Teen Dating Violence and the Pediatrician

September 20, 2013
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OVERVIEW

- Definition of teen dating violence (TDV)
- Prevalence
- Consequences
- Dating It Safe
- TDV and the pediatrician
- Clinical signs
- Ethical considerations

Objectives
- Identify the prevalence, course, and consequences of teen dating violence
- Describe the relevance of dating violence to pediatrics
- Recognize the importance of screening for and timely management of dating violence.

WHAT IS TDV

- Pattern of abusive behaviors that are used to gain power and control over a current or former dating partner. The four types of dating violence include:
  - Psychological/emotional/verbal DV includes abusive or bullying behaviors with the intent of degrading, intimidating, and controlling an intimate partner
  - Physical DV includes a range of violent behaviors from pushing, shaking, and hitting to even more severe acts such as choking, burning, stabbing, or shooting.
  - Sexual DV includes any sexual activity (touching, oral, vaginal, anal) performed without consent, and ranges from unwanted kissing to rape.
  - Includes reproductive coercion
  - Cyber abuse does not appear to be a distinct form of abuse, but rather a vehicle used to perpetrate physical, psychological, and sexual DV.


PREVALENCE

- 1 in 4 adolescents will experience some form of dating violence
- 1 in 10 will experience severe physical dating violence
- Higher rates observed in regional and at-risk samples
  - 38% (boys) to 57% (girls) of teens are victims of dating physical violence
  - 4%-10% forced rape; 50% sexual coercion.

MEDICAL/PEDIATRIC SETTINGS?

- Pediatric Emergency Room
  - Erickson et al., 2010: 37% (n=246) of girls between the ages of 15 and 21 were victimized by physical violence in their dating relationship.
  - Carroll et al., 2011: 55% (n=327) of adolescents between the ages of 13 and 21 reported physical and/or sexual TDV victimization; 59% reported perpetration.

- Adolescent Clinic
  - Miller et al., 2010: 40% (n=445) of adolescent girls between the ages of 14 and 20 reported a lifetime history of physical or sexual TDV
    - 18% in current/recent relationship (~half of those who experienced violence)
    - 32% victimized by physical TDV
    - 11.2% choked or beat up
    - 2.8% had a knife or gun used against them
    - 15% received an injury
    - 21% victimized by sexual TDV
WHO IS AT RISK

- Everyone
- Males and Females
  - Equal rates; unequal consequences
- Race/Ethnicity and SES
- Heterosexual and Homosexual relationships

MOST AT RISK

- More prevalent in youth:
  - With history of prior TDV
  - Exposed to community or interparental violence
  - Who engage in other high-risk behaviors such as substance use and risky sexual behavior
  - With symptoms of depression or anxiety
  - Irregular medical care histories

CONSEQUENCES OF TDV

- Low self-esteem/relationship self-efficacy
- Stress
- Peer school performance
- Psychopathology
  - PTSD, depression, anxiety, substance use, disordered eating, suicidal ideation, and self-harm
  - Psychological problems more prevalent among TPV victims than their nonabused counterparts
- Physical health
  - Acute injuries
  - Chronic pain
  - Sexual abuse can lead to STD’s, unwanted pregnancies, increased risk for miscarriages.

TDV → IPV

- Accumulating evidence suggests that individuals who experience TDV in their adolescent relationships are more likely to perpetrate IPV in their adult intimate relationships


PREDICTORS OF TDV

- Psychological health (depression)
- Child abuse
- Witnessing family of origin violence
- Bullying/sexual harassment/general violence
- Substance use
- Risky sexual behavior
- Attitudes supportive of violence
- Jealousy
- Violent peers

Most have been school-based
Efficacy is limited
- Target risk and protective factors that may or may not predict whether a teen ends up in an unhealthy relationship
- Many suffer from inefficient use of resources, are not cost-effective, and lack feasibility

EXISTING PREVENTION PROGRAMS
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**DATING IT SAFE**
- 6-year longitudinal study of the risk and protective factors of teen dating violence
- School-based recruitment and data collection
- ~70% response rate
- 4 years of data collected (>80% retention rate across all 4 waves)
- Waves 5 and 6 to be conducted over the next 2 years

**PARTICIPANTS AT TIME 1**
- 1,042 freshmen or sophomore high school students
  - 56% Female
  - 75% Freshman
  - 95% between 14 – 16 years old
  - Triethnic (32% Hispanic, 31% White, 30% AA)
  - 45% live with both parents
  - 87% have already started dating
    - Most by 14 or younger (92%)

**TEMPLE ET AL., 2013**
Importance of gender and attitudes about violence in the relationship between exposure to interparental violence and the perpetration of teen dating violence.

**WITNESSING PARENTAL IPV**
- Examine the role of exposure to father-to-mother and mother-to-father violence in predicting teen dating violence (TDV) perpetration.
- For adolescent girls, there was an association between interparental violence (father-to-mother and mother-to-father) and TDV perpetration (physical and psychological).
- For adolescent boys, only an association between mother-to-father violence was related to their TDV perpetration.
- Further, for both girls and boys, the relationship between mother-to-father violence and perpetration of TDV was fully explained by attitudes accepting of violence.
- These results suggest that attending to gender and targeting adolescents’ attitudes about violence may be viable approaches to preventing TDV.
TEMPLE ET AL., 2013

Substance Use as a Longitudinal Predictor of the Perpetration of Teen Dating Violence

Jeff B. Temple - Ryan C. Shawry - Paula Flir - Gregory L. Stuart - Yi Donne Lo

IMPLICATIONS

- Use of alcohol and hard drugs at baseline predicted future physical TDV perpetration, even after accounting for the effects of baseline TDV perpetration and exposure to interparental violence.
- Despite differences in prevalence of TDV and substance use between males and females, the longitudinal associations did not vary by gender.
- Findings from the current study indicate that targeting substance use, and potentially youth from violence households, may be a viable approach to preventing the perpetration of TDV.

CLINICAL PRACTICE

- Primary care pediatricians have unique access to youth who may be in violent relationships.
  - Ideal position to screen, intervene, and provide information for teens and parents.
  - Competing priorities (only so much time per patient).
- Ethical Obligation.
  - Rely on clinical assessment, training, and experience to address an adolescent patient’s health condition or sensitive situation (American Academy of Family Physicians).
  - Healthy relationships are an integral part of the cause, course, and treatment of nearly all health and behavioral concerns.
  - Supporting the development of healthy relationships and identifying those in TDV relationships is a healthcare priority.

CLINICAL CONSIDERATIONS

- Clinical Signs
  - Physical signs of injury
  - Problems at school (especially if new)
  - Poor self-esteem (especially if new)
  - Changes in mood or personality
  - Teen pregnancy:
    - Adolescents in violent relationships are more likely to become pregnant
    - Pregnant adolescents may be at heightened risk of experiencing TDV.
  - Confuse jealousy with love
  - Technology often used as a vehicle for abuse
  - Adolescents not likely to disclose TDV to adults
    - Ashamed
    - Afraid of getting hurt
    - Being made to break up
    - Punished
    - Previous disclosure met with apathy

SCREENING

- Importance of screening.
  - Regardless of history, informs the patient that you are someone they can turn to if they end up in a violent relationship (or when they are willing to discuss violence in their current relationship).
  - Necessary initial step for intervention to occur.
- Barriers for health care professional.
  - Fear of opening Pandora’s Box.
  - Time and available resources.
    - Screening measures too cumbersome.
    - Can include a few questions on intake questionnaire.
    - Ask patient if they’re in a dating relationship.
    - Ask if they ever feel threatened.
    - Ask if any of their friends experience dating violence (easy way to introduce the topic).
    - Now what?
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INTERVENTION

Prior to knowing:

- Create a supportive and comforting environment
- Make TDV information visible (hotline information, posters, and brochures about TDV)
- Preventative
  - Lets adolescents know that this is a safe topic to discuss
- Create a protocol for your clinic (information and referral resources)
- Develop relationships with schools, women’s centers, psychologists, legal aid, substance abuse treatment centers, etc. and know their capacity to handle TDV victims and perpetrators
- Familiarize yourself with national organizations that provide supportive care for adolescents in violent relationships

INTERVENTION

They said “maybe” or “yes”, now what?

- Don’t judge or blame
- Don’t limit assessment to physical abuse
- Don’t say, “Why are you still with him/her?”
- Do assess immediate safety
- Do assess their own TDV perpetration/victimization
- Do assess other behaviors often associated with dating violence (risky sexual behavior, substance use, mental health problems)
- Do help the patient identify a trusted source (family member, teacher, counselor)
- Do provide a safety plan and relevant information
- Do provide referral to local and national resources
  - Local referral options that you have previously identified
  - National Teen Dating Violence Hotline (866.331.9474)
  - Websites such as:

WWW.LOVEISRESPECT.ORG

WWW.BREAKTHECYCLE.ORG

WWW.THATSNOTCOOL.COM

“IF YOU ARE GOING TO DO ANYTHING FOR THE COMMON MAN, YOU HAVE TO START BEFORE HE BECOMES A MAN.”

—FRANKLIN D. ROOSEVELT
SO WHAT ELSE CAN WE DO

- Talk about it with anyone who will listen (intimate partner violence is NOT a private matter)
- Model healthy relationships
- Provide informational sessions at schools, church, and community organizations

THANK YOU!

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