

Abstract:

Adolescent relationship abuse is common among adolescents seeking care in the emergency department (ED). Adolescent relationship abuse is a health issue; adolescents experiencing relationship abuse are at increased risk for multiple, severe short- and long-term consequences. Adolescents endorse providers screening for adolescent relationship abuse. Although universal screening of all adolescents regarding adolescent relationship abuse is ideal, targeted screening for highest-risk teens may be the most practical. The ED provides medical care to many high-risk youth without any source of primary care, thus making the ED an ideal site for adolescent relationship abuse screening and interventions. Limited research suggests that emergency department-based interventions may be an effective means to address adolescent relationship abuse. Additional studies are necessary to further develop and promote adolescent relationship abuse interventions in the ED.

Keywords:

adolescent relationship abuse; emergency department;
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Adolescent Relationship Abuse: How to Identify and Assist At-Risk Youth in the Emergency Department

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Adolescent relationship abuse (ARA) is common among adolescents in the emergency department (ED).¹⁻⁵ *Adolescent relationship abuse* is defined as a pattern of repeated acts in which a person physically, sexually, or psychologically abuses another person in the context of a dating relationship in which both partners are minors.⁶ *Adolescent relationship abuse* is an all-encompassing definition of abuse that includes physical abuse, sexual abuse, psychological/emotional abuse, cyber abuse, and reproductive coercion.⁶ Cyber abuse and reproductive coercion are more recently recognized forms of relationship abuse. Cyber abuse consists of using social media such as e-mail, texting, Facebook, and/or Twitter to perpetrate abuse against a romantic partner or interest. Reproductive coercion pertains to using methods to interfere with a partner's

contraceptive practices and/or pregnancy.⁶ Common methods of reproductive coercion include hiding or withholding birth control pills or poking holes into condoms to promote pregnancy.⁶

Both the American Academy of Pediatrics and the United States Department of Health and Human Services have recently identified reduction in ARA as an important target to improve adolescent health outcomes. In a 2009 policy statement on youth violence prevention, the American Academy of Pediatrics encouraged “early anticipatory guidance about adolescent cognitive and social development, relationship dynamics, and the risks of teen dating violence is paramount as part of a primary prevention strategy.”⁷ Additionally, one of the Healthy People 2020 goals is to improve adolescent safety and reduce sexual assault and violence by intimate partners.⁸

WHO IS AT RISK FOR ARA?

Adolescent relationship abuse affects males and females of all races/ethnicities in both heterosexual and homosexual relationships, and spans all socioeconomic statuses.^{1,3,9,10} Recent studies estimate the prevalence of ARA to be 10.3 to 66.3%, or affecting 1 out of every 3 to 10 teens.^{11–13} This wide range in ARA prevalence is likely due to the varying types of ARA and variable time frames for assessment; many studies have commonly included only physical and/or sexual abuse. For instance, results from the 2013 Youth Risk Behavior Surveillance of 13633 nationally representative youth in 9th to 12th grade demonstrated a prevalence of 10.3% for ARA physical abuse and a prevalence of 10.4% for ARA sexual abuse in the past 12 months.¹³ As would be expected, the prevalence of ARA increases when assessing for additional types of ARA. Using a more comprehensive definition of ARA among 5647 adolescents, Zweig et al¹¹ found the overall prevalence of ARA in the preceding year to be 66.3%, with 47.2% reporting psychological abuse, 29.9% reporting physical abuse, 26.3% reporting cyber abuse, and 13% reporting sexual abuse.

Of note, unlike adult intimate partner violence, where the woman is most often the victim, the rates of ARA victimization and perpetration are similar between adolescent girls and boys.^{5,14} It is also more common to find reciprocal abuse between adolescents, where one partner may be both the victim and perpetrator of abuse.¹¹ Similar to the literature focusing on adults, ARA may be a learned behavior. One study found that being a victim of ARA in one relationship was associated with perpetrating ARA in future dating relationships.¹⁵

CONSEQUENCES OF ARA

Adolescents experiencing relationship abuse are at increased risk for multiple, severe, short- and long-term consequences. Adolescent relationship abuse is associated with other high-risk behaviors such as substance use, weapon carrying, fighting with peers, early initiation of sexual activity, and multiple sexual partners.^{16–21} It is also associated with poor health outcomes, including pregnancy, sexually transmitted infections, depression, and suicide risk.^{19,22,23} Adolescents who experience ARA are more likely to be involved in abusive relationships as adults, thus perpetuating the cycle of violence and its attendant negative outcomes.²⁴ In addition, adolescent girls are at high risk for severe injuries and mortality from ARA. Up to one third (32%) of homicides involving females aged 11 to 18 years are committed by an intimate partner.^{25,26} In contrast, female dating partners were responsible for only 1% of homicides in their male partners.²⁶

ARA IN THE ED POPULATION

The ED serves a high-risk population, with up to 55% of adolescents reporting ARA victimization and up to 59% reporting perpetration.^{1–5} Youth seeking care in the ED are often at increased risk for behaviors and health states associated with ARA, including substance use, depression, history of physical or sexual abuse, intentional injury, physical fights with peers, and carrying weapons.^{1,14,21,27} Females involved in ARA are more likely to present to the ED for a gynecological evaluation or have a prior visit to the ED in the past year for intentional injury.^{3,14} Among males in the ED, those previously treated for a sexually transmitted infection were more than 5 times as likely to be involved in ARA.¹

For many adolescents who use emergency services, the ED is their only or primary source of health care.²⁷ Nearly half (46%) of adolescents in the 2007 National Survey of Children’s Health did not have a primary medical provider or facility where they receive annual preventive care and nonemergent sick care,²⁸ thereby limiting opportunities for screening in the primary care setting. In addition, the ED is a point of contact for adolescents not currently attending school who therefore miss opportunities for school-based ARA interventions, which are becoming increasingly more common. Thus, the ED provides a unique opportunity to screen and educate adolescents about ARA, potentially changing a lifetime trajectory of violence and abuse.

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