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Age of onset for physical and sexual teen dating violence perpetration: A longitudinal investigation

Ryan C. Shorey[a,*], Joseph R. Cohen[b], Yu Lu[c], Paula J. Fite[d], Gregory L. Stuart[e], Jeff R. Temple[c]

[a] Ohio University, United States
[b] University of Illinois, United States
[c] University of Texas Medical Branch -, Galveston, United States
[d] University of Kansas, United States
[e] University of Tennessee, Knoxville, United States

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ABSTRACT

Teen dating violence (TDV) is a serious and prevalent public health problem. TDV is associated with a number of negative health consequences for victims and predicts violence in adult relationships. Thus, efforts should be devoted to the primary prevention of TDV. However, only a few studies have examined when the risk for the first occurrence of TDV is greatest. Continued research in this area would inform the timing of, as well as developmentally appropriate strategies for, TDV primary prevention efforts. The current study examined at which age (s) the risk for TDV perpetration onset was greatest. Utilizing a panel-based design, a sample of racially/ethnically diverse high school students (N = 872; 56% female) from the Southwestern United States completed self-report surveys on physical and sexual TDV perpetration annually for six years (2010 to 2016). Findings suggested that the physical TDV risk of onset was at or before ages 15 to 16 for females and at or before age 18 for males. For sexual TDV perpetration, risk was similar for males and females during adolescence, before uniquely increasing for males, and not females in emerging adulthood. Findings highlight the need for TDV primary prevention programs to be implemented early in high school, and potentially in middle school.

1. Introduction

Teen dating violence (TDV) is a prevalent and serious public health problem. Each year as many as 20% of adolescents are victimized by or perpetrate physical TDV and 10–20% are victimized by or perpetrate sexual TDV (Choi and Temple, 2016; Shorey et al., 2008). With the exception of sexual TDV, which is more frequently perpetrated by males, the prevalence of TDV is similar for both genders (Shorey et al., 2008). In addition, victims of TDV, relative to non-victims, evidence a number of negative outcomes, including depressive and posttraumatic stress symptomatology (Exner-Cortens et al., 2013; Wolitzky-Taylor et al., 2008), alcohol and drug use (Parker et al., 2016), sexually transmitted infections and risky sexual behavior (Silverman et al., 2001; Shorey et al., 2015), and suicidal ideation (Nahapetyan et al., 2014). Thus, it is imperative that effective primary prevention programs for TDV perpetration be implemented.

A number of TDV prevention programs are being implemented and have been empirically examined with adolescents (e.g., De La Rue et al., 2017; O'Connell et al., 2009). However, research on *when* (i.e., at what age) primary prevention programs for TDV perpetration should be implemented is scarce. The lack of research remains despite calls from researchers to implement primary prevention programs for TDV perpetration (e.g., Foshee and Reyes, 2009; Whitaker et al., 2006), as interventions for reducing violence, once violence has been established in a relationship, are minimally effective (De La Rue et al., 2017; Shorey et al., 2012). Adolescence represents a sensitive time for the development of TDV perpetration (Johnson et al., 2015), with middle adolescence and emerging adulthood (i.e., ages 15–25) representing the period when risk for intimate partner violence (IPV) is greatest (Johnson et al., 2015; O'Leary and Smith Slep, 2003). Identifying the time periods of greatest risk for the emergence of these violent behaviors is critical for effective primary prevention programming due to the remarkable stability of TDV perpetration throughout adolescence and during the transition into adulthood (Johnson et al., 2015; O'Leary and Smith Slep, 2003).

To date, few studies have examined at what age(s) the risk for the onset of TDV perpetration is greatest. Bonomi et al. (2012), in a sample of college students utilizing retrospective self-report, demonstrated that, for females, the first instance of physical TDV *victimization* occurred between the ages of 16–17 for 66.7% of victims and the first

* Corresponding author at: Ohio University, Department of Psychology, 239 Porter Hall, Athens, OH 45701, United States.
E-mail address: shorey@ohio.edu (R.C. Shorey).

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instance of sexual TDV *victimization* occurred between the ages of 16–17 for 62.5% of victims. For males, the first instance of physical TDV *victimization* occurred between the ages of 16–17 for 44.5% of victims and the first instance of sexual TDV *victimization* occurred between the ages of 16–17 for 41.7% of victims. Johnson et al. (2015) also demonstrated that between the ages of 13–16, approximately 13% of males and 20% of females had perpetrated physical TDV, with these rates increasingly slightly (i.e., 19% and 23% for males and females, respectively) from ages 17–20. Thus, mid-adolescence appears to be a particularly risky time period for the onset of TDV, although there is a lack of research that has prospectively examined at which age(s) the risk for onset of TDV perpetration is greatest.

The importance of determining the age of onset of TDV perpetration is amplified when considering recommendations for effective primary prevention programs. Specifically, the implementation of prevention programs need to be appropriately timed in order to maximize effectiveness (Nation et al., 2003). That is, many primary prevention programs are implemented after adolescents are already exhibiting the behavior(s) that the programs are intended to prevent (Nation et al., 2003). Indeed, most TDV perpetration prevention programs include adolescents who have already perpetrated (e.g., Foshee et al., 1998; Wolfe et al., 2003). Moreover, providing primary prevention programming too early may also limit effectiveness. As stated by Mrazek and Haggerty (1994), "…if the preventive intervention occurs too early, its positive effects may be washed out before onset; if it occurs too late, the disorder may have already had its onset" (p. 14). Thus, continued empirical research is needed on what age(s) the risk for the onset of different forms of TDV perpetration is greatest, which will have direct implications for the timing of TDV perpetration primary prevention efforts.

Additionally, continued research is needed that examines whether age of onset of TDV perpetration varies by gender and race/ethnicity. Although research often shows similar prevalence rates of physical TDV perpetration for males and females, men more frequently perpetrate sexual TDV (Shorey et al., 2008). Some research suggests African American adolescents may have a higher prevalence of TDV perpetration than Hispanic and Caucasian adolescents, and Hispanic adolescents may have a higher prevalence than Caucasian adolescents (e.g., Chapple, 2003; Foshee et al., 2010). Thus, due to the differences in the prevalence of TDV perpetration across gender and race/ethnicity, it is possible that onset may also vary across these demographic factors. Knowledge of whether onset varies across these factors will provide important information on whether primary prevention programs for TDV perpetration can be universally administered across genders and racial/ethnic groups, or whether programs will need to be tailored toward specific subgroups of adolescents.

Thus, the present study examined when onset for physical and sexual TDV perpetration was greatest from the ages of 14 to 20 utilizing a prospective design in a large, racially/ethnically diverse sample of adolescents. Examining the age of onset of TDV perpetration will inform researchers and practitioners on the time period(s) when primary prevention programs for TDV perpetration should be implemented. We also examined whether risk for onset of TDV perpetration varied across males and females, as well as race/ethnicity. Based on prior research, we hypothesized that the age of onset for physical and sexual TDV would be greatest in middle-to-late adolescence. We made no a priori hypotheses regarding whether risk of onset would vary across gender or race/ethnicity due to limited research in this area.

2. Method

2.1. Participants

We used a subsample of participants from an ongoing longitudinal study of adolescent health (Temple et al., 2013). Participants included 872 freshmen and sophomore high school students recruited from seven public schools in southeast Texas. For this particular study, data are from Waves 1–6. Retention rates across the 6 year study ranged from 67% (Wave 5) to 92.5% (Wave 2).[1] At Wave 1, the sample had a mean age of 15.09 (SD = 0.77), consisted of slightly more females (56%) than males, and self-identified as Hispanic (31.5%), White (29.7%), African American (28%), and other (e.g., Asian American; 10.8%). Additional, 92% reported that they had begun dating at Wave 1.

2.2. Procedures

Participants received a $10 gift card at Waves 1–3, a $20 gift card at Waves 4–5, and a $30 gift card at Wave 6. Teachers and other school administrators were not allowed to be present during questionnaire administration, which occurred during normal school hours in a private classroom. When participants graduated high school, administration moved from paper-pencil to web-based surveys and the presentation of the surveys were identical across formats. The study was approved by the last author's Institutional Review Board and active parent consent and student assent/consent were obtained. Detailed information on study procedures have been published previously (Shorey et al., 2015; Temple et al., 2013).

2.3. Measures

2.3.1. Demographics

At the first assessment, participants completed a demographic questionnaire to indicate their age, gender, race/ethnicity, dating history, and year in high school.

2.3.2. TDV

Perpetration of physical and sexual TDV was measured using the Conflict in Adolescent Dating Relationships Inventory (CADRI; Wolfe et al., 2001). Adolescents responded Yes/No to questions about their own behavior in their lifetime (Baseline) and in the past year (Waves 2–6). Four items assessed physical TDV perpetration (e.g., "I kicked, hit, or punched him/her") and 4 items assessed sexual TDV perpetration (e.g., "I forced him/her to have sex when he/she didn't want to"). For the current study, we considered endorsement of at least one physical item and one sexual item to represent TDV perpetration for each type of violence, respectively, consistent with prior research (Bell and Naugle, 2007; Shorey et al., 2011). The CADRI has demonstrated good psychometric properties in adolescent populations (Wolfe et al., 2001).

2.4. Data analytic plan

To determine the age of onset for TDV perpetration we followed a survival analytic plan (Singer and Willett, 2003). All analyses were conducted on a sample of adolescents who reported not previously perpetrating physical or sexual TDV at baseline to ensure we were assessing age of onset for TDV perpetration. Preliminary binary logistic regression analyses were conducted to examine if age of entry into the study or higher ordered interactions between race and sex influenced TDV perpetration. If the interactions between race and sex were nonsignificant, they were entered into subsequent survival analyses as independent predictors. Logit hazard ratios were initially examined to see if the pattern of data varied over time and required demographic variables to be entered as time-varying covariates. Specifically, in these situations we created an interaction term between the covariate (i.e.,

[1] 49.8% of the sample completed all six waves of data collection with the remaining 50.2% completing 5 or fewer waves of data collection. Thus, we compared individuals who completed all six waves to individuals who completed 5 or fewer waves. No significant differences between groups were observed for a lifetime history of sexual TDV perpetration at Wave 1; individuals who completed five or fewer waves had a significantly higher prevalence of physical TDV perpetration at Wave 1, were significantly more likely to be male, and were significantly more likely to be African American.

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