

The long-lasting impact of Teen Dating Violence and the importance of addressing it at adolescent visits.

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Introduction

Intimate partner violence (IPV) is a significant public health concern in the US. Studies have shown that IPV has negative effects on health outcomes in both men and women. Those who reported IPV victimization were more likely to experience adverse physical health symptoms including chronic pain, somatic syndromes, disability, migraines, hearing loss, angina, sexually transmitted infections, functional gastrointestinal disorders and changes in metabolic and immune functions (Breiding). Teen dating violence (TDV) is a form of IPV that affects millions of adolescents each year. In the National Intimate Partner and Sexual Violence Survey (NISVS) 2016/2017 report on intimate partner violence, it was estimated that 27.1% (16 million) of women who had experienced IPV reported victimization by an intimate partner before turning 18. Of the men who disclosed IPV, 21.4% (11.1 million) reported victimization prior to turning 18.

TDV is an adverse childhood experience (ACE). ACEs have been widely studied and are shown to negatively impact the physical, mental, emotional, and behavioral development of adolescents. In Bergman's survey (Bergman 1992) examining the prevalence of TDV, the proportion of high school girls who reported sexual violence and physical violence was on average 24.6 percent, though dating patterns, grade point average, and the community in which the student lived could place the student at higher or lower risk of exposure to violence. For boys, reported sexual and physical violence was lower in percentage, with 9.9 percent reporting either form.

Definitions:

Adverse childhood experiences (ACEs): Potentially traumatic events in childhood (0-17 years) such as neglect and experiencing or witnessing violence.

Intimate partner violence (IPV): Physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e. spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) (Breiding 2015).

Physical violence: The intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, hair-pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife, or other object), and use of restraints or one's body, size, or strength against another person. Physical violence also includes coercing other people to commit any of the above acts. (Breiding 2015)

Contact sexual violence: Combined measure that includes rape, being made to penetrate someone else (males), sexual coercion, and/or unwanted sexual contact (Leemis 2017)

Psychological aggression: Expressive aggression (insulting, humiliating, or making fun of a partner in front of others) and coercive control and entrapment, which includes behaviors that are intended to monitor, control, or threaten an intimate partner. (Leemis 2017)

Stalking: Involves a perpetrator's use of a pattern of harassing or threatening tactics that are both unwanted and cause fear or safety concerns (Leemis 2017).

Discussion

Given the high prevalence of TDV and the negative implications it has on adolescent health and development, many longitudinal studies have been done. Those studies show that the negative impacts of ACEs can lead to poorer health outcomes that carry into adulthood. One longitudinal study revealed a significant association between IPV and risk behaviors in adolescents. Those who had been subjected to abuse by an intimate partner reported increased levels of depression in both sexes. In addition to increased levels of depression, female adolescents who had been victims of IPV self-reported increased involvement in illicit substance use, antisocial behavior, and suicidal behavior. Furthermore, antisocial, violent, suicidal and risk behaviors in adolescents were found to have preceded abuse by an intimate partner (Roberts 2003).

Another longitudinal study found that the different types of IPV affected adolescents differently. Furthermore, IPV impacted adolescents differently based on their sex. In both males and females, psychological victimization predicted increased alcohol use and physical violence led to increased cigarette smoking. Physical victimization would predict increased cigarette use in girls and predict decreases in the number of close friends for boys. Psychological victimization would predict increase internalizing symptoms in girls but was only marginally significant in boys (Foshee 2013). In both sexes, risk behaviors such as drunk driving were found to be preceded by physical and sexual dating violence. Teen victims were also found to be at increased risk for violent victimization later in life (Williams, Connolly, Pepler, Craig, & Laporte, 2008).

Literature shows that adolescent girls reported a higher rate of intimate partner violence and also reported more negative health impacts as a result of TDV victimization. In adolescent girls, any form of TDV would be associated with higher reports of unhealthy weight control behaviors (use of laxatives and/or vomiting), sexual risk behaviors (first intercourse before the age of 15, infrequent condom use, and multiple sexual partners), pregnancy, and considering and attempting suicide. Additionally, adolescent girls are at risk of greater risk of fatal violence, as females are 10 times more likely to be killed by an intimate partner than males (Silverman 2001).

Breiding and colleagues examined the relationship between IPV and health outcomes in both women and men and found that IPV was associated with poorer general health. Those who had been subjected to IPV had higher reported adverse physical health symptoms including chronic pain, somatic syndromes, disability, migraines, hearing loss, angina, sexually transmitted infections, functional gastrointestinal disorders and changes in metabolic and immune functions. Both men and women who reported IPV exposure during their lifetime were also more likely to report asthma, joint disease, activity limitations, HIV risk factors, smoking, heavy/binge drinking, and not having had a checkup with a doctor in the past year (Breiding 2005).

Conclusion

Literature reviews show that exposure to any form of intimate partner violence – psychological, sexual, or physical - during adolescence has widely adverse effects on one's physical, mental, and emotional wellbeing, leading to poorer health outcomes in both women and men. Studies also show that psychological abuse, may result in detrimental consequences for adolescents and their development (Foshee 2013). Clinicians who care for adolescents should provide a safe and supportive space for their adolescent patients, so that those who disclose involvement in an abusive relationship can be assisted. Clinicians should also be adept at assessing personal safety, providing referrals to community resources, supportive education and screening for other risk behaviors.

In the United States 'well adolescent' checks and/or annual checkups with the Primary Care Physician (or GP) are available. These adolescent health preventive visits can be instrumental for identifying teens at risk for TDV or already experiencing TDV. The importance of screening questions, confidential time and low judgement spaces has been emphasized by the above findings of this literature review. The fact that most adolescents choose not to share what they are experiencing if not asked directly about it highlights the urgency to incorporate direct questioning in surveillance or specific screening questions for TDV in preventive adolescent visits. The cycle of self-blame associated with TDV points out the important of low judgement spaces that are adolescent centered to promote trust and increase odds of disclosure. Confidential time with a teen is of crucial importance to allow opportunities for conversations that might be uncomfortable in front of care givers. When caring for adolescents, if providers or therapists identify involvement in illicit substance use, antisocial behavior, violent, suicidal and risk behaviors or drunk driving to consider these potential red flags for risk of TDV as these have been reported as common behaviors observed in victims.

Educating primary care providers on methods and modalities for identifying teen dating violence is of monumental importance in the effort to mitigate the effects of this adverse childhood experience. Identifying this early in its course provides the opportunity to mitigate effects with greater success. More publications are needed to highlight more detailed interventions and pathways to address this pervasive adolescent health public health concern.

References:

- Bergman L, Dating Violence among High School Students, *Social Work*, Volume 37, Issue 1, January 1992, Pages 21–27, <https://doi.org/10.1093/sw/37.1.21>
- Breiding MJ, Basile KC, Smith SG, Black MC, Mahendra RR. Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2015.
- Foshee VA, Reyes HL, Gottfredson NC, Chang LY, Ennett ST. A longitudinal examination of psychological, behavioral, academic, and relationship consequences of dating abuse victimization among a primarily rural sample of adolescents. *J Adolesc Health*. 2013 Dec;53(6):723-9. doi: 10.1016/j.jadohealth.2013.06.016. Epub 2013 Jul 30. PMID: 23910572; PMCID: PMC3838452.
- Roberts TA, Klein JD, Fisher S. Longitudinal effect of intimate partner abuse on high-risk behavior among adolescents. *Arch Pediatr Adolesc Med*. 2003 Sep;157(9):875-81. doi: 10.1001/archpedi.157.9.875. PMID: 12963592.
- Silverman JG, Raj A, Mucci LA, Hathaway JE. Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior,

Pregnancy, and Suicidality. *JAMA*. 2001;286(5):572–579.

doi:10.1001/jama.286.5.572

Williams, T.S., Connolly, J., Pepler, D., Craig, W., & Laporte, L. (2008). Risk models of dating aggression across different adolescent relationships: A developmental psychopathology approach. *Journal of Consulting and Clinical Psychology*, 76, 622–632. doi:10.1037/0022-006X.76.4.622