preventing dating violence. Accessed at www.respect-works.com/safe-dates.

¹³ Wolfe, D. (2011). The Fourth R: A relationship-based program for Grade 10 English. Accessed at www.toolsforchange.ca/resources/summaries/Fourth_R_Grade_10_English_Resource.html.

The Robert Wood Johnson Foundation (RWJF) is a philanthropic leader in supporting research, practice, and policy in adolescent health and teen dating violence prevention and intervention. On November 17-18, 2011, RWJF sponsored an expert convening entitled *Defining Healthy Teen Relationships: Exploring the Process and Possibilities to Describe Adolescent Dating Relationships*. This ground-breaking meeting brought together for the first time 48 national thought leaders in the areas of adolescent development and teen dating violence prevention to jointly explore the state of healthy teen relationships. Meeting participants discussed the need for a definition of healthy teen relationships; initiated a process to for that definition; and shared ideas to address limitations of existing research on adolescent relationships.

Over the course of two days, participants shared case studies and presentations; met in small and large groups; raised questions about research methodology and terminology; and offered recommendations RWJF can follow to advance research and practice in the field. As stated by Kristin Schubert of the Robert Wood Johnson Foundation, “This is a ground-breaking meeting because it is the first time we are bringing experts from teen dating violence prevention and healthy teen relationships together. Finally, these groups can come together to discuss what we know is so sorely needed in the field: a definition of ‘healthy teen relationships.’” This report synthesizes discussions and recommendations from that meeting.

2. MEETING HIGHLIGHTS

Background, Planning, and Agenda

Advisory Team

Using a collaborative process, Laura Leviton and Kristin Schubert of the Robert Wood Johnson Foundation and the OMG Center for Collaborative Learning undertook a 10-month planning process to draft meeting goals, share ideas about the meeting agenda, and identify speakers and participants. Also, this group selected two co-chairs for the meeting: Bonnie Halpern-Felsher, Professor of Medicine at the University of California San Francisco, and Howell Wechsler, Director of the Division of Adolescent and School Health within the Division of Injury and Violence Prevention at the Centers for Disease Control and Prevention.

Forum Objectives

Early planning established the following forum objectives:

- To build a shared understanding of the cognitive, behavioral, and psychological aspects of healthy teen relationships among young people;
- To develop a universal definition of “healthy teen relationships” and discuss how this definition can be used to improve the measurement of healthy teen relationships moving forward;
- To discuss measurement issues related to adolescent dating relationships;
- To discuss on-the-ground challenges practitioners face in defining healthy teen relationships, including issues related to data collection and data capacity; and
- To inform next steps for researchers, practitioners, and policymakers to follow to help those groups apply a universal definition.

Participants and Agenda

The meeting’s original goal was to convene 48 national thought leaders in adolescent development and teen dating violence to create a developmentally appropriate definition of “healthy teen relationships” that could be used to guide research and practice on adolescent dating relationships. In addition to the two co-chairs and advisory committee members, the meeting brought together 12 speakers, who represented a mix of community-based practitioners, researchers, funders, and advocates and were identified as leaders in their fields. Biographic sketches of the participant thought leaders are in Appendix C. Information about the participants’ organizations are provided in Appendix D.



The agenda, which is presented in Appendix A, included presentations, break-out groups, large group discussions, and a culminating large-group recommendation and next steps discussion. Break-out group topics and assignments are provided in Appendix B.

Meeting Location

Along with RWJF, the CDC is a leader in bringing experts in adolescent development and teen dating violence prevention together to define healthy teen relationships. Strong interest from its National Center for Injury Prevention and Control (NCIPC) influenced the co-chairs' and advisory committee's decision to house the meeting at the CDC's Chamblee campus in Atlanta, GA. Of the 48 thought leaders at this meeting, 14 were CDC staff members from its National Center for Injury Prevention and Control.

Framing the Meeting: Advancing the Field by Defining Healthy Teen Relationships

The forum got underway with welcome comments from representatives from RWJF and the CDC. Kristin Schubert of RWJF emphasized the ground-breaking opportunity this meeting offered by bringing different experts together to develop a definition of healthy teen relationships. Linda Degutis and Howard Spivak of the CDC each conveyed their organization's interest in helping the fields of adolescent development and teen dating violence prevention work together to create a strengths-focused definition of "healthy teen relationships."

Co-chairs Bonnie Halpern-Felsher and Howell Wechsler next framed the forum discussions.

Halpern-Felsher presented participants with an important charge: To have discussions that can advance the practice, research, and policy decisions relevant to the promotion of healthy teen relationships. She noted the importance of viewing adolescent dating behavior through a developmental lens, so those behaviors are viewed relative to what is expected of adolescents today. In addition, Halpern-Felsher emphasized the need to appreciate how adolescent relationships might differ by race, culture, and ethnicity.

"What does a healthy relationship look like from a teen's perspective? How does it differ from a healthy adult relationship? How does it vary by race, culture, and ethnicity? How do we measure it and study it? Finding answers to these questions is our charge during this meeting."

***Thought Leader Bonnie Halpern-Felsher,
University of California, San Francisco***

Wechsler added that the meeting's discussions have potential to inform CDC actions as well. He stated, "What we discuss today can inform CDC goals, our expected program outcomes, the types of technical assistance we provide, what we fund, what we and our partners put on our websites, and what we want to capture with our surveillance systems and evaluations." He also reminded participants to keep the meeting's conversations relevant to this generation of youth by considering how they use multimedia, such as Facebook, to share personal information.

Day 1 Morning: Adolescent Relationships in Context

The first morning focused on creating the groundwork for describing adolescent romantic relationship behavior within a developmental context. Presentations by Bonnie Halpern-Felsher and Wyndol Furman, Professor of Psychology at the University of Denver, described the normative cognitive, psychosocial, and biological changes that often emerge during adolescence and affect the way young people behave in dating relationships.

In general, young people's cognitive thinking becomes more abstract and less concrete as they enter adolescence, and this helps them consider options and consequences before making decisions. As an example, for adolescents, there are benefits and downsides to initiating a relationship. They develop the ability to take into account others' views when making decisions. However, this ability makes them more susceptible to peer pressure. Unfortunately, brain structural aspects believed to be responsible for decision-making and impulse control are not yet fully developed until young adulthood, so, biologically, adolescents typically are ill-equipped to resist impulse when making decisions. Socially, adolescents become more attached to their peers during the adolescent years and therefore are more influenced by them. Girls and boys who have good friendships and supportive peer groups are more likely to engage in "healthy" romantic relationships during adolescence. With this in mind, strategies to increase "healthy" adolescent romantic relationship behavior might include the use of positive peer pressure supporting those healthy behaviors.

A commentary by Jennifer Connolly, Professor of Psychology at York University, followed these presentations and highlighted the need to appreciate how contextual elements interact with each other to introduce either stress or support in an adolescent's life. When an adolescent experiences too much stress, such as homework demands, family conflict, and peer pressure to engage in unwanted activity, decision-making and behavior can be compromised and unhealthy relationship behaviors may emerge. Connolly added that adolescence is divided into three distinct phases of early, middle, late adolescence, and each of these phases is marked by different behaviors and expectations. What is considered "healthy" behavior in one stage of adolescence might not be considered "healthy" in another. With this in mind, one definition of "healthy teen relationships" might not apply to adolescents across the three phases.

A Shift in Focus: Revising the Meeting Goals to Explore the Process and Possibilities to Define Healthy Teen Relationships

Mid-way through the first morning, the thought leaders concluded that they could not create a universal definition within the 1.5-day timespan with the limited number of experts who were present at the meeting. First and foremost, the experts decided that no definition of "healthy teen relationships" could – or *should* -- be developed without active youth engagement. Youth need to inform the definition with their ideas and personal perspectives on relationships. Furthermore, the experts determined that a collaborative process ought to create that definition that includes not only youth, but also parents/caregivers, researchers, community practitioners, and funders.

Day 1 Afternoon: Addressing Limitations of Research on Adolescent Dating Behaviors

How measurement of adolescent dating behaviors, including those related to teen dating violence, can be improved was the focus of Day 1. Emily Rothman, Associate Professor in Community Health Sciences at Boston University, highlighted the limitations of using the Youth Risk Behavior Survey (YRBS) to measure exposure to adolescent dating violence. This popular survey instrument is used to monitor adolescent risk behaviors among samples of youth in the 9th through 12th grades. Shari Miller, Research Scientist at the Research Triangle Institute, highlighted opportunities to improve research on adolescent dating behavior.

Limitations of Using the Youth Risk Behavior Survey to Study Adolescent Dating Behaviors

Findings from the YRBS have been used since 1991 to document prevalence rates of adolescent dating violence among high-school-aged youth in the U.S. As presented by Emily Rothman, the YRBS is limited because its items on adolescent dating violence exposure use wording that focuses on exposure to physical violence alone, overlooking other forms of violence that could impact an adolescent's life. For example, one item asks respondents: "Have you been hit, slapped, kicked or punched by a boyfriend or girlfriend in the past year?" This item focuses only on exposure to physical violence and does not ask about exposure to acts of verbal, sexual, or psychological violence, such as being followed by a partner or receiving excessive numbers of unwanted text messages. Also, it does not measure exposure to violence outside of the one-year timeframe. Youth who were exposed to physical violence at the start of that 12-month timeframe may have difficulty recalling those events nearly 12 months later.



In her commentary to these presentations, Carrie Mulford, Social Science Analyst from the Department of Justice, emphasized the field's need to consider new language to describe "teen dating violence," and noted that teens should have a role in determining the language used. Furthermore, Mulford proposed that surveillance tools ask young people about their relationships and exposure to violence more often than once a year. This is important since young people might respond very differently about their relationship at different points in their relationship, such as at a high point in the relationship versus right after a breakup.

Needed Improvements in the Study of Adolescent Dating Behavior

Creating a definition of healthy teen relationships is important to improve the way adolescent dating behaviors are measured. Thus, Shari Miller provided several suggestions to address challenges related to research on adolescent dating relationships. First, Miller underscored the need to include adolescents in developing the research methods and terminology that are used to

study teen dating behavior. Young people’s ideas are important to the development of measures that ask relevant questions about adolescent dating relationships and use language that resonates with young people today. Second, most adolescent dating behavior research is based on white, middle class, suburban, heterosexual samples of high school-aged youth. More studies are needed with samples of under-represented youth, including middle school-aged youth, adolescents of color, lesbian/gay/bisexual/transgendered/questioning (LGBTQ) youth, and young people from low-income backgrounds. Third, much of the research on adolescent dating behavior relies on self-report data or findings from measures that ask youth about their friends’ experiences (i.e., “Have any of your friends been hit, kicked, slapped, or punched by someone they dated?”). Because peer influence is so critical during adolescence, researchers often deduce that experiences that are reported for youths’ peers are likely experienced by the youth themselves. Data from self-report and “friend” measures can lack reliability because they are based on subjective judgment. Whenever possible, researchers are encouraged to compare the reliability of these data with additional sources of information, such as findings from social networking analysis or parent and teacher ratings of adolescent social behavior. Finally, more longitudinal studies on adolescent dating behavior that track behaviors over time are needed.

Day 1 Afternoon: Break-out Groups -- Exploring Healthy Relationships Qualities and Skills

Day 1 concluded with break-out groups that identified relationship qualities and individual skills that are associated with healthy teen relationships. These sessions helped lay the foundation for closing discussions on recommendations, which took place the following day. For break-out group instructions and group assignments, see Appendix B.

Day 2: Community-based Examples that Promote Healthy Teen Relationships

Community-based examples that promote healthy teen relationships were the shifted focus of Day 2. These highlighted how healthy teen relationship education can take place in different settings, such as communities, schools, and health clinics. Also, since teens are the target of healthy behavior change, the examples illustrated the importance of using youth leadership to craft and deliver positive messages about romantic relationships. Youth leaders also can help decide which language, images, and communication tools to use to share messages about healthy relationships in developmentally and culturally appropriate ways.

“We often look at youth as victims and perpetrators of dating violence, but they are also the solutions to dating violence. Empowering them to be involved in discussions about healthy relationships is critical.”

*Thought Leader Casey Corcoran,
Start Strong Boston*

Community-based examples described successful healthy relationship educational programs at the state-, city-, and school-district levels. *Start Strong: Building Healthy Teen Relationships (Start Strong)* is an RWJF-funded initiative that supports 11 community partnerships across the

country to promote healthy relationship behaviors among 11- to- 14-year-olds and empower young people as ways to prevent teen dating violence. Start Strong sites use innovative strategies to: Educate and engage youth in schools and out of school settings; educate and engage teen influencers such as parents/caregivers, teachers and other mentors; change policy and environmental factors to support healthy teen relationships; and implement effective communications/social marketing strategies on healthy relationships.¹⁴

Representatives from two Start Strong sites, Idaho and Boston, described state- and city-level partnerships that promote healthy relationships among young people. Kelly Miller, Executive Director for the Idaho Coalition Against Sexual & Domestic Violence, represented Start Strong Idaho and Casey Corcoran, Director of Start Strong Boston, discussed how their partnerships trained youth leaders to teach young people about healthy relationships in schools and community centers, respectively. In Idaho, one teen leader oversaw the process to recruit and hire additional youth mentors. She wrote the job application for the youth mentor position and interviewed candidates. Site youth leaders designed and drafted developmentally appropriate communications tools that were shared with parents/caregivers and other young people to promote healthy relationships. In Boston, teens came up with an idea to use a “Sound Relationship Label” as a way to get teens talking about dating relationships. This label is like a food label, only it includes categories for ingredients for healthy and unhealthy relationships. The categories were created by teens at the Boston Start Strong site.

At the school-district level, Lori Vollandt, Coordinator of Health Programs for Los Angeles Unified School District (LAUSD), described how, in LAUSD, “health education is under attack to make time for reading and math. English, math, and science teachers are not skilled to teach health education.” Therefore, that school district trained student leaders to speak to other students about what healthy relationships look like, using language they know and understand. For broader impact, LAUSD partnered with *Peace Over Violence*, a Los Angeles-based violence prevention center dedicated to building healthy relationships, to implement the *Safe Dates* healthy relationships curriculum in two of its middle schools and adopt a district-wide teen dating violence prevention policy.

In addition to communities and schools, health clinics serve as sites for healthy teen relationship education. Elizabeth Miller, Chief of Adolescent Medicine at Children’s Hospital of Pittsburgh, described how health care providers in adolescent health clinics currently ask adolescents about relationship violence, intervene when necessary, and educate young people about healthy relationships. Miller described a pilot project in California health clinics that involved giving “safety cards” to adolescent clients. These cards include questions adolescents can use to ask themselves whether they are in an



¹⁴ <http://www.startstrongteens.org>

abusive relationship. The cards also include educational statements about healthy relationships and identify places youth can go for support and resources. The language used on these cards was vetted by middle and high school kids in LAUSD, young people in foster care, and LGBTQ youth.

Day 2: Reflections and Recommendations

Following these presentations, Vangie Foshee, Professor of Health Behavior and Health Education at University of North Carolina – Chapel Hill, and Erica Monasterio, Clinical Professor of Adolescent and Young Adult Medicine at the University of California - San Francisco, led discussions about these community-based examples. Taking cues from effective strategic communications strategies, these discussions further emphasized the need to give youth leadership roles in developing healthy relationship programs and communications tools so they use language and images that resonate with teens. They also discussed the importance of recruiting youth leaders who are viewed by youth as credible messengers about healthy relationships. Finally, they raised the possibility of creating alternatives to using a universal definition. These alternatives included identifying relationship qualities and fundamental skills relevant to managing a healthy adolescent romantic relationships, and/or designing a continuum of healthy and unhealthy teen dating behaviors. Main points from these discussions are provided in the Recommendations section of this report.

The forum concluded with reflections on next steps and recommendations. A synthesis of this discussion can be found in the next section of this report.

3. RECOMMENDATIONS FROM MEETING PARTICIPANTS

The participants laid the groundwork in describing a collaborative process that RWJF and other leaders can follow to build a definition of healthy teen relationships. This process includes the formation of working groups that include young people, parents/caregivers, researchers, community practitioners, and funders, who can offer their knowledge and expertise to shape the definition of healthy teen relationships. Including youth members in these working groups is necessary to ensure that the definition uses language and tools that are known and used by young people today. The thought leaders also suggested that the working groups include representatives from the NIJ and CDC so they can learn from those agencies' experiences in engaging youth to define adolescent health concepts; garner knowledge about healthy teen relationships from a network of community- and state-level partners in dating violence prevention; and, ideally, discover ways to improve the adolescent-dating items on the YRBS. They listed relationship qualities and skills, which they hope will be incorporated into the definition of healthy teen relationships and offered an alternative to a universal definition. Finally, they recommended that a consistent – and perhaps expanded -- definition of adolescence be applied to the study of adolescent dating behaviors to improve research quality.

Include diverse youth perspectives to inform the development of a definition of healthy teen relationships

The participants recommend that working groups, or committees, be formed that will review existing evidence on healthy teen relationships, brainstorm ideas to define healthy relationships, and discuss next steps to address research gaps in this topic area. Members of these groups ought to include young people as well as parents/caregivers, researchers, practitioners, educators, and funders. Because existing research on adolescent dating relationships includes mostly white, middle class, suburban, high school-aged populations, an opportunity exists to include a diverse group of youth in these groups, including young people from under-represented groups, so that conversations about healthy relationships are informed by different youth perspectives and experiences. Furthermore, the thought leaders underscored the need to allow youth opportunities to lead discussions in these working groups so they feel valued and respected in the collaborative process to define healthy adolescent relationships.

“How do you know what youth need? Ask them.”

*Thought Leader Erica Monasterio,
University of California, San Francisco*

Historically, adolescents have not been included in the development of research tools and language used in the study of adolescent romantic relationships.¹⁵ The examples from Start Strong, LAUSD, and California health clinics highlight how youth leaders were invited to collaborate with researchers and practitioners to play significant roles in choosing the language and images used to promote healthy relationships. In the community and school sites, youth also designed and administered educational lessons about healthy relationships, and, in doing so, created programs that were popular among youth. Based on the successes from these examples,

¹⁵ <http://www.nij.gov/topics/crime/intimate-partner-violence/teen-dating-violence/research-agenda.htm>

more opportunities are needed that allow youth to share ideas about healthy relationships with experts who are involved in creating this definition. Participants suggested that researchers and practitioners conduct interviews, focus groups, and/or web conversations with young people so that those youth can define what a “healthy relationship” means to them -- and whether they even call them “healthy relationships.”

As stated by thought leader Dorothy Edwards, “Young people who volunteer to lead health promotion programs are not always the ones who are most influential with their peers.” The experts discussed the challenge of identifying or recruiting youth leaders who are viewed by their peers as credible healthy relationship sources without being perceived as “outsiders” to those they want to influence. The Start Strong site leaders shared strategies they use to find youth leaders, such as recruiting from Boys and Girls clubs, schools, and community organizations that work with young people. Start Strong Boston pays volunteers to get them “in the door,” and then identifies leaders among those who volunteer. The thought leaders see value in conducting a scan of community-based practices on the promotion of healthy relationships to see if any best practices emerge in how sites recruit influential youth leaders.

Empower youth to lead decisions about the language and tools used to promote healthy relationships

Compared to young people, adults can have very different notions about relationships and what makes them healthy. As discussed throughout the convening, research and practice that promote healthy teen relationships can only be successful if they use language, concepts, and images that are meaningful, age-appropriate, and culturally relevant to the youth they want to influence. Therefore, choices about language, concepts, and images that are included in this definition need to be informed by the perspectives of a representative sample of youth from different races, ethnicities, economic backgrounds, and geographic regions so they fit with the ways young people of different backgrounds communicate about relationships.

Youth can be creative partners in finding ways to uniquely communicate about healthy relationships with young people their age. For example, youth leaders in Start Strong Boston chose to use cell-phone bars to describe how strong or healthy a relationship youth perceive their relationship to be. Young people can guide decisions about communication strategies that promote healthy relationships in developmentally and culturally appropriate ways, and present information in ways that are clear for adolescents of all ages and literacy level. Ideally, messages about healthy relationships should be shared with youth through tools they know and use, such as Facebook or Blackberry instant-messaging.

“Youth engagement is key. It’s about the power of the student. They do it so much better than we ever could.”

***Thought Leader Lori Vollandt,
Los Angeles Unified School District***

Advance thinking about adolescent relationships by learning from federal agencies that lead projects on adolescent health

During the meeting's discussions, examples were provided of work led by the National Institutes of Justice (NIJ) and the Centers for Disease Control and Prevention (CDC) that may help inform the definition of healthy teen relationships. For example, the NIJ, along with its partners in the Federal Interagency Workgroup on Teen Dating Violence, currently funds a concept-mapping project on adolescent relationship abuse.¹⁶ This project provides youth with opportunities to brainstorm concepts related to adolescent dating relationships and visually map out how those concepts link together. The goal of the project is to generate new ideas about how youth think and communicate about dating relationships.¹⁷ The meeting participants recommended that any working group that is formed to develop a definition of healthy teen relationships include NIJ representatives involved with this concept-mapping project. The NIJ representatives can share lessons learned from their concept-mapping project to engage the healthy-relationship working group in discussions about whether a separate concept-mapping exercise is needed to inform this definition.

In addition, the thought leaders recommended that the CDC representatives be included in healthy-relationship working groups because that organization leads several efforts related to adolescent health and dating violence prevention that could advance thinking about healthy teen relationships. The CDC funds and directs administration of the YRBS surveillance tool on adolescent health. Also, it leads DELTA (the Domestic Violence Prevention Enhancement and Leadership Through Alliances), a multi-site initiative that supports the development of comprehensive intimate partner violence prevention strategies at the individual, relational, local, and state levels.



Furthermore, as part of its efforts to prevent sexually transmitted diseases among adolescents, the CDC collaborated with youth to create a widely used definition of “sexual health.”¹⁸ The CDC representatives can create opportunities for members of its DELTA network to share knowledge about healthy relationships with the healthy-relationships working group.

During the meeting, the participants offered ideas for several improvements to the YRBS items on adolescent dating behavior. Specifically, they discussed modifying those items so that they assess adolescent exposure to physical, verbal, sexual, and psychological violence; ask respondents about violence exposure more often than “in the past year”; and monitor adolescent risk behaviors among members in every stage of adolescence, including early-adolescent youth in middle school, a group for whom prevalence data on adolescent relationship behaviors is

¹⁶ <http://www.nij.gov/topics/crime/intimate-partner-violence/teen-dating-violence/research-agenda.htm>

¹⁷ http://users.edte.utwente.nl/lanzing/cm_home.htm

¹⁸ <http://www.cdc.gov/sexualhealth/>

sorely lacking. By partnering with the CDC representatives who are responsible for YRBS item development, these working groups might stimulate a process for implementing these changes.

Use healthy relationship qualities and skills and a continua approach to begin to define healthy teen relationships

Throughout the meeting, the experts discussed the challenge of creating a universal definition of healthy relationships that will apply to all adolescents. They acknowledged that such a definition might not be feasible to create during the 2-day meeting because additional partners need to be brought into the process to create that definition. Instead, the thought leaders listed relationship qualities and skills, which they hope will be incorporated into the definition of healthy teen relationships, and they discussed the possibility of using a continua approach as an alternative to a universal definition.

Relationship qualities and skills that apply to healthy teen relationships

The thought leaders created lists of relationship qualities and individual skills that might be associated with healthy teen relationships, which they hope will be included in a multi-dimensional definition of healthy teen relationships. Examples of relationship qualities included companionship, support, trust, respect, and equality. Individual skills included conflict resolution and negotiation skills, time management, and demonstrating empathy. As stated previously, the experts emphasized the need for youth to have opportunities to inform and review these lists so that they include qualities and skills that are important to them.

Continua that describe healthy and unhealthy relationship behaviors

All relationships have healthy components as well as unhealthy ones. If adolescents engage in an unhealthy interaction, this does not necessarily mean that they are involved in an unhealthy relationship. Therefore, the experts discussed the possibility of describing healthy teen relationships using a continuum of “healthy” and “unhealthy” behaviors rather than a universal definition.

Several versions of these continua might be created. As an example, a continuum might represent “communication skills” and include “discussing emotional topics in in-person conversations (rather than text messages)” on the right, “healthy,” side of the spectrum and “sending texts with threatening language” on the left, “unhealthy,” side of the continuum. Again, youth need opportunities to lead this process in deciding which behaviors to include in each continuum. A rating system could assign higher scores for healthy behaviors and lower scores for unhealthy ones. Adolescent behaviors could be rated based on where those behaviors fall on the different continua.

“The challenge with a universal definition is that it might impose white, middle class values onto youth who don’t fit that description. We don’t want to pathologize behaviors. What an adult thinks is healthy may not be what a teen thinks is healthy.”

*Thought Leader Shari Miller,
Research Triangle Institute*

Apply a consistent definition of “adolescence” across studies and broaden the age range to include young adults

Research on adolescent dating behavior will be improved by having not only a new definition of healthy relationships but also a definition of “adolescence” that is consistently applied across studies. To date, data comparisons across research studies on adolescent dating behavior have been difficult to conduct, due in part to the fact that samples include adolescents of different ages. Participants discussed the need to promote and use a consistent definition of “adolescence” across studies so adolescent samples can be more easily compared across studies. Existing research categorizes adolescence into three stages: Early, middle, and late adolescence. Age ranges for these stages vary across studies. In addition, the upper-limit of adolescence varies across studies, ranging from 18 to 21 years of age. The experts introduced the possibility of adding a fourth category of adolescence, which includes young people in their early 20s who might live at home with parents and lack financial independence. They see an opportunity to study relationship behavior among adolescents in this “young adulthood” stage as well as to study changes in relationship behavior among young people who transition from one stage of adolescence to another. As mentioned by the meeting participants, a caveat in adding this category of “young adulthood” is that it might apply mostly to white, middle class youth and lack relevance to other cultural groups.

4. SUGGESTIONS FOR NEXT STEPS

Forum participants identified two steps that could be taken in the short term, perhaps within the next 12 months, to foster forward momentum in defining healthy teen relationships. First, a comprehensive literature review of research on adolescent dating relationships is needed that ought to summarize ways in which “healthy relationships” and “adolescence” are defined across studies of adolescent dating relationships. The examples shared by community-based experts at the meeting suggest that practice is often ahead of research in knowing about best practices to promote healthy relationships among young people. Therefore, the review also ought to synthesize information about best practices used by practitioners to describe healthy teen relationships, including the methods they use to recruit youth leaders and engage youth participants in teen dating violence prevention programs.

As previously stated, the participants recommend that additional partners need to be brought into conversations about the definition of healthy teen relationships. They recommend that representatives from the NIJ and the CDC join working groups on healthy relationships that include youth, parents/caregivers, researchers, community practitioners, and funders. The working groups can review the synthesis document to brainstorm ideas about a definition for healthy teen relationships and identify areas in need of additional research and discussion.

Appendix A: Meeting Agenda

Goals of the Meeting: A primary challenge in promoting healthy relationships and preventing dating violence among teens is the lack of an agreed-upon definition of "healthy teen relationships." This meeting will address this need by bringing together a multi-disciplinary group of experts to develop a universal definition of "healthy teen relationships" that will apply to teens of both genders, from different cultural backgrounds, and in different settings. The goals of this meeting are:

- To build a shared understanding of the cognitive, behavioral, and psychological aspects of healthy teen relationships among young people;
- To develop a universal definition of "healthy teen relationships" and discuss how this definition can be used to improve the measurement of healthy teen relationships moving forward;
- To discuss measurement issues related to adolescent dating relationships;
- To discuss on-the-ground challenges practitioners face in defining healthy teen relationships, including issues related to data collection and data capacity; and
- To inform next steps for researchers, practitioners, and policymakers to follow to help those groups apply a universal definition.

DAY 1: MORNING

- | | |
|--------------------|--|
| 8:30 – 9:00 a.m. | Continental breakfast |
| 9:00 – 9:30 a.m. | Convene, Welcome, Introduction, Site Logistics <ul style="list-style-type: none">• Kristin Schubert (RWJF)<ul style="list-style-type: none">○ Introduction of Co-Chairs• Elaine Cassidy (OMG)<ul style="list-style-type: none">○ Introduction of participants (names and affiliations)○ Overview of facilities |
| 9:30 – 10:15 a.m. | Framing of the day: Co-Chairs |
| 10:15 – 10:20 a.m. | Introduction of Speakers and Discussant (Co-Chair Howell Wechsler) |
| 10:20 – 11:00 am. | PRESENTATIONS <ul style="list-style-type: none">- 10:20 - 10:40 a.m.- Adolescent development in context: How changes in cognitive, psychosocial, and biological development affect behavior during this developmental phase- Bonnie Halpern-Felsher, UCSF |

- 10:40 – 11:00 a.m.
 - The normative context of teen relationship-building in peer and dating relationships: What should we expect from young people today?
 - **Wyndol Furman, University of Denver**
- 11:00 – 11:15 a.m. **RESPONSE: Jennifer Connolly, York University**
- 11:15 – 11:30 a.m. BREAK AND SNACK
- 11:30 – 11:35 a.m. Introduction of Speakers and Discussant (Co-Chair Bonnie Halpern-Felsher)
- 11:35 – 12:15 pm PRESENTATION
- 11:35 – 11:55 a.m.
Assessing the prevalence of dating violence using national and state YRBS data from 1999-2009: What we've learned, and how we might improve the YRBS question going forward
 - **Emily Rothman (Boston University School of Public Health)**
 - o Trends over time in the prevalence of TDV as measured by national YRBS, by gender
 - o Criticism of the YRBS TDV question and comparison with the wording of the YRBS dating violence question in selected states
 - o Suggestions for how we might improve the way that teen dating violence is measured via the YRBS
 - o Comments on the national dialogue about the YRBS dating violence question
 - 11:55 a.m. – 12:15 p.m.
How do we know what we know?: Successes and challenges of Measurement of healthy dating relationships and teen dating violence among teens
 - **Shari Miller, Research Triangle Institute**
 - o Challenges of accurately measuring healthy teen relationships and teen dating violence
 - o Ethical issues, IRB challenges, gender differences
 - o Suggestions for how we might improve the ways healthy teen relationships and teen dating violence are measured
- 12:15 -12:30 p.m. **RESPONSE: Carrie Mulford, Department of Justice**
- 12:30 – 1:00 p.m. FACILITATED LARGE GROUP DISCUSSION (led by co-chairs)
- 1:00 – 2:00 p.m. LUNCH

DAY 1: AFTERNOON

- 2:00 – 2:10 p.m. Introduction of Break-out Group Activity (OMG)
- 2:10 – 3:30 p.m. **BREAKOUT GROUP DISCUSSIONS**
What are common components that describe “healthy teen relationships” in different contexts, across genders, etc? How do we use a universal definition to inform and advance research, policy, and practice?
- OMG will assign participants to small groups
 - 2:10 – 2:50 p.m. Groups will consider:
 - Gender
 - Culture
 - Developmental age(s) for which a “universal” definition might apply
 - 2:50 – 3:30 p.m. Groups will identify and prioritize 1-2 next steps for research, policy, and practice
- 3:30 – 3:45 p.m. **BREAK WITH AFTERNOON SNACK**
- 3:45 – 4:15 p.m. Groups Report Back (OMG will lead and take notes)
- 4:15 – 4:45 p.m. **FACILITATED LARGE-GROUP DISCUSSION (Led by Vangie Foshee, University of North Carolina, Chapel Hill)**
- 4:45 p.m. **ADJOURN**

- 6:30 – 8:30 p.m. Reception and Dinner in Lobby of Atlanta Perimeter Hotel

DAY 2: MORNING

- 8:30 – 9:00 a.m. Continental breakfast
- 9:00 – 9:25 a.m. Welcome; Goals for the Day (Co-chairs)
- 9:25 – 9:30 a.m. Introduction of Speakers and Discussants (Co-Chair Bonnie Halpern-Felsher)
- 9:30 – 10:50 a.m. **PRESENTATIONS: Promoting healthy relationships in applied settings. Speakers will address the following questions:**
- How do practitioners, discern between healthy and unhealthy teen relationships among the teens with whom they work?

- How do teens define healthy and “unhealthy” relationships? What qualities do they look for in a partner? How do definitions differ among genders and racial/ethnic groups, if at all?
- With the explosion of social media, how have these definitions changed? What issues may be unique to this generation of teens?
- What works well in addressing healthy teen relationships with teens? What interventions have been found to be effective for preventing and addressing teen dating violence?
- Where are gaps in the research? What data are missing that can help practitioners work more effectively with teens?
- What changes are needed to help practitioners measure “healthy teen relationships?”
- From a policy perspective, what are the most pressing needs in preventing and addressing teen dating violence?

- 9:30 – 9:50 a.m.
Promoting healthy teen relationships in the family and community
Kelly Miller, Idaho Coalition on Domestic Violence (Start Strong)
- 9:50 – 10:10 a.m.
Public health and other community efforts to promote healthy teen relationships and prevent teen dating violence
Casey Corcoran, Boston Public Health Commission (Start Strong)
- 10:10 – 10:30 a.m.
Supporting healthy teen relationships in school settings
Lori Vollandt, Coordinator of Health Education Programs, Los Angeles Unified School District
- 10:30 – 10:50 a.m.
Promoting healthy teen relationships in health care & clinical settings
Liz Miller, Children’s Hospital of Pittsburgh

10:50 – 11:40 a.m. RESPONSE (15 minutes): **Erica Monasterio, UCSF**

11:40 – 11:55 a.m. BREAK AND SNACK

11:55 – 12:30 p.m. FACILITATED LARGE-GROUP DISCUSSION, INCLUDING A DISCUSSION OF NEXT STEPS (led by co-chairs)

12:30 p.m. ADJOURN

Appendix B: Breakout Activity Instructions, Assignments, and Questions

BREAKOUT GROUP ASSIGNMENTS

GROUP 1 Kristin Schubert Kelly Miller Laura Westley Rita Noonan Phyllis Niolon	GROUP 2 B. Halpern-Felsher (lead) Casey Corcoran Vangie Foshee Elizabeth Alderman Meg Ivankovich Nan Stein	GROUP 3 Howell Wechsler (lead) Lori Vollandt Candice Feiring Jill Cook Evelyn Kappeler Amy Peeples	GROUP 4 Diane Hall (lead) Liz Miller Wyndol Furman Dorothy Edwards Carrie Mulford Justin Piff (scribe)
GROUP 5 Andra Tharp (lead) Nora Gelperin Jennifer Connolly Candace Burton Natasha Latzman Monica Getahun (scribe)	GROUP 6 Laura Hogan (lead) Neil Irvin Emily Rothman Linda Degutis Wendi Siebold Kevin Vagi	GROUP 7 Erica Monasterio (lead) Lisa Sohn Shari Miller Amy Fasula Bruce Taylor Sara Patterson	GROUP 8 Debbie Lee (lead) Ilene Stohl Carolyn Halpern Marci Hertz Mikel Walters

Questions to Guide Breakout Group Discussions

1. What are common components, or denominators, that describe “healthy teen relationships”?
 - Be as exhaustive or selective in choosing components as you see fit.
 - Consider gender, culture, and other aspects of contextual background.
 - Discuss the developmental ages for which your group’s description of “healthy teen relationships” might best apply.
2. How do we create a context for a universal definition of “healthy teen relationships” to be used across disciplines, in different settings, etc.? Groups will identify and prioritize 1-2 next steps that need to be addressed in each of the following areas in order for a universal definition to be widely applied/used:
 - Research
 - Policy
 - Practice

Appendix C: Participant Biographies

Elizabeth Alderman

Dr. Alderman is Professor of Clinical Pediatrics at the Albert Einstein College of Medicine. She is medical director of the Adolescent Ambulatory Service, and Director of the Post-Doctoral Fellowship in Adolescent Medicine at the Albert Einstein College of Medicine/Children's Hospital at Montefiore. Dr. Alderman is immediate past Chairperson of the American Academy of Pediatrics Executive Committee of the Section of Adolescent Health. She participated in the production of the AAP *Preventing Sexual Violence—An Educational Toolkit for Health Care Professionals*. Dr. Alderman is president-elect of the North American Society for Pediatric and Adolescent Gynecology. Dr. Alderman is co-editor on the *Textbook of Adolescent Health Care*. She has authored 60 research papers, review articles, and textbook chapters, has presented over 30 abstracts at national meetings, and given over 50 lectures and workshops in the past 5 years at regional and national meetings.

Candace Burton

Dr. Burton is an Assistant Professor in the Department of Family and Community Health at Virginia Commonwealth University (VCU). She serves as core faculty in the Community Health program, and as a member of the Injury and Violence Prevention Project Team at the Medical College of Virginia at VCU. Her research has focused on the health effects of intimate partner violence (IPV) between adolescent dating partners, specifically for young women. She has been part of research teams examining violence against women in a variety of settings and from many perspectives. Dr. Burton has served as an educator and consultant to a number of clinical and community-based organizations, and has developed workshops to encourage young people to think about healthy relationship behaviors and to educate clinicians about IPV. Dr. Burton's clinical practice includes serving as a Forensic Nurse Examiner at the University of Virginia Medical Center, specializing in treatment and evidence collection with victims of sexual assault.

Jennifer Connolly

Dr. Jennifer Connolly is a Professor of Psychology at York University in Toronto, Canada. She teaches in the Clinical-Developmental Graduate Psychology Program and is affiliated with the LaMarsh Centre for Child and Youth Research. Dr. Connolly studies adolescent development and mental health. Her current research focuses on romantic relationships among mainstream and vulnerable youth, with the goal of clarifying when and why these relationships lead to positive outcomes or conversely, maladaptive outcomes, especially dating aggression.

Jill Cook

Ms. Cook is the Assistant Director of the American School Counselor Association (ASCA). At ASCA, Cook oversees the online resource center, book acquisitions, media outreach and coordinates the Recognized ASCA Model Program (RAMP), the ASCA Foundation Scholarship, and the School Counselor of the Year program. She has worked with Liz Claiborne Inc. on promoting the *Love Is Not Abuse* curriculum. In addition, she has represented ASCA on several boards and advisory committees, including The Prevention Researcher, Partners 4 Education, the Pupil Personnel Shortages Coalition, the National Research Center for College and University Admissions, the National Consortium for Child & Adolescent Mental Health Services, and the Red Cross Disaster Mental Health Advisory Group. Cook is a former music teacher, middle school counselor, and assistant principal in North Carolina.

Casey Corcoran

Mr. Corcoran is the Director of the *Start Strong* initiative at the Boston Public Health Commission, a comprehensive community-based intervention designed to decrease teen dating violence and increase healthy relationships among adolescents. Prior to joining the Commission, he worked at Peace Games, a Boston-based violence prevention organization, leading its program evaluation work as well facilitating trainings and professional development activities at schools. For the past seven years he has also worked with at-risk adults and youth in Boston around issues of dating violence, domestic violence, and sexual health. Mr. Corcoran taught elementary school in Washington, D.C. as part of the Teach For America program. He is a certified batterer/dating violence intervention counselor.

Linda Degutis

Dr. Degutis joined Centers for Disease Control and Prevention (CDC) in 2010 as Director of the National Center for Injury Prevention and Control. She most recently was Research Director for the Department of Emergency Medicine at Yale School of Medicine and Director of the Yale Center for Public Health Preparedness at the Yale School of Public Health. In addition, she directs the Connecticut Partnership for Public Health Workforce Development, part of the New England Alliance for Workforce Development. Dr. Degutis' research interests have centered on issues related to alcohol and injury, with a particular focus on interventions and policy issues. Her work has been funded by the CDC, National Institutes of Health, Robert Wood Johnson Foundation, the Substance Abuse and Mental Health Services Administration, and the National Highway Traffic Safety Administration. She was a Robert Wood Johnson Health Policy Fellow, serving in the office of the late Senator Paul Wellstone (D-MN).

Dorothy Edwards

Dr. Edwards is Executive Director of Green Dot, etc. and author of the *Green Dot Violence Prevention Strategy*. Prior to her current position, Dr. Edwards served for five years as the founding Director of the University of Kentucky Violence Intervention and Prevention Center. She has worked in both counseling and teaching capacities in higher education. With a specialty in primary prevention, she provides training and consultation in the areas of power-based personal violence, organizational capacity building, program implementation, strategic planning, and community mobilization. Dr. Edwards is currently working with government entities, state coalitions, military, non-profits, community organizations, high schools, and colleges around the world.

Amy Fasula

Dr. Fasula is a behavioral scientist with the Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention, as well as an adjunct professor in the sociology department at Emory University. She is co-chair of the CDC Workgroup on Adolescent Sexual and Reproductive Health (WASRH), aimed at promoting and strengthening cross-agency collaboration on adolescent sexual and reproductive health. Her research interests include sexual health for youth and women, sexual health equity, and HIV prevention operational research. Dr. Fasula was awarded a National Institutes of Health health disparities loan repayment grant as a post doc.

Candice Feiring

Dr. Feiring is the Center Director and Senior Research Scholar at the Center for Youth Relationship Development at The College of New Jersey. She coordinates the research and training activities of the Center and is responsible for its daily operations. Her research focuses on processes (such as shame, attribution, and social support) related to adjustment in sexually abused youth and adolescent romantic relationships. Dr. Feiring has been honored with a William T. Grant Faculty Scholars award and has been the recipient of federally funded grants from the National Institute of Mental Health, Department of Justice, and Department of Education. She serves on the Editorial Board of the Journal of Research on Adolescence and is Editor-in-Chief of *Child Maltreatment*. She was a member of the NIMH “Psychosocial development, risk and prevention” study section, the New Jersey Governor's Council on Mental Retardation and Developmental Disabilities (2003-2007), and is an advisor for the National Center of Child Traumatic Stress. Dr. Feiring is the Principle Investigator on a NIMH supported longitudinal study of processes related to adjustment following the discovery of sexual abuse. The research from this study was awarded the 2003 American Professional Society on the Abuse of Children Research Award.

Vangie Foshee

Dr. Foshee is a tenured Professor in the Department of Health Behavior and Health Education in the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. Her research is on adolescent problem behaviors, with a specific focus on adolescent dating abuse. She uses longitudinal research designs to examine the etiology of adolescent dating abuse and other adolescent problem behaviors, including examining predictors from multiple levels of the ecological model on trajectories of those behaviors across adolescence. She also conducts randomized trials to evaluate the efficacy of programs that she and colleagues design for preventing adolescent problem behaviors such as *Safe Dates*, a school-based dating abuse prevention program; *Families for Safe Dates* and *Family Matters*, family-based programs for preventing dating abuse and adolescent substance use respectively; *NOVIOLencia*, a family-based program for preventing dating abuse among Latino teens; and *Moms and Teens for Safe Dates*, a dating abuse prevention program for mothers who have been victims of dating abuse to participate in with their high-risk teens.

Wyndol Furman

Dr. Furman is a John Evans Professor in the Psychology Department at the University of Denver and is the Director of the Relationship Center. Throughout his career, he has been interested in children and adolescents' relationships. His early work focused on children's relationships with peers. He then studied sibling relationships, relationships with parents, groups, and social networks. For the last fifteen years, he has been studying adolescent romantic relationships. He has edited a book on romantic relationships and published over 100 articles and chapters. In addition to his research and teaching, he directs the clinical child psychology program and is a licensed psychologist.

Nora Gelperin

Ms. Gelperin is Director of Training at Answer, based at Rutgers University, where she oversees Answer's Sexuality Education Training Initiative. She is also founder of the organization's annual Training Institute in Sexual Health Education (TISHE), and developed Answer's two online workshops *Sexuality ABCs (Abstinence, Birth Control and Condoms)* and *STD Basics*. Ms. Gelperin develops, markets, and conducts training workshops for teachers and professionals nationwide, and has taught undergraduate sexuality classes at Temple University, Montclair State University, and most recently at St. Peter's College. Ms. Gelperin serves on the executive council for the Society of State Leaders in Health and Physical Education. She was awarded the 2008 Mary Jo Young Health Teacher of the Year award and the 2010 Mary Lee Tatum Award from the Association of Planned Parenthood Leaders in Education.

Diane Hall

Dr. Hall is a Lead Behavioral Scientist for the Research, Synthesis, and Application (RSA) team in the Program Implementation and Dissemination Branch (PIDB) in the Division of Violence Prevention (DVP) at the Centers for Disease Control and Prevention (CDC). Dr. Hall joined CDC in January 2007 and has worked on projects focused on the prevention of youth violence, intimate partner violence, and teen dating violence. She also has served as the DVP subject matter expert on teen dating violence and as technical advisor for *Dating Matters: Understanding Teen Dating Violence Prevention*, DVP's online course for teachers. Previously, she served as a faculty member at the University of Pennsylvania, where she trained school and mental health counselors. Dr. Hall is a certified school psychologist and a licensed clinical psychologist.

Carolyn Halpern

Dr. Halpern is a Professor in the Department of Maternal and Child Health (MCH) in the Gillings School of Global Public Health, and an elected faculty fellow at the Carolina Population Center, both at the University of North Carolina at Chapel Hill. She is a developmental psychologist, and her research interests center on adolescent social development and reproductive health, especially biopsychosocial models of sexual and romantic relationships. She is the Deputy Director of the National Longitudinal Study of Adolescent Health (Add Health), and the Principal Investigator of a project funded by the National Institutes of Health (NIH) that is using Add Health data to examine sexual trajectories from adolescence into adulthood, and the implications of those patterns for multiple aspects of young adult well-being. She is a co-investigator on several NIH-funded projects evaluating interventions to reduce HIV risk in adolescents in sub-Saharan Africa. Dr. Halpern directs the doctoral program in the MCH department and the Training Program at the Carolina Population Center. She teaches courses in adolescent health, human sexuality, theory, and grant development. Her most recent publications appear in the *Journal of Adolescent Health*, *Archives of Pediatrics and Adolescent Medicine*, *Journal of Youth and Adolescence*, and *Perspectives on Sexual and Reproductive Health*.

Bonnie Halpern-Felsher

Dr. Halpern-Felsher is a Professor in the Division of Adolescent Medicine, Department of Pediatrics, University of California, San Francisco (UCSF). She is also the Director of Research for the Adolescent Medicine Fellowship, Co-Director of the General Pediatrics Fellowship, and is a faculty member at UCSF's Psychology and Medicine Postdoctoral Program, The Center for Health and Community, The Center for Tobacco Control Research and Education, the UCSF Heller Diller Family Comprehensive Cancer Center, and the Robert Wood Johnson Scholars Program. Dr. Halpern-Felsher is a developmental psychologist whose research has focused on cognitive and psychosocial factors involved in health-related decision-making, perceptions of risk and vulnerability, health communication, and risk behavior. Much of her research has focused on sexual decision-making and reproductive health, including identifying cognitive and psychosocial predictors of adolescent sexual behavior. Dr. Halpern-Felsher has been the

Principal Investigator or Co-Principal Investigator on several grants concerning adolescent and young adult risk behavior, and has served as a consultant to a number of community-based adolescent health promotion programs.

Marci Hertz

Ms. Hertz is a Health Scientist in the Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC). She is the lead programmatic support and contact for communities awarded funds to implement a public health approach to prevent youth violence, provide training and technical assistance to these communities in partnership with other CDC partners or designees, provide consultation to communities using on-line tools and resources, and work with other Division initiatives on preventing youth violence. Prior to this position, Ms. Hertz served as a Health Scientist in the Division of Adolescent and School Health (DASH) in the National Center for Chronic Disease Prevention and Health Promotion at CDC. In this role, Ms. Hertz served as the lead content expert for violence and unintentional injury prevention in schools.

Laura Hogan

Ms. Hogan is Co-Director of *Start Strong: Building Healthy Teen Relationships*, a teen dating violence prevention initiative of the Robert Wood Johnson Foundation administered by Futures Without Violence, formerly Family Violence Prevention Fund. Ms. Hogan offers leadership and direction as part of the National Program Office to the 11 communities across the country engaged in creating healthy community environments for youth. Ms. Hogan has an extensive background in philanthropy and health programs. Prior to joining the Family Violence Prevention Fund, Ms. Hogan served as Vice President of Program for The California Endowment, the state's largest health foundation. She oversaw all activities of The Endowment's grant-making programs and initiatives, which totaled approximately \$160 million per year. Prior to joining The Endowment, she served as Executive Director at CommuniCare Health Centers in Davis, California, where she worked since 1980.

Neil Irvin

Mr. Irvin is the Executive Director of Men Can Stop Rape (MCSR), which seeks to mobilize men to use their strength for creating cultures free from violence, especially men's violence against women. Mr. Irvin serves on the Department of Justice's National Advisory Committee and is a member of the NoVo Foundation's *Move to End Violence* initiative. He has also served as a consultant to The White House Commission on Violence Against Women and Girls, Boys and Girls Club, Ford Foundation, Big Brothers Big Sisters, and Liz Claiborne Foundation. Named one of the most promising "50 Strategies to Prevent Violent Domestic Crime" by the National Crime Prevention Council, the Men of Strength (MOST) Club provides middle school and high school age males with a structured space to build individualized definitions of masculinity that promote healthy relationships. Since joining the organization in 2001, Mr. Irvin

has grown the program from one site in Washington, DC to over 100 locations in ten states. In 2007, he brought the MOST Club to every public high school in the District of Columbia, the largest city-wide effort of its kind in the country.

Megan Ivankovich

Ms. Ivankovich works as a Sexual Health ORISE Fellow in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention on a variety of public health activities to advance sexual health. She has worked with community members, NGOs, and government partners in the U.S. and abroad to promote sexual and reproductive health in various capacities, including health education; policy development; community mobilization; research; and program design, implementation, and evaluation. Ms. Ivankovich completed a post-graduate fellowship in Community Leadership in Sexual Health at the Center of Excellence for Sexual Health, part of the Satcher Health Leadership Institute at Morehouse School of Medicine, in 2010.

Evelyn Kappeler

Ms. Kappeler is the Acting Director of the Office of Adolescent Health (OAH) in the Office of Public Health and Science (OPHS) at the U.S. Department of Health and Human Services. The Office of Adolescent Health is responsible for coordinating adolescent health programs and initiatives across the Department, and for implementing and administering a new \$110 million teen pregnancy prevention initiative. Ms. Kappeler has more than twenty years of experience in public health as a senior policy analyst in the Office of Population Affairs (OPA). Most recently, Ms. Kappeler was the Acting Director for OPA, with responsibility for overseeing the national Family Planning Program authorized under Title X of the Public Health Service Act (PHSA) and the Adolescent Family Life (AFL) program authorized under Title XX of the PHSA. Ms. Kappeler joined the Federal Government as a policy research associate in the HHS Office of the Assistant Secretary for Planning and Evaluation. Before coming to HHS, Ms. Kappeler worked as a legislative analyst in the Washington, D.C. Office of the Governor of the State of Illinois.

Debbie Lee

Ms. Lee is Deputy Director of *Start Strong: Building Healthy Teen Relationships*, a teen dating violence prevention initiative of the Robert Wood Johnson Foundation administered by Futures Without Violence, formerly Family Violence Prevention Fund. She directed the HHS-funded National Health Resource Center on Domestic Violence (NHI), which seeks to strengthen the health care response to domestic violence. She also led partnerships in 27 states working with public health departments and domestic violence programs, as well as an initiative with 25 health centers in Tribal communities across the country. In December 2010, Ms. Lee was appointed to the Department of Justice National Advisory Council on Violence Against Women. She was a founding board member of the San Francisco-based Asian Women's Shelter, the National Network on Behalf of Immigrant and Refugee Women, two CA state coalitions, The Women's Foundation and the Asian and Pacific Island Institute on Domestic Violence.

Elizabeth Miller

Dr. Miller is Chief of Adolescent Medicine at Children’s Hospital of Pittsburgh, the University of Pittsburgh Medical Center. Her research includes examination of sex trafficking among adolescents in Asia, teen dating abuse, and reproductive health, with a focus on underserved youth populations. Dr. Miller has conducted NIH-funded research in partnership with Planned Parenthood in Northern California, pilot testing a brief clinical intervention to address partner violence and reproductive coercion in reproductive health care settings, which has led to a large NIH-funded randomized trial in Western Pennsylvania. She is also conducting a CDC-funded study of a sexual violence prevention program entitled *Coaching Boys into Men*, which involves training high school coaches to talk to their male athletes about stopping violence against women.

Kelly Miller

Ms. Miller is Executive Director for the Idaho Coalition Against Sexual & Domestic Violence. She has extensive experience practicing law and working in the areas of prevention and response to domestic violence, sexual assault, and adolescent dating abuse. Ms. Miller acts as the project director for *Start Strong* Idaho and the Center for Healthy Teen Relationships. Before joining the Idaho Coalition Against Sexual & Domestic Violence, she had practiced for twenty four years as an attorney with Legal Aid Society, as an assistant prosecutor in a felony domestic violence/sexual assault unit in Louisville, Kentucky, and as Deputy Director with Idaho Legal Aid Services. Ms. Miller has served as a trainer on adolescent dating abuse prevention and response for HHS FVPSA, the Office on Violence Against Women, and the CDC Delta Prep program, and has been a trainer on issues related to domestic and sexual violence for the Office on Violence Against Women, the National Center on Domestic Violence, Trauma & Mental Health, and numerous coalitions and organizations throughout the country.

Shari Miller

Dr. Miller is a Research Psychologist in the Crime, Violence, and Justice Program at RTI, International. She has nearly 20 years of experience in the development, implementation, and evaluation of youth violence programs, including teen dating violence. Dr. Miller currently serves as the Project Director for the evaluation of *Start Strong: Building Healthy Teen Relationships (Start Strong)*. *Start Strong* is a national program of the Robert Wood Johnson Foundation, in collaboration with Futures Without Violence (formerly Family Violence Prevention Fund), aimed at preventing dating violence among 11- to 14-year olds by promoting healthy relationships. In addition, she serves as Project Director for the CDC project Adapting Evidence-Based Interventions and Assessing Readiness and Capacity to Prevent Teen Dating Violence in High-Risk Inner-City Settings. Dr. Miller is also part of the RTI team that will be providing training and technical assistance to the CDC Dating Matters grantees.

Erica Monasterio

Ms. Monasterio is a Clinical Professor on faculty in the Division of Adolescent and Young Adult Medicine, Department of Pediatrics and the Department of Family Health Care in the School of Nursing at the University of California, San Francisco. She is the Nurse Faculty in the Leadership Education in Adolescent Health (LEAH) Program and the coordinator of the Nursing Leadership in Adolescent and Young Adult Health (NLAYAH) Program. Ms. Monasterio has over 27 years of clinical experience working with youth and families in primary care, both at UCSF and in the San Francisco Department of Public Health. Ms. Monasterio's expertise is in working with under-resourced youth in community-based settings and developing and monitoring primary care programs to serve marginalized populations. As a trainer, her focus is on training practicing health care and social service professionals to increase their knowledge base, sensitivity, and skills in working with adolescents, particularly in the areas of adolescent development, resilience and risk, sexuality and sexual health, sexual minority youth, substance involvement, and designing interventions to support youth in modifying their risk.

Carrie Mulford

Dr. Mulford is a social science analyst at the National Institute of Justice. She has been involved with research on juvenile justice, teen dating violence, child abuse, elder mistreatment, enforcement of victims' rights laws, hate crime, and situational crime prevention. Dr. Mulford has co-authored over a dozen scholarly articles, primarily focused on violence prevention and juvenile justice. Since 2006, she has been the coordinator of the Federal Interagency Workgroup on Teen Dating Violence. Dr. Mulford also serves on several other interagency work groups, including the Federal Interagency Workgroup on Child Abuse and Neglect, the Federal Interagency Workgroup on Youth Programs, and the Elder Justice Working Group.

Phyllis Holditch Niolon

Dr. Phyllis Holditch Niolon is a behavioral scientist in the Prevention Development and Evaluation Branch in the Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC). Her work focuses on the prevention of intimate partner violence and teen dating violence and the rigorous testing of new preventive interventions. She is currently the lead of the outcome evaluation for CDC's *Dating Matters* initiative.

Rita Noonan

Dr. Noonan is the Leader of the Home and Recreation Team, Division of Unintentional Injury Prevention at the Centers for Disease Control and Prevention (CDC). This team of scientists conducts epidemiologic, intervention, and programmatic research on a diverse array of injury topics, including the prevention of older adult falls, prescription drug overdose, and drowning. She joined CDC's Division of Violence Prevention in 2001 as a Behavioral Scientist, where she focused on creating a bridge between research and practice. Dr. Noonan worked on

several projects related to sexual and teen dating violence prevention, program planning and evaluation, and translation research. The published results of this work can be found in *Health Promotion Practice*, *The American Journal of Community Psychology*, and *Violence Against Women*. Prior to joining CDC, Dr. Noonan worked as a sociology and women's studies professor at the University of Iowa. Dr. Noonan has been the recipient of several prestigious awards, including a Fulbright Scholarship and a MacArthur Fellowship.

Sara Patterson

Ms. Patterson is the Associate Director for Policy at CDC's Injury Center, where she oversees policy and partnership activities in an effort to increase the visibility of injury as a critical public health issue and reduce the burden of injuries and violence. She has been with the Injury Center since 2007, when she joined the organization as the Deputy Director of the Office of Policy, Planning, and Evaluation. Prior to joining the Injury Center, Ms. Patterson spent 5 years in CDC's Financial Management Office, focusing on Congressional relations, budget and policy development, and performance management.

Ms. Patterson joined CDC as a Presidential Management Fellow (PMF) in 2002 after serving as a legislative and policy intern with Kids PEPP (Public Education and Policy Project) for the Ounce of Prevention Fund in Chicago, a state-level organization specializing in legislative and policy issues related to children age zero through three.

Amy Peeples

Ms. Peeples currently serves as the Deputy Director of the National Center for Injury Prevention and Control (NCIPC), at the Centers for Disease Control and Prevention (CDC). Prior to assuming this position, Ms. Peeples was the Associate Director for Policy where she lead a team that had responsibilities for responding to legislative inquiries, planning and implementing long-term health policy strategies, and developing partnership acquisitions and maintenance efforts for unintentional and intentional (violence-related) injuries. Before joining the National Center for Injury Prevention and Control in April 2006, Ms. Peeples served in CDC's Financial Management Office (FMO) as Team Lead and Acting Branch Chief for the Budget Formulation and Public Health Policy Branch. In this capacity, she served as the principal point of contact for all congressional staff holding membership on the Appropriation committees having jurisdiction over the CDC.

Emily Rothman

Dr. Rothman is an Associate Professor in the Department of Community Health Sciences at the Boston University School of Public Health and a visiting scientist at the Harvard Injury Control Research Center (HICRC). Her research focuses on dating and domestic violence prevention. Specifically, she is currently the recipient of a K01 from NIAAA to study underage alcohol use and dating abuse perpetration, through which is she designing a brief motivational interview-style intervention for perpetrators. She is also the PI of a R03 grant from NIAAA to conduct a

prospective study of drinking and dating violence using interactive voice response technology. She is the empowerment evaluator on two CDC-funded project to develop a statewide prevention plan for sexual assault in Massachusetts and domestic violence in Rhode Island, respectively (EMPOWER and DELTA). Before becoming a research scientist, she was the director of shelter services at a Vermont battered women's shelter, a batterer intervention counselor, and the director of batterer intervention program services at the Massachusetts Department of Public Health.

Kristin B. Schubert

Ms. Schubert is the Interim Team Director of the Public Health team and a program officer for the Vulnerable Populations team of the Robert Wood Johnson Foundation. Since joining RWJF in 2000, Schubert has focused chiefly on improving the health and wellbeing of vulnerable children, particularly adolescents, across a multitude of issues and systems, such as violence and juvenile justice. She has created and grown initiatives to prevent youth violence, promote better health services within the juvenile justice system, and empower youth to advocate pathways for better health. Trained in public health and health policy, Schubert's work builds on the recognition of the critical relationship between health and where a person lives, works, learns, and plays and the tenet that health is a right, not a privilege. Previously, Schubert was a policy analyst for the Centers for Disease Control-funded Prevention Research Center. Trained as a molecular biologist, she began her career as a cancer researcher at Memorial Sloan-Kettering Cancer Center in New York City

Wendi Siebold

Ms. Siebold is President and Senior Research Associate at Strategic Prevention Solutions, Ltd in Seattle, WA. For over 13 years, she has collaborated with communities to prevent violence, substance abuse, bullying, and youth suicide. She specializes in violence prevention research, program planning and evaluation, the assessment of organizational and community capacity for prevention, and evaluating a criminal justice response to domestic and sexual violence. Ms. Siebold is a national speaker and writer on topics related to organizational capacity building, prevention planning and evaluation, and provides evaluation capacity-building training using a participatory approach. She has participated in national expert panels for the Centers for Disease Control and Prevention (CDC), Division of Violence Prevention, and was an invited researcher at the White House, Office of the Vice President's Expert Panel on Teen Dating Violence in 2010.

Lisa Sohn

Ms. Sohn is a Program Director working with *Start Strong: Building Healthy Teen Relationships*, a national initiative of the Robert Wood Johnson Foundation administered by Futures Without Violence, formerly Family Violence Prevention Fund. Ms. Sohn works with 11 diverse grantees from across the country, assessing technical assistance needs in the initiative's

core components: in-school and out-of-school education; work with parents and other influencers; policy and social norms change; and social marketing and communications. She determines appropriate technical and programmatic tools and resources to assist grantees, such as webinar presentations, learning community discussions, and speakers and presentations for annual grantee convenings for youth and adult leaders of *Start Strong*. Prior to joining Futures Without Violence, Ms. Sohn worked in public relations and political communications. She has worked with various non-profit clients, as well as on political campaigns, from the state legislative level to U.S. President.

Nan Stein

Dr. Stein is a senior research scientist at the Wellesley Centers for Women, where she directs several national research projects on sexual harassment, gender violence, and bullying in schools. A former middle school teacher, drug and alcohol counselor, and gender equity specialist with the Massachusetts Department of Education, she has collaborated for decades with the National Education Association to publish curricula and teacher training modules on sexual harassment, gender-based bullying, and gender violence in schools. She has authored many book chapters, law review and journal articles, and commentaries for the mainstream media and the educational press, and often serves as an expert witness in Title IX/sex discrimination-sexual harassment lawsuits in K-12 schools. Her research portfolio has been funded by the U.S. Department of Education, National Institute of Justice, CDC, the Open Society Institute of the Soros Foundation, and other private family foundations. In 2007, she received the Outstanding Contribution to Education award from the Harvard University Graduate School of Education.

Ilene Stohl

Ms. Stohl coordinates the Economic Justice Project and Prevention work at the Washington State Coalition Against Domestic Violence (WSCADV). Her current economic justice work focuses on strengthening the economic safety net for survivors through advising the state welfare system and giving advocates practical tools to use in their daily work. She authored *In Our Shoes: The Next Steps, A Domestic Violence Advocate's Guide to Working for Economic Justice in Your Community* and implemented its use across Washington State. Ms. Stohl also launched WSCADV's Prevention work in 2009. In this role, she transitioned the organization from an emphasis on intervention to integrating a focus on prevention across WSCADV's projects. Highlights over the last few years include developing *In Their Shoes: Teens and Dating Violence*, a scenario-based interactive training kit; leading WSCADV's first ever *Summer Camp*, where advocates and their teenaged children came together to learn from one another; and initiating the Teen Learning Council, on which WSCADV will base future work.

Bruce Taylor

Dr. Taylor, Principal Research Scientist with NORC at University of Chicago, has conducted studies on violence prevention, violent offenders, victimization, policing, and dynamics of drug markets. Dr. Taylor has mostly focused on applied research and field experiments in criminal justice and school settings. In youth dating violence and harassment (DV/H) prevention, he has conducted experimental studies in middle schools in the Cleveland area and New York City (NYC). His current work includes a three-year DV/H experimental evaluation in NYC funded by the National Institute of Justice (NIJ), a five-year experimental evaluation of CDC's *Dating Matters* program, and a nationally representative survey on youth DV/H funded by NIJ. His prior research has included studies on the recovery process for sexual assault victims and the role of significant others, and experiments on reducing adult repeat violence through victim-based domestic violence prevention programs and batterer treatment programs.

Andra Tharp

Dr. Tharp is a health scientist in the Division of Violence Prevention (DVP) in the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). Dr. Tharp is currently leading *Dating Matters: Strategies to Promote Healthy Teen Relationships*—a teen dating violence prevention initiative at the CDC. Following her doctoral studies, she conducted research and clinical work at the Michael E. DeBakey Veterans Affairs Medical Center and Baylor College of Medicine in Houston, Texas. In 2008, she received the Young Investigator award from the International Society for Research on Aggression for her research examining violence among veterans with posttraumatic stress disorder. Dr. Tharp, a licensed clinical psychologist, holds a clinical assistant professorship in the Menninger Department of Psychiatry and Behavioral Sciences in Houston, Texas. Her research interests include sexual and teen dating violence prevention. She has written and contributed to numerous publications on trauma and other topics related to violence.

Kevin Vagi

Dr. Vagi has been working in the Division of Violence Prevention at the Centers for Disease Control and Prevention since July 2008. In addition to his work on teen dating violence, he was also the primary investigator of the first national study of sexual, physical, and emotional violence against children in Tanzania, and he is currently the science lead on a study involving prosocial behavior (and conversely, violent behavior) among middle school students using the CPTED principals (Crime Prevention Through Environmental Design). Dr. Vagi is involved in the *Dating Matters* initiative at the CDC, and is responsible for working with grantees and contractors to identify community-level indicators of teen dating violence.

Lori Vollandt

Dr. Vollandt is Coordinator, Health Education Programs, Title IV Safe and Drug Free Schools with the Los Angeles Unified School District. She has been a champion of Health Education and Violence Prevention education for the past 20 years. She is also responsible for various other Health related mandates such as HIV/AIDS education and prevention programs, Tobacco Use Prevention Education (TUPE), The Network for a Healthy California and the School Gardening grants. Dr. Vollandt is an adjunct professor at USC in the School of Education. Her passion is creating safe and healthy environments for all living things.

Mikel Walters

Dr. Walters is a Behavioral Scientist in the Division of Violence Prevention at the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). She joined the CDC in 2009 and her research interests include risk and protective factors of intimate partner violence and sexual violence for adults, adolescents, and sexual minorities.

Howell Wechsler

Dr. Wechsler serves as director of the Division of Adolescent and School Health (DASH) within the Centers for Disease Control and Prevention (CDC). He supervises the management of DASH's three surveillance systems (Youth Risk Behavior Surveillance System, School Health Policies and Programs Study, and School Health Profiles); research and evaluation studies; research synthesis reports; development and dissemination of tools to help schools and community programs implement evidence-based policies and practices; and programmatic activities, including funding of, and technical assistance to, state and local education agencies and nongovernmental organizations. Dr. Wechsler's work with DASH earned him the Milton J. E. Senn Award from the American Academy of Pediatrics for achievement in the field of school health. In previous DASH positions, he has provided technical assistance to the CDC's school health surveillance instruments and coordinated projects that promote the implementation of CDC's *School Health Guidelines*.

Laurie Westley

Ms. Westley is the Senior Vice President for Public Policy, Advocacy & the Research Institute at Girl Scouts of the USA. She has extensive experience making significant changes in public policy through large national organizations and grassroots efforts, and leading internal change. Ms. Westley joined Girl Scouts of the USA 10 years ago as the first National Director for Government Relations & Advocacy, and has led the transformation of that function for the Girl Scout Movement. A lawyer by training, her experience includes nearly a decade as an advocate for public education as Senior Vice President for National Policy at Voyager Expanded Learning, and Assistant Executive Director at the National School Boards Association. She also worked on Capitol Hill as Chief Counsel and Staff Director on the U.S. Senate Judiciary Committee for Senator Paul Simon. Her background also includes senior staff experience in two national presidential election campaigns.

Appendix D: Organizational Biographies

American Academy of Pediatrics

The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety, and well-being of infants, children, adolescents, and young adults. The AAP has approximately 60,000 members in the United States, Canada, Mexico, and many other countries. Members include pediatricians, pediatric medical subspecialists, and pediatric surgical specialists. More than 34,000 members are board-certified and called Fellows of the American Academy of Pediatrics (FAAP).

American School Counselor Association

ASCA promotes student success by expanding the image and influence of professional school counseling through leadership, advocacy, collaboration and systemic change. Founded in 1952, ASCA currently has a network of 50 state associations and a membership of over 29,000 school counseling professionals.

Boston Public Health Commission

The Boston Public Health Commission's mission is to protect, preserve and promote the health and well-being of Boston residents, particularly those who are most vulnerable. The Commission works with academic medical centers, community health centers, federal and state agencies, and a broad spectrum of community agencies and leaders to plan urban health policy, conduct research related to the health of the city's neighborhoods, and provide residents with access to health promotion and disease prevention. Core activities include communicable disease surveillance and control, maternal and child health services, substance abuse services, homeless services, environmental health functions, emergency medical services, and health data collection.

Boston University School of Public Health, Department of Community Health Sciences

Founded in 1976, Boston University School of Public Health offers master's and doctoral-level education in eight public health concentrations including biostatistics, environmental health, epidemiology, health law, bioethics and human rights, health policy and management, international health, maternal and child health, and social and behavioral sciences. The faculty conducts policy-changing public health research around the world with the mission of improving the health of populations—especially the disadvantaged, underserved, and vulnerable—locally, nationally and internationally. The faculty within the Department of Community Health Sciences has diverse interests, reflected in their scholarly areas of interest and expertise. These scholarly areas are reflected in their research, teaching, and community service and interactions. The Department applies common skills to all content, in the following areas: assessment, intervention, communication, community-based research and practice, system change/translation/dissemination, policy change/advocacy, and evaluation. Overarching areas

that are applied across the department include health and social disparities, gender and sexuality, urban health, and family and community health systems.

Centers of Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Adolescent and School Health (DASH)

NCCDPHP's mission is to lead efforts that promote health and well-being through prevention and control of chronic diseases. DASH is housed within NCCDPHP and promotes the health and well-being of children and adolescents to enable them to become healthy and productive adults. To achieve its mission, DASH works to 1) collect and report data on youth health risk behaviors and school-based health policies and programs, 2) expand the knowledge base to understand and address critical health risk behaviors among youth, 3) review research findings, identify effective policies and programs, and develop guidelines and implementation tools for schools to promote health among young people, and 4) provide funding and assistance to education and health agencies and national organizations to plan, implement, and evaluate effective school health policies and programs.

Centers Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is part of the Centers for Disease Control and Prevention (CDC), an agency of the U.S. Department of Health and Human Services (HHS). NCHHSTP houses most of CDC's HIV prevention activities under a single organizational home that also includes sexually transmitted disease (STD) prevention and tuberculosis (TB) elimination programs. As a leader in preventing and controlling HIV infection, viral hepatitis, STDs, and TB, NCHHSTP applies well-integrated, multidisciplinary programs of research, surveillance, risk factor and disease intervention, and evaluation.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (NCIPC), Division of Violence Prevention (DVP)

In 1992 the CDC established the NCIPC as the lead federal organization for violence prevention. The DVP is one of three divisions within NCIPC. DVP's mission is to create a society where people can live to their full potential by preventing violence and reducing its consequences. DVP is committed to stopping violence before it begins (i.e., primary prevention). This work involves: monitoring violence-related injuries; conducting research on the factors that put people at risk or protect them from violence; creating and evaluating the effectiveness of violence prevention programs; helping state and local partners plan, implement, and evaluate prevention programs; and conducting research on the effective adoption and dissemination of prevention strategies.

Centre for Addiction and Mental Health (CAMH), Centre for Prevention Science

The CAMH Centre for Prevention Science (CAMH-CPS) is part of the Child, Youth and Family program within the Department of Psychiatry at CAMH/University of Toronto. CAMH-CPS subscribes to a population health approach to promoting health and reducing risk, and it is committed to research on the prevention of risk-related behaviors among children and youth. CAMH-CPS houses the “Fourth R” project for schools, a comprehensive violence prevention and healthy relationship program that is currently implemented in over 1,200 schools across North America after completion of a rigorous evaluation in Ontario. The original “Fourth R” grade 9/10 curriculum was developed to help adolescents form healthy relationships and make better choices while they navigate critical developmental minefields such as substance use, sexual relationships, bullying, and violence. The Centre has developed and implemented Grades 9-12 English “Fourth R” Programs, a Grade 8 “Fourth R” program, a version for use with Alternative Education, Suspensions, and Expulsion programs, and an Aboriginal Perspective “Fourth R” curriculum.

Children’s Hospital of Pittsburgh of the University of Pittsburgh Medical Center, Division of Adolescent Medicine

The mission of the Division of Adolescent Medicine, Children’s Hospital of Pittsburgh of the University of Pittsburgh Medical Center is to improve the health and well-being of youth through: 1) accessible health care services for adolescents in the context of their family, culture, and community, 2) interdisciplinary adolescent health care education for health professional trainees and practitioners as well as youth, families, and communities, 3) research to increase understanding of disparities in adolescent health, promote adolescent health equity, and improve adolescent health outcomes, and 4) engagement with youth in their communities as adult allies and advocates.

Department of Health and Human Services, Office of Adolescent Health

The Office of Adolescent Health (OAH) coordinates adolescent health promotion and disease prevention programs and initiatives across the U.S. Department of Health and Human Services (HHS). OAH collects and disseminates information on adolescent health to the public and to health professionals. It works in partnership with other HHS agencies to support evidence-based approaches to improve the health of adolescents and monitors trends in adolescent health. OAH administers the Pregnancy Assistance Fund (PAF), a \$25 million competitive grant program. PAF funds states and tribes to provide pregnant and parenting adolescents and women with a seamless network of supportive services to help them complete high school or postsecondary degrees and gain access to health care, child care, family housing, and other critical support. PAF funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault and stalking.

Girl Scouts of the USA

From its willingness to tackle important societal issues, to its commitment to diversity and inclusiveness—Girl Scouts of the USA is dedicated to every girl, everywhere. It accomplishes this mission through leadership development, program development, research, education, and advocacy. In fact, through its advocacy efforts, Girls Scouts informs and educates key representatives of the government's legislative and executive branches about issues important to girls and Girl Scouting.

Green Dot, etc.

Green Dot, etc. is an organization built on the premise that violence can measurably and systematically be reduced in any given community. The organization believes that current research across disciplines, in combination with lessons learned from history, provides nearly all of the necessary puzzle pieces to create a successful model of violence prevention. Green Dot, etc. believes that any group committed to equipping itself with the necessary skills and willing to let go of historically ineffective approaches has the capacity to implement a successful violence prevention strategy. Though the primary mission of Green Dot, etc. is the reduction of power-based personal violence, it also recognizes the inextricable link between effective prevention and effective intervention. As such, Green Dot, etc. includes, within its mission, the strengthening of intervention services and strategies across forms of violence.

Idaho Coalition Against Sexual & Domestic Violence

The Idaho Coalition Against Sexual & Domestic Violence engages voices to create change in the prevention, intervention, and response to domestic violence, dating violence, stalking, and sexual assault. Established in 1980, the Idaho Coalition has grown to become a statewide membership network of over 80 domestic and sexual violence community-based programs, statewide governmental and non-governmental organizations, health care providers, law enforcement, victim witness units, prosecutors, and allied professionals. The Idaho Coalition has two projects addressing the primary prevention of adolescent dating abuse and sexual assault: *Start Strong Idaho*, which engages and educates middle school students, parents/caregivers, and adult influencers; and the Center for Healthy Teen Relationships, which engages and educates middle and high school students, parents/caregivers, and adult influencers.

Los Angeles Unified School District, Health Education Programs Unit

The Mission of the Health Education Programs Unit is to assist schools in providing for the health education needs of all the students and ensuring that campuses are violence and drug-free environments where students and other stakeholders can be safe and where all students can achieve their highest academic potential.

Men Can Stop Rape

Men Can Stop Rape seeks to mobilize men to use their strength for creating cultures free from violence, especially men's violence against women. In 1997, the founders of Men Can Stop Rape pioneered a different way of addressing the epidemic of violence against women. Though the majority of violent acts against women are committed by men, the vast majority of prevention efforts are risk-reduction and self-defense tactics directed at women. The founders wanted to shift the responsibility of deterring harm away from women by promoting healthy, nonviolent masculinity. Their vision offered a plan for prevention that outlines positive, proactive solutions to engaging men as allies, inspiring them to feel motivated and capable to end men's violence against women. More than a decade later, Men Can Stop Rape continues to mentor male youth and successfully mobilize them to prevent men's violence against women and other men; inspire young men to create their own positive definitions of masculinity, manhood, and strength; develop healthy relationships with others; embrace the concept of personal responsibility; work in partnership with female peers; and do their part to end violence and build safe communities.

National Institute of Justice

The National Institute of Justice (NIJ)—the research, development, and evaluation agency of the U.S. Department of Justice—is dedicated to improving knowledge and understanding of crime and justice issues through science. NIJ provides objective and independent knowledge and tools to reduce crime and promote justice, particularly at the state and local levels. NIJ was created in 1969 and has been in the forefront of nearly every innovation in criminal justice research and policy since. Understanding the nature of criminal careers, the effects of sanctions, the ways technology can improve practice, and the operations of the criminal justice system have all been deeply influenced by NIJ research findings.

NORC at the University of Chicago

Founded in 1941, NORC at the University of Chicago is an independent non-profit organization that applies academic excellence, innovative and rigorous methods, and a collegial philosophy to the most pressing and complex issues in health and related fields. NORC helped to establish and continues to strengthen the rapidly evolving field of social science research. Numerous data collection and analytical tools that now set the industry standard were pioneered at NORC. NORC's work continues to inform decision makers and provides the foundation for evidence-based decisions. In the area of violence, NORC's 1966 landmark study, *Criminal Victimization in the United States*, was the predecessor to the annual *National Crime Victimization Survey* now conducted by the Bureau of Justice Statistics. Since then, NORC has consistently taken a comprehensive look at the justice system, examining the perspectives of its primary participants: institutions that oversee the administration of justice; crime victims and their experiences; those who commit crime; and the general public.

RTI International

RTI International is one of the world's leading independent, nonprofit research and development organizations. Established in 1958 as the Research Triangle Institute, RTI has a distinguished history of scientific achievement in the areas of health, education, survey research, advanced technology, international development, energy and the environment, and economic and social research. RTI's staff of more than 2,800 supports projects in more than 40 countries. The Crime, Violence, and Justice Research Program within RTI has a research staff with professional backgrounds in criminology, economics, law, psychology, public health, and sociology. This versatile team of researchers, using both traditional and multidisciplinary approaches, is dedicated to building knowledge and informing policy and practice.

Rutgers University, Answer

Answer, based at Rutgers University, aims for sexuality to be understood, respected, valued, and celebrated. Answer's mission is to provide and promote comprehensive sexuality education to young people and the adults who teach them. Staff at Answer believe that knowledge is helpful, not harmful; young people offer an essential and unique perspective; teens are responsible decision makers; diversity should be respected and embraced; young people benefit when parents, educators and other adults work in partnership; and speaking out to create a sexually literate and informed society makes a difference.

Start Strong

Start Strong: Building Healthy Teen Relationships is a national program of the Robert Wood Johnson Foundation (RWJF) in collaboration with Futures Without Violence, formerly Family Violence Prevention Fund. *Start Strong* is the largest initiative ever funded to target 11 to 14 year olds and rally entire communities to promote healthy relationships as the way to prevent teen dating violence and abuse. The initiative brings together a wide variety of partners in 11 communities across the country to tackle this issue and empower young people to support safe and healthy relationships and ensure violence and abuse are never tolerated. The *Start Strong* model uses innovative strategies to 1) educate and engage youth in schools and out of school settings, 2) educate and engage teen influencers such as parents/caregivers, teachers, and other mentors, 3) change policy and environmental factors, and 4) implement effective communications/social marketing strategies.

Strategic Prevention Solutions

Strategic Prevention Solutions is a small research firm in Seattle, Washington that specializes in working with national, state, community, and tribal entities to address and prevent social and health problems. The company specializes in intimate partner and sexual violence prevention and services evaluation, bullying and violence prevention in schools, and substance abuse prevention and treatment among diverse communities, including Native, women, and youth populations.

The College of New Jersey, Center for Youth Relationship Development

The Center for Youth Relationship Development at The College of New Jersey seeks to understand emotional and cognitive processes that help explain which youth are likely to develop relationship problems. A particular interest is youth with a history of victimization. Research at the Center integrates work on the development of romantic life with that on victimization and sexuality. The focus is on multiple facets of romantic life, considering not only romantic relationships but also romantic experiences that occur when a romantic relationship per se does not exist (e.g., “hooking up,” sexual relationships, and passionate friendships). Romantic development is considered in varied contexts, including relationships with family, friends, and the larger social network that takes place in home, school, and community settings. The Center fulfills its mission by: 1) conducting theory-based research using person-centered as well as variable-oriented methodologies, 2) developing evidence-based interventions, and 3) educating students and professionals on research findings and methods, and intervention strategies.

University of California, San Francisco (UCSF): Department of Pediatrics, Division of Adolescent and Young Adult Medicine

The Division of Adolescent and Young Adult Medicine at UCSF is dedicated to improving the health and well-being of adolescents. Using interdisciplinary approaches, it aims to provide exemplary clinical care; advance knowledge through leading-edge research; translate, synthesize, and disseminate state-of-the-art knowledge in clinical practice, research, and health care policy to the broader community; and train the next generation of leaders in adolescent health.

University of California, San Francisco (UCSF): School of Nursing

The UCSF School of Nursing uses its educational, research, and clinical expertise—and its global leadership position—to anticipate and respond to the rich and ever-changing environment in which it trains diverse health care professionals, conducts research, delivers care, and provides public service. The School’s Nursing Leadership in Adolescent and Young Adult Health Program (NLAYAH) offers advanced specialization in adolescent and young adult health to Master’s and Doctoral students. NLAYAH trains nurse leaders as clinicians, educators, and researchers to improve the physical and mental health of California’s ethnically diverse, underserved adolescents and young adults.

University of North Carolina at Chapel Hill, Gillings School of Global Public Health, Department of Health Behavior and Health Education

The Department of Health Behavior and Health Education (HBHE) in the Gillings School of Global Public Health educates graduate students through field practice, research, and classroom teaching in multiple aspects of health-related social and behavioral change at the population, community, organization, family and individual levels. The Department offers research training in several specialized areas and maintains cross-disciplinary relationships with other departments and research centers throughout the University.

University of North Carolina at Chapel Hill, Gillings School of Global Public Health, Department of Maternal & Child Health

Founded in 1950, the Department of Maternal and Child Health (MCH) is one of the world's leading academic departments for MCH research, teaching and practice. The Department's mission is to integrate its teaching, research, technical assistance, and consultation programs to promote and improve the health status of specific population groups: women in their reproductive years, children and adolescents (including those with special needs), and families in U.S. domestic and global settings. Health is defined in the broadest sense to include physical, political, economic, cultural and psychosocial factors. The teaching program provides students with broad exposure to MCH population needs and priorities domestically and globally and the skills needed to become MCH leaders of tomorrow. MCH faculty represent a rich mix of academic backgrounds and interests, contributing expertise and leadership in a wide range of MCH disciplines.

University of Denver, The Relationship Center

The Relationship Center is a research laboratory devoted to the study of relationships. For the last 12 years, the primary study in the Relationship Center has been Project Star, a longitudinal study of romantic relationships. The primary goals of the project are to: a) examine the development of romantic relationships, b) examine links with other close relationships, and c) examine associations with adjustment. Two hundred participants were recruited in the 10th grade and now are 26-27 years of age. Eight waves of data have been collected, with three more planned, following the participants until they are 30 years of age. The data include: a) questionnaires completed by participants, partners, parents, and friends, b) interviews, c) observations, and d) diaries. The project has been funded by the National Institute of Mental Health and the National Institute of Child Health and Human Development.

Vassar College, Department of Psychology

Founded in 1908, the Department of Psychology at Vassar College includes a psychology curriculum that is broad and deep, supported by a large and diverse faculty whose areas of expertise encompass the full spectrum of academic psychology: cognition and perception, social psychology, personality and individual differences, developmental, experimental, behavioral, and physiological psychology, psychopathology, statistics and experimental design, neuroscience and behavior, health psychology, cross-cultural psychology, sports psychology, behavior genetics, and comparative psychology. At all levels, students have opportunities to work closely with faculty on significant research in such areas as positive emotions and coping, psychology in the law, brain development and behavior in adolescence, personality disorders and interpersonal processes, behavioral neuroendocrinology and gene expression, and knowledge and cognition in humans and artificial agents.

Virginia Commonwealth University School of Nursing

Virginia Commonwealth University (VCU) School of Nursing, located in Richmond, VA, has worked with Richmond's neighborhoods and communities to improve the quality and access to health care for Richmond's most vulnerable and underserved populations since its establishment in 1893. Today, its students, faculty, staff, and alumni continue to improve the health of those in need. VCU's "Nursing Students Without Borders" participate in an annual trip to provide health care abroad. Locally, faculty and students volunteer their time at community clinics that serve the underserved. The Community Nursing Organization partners with neighborhoods and communities to develop innovative programs that decrease health disparities and inequities with underserved adolescents, particularly African American and Latino youths and their families.

Washington State Coalition against Domestic Violence

Washington State Coalition against Domestic Violence (WSCADV) provides "advocacy support"—the training, technical assistance, and other resources that support the work of its member programs. WSCADV also informs policymakers, the media, and others concerned about domestic violence. WSCADV is well known for its *Domestic Violence Fatality Review Project*, an annual analysis of the circumstances surrounding domestic violence-related deaths in Washington State, and for leadership in the public policy arena

Wellesley Centers for Women

The Wellesley Centers for Women is one of the largest gender-focused research-and-action organizations in the world. Scholars at the Centers conduct social science research and evaluation, develop theory and publications, and implement training programs on issues that put women's lives and women's concerns at the center. Since 1974, its work has generated changes in attitudes, practices, and public policy.

York University, Department of Psychology and LaMarsh Centre for Child and Youth Research

York University is Canada's third-largest university, with 48,000 undergraduates and 6,000 graduate students. Its two campuses are located in the heart of the Greater Toronto area, Canada's largest metropolis. The Psychology Department is the largest in Canada, with 70 faculty members and seven graduate programs, including two clinical programs. The LaMarsh Centre, one of 28 Organized Research Units at York, includes faculty and student researchers and supports community-engaged interdisciplinary research in health, education, relationships and development of infants, children, adolescents, emerging adults, and families everywhere