Characteristics of Violence Among High-Risk Adolescent Girls

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ABSTRACT

Introduction: Recent evidence demonstrates increasing rates of involvement with violence among adolescent girls. The objective of this study was to describe the types and sources of violence experienced within social contexts of adolescent girls at high risk for pregnancy.

Method: Qualitative data for this analysis are drawn from intervention summary reports of 116 girls participating in *Prime Time*, a youth development intervention for adolescent girls. Descriptive content analysis techniques were used to identify types and sources of violence experienced by girls within their daily contexts.

Results: Types of violence included physical fighting, witnessing violence, physical abuse, gang-related violence, verbal fighting, verbal abuse, and sexual abuse. Sources of violence included family, peers and friends, romantic partners, community violence, and self-perpetrated violence. Many girls in this study experienced violence in multiple contexts.

Discussion: It is imperative that efforts to assess and prevent violence among adolescent girls include paying attention to the social contexts in which these adolescents live. J Pediatr Health Care. (2014) *28*, 227-233.

KEY WORDS

Adolescent girls, violence, social context

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Involvement with violence among adolescent girls is a significant public health issue. Recent evidence demonstrates increasing rates of violence among adolescent girls (Chesney-Lind, 2011; Moretti, Catchpole, & Odgers, 2005; Puzzanchera, Stahl, Finnegan, Tierney, & Snyder, 2003). National data from the 2009 Youth Risk Behavior Survey indicate that among 9th- to 12th-grade girls, 22.9% had been in a physical fight and 21.2% had been bullied on school property within the past 12 months (Centers for Disease Control and Prevention [CDC], 2008). To date, few studies have examined risk factors associated with violence among girls (Adamshick, 2010). Relatively little is known about contexts that contribute to girls' involvement in violence (Moretti et al., 2005).

In addition to increasing risk for physical injury and emotional harm, violence involvement is known to cluster with other problem behaviors (United States Department of Health and Human Services [USDHHS], 2001). Involvement in physical violence increases adolescent girls' likelihood of engaging with aggressive peer groups, having antisocial romantic partners, becoming pregnant and giving birth as a teen, and engaging in aggressive parenting practices (Kirby, 2007; Pepler et al., 2004). Furthermore, patterns

of involvement with violence during adolescence have important implications for violent behavior during adulthood. Specifically, adolescents who are exposed to high levels of violence are at increased risk of developing trajectories of violence that persist into their adult years. Among serious adolescent violent offenders, up to 70% of girls continue to engage in aggressive and violent behaviors in adulthood (USDHHS, 2001).

Among mixed-gender groups of adolescents, risk factors for violence occur within family, peer, and community contexts. Within families, child maltreatment, harsh and inconsistent disciplinary practices, physical punishment, parental aggression, and high levels of family conflict and violence have all been linked to aggressive and violent behaviors during adolescence (DiClemente et al., 2001; Herrenkohl et al., 2000). Within peer contexts, adolescents whose friends engage in substance use and violent and criminal behaviors are more likely to be involved in violence (Hawkins et al., 1998; Lipsey & Derzon, 1998). At a community level, adolescents who live in neighborhoods and communities characterized by high levels of social disorganization, poverty, crime and gang activity, scarcity of economic opportunities, and low levels of citizen engagement are at increased risk for involvement in violence (Hawkins et al., 1998; Kramer, 2000; Kroneman, Loeber, & Hipwell, 2004; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Valois, MacDonald, Fischer, & Drane, 2002; Yonas, O'Campo, Burke, & Gielen, 2007).

As noted previously, few studies have specifically examined factors that increase girls' risk for involvement in violence. Known risk factors for violent behaviors among girls include a history of violence victimization, experiences of physical and sexual abuse, mental health problems, family disruption, and high levels of neighborhood disorganization (Burman, 2003; Molnar, Browne, Cerda, & Buka, 2005; Moretti et al., 2005; Odgers & Moretti, 2002). Findings from the 2010 qualitative study by Adamshick examining the experience of girl-to-girl aggression suggest that for marginalized girls, involvement in violence provides self-protection, expresses identity, and offers a means for finding attachment, connection, and friendship.

> A clear understanding of the social contexts associated with violent behaviors among high-risk adolescent girls can facilitate the design of relevant clinic services and interventions.

Although the link between involvement in violence and negative health outcomes is well established, less is known about the social contexts of adolescent girls that either encourage or discourage violent behaviors. The purpose of this qualitative descriptive study is to identify the types and sources of violence experienced within social contexts of adolescent girls at high risk for negative health and social outcomes. A clear understanding of the social contexts associated with violent behaviors among high-risk adolescent girls can facilitate the design of relevant clinic services and interventions.

METHODS

Overview of *Prime Time* Intervention Study

Qualitative data about types and sources of violence for this article were drawn from intervention summary reports of girls participating in a randomized controlled trial of *Prime Time*, a youth development intervention to reduce multiple risk behaviors including involvement in violence, sexual risk taking, and school disconnection among high-risk adolescent girls. Designed for use by clinics, the *Prime Time* intervention included a combination of one-on-one case management and peer leadership programming over an 18-month period. During the 18-month intervention, case managers met regularly with individual participants and established consistent, trusting relationships in which they and the teen could address risk and protective factors targeted by the intervention. Case management visits focused on a core set of topics including emotional and social skills and positive family, school, and community involvement. Case managers' practice followed mandated reporting laws.

Evaluation of *Prime Time* utilized multiple data collection strategies, including quantitative survey data from participants and qualitative intervention summary reports from intervention staff. Research design, inclusion criteria, intervention and evaluation methods, and outcomes from the *Prime Time* randomized controlled trial are described elsewhere (Shlafer, McMorris, Sieving, & Gower, 2013; Sieving, McMorris, et al., 2011; Sieving, Resnick, et al., 2011; Tanner, Secor-Turner, Garwick, Sieving, & Rush, 2012). All study procedures were approved by the Institutional Review Boards of the university and participating clinics.

Sample

The sample for the current study consists of intervention condition participants for whom a qualitative intervention summary report—including entries at 6, 12, and 18 months after study enrollment—was available. Thus this study's sample included 116 girls (92% of all intervention condition participants). Intervention summaries were not available for 10 intervention participants who did not engage in intervention activities.

Baseline characteristics of the sample for the current study are provided in Table 1. Similar to the full *Prime Time* study sample, this subsample had a mean age of 15.7 years at study enrollment. The