



Adolescent sexual violence: Prevalence, adolescent risks, and violence characteristics



Quyên M. Ngo^{a,*,1,2}, Philip T. Veliz^{b,*,2,3,4}, Yasamin Kusunoki^{c,3,4}, Sara F. Stein^{d,1,5,6}, Carol J. Boyd^{e,2,4}

^a Department of Emergency Medicine's Injury Prevention Center and the Institute for Research on Women and Gender at the University of Michigan, Ann Arbor, MI, United States of America

^b School of Nursing, University of Michigan, 1136 Lane Hall, 204 S. State St., Ann Arbor, MI 48109, United States of America

^c Department of Systems, Populations and Leadership in the School of Nursing and the Institute for Social Research (ISR) at the University of Michigan, 426 Thompson St, Ann Arbor, MI 48104, United States of America

^d School of Social Work, the Department of Psychology and the Injury Prevention Center at the University of Michigan, 1080 S. University Ave, Ann Arbor, MI, 48109, United States of America

^e Department of Health Behavior and Biological Sciences in the School of Nursing and the Institute for Research on Women and Gender (IRWG) at the University of Michigan, 400 North Ingalls St., Ann Arbor, MI 48104, United States of America

ARTICLE INFO

Keywords:

Sexual violence
Adolescents
Perpetrating
Victimization
Sex differences
Substance use
Depression
Attention deficit hyperactivity disorder
Conduct disorder

ABSTRACT

The purpose of this research is to investigate peer-to-peer sexual violence victimization and perpetration among male and female adolescents in a large, racially and economically diverse, community-based sample. Using cross-sectional data over a four-year period (2009–2013) from a regional sample of middle school and high school students in southeastern Michigan, we examined the prevalence and correlates of peer-to-peer sexual violence victimization and perpetration among adolescents. 33.9% of males and 53.5% of females reported sexual violence victimization, while 22.8% of males and 12.6% of females reported sexual violence perpetration. The majority of peer-to-peer sexual victimization and perpetration occurred by someone of the opposite sex, however, same-sex victimization and perpetration were not uncommon. Substance use, depression, Attention Deficit Hyperactivity Disorder (ADHD), and conduct disorder were associated with peer-to-peer sexual violence (victimization or perpetration) for both males and females, with few differences in the patterns of associations by sex. These findings are an important step in better understanding the types of peer-to-peer sexual violence that adolescents experience and risk factors for both male and female youth.

1. Introduction

Adolescent sexual violence, including peer-to-peer sexual violence, is a significant public health issue in the United States with one-in-ten youth reporting experiences of sexual violence (Finkelhor et al., 2009). Although much attention has focused on sexual violence among

emerging adults, particularly college students, adolescence is a significant developmental period during which youths' sexual behaviors emerge and sexual experimentation often occurs (Tolman and McClelland, 2011). Additionally, previous literature has focused on adolescent sexual violence from the child maltreatment perspective or focused specifically on dating partners, with much less known

Abbreviations: ADHD, Attention Deficit Hyperactivity Disorder; CRAFFT, alcohol abuse screener (i.e., Car, Relax, Alone, Forget, Friends, Trouble); DAST-10, Drug Abuse Screening Test, Short Form; GEE, Generalized Estimating Equations; SLS, Secondary Student Life Survey; YSR/11-18, Youth Self Report

* Corresponding author.

** Correspondence to: P. T. Veliz, 400 North Ingalls St., School of Nursing, University of Michigan, Ann Arbor, MI 48104, United States of America.

E-mail addresses: qen@med.umich.edu (Q.M. Ngo), ptveliz@umich.edu (P.T. Veliz), kusunoki@umich.edu (Y. Kusunoki), steinsf@umich.edu (S.F. Stein), carboyd@med.umich.edu (C.J. Boyd).

¹ 2800 Plymouth Rd., Ann Arbor, MI 48109.

² 1136 Lane Hall, 204 S. State St., Ann Arbor, MI 48109.

³ 426 Thompson St, Ann Arbor, MI 48104.

⁴ 400 North Ingalls St., Ann Arbor, MI 48104.

⁵ 1080 S. University Ave, Ann Arbor, MI 48109.

⁶ 530 Church St., Ann Arbor, MI 48109.

<https://doi.org/10.1016/j.ypmed.2018.08.032>

Received 25 January 2018; Received in revised form 5 July 2018; Accepted 27 August 2018

Available online 05 September 2018

0091-7435/ © 2018 Published by Elsevier Inc.

regarding peer-to-peer sexual violence victimization and perpetration (Hickman et al., 2004). Moreover, although there is literature linking personal and familial factors to increase risk of sexual violence victimization, less is known regarding peer-to-peer sexual violence. Consequently, additional study of peer-to-peer adolescent sexual violence perpetration and victimization can provide important clues as to behavioral trajectories that may influence development well into adulthood.

Sexual violence encompasses contact and non-contact sexual experiences that are unwanted and where consent was not or could not be obtained. It has generally been accepted that sexual violence victims are by and large females and that sexual violence perpetrators are, for the most part, males. However, these perceptions have resulted in a dearth of research on female sexual violence perpetration and male sexual violence victimization, and the overlap between perpetrators and victims. Overall, the little research on peer-to-peer adolescent sexual violence has focused on victimization (Hamby, 2014), with earlier studies focused primarily on adolescent female sexual violence victimization (Rickert et al., 2004), and only recently, have studies expanded to include adolescent male experiences of sexual violence victimization (Gruber and Fineran, 2015). In one of the few studies of peer-to-peer adolescent sexual violence perpetration, Espelage and colleagues (Espelage et al., 2012) examined the link between contact and non-contact sexual violence perpetration over time. The researchers found that non-contact sexual violence perpetration, non-sexual bullying perpetration, and homophobic teasing at baseline was associated with non-contact sexual violence perpetration at a later follow-up, and that contact sexual violence perpetration at baseline was associated with subsequent contact sexual violence. There were no differences by age, sex, or race. Although this study established a potential connection between sexual violence perpetration over time, it did not account for the role of victimization on perpetration, nor the presence of other risk factors associated with sexual violence such as mental health (Brown et al., 2015; Dahlqvist et al., 2016) or substance use (Brown et al., 2015; Quinonez et al., 2016). Overall, there is a need for a better understanding of the prevalence and characteristics of adolescent experiences of sexual violence.

Accordingly, this study adds significantly to the literature as we examined the prevalence of sexual violence victimization and perpetration among both male and female adolescents in a large, racially and economically diverse, community-based sample of adolescents. Moreover, we examined adolescent risk factors including mental health symptoms and substance use, as well as several characteristics of sexual violence by sex. This descriptive study is an essential first-step in understanding the scope and significance of this public health problem, to better inform adolescent sexual violence interventions.

2. Methods

2.1. Participants and setting

The sample includes adolescents from five public middle and high schools in southeastern Michigan (for more details regarding the SSLS, refer to the following publications) (Boyd et al., 2006a; Boyd et al., 2006b; Boyd et al., 2004; Boyd et al., 2006c; Boyd et al., 2007; Young et al., 2011). Data came from the cross-sectional web-based Secondary Student Life Survey (SSLS) conducted during the fall months on an annual basis across a four-year period (2009–10 through 2012–13 school years) among 7th–12th graders. Active parental consent and adolescent assent were obtained and the appropriate Institutional Review Board approval and a Certificate of Confidentiality was obtained. The response rate for this study was 68% based on guideline #2 (RR2) of the American Association for Public Opinion Research (The American Association for Public Opinion Research, 2015). The final response rate is comparable to other national school-based studies using comparable data collection procedures (Brenner et al., 2013).

The sample included 5217 unique adolescent respondents across the four waves of the study. We excluded 552 adolescents across the four waves due to incomplete data, leaving a final sample of 4665 respondents (1688 respondents participated in one wave, 1247 participated in two waves, 972 participated in three waves, and 758 participated in all four waves). Excluded adolescents were more likely to be male (54.9% versus 48.9%; $\chi^2 = 6.95$, $p < .01$), Black (54.2% versus 31.3%; $\chi^2 = 113.61$, $p < .001$), and participated in the SSLS during the 7th and 8th grade (36.4% versus 26.2%; $\chi^2 = 30.27$, $p < .001$).

2.2. Dependent variables

The SSLS included sex-specific questions on the frequency of sexual victimization and sexual perpetration during the past 12 months that assessed multiple types of sexual acts: (Young et al., 2011; Koss and Gidycz, 1985) (Finkelhor et al., 2009) victimization - being stared at in a sexual way/perpetration - staring at someone in a sexual way, (Tolman and McClelland, 2011) victimization - being teased in a sexual way/perpetration - teasing someone in a sexual way, (Hickman et al., 2004) victimization - receiving unwanted sexually obscene phone calls/perpetration - making unwanted sexually obscene phone calls, (Hamby, 2014) victimization - receiving unwanted sexual messages/perpetration - making unwanted sexual messages, (Rickert et al., 2004) victimization - receiving unwanted kisses, hugs, and touching/perpetration - giving unwanted kisses, hugs, and touching, and (Gruber and Fineran, 2015) victimization - being made to have unwanted sexual intercourse/perpetration - making someone have unwanted sexual intercourse.

At each wave, a dichotomous measure for each sexual act was created for the six parallel items for victimization and perpetration. All six items were combined separately for victimization and perpetration to make a single dichotomous measure for past-year prevalence of sexual victimization ($\alpha = 0.791$) and perpetration ($\alpha = 0.785$) across each wave. Moreover, a set of additional dichotomous measures were also created to assess past-year prevalence of non-physical ($\alpha = 0.778$) and physical victimization ($\alpha = 0.453$) across each wave, and non-physical ($\alpha = 0.756$) and physical perpetration ($\alpha = 0.465$) across each wave. It should be noted that items (Finkelhor et al., 2009) through (Hamby, 2014) consisted of the non-physical construct, and items (Rickert et al., 2004) through (Gruber and Fineran, 2015) consisted of the physical construct.

2.3. Independent variables

We assessed several mental health problems by using the Youth Self Report (YSR/11-18) in the analyses (Achenbach and Rescorla, 2001). The YSR/11-18 assesses behavioral and emotional problems in children between the ages of 4 and 18 and includes scales consistent with DSM-IV diagnostic categories of ADHD, affective problems, anxiety problems, and conduct problems (Achenbach and Rescorla, 2001). Continuous variables based on T-scores obtained through proprietary software (Achenbach and Rescorla, 2001) were used to account for severity of ADHD ($\alpha = 0.791$), depression ($\alpha = 0.827$), anxiety ($\alpha = 0.737$), and conduct disorders ($\alpha = 0.882$). For the analyses, dichotomous variables were created to assess respondents who had clinically significant symptom levels for the respective measures of mental health problems (i.e., a t-score of 69 or higher) at each wave of the SSLS.

Analyses also included variables to account for potential substance use problems. The Drug Abuse Screening Test, Short Form (DAST-10) measures drug related problems (Skinner, 1982). Respondents with past-year drug use were asked whether they had experienced any of 10 drug-related problems in the past 12 months. Respondents who positively endorsed two or more items were considered at risk for drug abuse or dependence and assigned a value of 1 (Skinner, 1982; French et al., 2001). The CRAFFT was also used to measure lifetime symptoms related to alcohol or drug abuse (Knight et al., 1999). The “CRAFFT” assesses 6 different aspects of alcohol abuse (i.e., Car, Relax, Alone,

Download English Version:

<https://daneshyari.com/en/article/10143826>

Download Persian Version:

<https://daneshyari.com/article/10143826>

[Daneshyari.com](https://daneshyari.com)