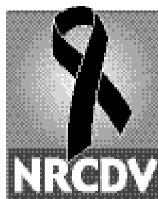
Teen Dating Violence

KEY ISSUE

Health Concerns for Survivors



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KEY ISSUE

Health Concerns for Survivors

Attention to the health care needs of teen dating violence survivors has gathered momentum in the past few years. One of the most recent and comprehensive accounts of the impact of dating violence on teen health are the 1997 and 1999 Massachusetts Youth Risk Behavior Surveys. The findings from these researchers at the Harvard University School of Public Health and the Massachusetts Department of Public Health indicate that young girls experiencing dating violence are at increased risk for substance abuse, eating disorders, risky sexual behavior, pregnancy and suicide (Silverman, Raj, Mucci & Hathaway, 2001).

The teen perpetrator's use of violence, both physical force and emotional/psychological battery, can have additional negative consequences for the teen survivor in terms of behavioral risks and harm. The disempowerment and abuse, coupled with difficulty in accessing appropriate resources, can give a teen a sense of personal hopelessness that may lead to risky or self-harming coping strategies. Young victims may use or abuse substances in order to deal with mental and physical pain, in effect, self-medicating in response to the abuse. Victim substance use may also be coerced or forced by abusive partners. Eating disorders may arise in response to the abuser's derogatory comments about weight and/or as an attempt on the part of the victim to regain personal control. Risky sexual behavior can also be traced to the threats, coercion and/or physical assault of an abusive partner.

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The batterers' use of sexual coercion and force around the use of protection and/or birth control can also compromise victims' sexual health in any number of ways. Exposure to sexually transmitted diseases (STDs), including HIV/AIDS, is a growing concern for teens and their advocates. In the U.S., more than half (53%) of adolescents newly infected with HIV are female and 25% of all new infections – approximately 10,000 cases per year – are estimated to occur in youth ages 13 to 21 (Centers for Disease Control and Prevention, 1999). When young people are involved in abusive relationships their ability to protect themselves from STDs may be compromised or entirely blocked by abusive partners. Even if the teen is committed to the use of precautions, the "if," "when" and "under what circumstances" of sexual activity are often the decision of the abuser, not the victim.

The prevalence and characteristics of male violence during teen pregnancy is receiving increasing attention from researchers, advocates and health care providers. Two recent studies that examine teenage pregnancies within abusive relationships are *Domestic violence and birth control sabotage: A report from the Teen Parent Project* (Center for Impact Research, 2000) and *Pregnant adolescents: Experiences and behaviors associated with physical assault by an intimate partner* (Wiemann, Agurcia, Berenson, Volk & Rickert, 2000). Researchers working on the domestic violence and birth control sabotage study interviewed 474 pregnant girls, aged 11-21. Fifty-five percent of the adolescent mothers in the study experienced some level of domestic violence at the hands of their boyfriends in the past 12 months. The youngest girls (aged 11-15) reported the highest prevalence of domestic violence. Fifty-one percent of all participants reported experiencing at least one form of birth control sabotage. The most common form of reported sabotage was verbal abuse. Fewer participants (11%) reported behavioral sabotage. The second study, *Pregnant adolescents: Experiences and behaviors associated with physical assault by an intimate partner*, noted that 29% of the pregnant and parenting teens experienced some type of physical violence during the 12 months preceding their pregnancy. One out of eight young mothers reported having been physically assaulted by the father of their babies and those who reported partner assault also had a higher rate of concurrent emotional abuse.

It is becoming clear that teen mothers are at a high risk for violence from their partners during both pregnancy and the postpartum period. A study at a University of Texas Medical Center in 2002, *Prevalence and patterns of intimate partner violence among adolescent mothers during the postpartum period* (Harrykissoon, Rickert & Wiemann, 2002), examines prevalence, frequency, severity and patterns of intimate partner violence during 24 months postpartum within an ethnically diverse group of adolescents. Findings indicate that violence was the highest at three months postpartum and the lowest at 24 months. Seventy-eight percent of mothers who experienced intimate partner violence during the first three postpartum months had not reported the abuse before delivery. Seventy-five percent of mothers reporting violence during pregnancy reported similar abuse within the 24 months following delivery.

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It is often assumed that teen parenthood will be difficult and that the causes of the difficulty will be related to the young parents' lack of experience when facing the overwhelming responsibilities of parenthood. Youth workers and health providers in the past did not necessarily associate dating or domestic violence as a primary stressor for this population. The studies mentioned above and others like them, however, illustrate the importance of connecting with teen parents about what is happening in their lives, asking about and watching for signs of abuse and being available as a resource to discuss issues other than those specific to parenting.

Homicide and suicide are the gravest consequences of teen dating violence victimization. For teens ages 15-19, homicide and suicide remain the second and third leading causes of death respectively. According to the findings of *Intimate partner violence and age of victim, 1993-99*, a report of the Bureau of Justice Statistics of the Department of Justice, 22 percent of female homicide victims ages 16-19 are killed by intimate partners. Numbers are based on reported, documented cases in which the violence could be proven as the cause of death. This means that the number of homicides not recognized and/or recorded as directly resulting from intimate partner violence may be substantial. The number of suicides that result from abuse at the hands of a dating partner, like homicide, is a challenge to definitively ascertain.

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The connections between dating violence and adolescent health risks are individual, diverse and complex. Fortunately, information available to teens, health care providers and youth advocates is more accessible than ever before. This growing awareness of teen health issues and domestic violence, advocacy and policymaker response is a promising development in the efforts to end violence against women and girls.

References

Bureau of Justice Statistics, Department of Justice (2001). *Intimate Partner Violence and Age of Victim*, 1993-99, NCJ 187635.

Centers for Disease Control and Prevention (1999). *HIV/AIDS Surveillance Report 11* (1) 1-4.

Harrykissoon, S., Rickert, V. & Wiemann C. (2002). Prevalence and Patterns of Intimate Partner Violence Among Adolescent Mothers During Postpartum Period. *Pediatrics & Adolescent Medicine*, 156 (4).

Konieczny, M. E. (2000). *Domestic Violence and Birth Control Sabotage: A Report from the Teen Parent Project*. Chicago, IL: Center for Impact Research. Retrieved September 1, 2003 from <http://www.impactresearch.org/policycenter/DVTeens.htm>

Wiemann, C. Agurcia, C., Berenson, A., Volk, R., & Rickert, V. (2000). Pregnant adolescents: Experiences and behaviors associated with physical assault by an intimate partner. *Maternal and Child Health Journal*, 4 (2), 93-101.

Silverman, J., Raj, A., Mucci, L., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association*, 286 (5), 572-579.

ENCLOSURES

The enclosed materials (reprinted with permission) provide research findings, examples of promising projects and referral materials that offer basic information for those concerned with health issues and teen dating violence:

Konieczny, M. E. (2000). *Domestic Violence and Birth Control Sabotage: A Report from the Teen Parent Project*. Chicago, IL: Center for Impact Research. Retrieved September 1, 2003 from <http://www.impactresearch.org/policycenter/DVTeens.htm>

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ADDITIONAL INFORMATION

Additional information on these and other teen-related issues is available through the following:

- Technical Assistance/Public Education Team of the National Resource Center on Domestic Violence
  Telephone: 800-537-2238 and TTY: 800-553-2508

and other organizations comprising the Domestic Violence Resource Network (DVRN):

- Battered Women's Justice Project
  Telephone: 800-903-0111, Ext. 1 (Criminal Justice), Ext. 2 (Civil Justice), Ext. 3 (Defense);
- National Health Resource Center on Domestic Violence
  Telephone: 888-792-2873 and TTY: 800-595-4889;
- Resource Center on Domestic Violence: Child Protection and Custody
  Telephone: 800-52-PEACE (527-3223);
- Sacred Circle, National Resource Center to End Violence Against Native Women
  Telephone: 877-733-7623

For comprehensive information on health issues related to teen dating violence, contact:

The National Health Resource Center on Domestic Violence
383 Rhode Island Street, Suite 304
San Francisco, California 94103-5133
Phone: 888-Rx -ABUSE (792-2873) or TTY: 800-595-4889
Fax: 415-252-8991
E-mail: health@endabuse.org
Web site: www.endabuse.org/health

The National Health Resource Center on Domestic Violence, a project of the Family Violence Prevention Fund, partners with and supports health care practitioners, administrators and systems, domestic violence advocates, local, state and federal policy-makers and survivors who seek to improve health care's response to domestic violence. The Center strives to build broad leadership in the field through model professional and public health education and response programs, advocacy and technical assistance. Since every family deserves to live free from violence, the Center focuses on culturally competent and comprehensive efforts in various public and private health professions, settings and departments. Specific products and services provided by the National Health Resource Center on Domestic Violence include:

- personalized, expert technical assistance through our toll free number, on-line, via email, fax, regular mail and face-to-face at professional conferences and meetings throughout the nation;
- free health care information packets focusing on various specialties, populations and key issues that include the highest quality published literature, fact sheets, model programs and strategies, bibliographies and protocols;
- technical tools and materials, including clinical recommendations for adult and child health settings, an electronic business case tool for health institutions seeking to create comprehensive domestic violence programs, papers on issues ranging from health privacy principles for protecting victims of domestic violence to coding and documentation strategies in health settings, and screening and response training videos;
- low-cost comprehensive resource and training manuals, useful clinical reference tools and patient and public education materials;
- models for local, state and national health care and domestic violence policy-making;
- a national network of experts for training, public speaking and consultation;
- detailed organizing tools, strategies and personalized assistance for the annual Health Cares About Domestic Violence Day dedicated to professional and public health awareness raising and
- the biennial National Conference on Health Care and Domestic Violence which brings together the leading health, medical, and domestic violence leaders for a scientific meeting dedicated to examining the latest health research and programmatic responses to domestic violence.