Published in final edited form as:

Soc Work Public Health. 2015 ; 30(7): 559–566. doi:10.1080/19371918.2015.1073649.

Health risk behaviors and dating violence victimization: An examination of associated risk behaviors among detained female youth

Dione Moultrie King, PhD, MSW*,

University of West Florida, College of Education and Professional Studies, Department of Social Work, 11000 University Parkway, Building 85, 147, Pensacola, Florida 32514

Schnavia Smith Hatcher, PhD, MSW,

University of Texas at Arlington, Center for African American Studies, Arlington TX, 76019, shatcher@uta.edu

Joan Marie Blakey, PhD, MSW, and

University of Wisconsin-Milwaukee, Helen Bader School of Social Welfare, Milwaukee, WI 53201, blakey@uwm.edu

Justice Mbizo, MS, Dr. PH

University of West Florida, College of Science, Engineering and Health, Department of Public Health, Clinical and Health Sciences, Pensacola, FL 32514, jmbizo@uwf.edu

Abstract

There are many health risk behaviors that may elevate the risk of adolescents engaging in teenage dating violence. The purpose of this investigation was to examine the health risk behaviors that are associated with a sample of female juvenile offenders to identify the extent to which those behaviors contribute to dating violence. The survey assessed respondents' health risk behaviors prior to incarceration, their perceptions of quality of life, post-incarceration expectations, psychosocial factors and other social determinants. Results indicated youth exposure to dating violence, alcohol, drug and risky sexual behaviors in the year prior to incarceration. These findings demonstrate the need to address teen dating violence with at-risk adolescents in addition to risky behaviors.

Keywords

Teenage dating violence; health risk behaviors; substance use; unsafe sex practices; at-risk adolescents; detained youth; teens

*Corresponding author (850) 474-2154, dking1@uwf.edu.

Research integrity

The authors declare that they have no conflict of interest. This manuscript does not contain clinical studies or patient data.

Introduction

There are many health risk behaviors that elevate the risk of adolescents engaging in teenage dating violence. Concomitantly, the presence of violence and risky behaviors in dating experiences for adolescent females is very concerning. According to the 2011 Centers for Disease Control Youth Risk Behavior Surveillance, 45.6% of female adolescents have engaged in sexual intercourse in their lifetime (Eaton, 2012). Among currently sexually active youth, 87.5% did not use condoms during their last intercourse and 12.6% reported four or more partners in their lifetime (Eaton, 2012). Risky sexual behaviors expose youth to HIV/AIDS or other STDs and unplanned teenage pregnancy, creating devastating effects on the health of adolescents (Kotchick, Shaffer, Forehand & Miller, 2001; Staton et al., 1999).

For 1 in 10 youth, abuse is a component of their dating relationships (Mulford & Giordano, 2008; Howard, Debnam, & Wang, 2013). In a nationally representative sample of public and private high school students, 9.3% of female adolescents reported being hit, slapped or physically hurt on purpose by their boyfriend or girlfriend in the twelve months preceding survey collection (Mulford & Giordano, 2008). Consequently, this external manifestation of violence is disturbing and is considered by many a public health issue (Halpern, Oslak, Young, Martin & Kupper, 2001; Malik, Sorenson, & Aneshensel, 1997; Wekerle & Wolfe, 1999).

Concurrently, adolescents in detention facilities represent a population segment at risk for developing future behavioral problems and health issues (Dembo, Belenko, Childs, & Wareham, 2009). Steinberg, Grella, Boudov, Kerndt and Kadrnka (2011) found substance use and risky behaviors, including early initiation of sexual intercourse and low condom use, commonly reported among adolescent female juvenile detainee samples. While research has examined adolescent female detainees and risky behavior (Voisin, Hung, King & 2012; Biswas & Vaughn, 2011; Robillard, Conerly, Braithwaite, Stephens & Woodring, 2005), discussion that examines these behaviors has focused on violence exposure (Woodson, Hives & Sanders-Phillips, 2010; Wood, Foy, Goguen, Pynoos & James, 2002) with minimal attention specifically given to teen dating violence (Kelly, Cheng, Peralez-Dieckmann & Martinez, 2009). Without understanding the role of health risk behaviors among delinquent female youth experiencing teen dating victimization, the scope of prevention and intervention services is severely limited.

Hypothesis

The purpose of this investigation was to examine health risk behaviors associated with a sample of female juvenile offenders in a southeastern state identifying the extent to which those behaviors contribute to teen dating violence. Alcohol, substance use, age, and risky sexual behaviors were examined as independent variables. It was hypothesized that participation in risky behaviors was highly correlated with teen dating violence victimization. Female juveniles who engaged in substance use may be more likely to experience in teen dating violence. The research questions that guided this study were: 1) Does adolescent female substance use behaviors influence teenage dating violence? 2) Does risky sexual behavior participation influence teenage dating violence?

Methods

Participants

Study participants (N=104) were recruited from a regional youth detention center (RYDC) in a southeastern state. Participants ranged in age from 12 to 20 (M=16.10, SD=1.408). The racial demographics were 61% African American, 18.2% White, 15.2% other or multi-ethnic, 1% Asian and 5.1% Hispanic. The median educational level of the survey respondents was tenth grade (range=6, SD=1.66877). Given the mean age for this sample of 16.1 years, these juveniles were approximately one to two grade levels behind their peers.

Procedure

All female adolescents detained in the RYDC facility were surveyed using a modified Centers for Disease Control Youth Risk Behaviors Surveillance System Survey designed to capture the health risk behaviors of the youth prior to incarceration, the perception of their quality of life, their expected post incarceration behaviors, demographic data, psychosocial factors and other social determinants. This questionnaire was provided to all female youth during a standard class period. Institutional Review Board approval was obtained from the participating university and State Department of Juvenile Justice. All participants signed an assent form to provide voluntary consent.

Measures

Alcohol and Drug Use—These measures were adapted from the Center for Disease Control Youth Risk Behavior Surveillance System and the Problem Oriented Screening Instrument for Teenagers (POSIT) (Rahdert, 1991). Alcohol and drug use, including type, in the 30 days preceding admittance to the YDC were assessed. Youth were asked to report the number of days they used the following drugs during the last month before entering the YDC: marijuana, powdered cocaine, crack, inhalants, heroin or opium, LSD, acid, or hallucinogens, speed or uppers, downers or tranquilizers, PCP or angel dust, and ecstasy or other designer drugs. Response categories for both alcohol and drug use included no use, 1 to 2 days, 3 to 5 days, 6 to 9 days, 10 to 19 days, and 20 to 31 days. Alcohol or drug use during sex, methods of birth control used during last sexual encounter and general perceptions of their behavior when they were under the influence of alcohol and/or drugs were questions also asked of respondents.

Risky sexual behaviors—These measures were adapted from the Center for Disease Control Youth Risk Behavior Surveillance System. Surveying age of first sexual intercourse, condom use, and substance use during last sexual encounter assessed risky sexual behaviors. Youth also were asked to report the number of sexual partners in their lifetime and three months prior to incarceration.

Dating violence victimization—This dependent variable was measured by one question which asked, “During the year before incarceration, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?” Respondents answered this question using the dichotomous response categories yes or no.

Data analysis plan—All data was analyzed using the SPSS program version 18. Descriptive and inferential statistics were conducted to compare demographic data and risky behaviors. Regressions and multivariate analyses were conducted to explore possible correlates of self-destructive behaviors from detained youth.

Results

Analyses revealed that approximately 36% of female youth surveyed reported being hit, slapped, or physically hurt by a boyfriend or girlfriend on purpose in the year before their incarceration. Additional analyses were conducted to explore the relationship between adolescent at-risk behaviors and teen dating violence.

Substance use risk behaviors

The majority (83%) of respondents reported smoking cigarettes, 30% reported initially smoking between the ages of 11 and 12. In addition to cigarette use, alcohol use was also established among the sample. Initial alcohol use prior to age 15 was reported by 74% of respondents. None of the youth reported being 17 or older at their first drink of alcohol. Of those engaging in alcohol use, 35% reported drinking five or more drinks of alcohol three or more days in a row. Despite these high levels, 50% of the sample reported they had never consumed 5 or more consecutive drinks of alcohol. Early marijuana use was reported by 13% of nine and ten year olds, 22% of 11 and 12 year olds, and 28% of 13 and 14 year olds (See Table 1). Similar to alcohol use, less than 1% of the sample reported initial marijuana use after age seventeen. The correlation between risky substance behaviors and dating violence victimization was present for all independent variables (Table 1). These high-risk behaviors are consistent with previous studies that used female detainee samples (duPlessis, Holliday, Robillard & Braithwaite, 2009; Kelly et al., 2009).

Risky sexual behaviors

The analysis of risky sexual behaviors identified approximately 93% of the youth respondents reported a prior sexual history. Over three-fourths of the sample (79%) reported sexual intercourse prior to age fifteen, with thirteen years being the mode age of initial sexual intercourse. Additionally, 33% of those engaging in sexual intercourse reported having six or more partners in their lifetime. Although adolescents were engaging in risky behaviors, 51% were not using alcohol or drugs while engaging in sex. Alternatively, the numbers for those using birth control methods during their last sexual experience demonstrated riskier lifestyle behaviors with 47% using condoms, 3% using birth control pills, and 36% reporting no birth control or the withdrawal method as the approach used during their last sexual encounter. Correlations were established for risky sexual behaviors that included initial age, number of partners, and substance use during experience. There was no correlation established to support associations between dating violence and birth control methods. See Table 2 for sexual behavior correlations.

Discussion

Study findings confirm the existence of high-risk behaviors and teen dating violence among adolescent detainees. Thirty-four percent of respondents reported being hit, slapped, or physically hurt by a boyfriend or girlfriend, which almost triples the occurrences of relationship violence self-reported in the general population of their peer group. There also was a correlation between substance use behaviors and dating violence victimization among adolescent detainees. Eighty-three percent of the sample population reported smoking cigarettes and/or using illicit drugs. Moreover, 93% percent of adolescent detainees reported a prior sexual history with 79% of them engaging in sexual intercourse before their 15th birthday. Additionally, only a small percentage of the sample population reported using some kind of protection from sexually transmitted diseases (47%) and/or pregnancy (3%). The dating violence and risky behaviors among adolescents in detention facilities are troubling and warrant greater attention.

The results of this study demonstrate that adolescent detainees are likely to experience a host of negative life experiences such as dating violence victimization, substance abuse, sexually transmitted diseases, as well as early pregnancy. Given that these findings confirmed other studies (Biswas & Vaughn, 2011; Dembo et al., 2009; du Plessis et al., 2009; Halperin et al., 2001; Kelly et al., 2009; Robillard et al. 2005; Steinberg et al., 2011), this study expounds on the examination of risky health behaviors among detained female adolescents. Moreover, with the paucity of empirical research on dating violence among adolescent detainees (Woodson et al., 2010), this study adds to existing knowledge in this area.

In addition to dating violence, adolescent detainees often have exposure to other forms of trauma (Abram et al, 2004; Cauffman, Feldman, Watherman, & Steiner, 1998). Eighty four percent of adolescent detainees have experienced at least one trauma with the mean number of traumas being 14.2 (Abram et al., 2004). Exposure to trauma has been found to contribute to high risk behaviors such as increased alcohol and drug abuse, increased numbers of sexual partners, failure to use condoms, and increased sexual risk behaviors related to HIV and other sexually transmitted diseases (Handwerker, 1993; Simoni, Sehgal, Walters, 2004; Walters and Simoni, 2002), all of which were reflected in this study's findings.

Furthermore, particular types of trauma are associated with certain high risk behaviors. For example, women with histories of sexual abuse have more difficulty saying no to unwanted sex, tend to be less assertive when it comes to insisting partners use birth control, are younger at first intercourse, and use illicit drugs significantly more often and with more intensity than their non-sexually abused counterparts (Johnsen and Harlow, 1996). In addition, fear of abuse or retaliation may further silence adolescents who are involved in violent dating relationships. Violence and trauma exposure is a serious public health problem particularly among high-risk youth (Abram et al., 2004). It is imperative that we begin to address the health-related needs of adolescent detainees.

The sample population and recruitment of respondents from one state facility should be noted as a limitation due to its inability to generalize findings to all adolescent girls in detention facilities. Additionally, all information was self-reported. The authors of the study

utilized confidential measures including cover sheets to minimize the likelihood of false reports. The data provided by youth in this study is consistent with current literature.

Practice Implications

Periods of incarceration represent a unique opportunity to intervene in the lives of adolescent detainees. Additionally, this analysis substantiates the fact that adolescents have unique needs that must be addressed if there is any hope of successfully reducing dating violence and risky health behaviors amongst this population (Woodson et al., 2010). There is a need for improved services to adolescent detainees in the areas of programming as well as educational and training of staff working in detention facilities.

In terms of programming, there is a need for development and access of prevention and intervention initiatives that encourage healthy dating relationships for detained youth. This research indicates that prevention efforts should begin prior to age 13 given the significant number of teens engaging in risky behaviors by that age, particularly among incarcerated youth or those at-risk for delinquency. Risky sexual behaviors during their early years included a lack of birth control methods, multiple sex partners, and initial alcohol and drug use, all areas that increased the probability of teen dating violence for the respondents. The correlations between physical victimization in the year prior to incarceration were also established for many of the adolescent at-risk behaviors examined in the study. Furthermore, this research also demonstrates the need to increase knowledge regarding healthy sexual behaviors among at-risk adolescents to reduce the risks of sexually transmitted diseases and teenage pregnancy. Programming efforts in juvenile justice facilities should seek to provide interventions that will influence adolescent post-incarceration behaviors to reduce the influence of teen dating violence victimization.

In terms of staffing, it is essential that practitioners and researchers who work within the juvenile justice setting acknowledge and understand the prevalence and impact that dating violence and other forms of trauma have on adolescent detainees. As it has been examined for adults detained in the criminal justice system (Hatcher, Toldson, Godette, & Richardson, 2009), the research supports the need to develop an appropriate level of education and training for those working with at-risk adolescents who present with at-risk behaviors (e.g., substance use, risky sexual behaviors, and mental health). Moreover, more attention should be provided to the training policies of those employed to support this adolescent phase within the community and justice system.

In closing, as we strive to improve the experiences of adolescent girls who are detained, pre, during, and post incarceration, it is essential that we acknowledge the presence of risk behaviors and the potential unhealthy relationships that may occur with this population. Second, adolescents in detention facilities are amongst the most expensive to incarcerate (Book, Thomas, & Steinke, 2004). Failing to intervene early to address many of these problematic behaviors could have long-term implications not only in terms of the cost of incarceration, but physical and mental health of adolescent detainees. The development of and access to programming for incarcerated youth, as well as educational and training

opportunities for facility staff is critical to the discussion to reduce occurrences of interpersonal trauma, including dating violence and related high risk behaviors.

Acknowledgements

Preparation of this paper was supported by the National Institute of Mental Health (NIMH) grant # 1R25 MH 080669-01A1. The NIMH had no further role in the conceptualization, preparation of this abstract or the decision to submit this abstract for publication.

References

- Abram KM, Teplin LA, Charles DR, Longworth SL, McClelland GM, Dulcan MK. Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry*. 2004; 61(4):403–410. [PubMed: 15066899]
- Biswas B, Vaughn MG. Really troubled girls: Gender differences in risky sexual behavior and its correlates in a sample of juvenile offenders. *Children and Youth Services Review*. 2011; 33(11): 2386–2391.
- Book P, Thomas J, Steinke D. Predictors of recidivism in a community-based residential program for delinquent youth. *Journal of Juvenile Justice Services*. 2004; 19(1/2):101–120.
- Buttar A, Clements-Nolle K, Hass J, Reese F. Dating violence, psychological distress, and attempted suicide among female adolescents in the juvenile justice system. *Journal of Correctional Healthcare*. 2013; 19(2):101–112.
- Caffman E, Feldman S, Watherman J, Steiner H. Posttraumatic stress disorder among female juvenile offenders. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1998; 37(11): 1209–1216. [PubMed: 9808933]
- Covington SS. Women in prison: Approaches in the treatment of our most invisible population. *Women & Therapy*. 1998; 21(1):141–155.
- Dembo R, Belenko S, Childs K, Wareham J. Drug use and sexually transmitted diseases among female and male arrested youths. *Journal of Behavioral Medicine*. 2009; 32(2):129–141. [PubMed: 18979194]
- duPlessis LD, Holliday RC, Robillard AG, Braithwaite RL. Alcohol, marijuana, and perceptions of influence on social and sexual behavior among African American adolescent female detainees. *Journal of Correctional Healthcare*. 2009; 15(3):197–209.
- Eaton DK, Kann L, Kinchen S, Shanklin S, Flint KH, Hawkins J, Wechsler H. Youth Risk Behavior Surveillance – United States, 2011. *MMWR Surveillance Summaries*. 2012; 61(4):1–162.
- Halpern CT, Oslak SG, Young ML, Martin SL, Kupper LL. Partner violence among adolescents in opposite-sex romantic relationships: Findings from the national longitudinal study of adolescent health. *American Journal of Public Health*. 2001; 91(10):1679–1685. [PubMed: 11574335]
- Handwerker WP. Gender power differences between parents and high-risk sexual behavior by their children: AIDS/STD risk factors extend to a prior generation. *Journal of Women's Health*. 1993; 2(3):301–316.
- Hatcher S, Toldson I, Godette D, Richardson J. Mental health, substance abuse, and HIV disparities in correctional settings: Practice and policy implications for African Americans. *Journal of Health Care for the Poor and Underserved*. 2009; 20(2A):6–16. [PubMed: 19711489]
- Howard DE, Debnam KJ, Wang MQ. Ten-year trends in physical dating violence victimization among US adolescent females. *Journal of School Health*. 2013; 83(6):389–399. [PubMed: 23586883]
- Johnsen LW, Harlow LL. Childhood sexual abuse linked with adult substance use, victimization, and AIDS-risk. *AIDS Education and Prevention*. 1996; 8(1):44–57. [PubMed: 8703640]
- Kelly PJ, Cheng A, Peralez-Dieckmann E, Martinez E. Dating violence and girls in the juvenile justice system. *Journal of Interpersonal Violence*. 2009; 24(9):1536–1551. [PubMed: 18768739]
- Kotchick BA, Shaffer A, Forehand R, Miller KS. Adolescent sexual risk behavior: A multi-system perspective. *Clinical Psychology Review*. 2001; 21(4):493–519. [PubMed: 11413865]

- Malik S, Sorenson SB, Aneshensel CS. Community and dating violence among adolescents: Perpetration and victimization. *Journal of Adolescent Health*. 1997; 21(5):291–302. [PubMed: 9358292]
- Mulford C, Giordano PC. Teen dating violence: A closer look at adolescent romantic relationships. *National Institute of Justice*. 2008; 261:34–38.
- Rahdert, ER. The adolescent assessment/referral system manual (DHHS Publication No. ADM 91-1735). US Department of Health and Human Services; Rockville, MD: 1991.
- Robillard AG, Conerly RC, Braithwaite RL, Stephens TT, Woodring TM. An assessment of sexual risk behavior among adolescent detainees. *American Journal of Health Studies*. 2005; 20(2):106–114.
- Simoni JM, Sehgal S, Walters KL. Triangle of risk: Urban American Indian women's sexual trauma, injection drug use, and HIV sexual risk behaviors. *AIDS and Behavior*. 2004; 8(1):33–45. [PubMed: 15146132]
- Steinberg J, Grella CE, Boudov M, Kerndt PR, Kadrnka C. Methamphetamine use and high-risk sexual behavior among incarcerated female adolescents with a diagnosed STD. *Journal of Urban Health*. 2011; 88(2):352–364. [PubMed: 21394658]
- Staton M, Leukefeld C, Logan TK, Zimmerman R, Lynam D, Milich R, Clayton R. Risky sexual behavior and substance use among young adults. *Health & Social Work*. 1999; 24(2):147–154. [PubMed: 10340165]
- Voisin DR, Hung JS, King K. Ecological factors associated with sexual risk behaviors among detained adolescents: A systematic review. *Children and Youth Services Review*. 2012; 34(10):1983–1991.
- Walters KL, Simoni JM. Reconceptualizing Native women's health: An “indigenist” stress-coping model. *American Journal of Public Health*. 2002; 92(4):520–524. [PubMed: 11919043]
- Wekerle C, Wolfe DA. Dating violence in mid-adolescence: theory, significance, and emerging prevention initiatives. *Clinical Psychology Review*. 1999; 19(4):435–456. [PubMed: 10429844]
- Wood J, Foy DW, Goguen CA, Pynoos R, James CB. Violence exposure and PTSD among delinquent girls. *Journal of Aggression, Maltreatment & Trauma*. 2002; 6(1):109–126.
- Woodson KM, Hives C, Sanders-Phillips K. Violence exposure and health-related risk among African American adolescent female detainees: A strategy for reducing recidivism. *Journal of Offender Rehabilitation*. 2010; 49(8):571–594. [PubMed: 21373205]

Table 1

Teen Dating Violence/Risky Substance use Correlations

Risky Substance behaviors	Percentage	Pearson's Correlation	Sig. ($\alpha=.01$)
Smoking cigarettes (EVER)	83%	$r=.572$	$p<.001$
8 to 10 years old at 1 st smoke	23% ^x	$r=.394$	$p<.001$
11 to 12 years old at 1 st smoke	30%	$r=.394$	$p<.001$
13 to 14 years old at 1 st smoke	16%	$r=.394$	$p<.001$
11 to 12 years old at 1 st drink of alcohol	23%	$r=.394$	$p<.001$
13 or 14 years old at 1 st drink of alcohol	27% ^x	$r=.394$	$p<.001$
Drinking 5 or more drinks of alcohol (3days or more)	35%	$r=.573$	$p<.001$
9 or 10 years old at 1 st marijuana	13%	$r=.392$	$p<.001$
11 or 12 years old at 1 st marijuana	22%	$r=.392$	$p<.001$
13 or 14 years old at 1 st marijuana	28% ^x	$r=.392$	$p<.001$

^xMode

Table 2

Teen Dating Violence/Risky sexual correlations

Risky Sexual behaviors	Percentage	Pearson's correlation	Sig. ($\alpha=.01$)
Had sexual intercourse	93%	$r=.393$	$p<.001$
11 years old or younger at 1 st sex	19%	$r=.392$	$p<.001$
12 years old at 1 st sex	14%	$r=.392$	$p<.001$
13 years old at 1 st sex	26% ^x	$r=.392$	$p<.001$
14 years old at 1 st sex	20%	$r=.392$	$p<.001$
15 years old at 1 st sex	16%	$r=.392$	$p<.001$
16 years old at 1 st sex	2%	$r=.392$	$p<.001$
17 years old at 1 st sex	1%	$r=.392$	$p<.001$
Six or more sexual partners (lifetime)	33%	$r=.563$	$p<.001$
Used alcohol or drugs during last sexual encounter	43%	$r=.394$	$p<.001$
Did not use a condom during last sexual encounter	48%	$r=.656$	$p<.001$
Birth control methods at last sexual encounter (no method)	30%	$r=.149$	$p=.142$ □
Birth control methods at last sexual encounter (withdrawal)	6%	$r=.149$	$p=.142$ □
Birth control methods at last sexual encounter (condom)	44%	$r=.149$	$p=.142$ □
Birth control methods at last sexual encounter (pills)	3%	$r=.149$	$p=.142$ □
Birth control methods at last sexual encounter (depoprovera/shot)	4%	$r=.149$	$p=.142$ □
Birth control methods at last sexual encounter (unsure)	3%	$r=.149$	$p=.142$ □
Birth control methods at last sexual encounter (another method)	4%	$r=.149$	$p=.142$ □

^xMode

□ not statistically significant