FISEVIER

Contents lists available at ScienceDirect

Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed



Boys are victims too? Sexual dating violence and injury among high-risk youth☆



Dennis E. Reidy ^{a,*}, Megan S. Early ^b, Kristin M. Holland ^a

- ^a Division of Violence Prevention, Centers for Disease Control & Prevention, United States
- ^b School of Public Health, Georgia State University, United States

ARTICLE INFO

Article history: Received 1 February 2017 Received in revised form 21 April 2017 Accepted 17 May 2017 Available online 18 May 2017

Keywords:
Teen dating violence
Polyvictimization
Violence victimization
Violence perpetration
Sexual violence
Injury

ABSTRACT

Objective. Prior research with youth exposed to violence suggests that, in this high-risk population, boys may be victims of sexual teen dating violence (TDV) and injury as frequently as girls. We sought to replicate these findings with a demographically similar sample and to determine whether the findings could be attributed the high-risk nature of the sample by assessing the impact of violence exposure on sex differences.

Methods. A cross-sectional sample of 2577 youth (ages 11-18, M=15.4, SD=1.9, 52% female, 25% Caucasian) collected in 2004 from a high-risk community reported on history of dating and exposure to multiple forms of violence. We conducted moderation analyses to test whether polyvictimization (PV) and age moderated the potential sex differences in perpetration and victimization of sexual TDV and injury.

Results. No significant sex differences in victimization were observed regardless of degree of PV. Boys reported more frequent sexual TDV and injury perpetration relative to girls, but only for youth reporting high degree of PV. There were no sex differences in perpetration among low PV youth.

Conclusions. These findings suggest boys from high-risk communities may disproportionately perpetrate severe acts of TDV but at this early age they are equally likely to be victimized. To interrupt the cycle of violence victimization and perpetration, comprehensive violence prevention interventions targeting high-risk youth should be implemented at schools, in homes, and in the community; and they should recognize the potential for girls *and* boys to be victims of even the most severe forms of TDV.

Published by Elsevier Inc.

1. Introduction

Intimate partner violence (IPV) and its suspected precursor, teen dating violence (TDV), are significant public health problems that can have multiple deleterious outcomes ranging from physical problems such as gastrointestinal disorders and pelvic inflammatory disease, to mental health and behavioral implications, such as, anxiety, depression, substance abuse, risky sexual behavior, and suicidal ideation (Coker et al., 2000; Walsh et al., 2015). Moreover, experiencing relationship violence during adolescence may predispose youth to future violent relationships (Smith et al., 2003). Considering the potential lasting consequences of relationship violence at this early age (Exner-Cortens et al., 2013; Foshee et al., 2013) and the relatively early age youth begin to date and become sexually active (Cascardi and Avery-Leaf, 2015; Markham et al., 2009), it is critical to

E-mail address: dreidy@cdc.gov (D.E. Reidy).

understand the dynamics of dating violence among adolescents so that we ultimately may prevent a life-course trajectory of adverse health outcomes.

While some have framed IPV/TDV as a primarily male-perpetrated and female-victimized phenomenon (DeKeseredy, 2006; Dobash et al., 1992), others have presented evidence that females too, are frequently perpetrators of IPV/TDV, and males, their victims (Straus, 2008). In reviewing the gender asymmetry debate, Hamby (2009) highlights the discrepant findings pertaining to women's role in IPV, with estimates ranging from 10% to 50% of all IPV perpetrated by women. Moreover, these rates may differ by age of the population under investigation. Among adults, men appear to perpetrate more than women, while in adolescent populations, the conclusion is opposite with girls perpetrating TDV as much as, or more than, boys (Foshee et al., 1996; Hamby and Turner, 2013; Orpinas et al., 2013; Swahn et al., 2008). These differences may be due to characteristics of the developmental periods (Schwartz et al., 2005; Waterman, 1982); or alternatively, inconsistencies in measurement and failure to account for the severity, circumstances, willingness to disclose perpetration, and outcomes of the violence may explain these largely discrepant findings. For example, using data from a nationally representative sample, Hamby and Turner (2013) found that when TDV was defined as

 [★] The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention

^{*} Corresponding author at: Division of Violence Prevention, Centers for Disease Control and Prevention, Atlanta. GA 30341. United States.

"ANY" physical force, the victimization rate was higher among boys than girls. However, when the definition was more exclusive counting only injurious or fear-inducing acts of violence, the victimization rate for girls was double that of boys. This is consistent with data from nationally representative samples of adults indicating women are more likely to be afraid and more likely to be injured (Black et al., 2011). Additionally, a generally stable finding across samples is that girls and women are more frequently victims of sexual violence by a male intimate partner than are males by a female intimate partner (Black et al., 2011; Fernández-González et al., 2014; Hamby and Turner, 2013). However, in a test of the moderating effect of age on biological sex differences in TDV, Reidy et al. (2016) found that boys in early adolescence reported more sexual and injury victimization than girls of a similar age. By age 17, when physical differences would be expected to favor boys, there were no differences in rates of injury victimization, indicating that boys were injured as frequently by girls as were girls by boys. Likewise, at age 17 there were no significant differences in sexual violence victimization between sexes, although, a trend toward significance was identified wherein girls reported more victimization (Reidy et al., 2016).

These findings run counter to expectation based on evidence from large national samples and meta-analyses which generally indicate males perpetrate more sexual violence and injury toward a female intimate partner than do females against their male partners (Archer, 2000; Hamby and Turner, 2013). The authors speculated these discrepant findings may be due, in part, to the nature of the sample and the definition of measurement. The measurement of sexual TDV in this study comprised items reflecting sexually coercive behaviors (e.g., pressuring partner to have sex, unwanted touching, spreading sexual rumors) rather than acts of physical force to penetrate or complete a sexual act (Reidy et al., 2016). Thus, it seems feasible that assessment of direct physical or forced sexual contact would yield victimization rates higher for girls than boys. Additionally, the authors note that the high-risk nature of the sample (i.e., youth with a history of violence exposure in their homes or community), may have influenced the outcomes (Reidy et al., 2016). It is possible prior exposure to violence may engender a phenomenon wherein girls are just as likely as boys to perpetrate severe forms of violence in dating relationships and therefore boys in this population are equally at risk of significant injury.

Notably, most studies to date have examined TDV rates and sex differences among general adolescent populations (Niolon et al., 2015). However, those who witness or experience violence in their home or community are at heightened risk of being victims of and/ or perpetrating multiple types of violence including TDV (Baskin and Sommers, 2014; Niolon et al., 2015; Turner et al., 2016). Baskin and Sommers (2014) found that over time, youth who had more exposure to community violence were more likely to perpetrate violence, and continued to engage in violent behavior as they got older. Turner et al. (2016) found adolescents who were victims of violence across multiple settings, termed polyvictimization (PV), had significantly higher trauma symptoms (i.e., anger, depression, anxiety, dissociation, and posttraumatic stress) and violence involvement than those who were victimized in only one setting. Indeed, several studies have suggested girls from high-risk populations may commit violence and aggression in and out of intimate relationships at rates and severity commensurate to boys (Niolon et al., 2015; Schaeffer et al., 2006). Thus, there is reason to suspect youth exposed to violence may represent a unique high-risk population demonstrating rates of TDV that differ from the general population, and among this population, boys may be equally at risk for sexual and injurious forms of TDV.

Given these considerations, it is currently unclear if Reidy et al.'s findings were due to the high-risk nature of their sample (i.e., youth exposed to violence) and the nature of their measurement (i.e., sexual TDV). Therefore, the purpose of the present study is to replicate and expand upon these findings. In doing so, we assess sex

differences in sexual TDV and injury in a demographically similar sample of youth who vary in their degree of risk conferred by violence exposure. If the findings of Reidy et al. (2016) are due to the specialized nature of the sample (i.e., youth exposed to violence), then we would expect to see a pattern wherein sex differences in sexual TDV and injury dissipate as the degree of violence exposure increases. Accordingly, we test the moderating effect of risk (as determined by degree of violence exposure) on the relationship among biological sex, age, and TDV. Additionally, Reidy et al. (2016) assessed sexual TDV using a measurement of sexual coercion, but the present study will test whether sex differences exist when measuring sexual violence in a more severe form, forced sexual behavior.

2. Methods

Data for the present sample were taken from the "Youth Violence Survey: Linkages among Different forms of Violence" administered in 2004 (Swahn et al., 2008; Swahn and Bossarte, 2009). Notably, the community from which these youth were sampled is high-risk, as it ranked among the highest 10 U.S. cities for serious crime, the highest 15 in single-parent families, the highest 25 in poverty, and the highest 35 in unemployment (Swahn and Bossarte, 2009). These data are ideal for the present investigation because they contain information about the number of types of violence exposure (e.g., community violence, sexual violence, violence in the home) which allows us to compare low-risk youth (i.e., no violence exposure) to high-risk youth (i.e., multiple violence exposures). Moreover, this sample has a diverse ethnic composition similar to that of Reidy et al. (Reidy et al., 2016; Swahn and Bossarte, 2009).

Data were collected from all public school students enrolled in grades 7, 9, and 11 and 12 combined in a school district comprised of 16 schools located in the Northeast United States. All students under 18 years of age required written parental permission and student assent to participate, and students 18 years or older provided written consent prior to participating in the study (participation rate = 81%). Only data from students reporting a dating history during the preceding 12 months were analyzed in the present study. A total of 2888 students endorsed a dating history in the preceding 12 months. Of these, 294 students were missing PV data, and 17 students were missing age and/or biological sex data. The final analytic sample comprised 2577 students. Participant ages ranged from 11 to 18 (M = 15.38, SD = 1.9), and the majority were ethnic/racial minorities (43% Hispanic, 22% African American). See Table 1 for demographic information. The study received Institutional Review Board approval from the Centers for Disease Control and Prevention. A full description of procedures and methods is reported previously (Swahn and Bossarte, 2009).

2.1. Measures

2.1.1. Demographics

Students responded to demographic questions including age, race/ethnicity, and gender.

2.1.2. Polyvictimization

PV was measured by exposure to four types of violence: community, IPV, physical child abuse (PCA), and sexual violence. Exposure to community violence was measured with two items, "I have seen somebody being beaten up" and "I have seen somebody get stabbed or shot." Exposure to IPV was measured using one item, "Before you were 10 years old, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked or otherwise physically hurt by their spouse or partner?" PCA was measured using the single item, "Before you were 10 years old, did you ever have injuries, such as bruises, cuts, or broken bones, as a result of being spanked, struck, or shoved by your parents or guardians or their partners?" Sexual violence was measured using one item, "Before you were 10 years old, did someone ever force you to have sex or to do something sexual that you did not

Download English Version:

https://daneshyari.com/en/article/5635515

Download Persian Version:

https://daneshyari.com/article/5635515

<u>Daneshyari.com</u>