Revictimization After Adolescent Dating Violence in a Matched, National Sample of Youth

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ABSTRACT

Purpose: To assess if adolescent dating violence was associated with physical intimate partner violence victimization in adulthood, using a comprehensive propensity score to create a matched group of victims and nonvictims.

Methods: Secondary analysis of waves 1 (1994–1995), 2 (1996), 3 (2001–2002) and 4 (2007–2008) of the National Longitudinal Study of Adolescent to Adult Health, a nationally representative sample of US high schools and middle schools. Individuals aged 12–18 reporting adolescent dating violence between the wave 1 and 2 interviews (n = 732) were matched to nonvictimized participants of the same sex (n = 1,429) using propensity score matching. These participants were followed up approximately 5 (wave 3) and 12 (wave 4) years later. At both follow-up points, physical violence victimization by a current partner was assessed. Data were analyzed using path models.

Results: Compared with the matched no victimization group, individuals reporting adolescent dating violence were more likely to experience physical intimate partner violence approximately 12 years later (wave 4), through the experience of 5-year (wave 3) victimization. This path held for males and females.

Conclusions: Results from this sample matched on key risk variables suggest that violence first experienced in adolescent relationships may become chronic, confirming adolescent dating violence as an important risk factor for adult partner violence. Findings from this study underscore the critical role of primary and secondary prevention for adolescent dating violence.

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Adolescent dating violence (ADV) is a substantial public health problem. The national prevalence of any physical dating violence has remained fairly constant over the last decade (~ 10%), [1] and several longitudinal studies have established the association of ADV with future adverse outcomes in both males and females (e.g., [2–5]). A growing body of literature also documents a relationship between ADV and revictimization in adolescence and young adulthood (e.g., [3–8]). For example, using National Longitudinal Study of Adolescent to Adult Health (Add Health) data, Spriggs et al. [7] found that 32% of those

However, although prior studies have demonstrated an association between experiencing ADV and adult IPV victimization, the precise mechanism for this association remains unclear because of confounding of the ADV-IPV relationship. Specifically, prior research examining associations between ADV and future partner violence has controlled for a limited number of covariates, primarily of a sociodemographic nature (e.g., age, gender, race/ethnicity), although epidemiological work on the etiology of ADV has demonstrated that risk for victimization spans the social-ecological spectrum, [12–14] such that adolescents who experience dating violence appear to differ from their nonvictimized peers in nonignorable ways. As such, the reported association between ADV and subsequent adult IPV victimization may be spurious as a result of not adequately controlling for these potentially important risk differences. The ability to intervene effectively is curtailed by the lack of accurate information about the ADV to IPV trajectory.

Thus, there is a need to more carefully estimate associations between ADV and future outcomes by adequately accounting for the numerous risk factors that predict victimization status; such analyses will also better inform clinical and prevention work. The statistical method called propensity score matching is an excellent way to adjust for a large number of covariates. [15] The goal of this method is to match a group experiencing an event (in this case, ADV) with a group who is similar save for the experience of the event. Propensity score matching is designed to come as close as possible to a randomized trial using observational data [15].

Given the need for a more careful investigation of the continuation of interpersonal violence from adolescence to adulthood, the present study investigated whether the experience of psychological and physical ADV victimization in adolescence was associated with physical IPV victimization approximately 12 years later, using a comprehensive propensity score for adjustment and matching. We also investigated if the relationship between ADV and adult IPV victimization was mediated by victimization that occurred approximately 5 years after ADV was assessed because of concerns about a cycle of violence starting with the experience of ADV. This study is the first to use a comprehensive propensity score, with groups that are well matched on multiple key risk variables, to address this question, and also the first to look at pathways of violence extending into adulthood.

Methods

Data

This study analyzed data from the Add Health data set. Add Health was designed to study determinants of health and risk behaviors in a nationally representative sample of US adolescents. In 1994, participants were selected from 80 high schools and 52 middle schools, stratified with respect to region of country, urbanicity, school size, school type, and ethnicity. At wave 1 (1994–1995), adolescents in grades 7–12 participated in a structured in-home interview. Adolescents were reinterviewed in 1996 (wave 2), 2001–2002 (wave 3), and 2007–2008 (wave 4). Average time between the wave 1 and 2 interviews was approximately 11 months; between wave 2 and wave 3, 5.5 years; between wave 3 and wave 4, 6.5 years; and between wave 2 and wave 4, 12 years. Data from the wave 1 School Administrator Questionnaire, the wave 1 Adolescent In-School Questionnaire, and the wave 1 Parent In-Home Questionnaire were also used in this study.

Sample

The analytic sample was restricted to adolescents who participated in the in-home interviews at waves 1–4 (N = 9,421). Participants were included if they reported that they (1) had been in a heterosexual dating or sexual relationship between the wave 1 and 2 interviews and were not married at either wave 1 or 2 (n = 6,210) [7]; (2) were 18 years or younger at wave 2 (n = 5,746); (3) had answered wave 1 and 2 audio computer-assisted self-interview (A-CASI) questions honestly (n = 5,379) [16]; and (4) had experienced their first reported victimization incident after the wave 1 interview (see in the following section) or had never been victimized by wave 2 (n = 4,582; Figure 1). For propensity score matching, included participants also needed to have complete data on all covariates (n = 3,961). Complete case analysis resulted in the exclusion of 13.6% of the eligible sample (Figure 1).

Measures

Pre-event covariates (matching variables). Our initial list of pre-event covariates (i.e., the variables used to create our matched group of victims and non-victims) was generated by examining past empirical studies of predictors of ADV, with a focus on longitudinal work. We also consulted a systematic review of ADV predictors [12] and considered theories of dating violence. [17] To determine if predictors of ADV identified in previous studies were also theoretically or empirically associated with adult IPV victimization, and thus should be included on our list of potential propensity score variables, we consulted a systematic review of IPV predictors [18] and considered theories of domestic violence (e.g., social learning theory). From this literature and theoretical review, we considered 53 variables for the propensity score model; the list of these variables, including a brief description, sample descriptive, and references, is available as Supplementary Material. Since prior work on the etiology of ADV and adult IPV has demonstrated that risk for victimization includes variables at the individual, family, peer, neighborhood, and societal levels, we chose to organize our variable list according to the social-ecological model. [19,20]

ADV victimization. At wave 2, participants identified up to 3 romantic and 3 sexual relationships occurring since the wave 1 interview. Participants were asked about violence victimization experienced in each relationship using A-CASI. Dating violence was measured using 5 items from the revised Conflict Tactics Scale (CTS2). [21] Participants were asked if a partner had ever (1) called them names, insulted them, or treated them disrespectfully in front of others; (2) sworn at them; (3) threatened them with violence; (4) pushed or shoved them; or (5) thrown something at them that could hurt. For the present analyses, a dichotomous variable was created, indicating whether participants endorsed any of the victimization items in any of their
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