

**Impact of Dating Violence on Reproductive Health Behavior of
Young Teens in California: Results from CHIS 2003**

Extended Abstract

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Background

Adolescent pregnancy is a widely recognized target for prevention efforts due to the variety of negative consequences for both teen parent and the child. Adolescent pregnancy affects a woman's ability to complete her education and limits her income,¹ it increases the likelihood of substance abuse² and depression,³ and substantially reduces the chances she will ever find a stable partner to marry.⁴ Reducing adolescent pregnancies by improving the use of contraception that both effectively prevents pregnancy and provides protection against disease is a key health objective of the Healthy People 2010 goals.⁵

Efforts to prevent adolescent pregnancy focus on a wide variety of antecedents; Kirby⁶ identified over 100 related precursors to poor contraceptive use and teen pregnancy. Factors that affect the quality and context of teenage romantic relationships are consistently related to initiation of sex, likelihood of contraception and condom use, and pregnancy. Additionally, a wide variety of risky personal behaviors have been identified that put a teen at increased risk for adolescent pregnancy.⁷

Adult women who have experienced domestic violence are known to have higher rates of sexually transmitted infections, unplanned pregnancies, and sexually risky behaviors.^{8,9} Being in an abusive relationship has been associated with increased tobacco, alcohol, and substance use.^{10,11}

However, the impact of intimate partner violence on *adolescent* sexual behavior has been little studied. Not one of over 250 high-quality studies identified in a comprehensive literature review for The National Campaign to Prevent Teen Pregnancy¹² investigated the effect of dating or intimate partner violence (IPV) on teen sexual behaviors. Furthermore there is evidence that interpersonal violence has a different dynamic among teens than adults. Self-report surveys reveal that dating violence (DV) is largely reciprocal or gender neutral.¹³ About 43% to 72% of aggression is characterized as mutual¹⁴ in which both partners engage in physical aggression. Girls were found to be more often perpetrators than boys.¹⁵ Moreover, girls are no more likely than boys to report that their aggression was used in self-defense or retaliation.

To our knowledge, the impact of interpersonal violence on *teen males' sexual behavior* has not been studied. Malik et al.¹⁶ did, however, find an association between community violence and dating violence among both female and male adolescents.

Research Questions

This study describes the sexual behavior, experience of dating violence, demographic and socioeconomic characteristics of teens ages 14-17 in California. Using CHIS 2003 data, we examine the relationship between sexual behavior and interpersonal violence among teens when controlling for health risk behaviors (tobacco, alcohol, and substance use), involvement in violent or threatening social interactions, and demographic variables (race/ethnicity, insurance status, parents' marital status). We also examine whether the associations differ by gender. Finally, we will present a multinomial logistic regression model to determine the strongest predictor of teens' sexual behavior. Note, however, that this regression result is in progress and therefore not included in this extended abstract.

Data and Methods

The California Health Interview Survey (CHIS), the largest population-based state health survey in the United States, is a collaborative effort of the California Department of Health Services, University of California, Los Angeles, and the Public Health Institute. It is a representative sample of the California population conducted every other year since 2001. Households are scientifically sampled statewide and separate interviews are conducted via telephone among randomly selected adults, adolescents, and parents or guardians of young children. Only adolescents 14-17 years of age (n=2,592) were asked a question about interpersonal violence with a partner they are intimately involved in. Data analysis will therefore be limited to this age group.

Multiple items from the Sexual Behavior and Interpersonal Violence Sections as well as basic demographic and socioeconomic variables are used in this analysis. The outcome variable is a measure of sexual behavior that is constructed using multiple questions and which produced three categories: 1) abstainers, 2) consistent users of effective contraceptive method during first and during most recent sexual intercourse, and 3) non-users or inconsistent users of any method of contraception. We present simple descriptive statistics through cross-tabulation analyses to estimate the proportions and frequency distributions of various population subgroups. A multinomial logistic regression model will be constructed to assess the relationship between sexual behavior and dating violence while controlling for other variables.

The following independent variables/sets of variables will be entered in a regression model:

1. Interpersonal violence (“have you ever been slapped, kicked, or physically hurt by a boyfriend or girlfriend you are in an intimate relationship with”)
2. Involvement in violent or threatening social interactions (“have you ever threatened anybody”, “have you ever been threatened by anybody”, “have you ever been in a fight that you initiated”, “have you ever been in a fight that somebody else initiated”)
3. Health risk behaviors (tobacco, alcohol, and substance use)
4. Demographic variables (race/ethnicity, insurance status, parents’ marital status).

We plan to construct separate models for male and female adolescents.

Preliminary Findings

- More than one in five (22 percent) adolescents ages 14-17 are sexually active; of these sexually active teens, 23 percent are not using any method of contraception or had used it inconsistently.
- Overall, the data suggest that 8.2 percent of adolescents ages 14-17 (n=2,592) reported ever experiencing IPV --ever been slapped, kicked, or physically hurt by a boyfriend or girlfriend. Adolescent males (10.6 percent) are significantly more likely than adolescent females (5.7 percent) to report IPV by partners ($\chi^2=20.6$, $p=0.0003$). This proportion translates into approximately 177,000 youth ages 14-17 in California.
- Adolescents who reported experiencing IPV are four times more likely to not use contraception or to use it inconsistently (16 percent) than their counterparts who never experienced IPV (4 percent).
- Among sexually active teens who did not use contraception or used it inconsistently, 39 percent reported experiencing IPV in the past 12 months prior to the interview, compared to 27 percent among those who have ever experienced IPV and 21 percent for those who never experienced IPV.
- Of those reporting having ever been slapped, kicked, or physically hurt by a boyfriend or girlfriend, more than one-half, 57 percent, indicated that this happened in the past 12 months preceding the survey; 59 percent and 51 percent among boys and girls, respectively.
- Overall, 38 percent of those who experienced IPV in the past 12 months reported talking to someone about what happened; 31 percent and 52 percent among boys and girls, respectively.
- Other risk factors such as age at first sexual intercourse, number of sexual partners, involvement in interpersonal violent behavior as well as health risk behaviors that include smoking, drinking, and drug use appear to have strong relationship with teens' sexual behavior. For example, of those who did not use contraception or used it inconsistently, 22 percent reported currently smoking, 10 percent ever smoked, and 2 percent never smoked.

Conclusions

This study tries to replicate patterns of sexual behaviors that were found for adult women living in IPV relationships for adolescents. To our knowledge it is the first study that explores the relationship of interpersonal victimization and sexual behavior among males. While the measurement of interpersonal violence is limited to one screening question, several associations found in the literature between substance use, interpersonal violence and unprotected sex could be replicated. Additionally we observed an association between IPV victimization and community violence. Overall, the associations were stronger for girls than for boys. Boys reported a higher degree of victimization than girls, but were less likely to have talked to somebody else about the incident than girls. Dating violence among teens seems therefore to have a different dynamic than for adult women and the traditional model of one (male) abuser and one (female) victim may not characterize most adolescents' experience of dating violence. These findings will have important implications for teen and dating violence prevention programs.

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