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Lifetime and Recent Experiences of Violence Among College Women

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Abstract

Introduction—Intimate partner violence (IPV) and sexual violence (SV) are serious issues for female college students. Approximately one third of women have experienced physical or sexual violence in their lifetime. Female college students experience high rates of both IPV and SV. The purpose of this secondary analysis was to describe the experiences of violence and associated factors reported by college women.

Methods—This secondary analysis included data from a cross-sectional study focused on IPV/SV screening in college health centers. Random samples of female undergraduate students, ages 18–25, from five participating universities in the northeastern United States, were contacted via email and invited to participate in the study. A total of 873 young women met the inclusion criteria and completed survey measures.

Results—More than half 52% ($n = 457$) of female undergraduate students reported having experienced at least one episode of violence in their lifetime. Almost 12% reported experiencing IPV or SV during the preceding semester. For women reporting recent experiences of violence, forced unwanted sexual activities accounted for nearly half of all reported episodes of violence ($n = 46$). Heavier alcohol drinking on the weekends was correlated with reports of forced sex.

Discussion—The results highlight the prevalence of past and recent IPV/SV and increased risk among college women. Further research is needed to identify risk factors of both victimization and perpetration and the milieu of risk on college campuses. Forensic nurses should be key stakeholders in the development and implementation of interventions for violence education, screening, and referral.

Keywords

Intimate partner violence; sexual violence; college women; alcohol use; prevention

Intimate partner violence (IPV) and sexual violence (SV) are major public health issues for all women, and female college students in the United States (U.S.) are at high risk for both types of violence (Sutherland, Fantasia, & Hutchinson, 2016). According to the Centers for Disease Control and Prevention (CDC), physical violence by an intimate partner is the intentional use of physical force that has the potential for death or injury (Breiding, Basile, Smith, Black, & Mahendra, 2015). Physical violence may include being pushed, punched/hit, kicked, and/or choked, either with or without a weapon. Sexual violence (SV) is defined as a sexual act (either attempted or completed) in which consent is not freely given or unable to be given (Breiding et al., 2014). The purpose of this secondary analysis was to describe the experiences of violence reported by undergraduate college women and factors associated with the violence.

Background

Sexual Violence and Intimate Partner Violence on College Campuses

Approximately one in three women in the U.S. experience some form of SV in their lifetime, with nearly half of the perpetrators identified as an acquaintance or person known to the victim (Smith et al., 2017). In the college violence literature, sexual violence is the most commonly examined type of violence victimization among women. In a recent systematic review of sexual assault on college campuses, the researchers reported that rates of SV varied. Forcible completed rape occurred among fewer than 8% of women while forced and unwanted sexual contact was reported by up to 34% of college women (Fedina, Holmes, & Backes, 2018). Unwanted forced sexual contact, including sexual coercion, were the most common types of SV reported by college women, which is consistent with previous research (Fantasia, Fontenot, Sutherland, & Lee-St. John, 2015; Orchowski, Creech, Reddy, Capezza, & Ratcliff, 2015; Sutherland et al., 2016).

Similar to SV, it is estimated that approximately one third of women experience IPV during their lifetime, and approximately 25% of these women describe the violence as severe (Smith et al., 2017). Violence from an intimate partner has also been examined among college women. Researchers have reported high rates of IPV among women attending college with incidences ranging from 26% – 36% (Coker, Follingstad, Bush, & Fisher, 2016; Sutherland et al., 2016). In the literature, IPV among college women has often been referred to as dating violence and has included elements of power, control and aggression within the relationship (Elmquist et al., 2016). Despite differences in terminology and how IPV has been measured, violence rates among college women have remained consistently high over the past thirty years (Rennison & Addington, 2014).

Health Outcomes of Violence

The negative health outcomes of violence are well known. Nearly two decades ago, Campbell (2002) documented that women who experience IPV reported a poorer health

status, poorer quality of life, and an increased utilization of health care services. In addition to traumatic physical injuries such as bruising, lacerations, and bone fractures, specific health complaints that may occur as a result of violence include chronic generalized pain, pelvic pain, vaginal infections, gastrointestinal symptoms, headaches and mental health conditions such as depression and anxiety (Black et al., 2011; Dutton et al., 2006). More recently, the World Health Organization (World Health Organization [WHO], 2013) reported similar findings. Researchers from the WHO documented that globally, women who have experienced IPV and SV are at increased risk for human immunodeficiency virus (HIV) acquisition, sexually transmitted infections (STIs), and mental health issues such as depression and suicide. Further, violence during pregnancy has been linked to higher rates of elective and spontaneous pregnancy termination, preterm birth, and low birth weight infants (WHO, 2013).

Associated Factors

Drinking alcohol, particularly binge drinking, has also been cited as an important health issue among college students. Thirty-two percent of female college students report binge drinking in the past four weeks (Johnston, O'Malley, Bachman, & Schulenberg, 2011). Several authors have noted an association between alcohol consumption, especially binge drinking, and sexual violence (Fantasia et al., 2015; Mouilso, Fischer, & Calhoun, 2012; Sabina, Schally, & Marciniak, 2017; Tyler, Schmitz, & Adams, 2017). However, many of these studies were conducted at single universities and used varying measures to assess alcohol use and violence experiences (Mouilso, Fischer, & Calhoun, 2012; Tyler, Schmitz, & Adams, 2017). Additionally, even though alcohol has been associated with sexual violence, due to the cross-sectional nature of how the data in these studies were collected it is impossible to establish a definitive cause and effect relationship.

Interpersonal and sexual violence among young women, especially women attending college, is common. Given the prevalence of violence and the negative lifetime consequences of these events, the purpose of this analysis was to describe the lifetime and recent experiences of IPV and SV and factors associated with violence among college women at five colleges/universities in the northeast.

Design/Methods

This is a secondary analysis of data from a cross-sectional study that focused on IPV/SV screening in college health centers. The original study explored individual and institutional factors that were associated with IPV/SV screening among women who presented to the college health center for either an episodic or comprehensive physical examination. Screening rates for IPV/SV were low and only 10.2% of women reported being screened for violence at their most recent visit to the college health center (Authors, 2017).

This analysis reports on college women's reports of lifetime and recent experiences of physical and sexual violence, reports of fear related to a current or former intimate partner, and reports of drinking behaviors. A full description of the original study methods has been previously published (Authors, 2017). After institutional review board (IRB) approval, email addresses for current undergraduate female students, aged 18–25, were obtained from five

participating universities located in the northeastern U. S. Universities were selected to represent differences in geographical location and other characteristics (e.g. enrollment, urbanicity, public or private, religious affiliation). A random sample of female undergraduate students from the participating universities/colleges were invited to participate in an anonymous online survey. Students received a description of the study and, if interested/eligible, consented to the study via completion of the survey. Data from a total of 873 female undergraduate women were available for analysis.

Measures

The survey included questions on demographics (e.g. age, year in school), experiences of lifetime and recent violence, and alcohol intake. Items from the Abuse Assessment Screen (AAS) (Laughon, Renker, Glass, & Parker, 2008; Soeken, McFarlane, Parker, & Lominak, 1998) were used to assess for violence experiences and fear of another person. Specific violence questions included “Have you been hit, slapped, kicked, choked or otherwise physically hurt by someone?”, “Are you afraid of a current or former partner, boyfriend, or significant other?”, and “Did anyone force you to have sexual activities you did not want?” Response choices were either “Yes” or “No”. Participants who answered “yes” to any of the violence items were asked to indicate “Who did this to you?” (e.g., boyfriend, ex-boyfriend, girlfriend, ex-girlfriend, friend, stranger, other). Only students who reported ever experiencing violence were prompted to answer the questions about recent violence. Recent experiences of violence were defined as those experiences which occurred during the previous fall semester of the current school year in which the research was conducted, which equated to the past 3–4 months. Alcohol use was measured using three items. Participants were asked “How often do you drink alcoholic beverages?”, “On average, how many alcoholic beverages do you have when you drink on a weekday (Monday–Thursday)?” and “On average, how many alcoholic beverages do you drink on a weekend day (Friday, Saturday and Sunday)?”

Data Analysis

The data were downloaded from Qualtrics™ into SPSS v. 23. The data were cleaned, examined for missing elements, and recoded as necessary. Descriptive statistics were used to calculate the means and standard deviations for continuous variables and frequencies for categorical variables. Bivariate correlations were examined using Chi-square tests or Spearman’s rho. Statistical significance was set at a value of $p < .05$ for all analyses, unless otherwise noted. A power analysis was performed prior to the original study which supported an adequate sample size for analysis among subgroups of women.

Results/Findings

Demographic Characteristics

Complete demographic characteristics have been previously published (Authors, 2017). Briefly, the mean age of the women in the sample was 19.3 years ($SD = 1.4$), and participants were evenly distributed across the four undergraduate years (freshman to senior). Most women self-identified as White (80%; $n = 682$) and non-Hispanic (93%; $n = 806$), which is consistent with the ethnic and racial composition of the participating

universities. The five universities in the study offered residential housing and the majority of women lived on-campus (72.7%; $n = 635$).

Experiences of Violence

As is shown in Table 1, approximately 52% ($n = 457$) of college women reported experiencing at least one episode of violence in their lifetime. Nearly 21% ($n = 180$) reported being forced into sexual activities they did not want at some point during their lifetime. When asked about recent experiences with violence, almost 12% of participants ($n = 100$) reported they had experienced IPV or SV during the preceding fall semester. Forced unwanted sexual activities were the most commonly reported acts of violence (5.3%; $n = 46$). Approximately 5% ($n = 46$) of participants reported they were afraid of a current or former partner, girlfriend, boyfriend, or significant other during the preceding semester. Although not significant at the $p = 0.05$ level, college women in their freshman year were more likely to report forced sexual activities ($p = .07$) compared to those in their second, third or fourth year. Across sites, there were no statistically significant differences in college women's reports of recent IPV/SV experiences.

Alcohol Use

As shown in Table 2, nearly 82% of the sample reported drinking alcoholic beverages. Sixteen percent ($n = 114$) of the women reported drinking 3 or more beverages, on average, on a weekday night. Differences among sites were noted in reported weekend drinking ($p < .001$) although not in reported weekday drinking. Drinking frequency (how often drinking occurred) was positively correlated with current year in school ($\rho = .12$; $p = .01$); senior undergraduate women reported drinking more often than freshman women. Bivariate correlations revealed significant associations between reported alcohol use and experiences of violence (Table 3). Having experienced forced sex during the fall semester was positively correlated with greater weekend drinking ($\rho = .13$; $p = .01$). Furthermore, feeling afraid of a partner was correlated with weekday drinking; young women who drank more on the weekdays were more likely to report being afraid of a partner ($\rho = .13$; $p = .01$). No significant interactions were noted between year in school and reported alcohol use.

Discussion

The results highlight the prevalence of past and recent IPV/SV among college women. Nearly half of the college women in this sample reported having experienced at least one episode of physical or sexual violence during their lifetime. The study findings are consistent with other reports in the literature (Breiding et al., 2014; Cantor, et al., 2017; Tjaden and Thoennes, 2000). Nearly two decades ago, Tjaden and Thoennes (2000) documented that approximately 55% of women experienced unwanted sexual activities and/or physical violence at some point in their lifetime. In a more recent study, researchers reported nearly 44% of college women described experiencing some form of sexual violence (e.g. being made to penetrate, sexual coercion, unwanted sexual contact) during their lifetimes (Breiding et al., 2014).

The selection of study sites was purposeful to capture differences in university characteristics and to analyze whether these characteristics were protective for experiencing violence. The universities that participated in this study differed on important characteristics such as geography (state), size of student enrollment, location (rural vs. urban), religious affiliation, and whether the university was public or private. No statistically significant differences in college women's reports of recent IPV/SV experiences were noted across sites. Women who were enrolled in large, urban universities in major cities reported similar rates of IPV/SV compared with women who attended smaller, rural universities.

Reports of recent episodes of physical and/or sexual violence were also high. This exploration of recent (previous college semester) experiences of violence allowed for a comparison between violence that occurred prior to entering college and violence that was occurring while enrolled. Nearly one in eight college women in this study reported a recent experience with violence; 12% ($n = 100$) reported experiencing violence and/or fear of an intimate partner during the preceding fall semester (past 3–4 months). These findings are similar to those reported by researchers from the Association of American Universities (AAU). AAU researchers examined violence experiences since the beginning of participants' college years and found that 12.8% of students reported experiencing IPV in a partnered relationship (Cantor et al., 2017). In our study, nearly 6% of participants reported being forced to engage in sexual activities during the previous semester. Although not statistically significant, our findings suggest that women in their freshman year may be more likely to report forced sex. This trend toward a higher risk of sexual victimization among younger students or students who are relatively new to school has been documented by other researchers (Cantor et al., 2017; Cranney, 2015).

For the women in this study, recent (past semester) violence rates (12%) were lower than lifetime violence rates (52%). Given that the mean age of the women was 19.3 years, the majority of violence experiences may have occurred prior to entering college. Previous researchers have documented that among adolescents aged 12–18 years, 37% reported violence victimization either currently or in the previous year by an intimate partner (Taylor & Mumford, 2016). Of those reporting current violence, 69% reported a lifetime history of relationship violence. Considering the findings from this study and from those of previous researchers, early and repeated messages about health relationships, sexual negotiation, and recognition of coercion/control should begin in early adolescence and continue through the college years.

We found that alcohol use was associated with recent experiences of violence and that binge drinking may increase women's risk for victimization. Heavy alcohol use has been found to be a risk factor for sexual violence by other researchers (Mouilso, Fischer, & Calhoun, 2012; Testa & Hoffman, 2012; Sabina, Schally, & Marciniak, 2017; Tyler, Schmitz, & Adams, 2017). The women in our sample reported higher rates of binge drinking on weekend nights than has been reported in previous literature. Because differences in reported drinking were found by site, this finding may be confounded by characteristics of the schools included in the study that were not measured or accounted for in the research. The association between heavy drinking and sexual violence is not about victim blaming or a judgment on the individual behaviors of the women who participated in the study. Rather, it highlights the

need to recognize the milieu of risk on college campuses. Drinking women are often around drinking men, creating contexts/situations of risk where consent can be difficult or impossible to determine when one or both parties has impaired decision making as the result of alcohol. Additionally, because a causal link cannot be established with cross-sectional data, it is also possible that heavy drinking may also be a consequence of violence as well as an antecedent. Understanding these situations of risk may help identify modifiable factors to change the milieu and promote safety for all students.

Limitations

The study results must be interpreted in light of the limitations. This study was a secondary analysis of existing data and therefore the analysis was limited to previously collected variables. The original study utilized a cross-sectional design, which precludes causality, especially related to alcohol use and sexual violence. During the present study, participants who experienced IPV/SV were asked about the perpetrators of violence. Categories such as boyfriend, girlfriend, ex-boyfriend, ex-girlfriend, friend, partner, sexual partner and stranger were found to not be mutually exclusive and did not adequately capture or describe how college women categorized those they interacted with and/or IPV/SV perpetrators. The conceptualization of relationships for young people today may differ or not share the same meaning as in previous generations (Fielder & Carey, 2010; Paul, McManus, & Hayes, 2000). Due to the reliance on self-reported data in this type of research, changes in terms as well as issues of social desirability and recall bias should also be considered when interpreting results. The sample lacked ethnic and racial diversity but was representative of the student characteristics at the participating universities.

Despite these limitations, the sample was large, including nearly 900 women from five different universities that varied on important characteristics. Analyses included both lifetime and recent reports of IPV and SV which allowed for insight into the timing of violence experiences. This provided information about violence that may have occurred prior to college and violence that occurred during the most recent semester at college.

Implications for Future Research

Additional research should be undertaken to better understand who perpetrates IPV and SV among college women and how women describe their perpetrators. Longitudinal studies that follow college women are needed to elucidate whether both physical and sexual violence experiences increase or decrease as college women progress through their years in school. Because of the prevalence of alcohol use, binge drinking and other substance use on college campuses, future studies should extend the findings of this study, and Kingree and Thompson's (2015) study, and examine how impairment in victims and perpetrators may contribute to IPV/SV on college campuses. Understanding the role of alcohol in both victimization and perpetration is an important next step.

Additional work is also needed to standardize the measures used to assess interpersonal violence experienced by women, men, and sexual and gender minority groups. Researchers often define violence in accordance with national organizations and implicitly state which behaviors constitute violence (Rennison & Addington, 2014). Among the population of

college women, SV has received the most attention in the literature (Hamby, 2014; Rennison & Addington, 2014); but SV has many forms, including forcible penetration, unwanted non-penetrative contact (kissing, touching), coercion to engage in sexual activity, and sexual activity while incapacitated by drugs or alcohol (Muehlenhard et al., 2017). Using standardized definitions and measures across studies will further our understanding of experienced trauma.

Implications for Clinical Forensic Nursing Practice

Given the prevalence of IPV and SV among college women, it is imperative that services for women who have experienced violence, either previously or currently, be streamlined and integrated. Forensic nurses should be an integral part of this approach. According to the Institute of Medicine (IOM), all women should be screened for violence at health care visits as part of routine preventative care (IOM, 2011), yet screening by health care providers is inconsistent and infrequent (Alvarez, Fedock, Grace, & Campbell, 2017). Various assessment tools for IPV and SV already exist (Rabin, Jennings, Campbell, & Bair-Merritt, 2009; Thompson, Basile, Hertz, & Sitterle, 2006) and selected questions could be easily incorporated into the electronic health record (EHR). Input from forensic nurses for the provision of trauma informed care, avoidance of victim blaming, and the framing of screening questions will assist health care providers to ask direct questions in a nonjudgmental and inclusive way.

Similar to most health care providers, forensic nurses have primarily been involved with secondary prevention of violence through provision of direct care of injuries and sexual assault forensic exams (Trujillo, Delapp, & Hendrix, 2014). However, there are multiple opportunities to expand this role and provide guidance for prevention strategies. Nurses with a background in forensics are well positioned to contribute to clinic-based policies for IPV/SV screening and referral, serve as a liaison between health care providers and community resources, and provide expertise on identification of women who may be experiencing violence (Hamberger, Rhodes, & Brown, 2015). Primary prevention efforts that focus on IPV/SV education, identification of the cycle of violence, and awareness of community-based organizations (Bair-Merritt et al., 2014) could be enhanced with expert feedback from forensic nurses. Participation in university policies for violence prevention and college health center policies for violence screening is essential.

Conclusion

The results of this study support previous research indicating that IPV and SV rates are high among young women attending college. The women in this study reported both lifetime and recent experiences of violence. Forced, unwanted sexual activity was the most commonly reported type of violence. It is incumbent on all health care providers to be aware of violence risks among college women and work collaboratively to implement strategies for both primary and secondary violence prevention.

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Table 1College women's experiences of IPV/SV and fear ($N = 873$)

	Total	Site 1	Site 2	Site 3	Site 4	Site 5
	<i>n</i> (%)	<i>n</i> =347	<i>n</i> =160	<i>n</i> =106	<i>n</i> =149	<i>n</i> =111
Lifetime Experiences of IPV/SV and Fear ***	457 (52.3)	164 (47.3)	79 (49.4)	55 (51.9)	101 (67.8)	58 (52.3)
Physically hurt (pushed, shoved, slapped, hit, kicked, choked) by someone ^{a, ***} ($n = 872$)	371 (42.5)	119 (34.4)	67 (41.9)	47 (44.3)	85 (57.0)	53 (47.7)
Forced to have sexual activities that you did not want? ^a ($n = 872$)	180 (20.6)	73 (21.1)	25 (15.6)	20 (18.9)	40 (26.8)	22 (19.8)
Ever afraid of a current or former partner, girlfriend, boyfriend, or significant other? ^{a, ***} ($n = 872$)	157 (18.0)	47 (13.6)	31 (19.4)	20 (18.9)	44 (29.5)	15 (13.5)
Recent Experiences of IPV/SV and Fear (Preceding Fall Semester) ^b ($n = 454$)	100 (22.0)	39 (23.6)	16 (20.3)	9 (16.4)	24 (24.2)	12 (21.4)
Physically hurt (pushed, shoved, slapped, hit, kicked, choked) ^a ($n = 457$)	34 (7.4)	12 (7.3)	5 (6.3)	3 (5.5)	9 (8.9)	5 (8.6)
Forced to have sexual activities that you did not want? ^a ($n = 454$)	46 (10.1)	20 (12.2)	8 (10.1)	6 (10.9)	9 (9.1)	3 (5.3)
Afraid of a current or former partner, girlfriend, boyfriend, or significant other? ^a ($n = 457$)	46 (10.1)	15 (9.1)	10 (12.7)	3 (5.5)	13 (12.9)	5 (8.8)

^a not mutually exclusive^b only participants indicating lifetime violence were asked about recent violence (preceding fall semester)***
p .001

Table 2College women's reported alcohol use ($N = 872$)

	Total	Site 1 ($n = 346$)	Site 2 ($n = 160$)	Site 3 ($n = 106$)	Site 4 ($n = 149$)	Site 5 ($n = 111$)
Reported Alcohol Use n (%)						
“Do you drink alcoholic beverages?” *	712 (81.7)	294 (85.0)	126 (78.8)	88 (83.0)	125 (83.9)	79 (71.2)
“How often do you drink alcoholic beverages?” **						
Monthly or less	139 (19.5)	34 (11.6)	24 (19.0)	23 (26.1)	43 (34.4)	15 (19.0)
2 to 4 times a month	327 (46.0)	133 (45.4)	50 (39.7)	46 (52.3)	56 (44.8)	42 (53.2)
2 to 3 times a week	230 (32.3)	123 (42.0)	46 (36.5)	19 (21.6)	23 (18.4)	19 (24.1)
4 or more times a week	15 (2.1)	3 (1.0)	6 (4.8)	0 (0.0)	3 (2.4)	3 (3.8)
“On average, how many alcoholic drinks do you have when you drink on a week day?” (Mon–Thur)”						
None	381 (53.6)	163 (55.4)	65 (51.6)	43 (49.4)	59 (47.2)	51 (64.6)
1 or 2	216 (30.4)	75 (25.5)	37 (29.4)	34 (39.1)	47 (37.6)	23 (29.1)
3 or 4	81 (11.4)	41 (13.9)	16 (12.7)	9 (10.3)	11 (8.8)	4 (5.1)
5 or 6	28 (3.9)	14 (4.8)	6 (4.8)	1 (1.1)	6 (4.8)	1 (1.3)
7, 8, or 9	4 (0.6)	1 (0.3)	1 (0.8)	0 (0.0)	2 (1.6)	0 (0.0)
10 or more	1 (0.1)	0 (0.0)	1 (0.8)	0 (0.0)	0 (0.0)	0 (0.0)
“On average, how many alcoholic drinks do you have when you drink on a weekend day?” (Friday, Saturday, Sunday)” **						
None	27 (3.8)	9 (3.1)	1 (0.8)	1 (1.1)	11 (8.8)	5 (6.3)
1 or 2	155 (21.8)	43 (14.6)	25 (19.8)	29 (33.0)	35 (28.0)	23 (29.1)
3 or 4	277 (38.9)	119 (40.5)	40 (31.7)	33 (37.5)	48 (38.4)	37 (46.8)
5 or 6	175 (24.6)	83 (28.2)	38 (30.2)	23 (26.1)	23 (18.4)	8 (10.1)
7, 8, or 9	58 (8.1)	34 (11.6)	14 (11.1)	2 (2.3)	4 (3.2)	4 (5.1)
10 or more	20 (2.8)	6 (2.0)	8 (6.3)	0 (0.0)	4 (3.2)	2 (2.5)

^a not mutually exclusive;** $p < .01$;* $p < .05$

Table 3

Inter-correlations among variables

	1	2	3	4	5	6	7	8
1 Age	-							
2 Current year in school	.89**	-						
3 How often drink	.11**	.12**	-					
4 Weekday drinking	.19**	.20**	.38**	-				
5 Weekend drinking	-.06	-.06	.55**	.29**	-			
6 Physical harm- fall semester	.01	.01	.05	.04	.07	-		
7 Forced sex- fall semester	-.10*	-.08	.07	.004	.13**	.21**	-	
8 Felt afraid- fall semester	.04	.01	.08	.12*	.08	.21**	.11*	-

Notes:

Reported correlations are Spearman's rho.

Physical harm-fall semester was coded as no experienced (0) vs. yes experience (1). Physical harm-fall semester was coded as no experience (0) vs. yes experience (1). Physical harm-fall semester was coded as no experience (0) vs. yes experience (1). How often drink was coded (1) monthly, (2) 2-4 times per month, (3) 2 to 3 times per week, and (4) 4 or more times per week. Weekday and weekend drinking were coded (1) 1 or 2 drinks, (2) 3 or 4 drinks, (3) 5 or 6 drinks, (4) 7,8, or 9 drinks, and (5) 10 or more drinks.

* $p < .05$;

** $p < .01$