Teen Dating Violence Victimization, Trauma Symptoms and Revictimization in Early Adulthood

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A B S T R A C T

Purpose: This research examined whether experiencing physical teen dating violence (TDV) relates to trauma symptoms, which in turn, predict future physical dating violence victimization in early adulthood.

Methods: Adolescents (N = 843) recruited from high schools reported on their experiences of physical TDV victimization and trauma symptoms. The sample was followed over a 5-year period to assess for revictimization in early adulthood.

Results: Trauma symptoms functioned as a mediator between experiences of physical TDV victimization during adolescence and later revictimization in early adulthood, even in a conservative test of mediation that controlled for baseline trauma symptoms. Multigroup analyses testing for gender differences suggest that this mediation model is significant for females but not for males.

Conclusions: The present findings suggest that the mental health consequences of experiencing physical TDV are an important factor contributing to future victimization in early adulthood. This holds potentially important implications for school-based efforts for reducing physical TDV. Specifically, school-based efforts to reduce victimization may be enhanced by supplementing existing efforts with empirically supported programs for addressing trauma symptoms.

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IMPLICATIONS AND CONTRIBUTION

The present research showed that trauma symptoms mediated the longitudinal association between physical teen dating violence victimization and later dating violence victimization in early adulthood. When examining this model across genders, the mediation model held for females but not for males. Trauma symptoms should be addressed in comprehensive efforts designed to prevent future victimization experiences.

U.S. national surveys indicate that at least 10% of adolescents experience physical teen dating violence (TDV) over the course of a year [1,2]. Of those victimized, over 30% report continued victimization, spanning from adolescence into early adulthood [3]. Indeed, the association between experiencing physical TDV and being victimized again has been documented in over a dozen longitudinal studies, several of which have linked victimization during adolescence to victimization in early adulthood [4–7]. Experiencing physical TDV increases risk for a wide range of health problems, and revictimization adds to this risk [8]. Thus, efforts to understand and stop this recurring process are critical.

Trauma symptoms are one of the most common consequences of experiencing partner violence [9], and theory implicates trauma symptoms as a factor contributing to recurring victimization [10,11]. Trauma symptoms, for example, may interfere with the ability to perceive risk for violence accurately and respond adaptively. Specifically, victimized individuals with trauma symptoms may fail to notice, ignore, or downplay signs of
danger in their relationships [12]. They may be more likely to enter into or remain in unhealthy relationships, perhaps feeling unworthy or unable to attract a more suitable partner [13]. In addition, trauma symptoms might interfere with help-seeking efforts and the effective use of available resources (e.g., one’s social network) to prevent future incidents of violence [14].

Longitudinal research on the role of trauma symptoms in the revictimization process for teens in romantic relationships is unfortunately sparse. However, a handful of prospective studies in adult populations point to trauma symptoms as a predictor of repeat victimization by a romantic partner. Specifically, among adult women who have experienced intimate partner violence (IPV), trauma symptoms prospectively relate to revictimization [12,14]. Furthermore, in research examining pathways of victimization from childhood maltreatment to TDV victimization, trauma symptoms are often implicated [15]. These findings converge to suggest that trauma symptoms increase the likelihood of future victimization from a romantic partner.

The present research provides the first rigorous test of the hypothesis that trauma symptoms mediate the longitudinal association between physical TDV and later physical violence victimization in early adulthood. Prior research has tested circumscribed parts of this hypothesized mediation model, but the full longitudinal mediation model has not yet been evaluated. Based on theory and research with adult samples, we expect TDV victimization to predict trauma symptoms, which in turn predict physical violence victimization in early adulthood. We examine this hypothesis in a sample of teens recruited from high schools, as opposed to a help-seeking sample, in an attempt to better inform school-based prevention efforts. Specifically, there are now a number of empirically supported, school-based programs designed to prevent relationship violence among teens (e.g., Safe Dates [16], Ending Violence [17], Fourth R [18]). To better inform such efforts, research is needed on pathways to TDV victimization and revictimization that involve high school samples.

We also explored whether the proposed mediation model operates differently for males and females. Because of the power (size and weight) imbalance that favors males in most heterosexual relationships [19], females may be at greater risk for heightened threat, fear, helplessness, or horror as a result of partner violence—factors associated with the development of trauma symptoms. In addition, Wekerle et al. [20] found trauma symptoms mediated the relation between childhood maltreatment and TDV victimization for females but not for males. In the present research, we hypothesized that the mediation model would be especially pertinent for females.

Method

Participants and procedure

The institutional review board at the last author’s institution approved all procedures. Data for this research are from a study in which participants were assessed over a 5-year period on a range of health and risk behaviors [21]. In the spring of 2010, ninth and 10th grade students (n = 1,042; response rate = 62%) were recruited from required classes in seven Texas public high schools. Parental consent and student assent were obtained before baseline, and participants provided their own consent on reaching the age of 18 years. At the baseline, 1- and 2-year follow-ups, (retention rate at 2-year follow-up: 86% of baseline participants), project staff administered surveys during regular school hours. At the 5-year follow-up (retention rate: 73% of baseline participants) students still in school completed paper-pencil surveys during regular school hours and those who had moved on from high school completed surveys online. Students received a $10 gift card at the 1- and 2-year follow-up assessments (spring 2011 and 2012, respectively), and a $30 gift card at the 5-year follow-up assessment (spring 2015).

For the present study, we limited our analyses to youth who reported having been in a relationship at the 1-year follow-up (N = 843, female: 57%). Participants (mean [M] age = 16.09, standard deviation [SD] = .79, at baseline) were ethnically diverse: Hispanic (32%), white (31%), African-American (27%), or other (10%). Participants reported parent education (highest of either parent) as finished college (36%), some college/training school (30%), finished high school (17%), or did not graduate from high school (17%). At the 5-year follow-up, most participants were enrolled in some type of college (63%), with the remaining sample either working (30%) or not in school and not working (7%).

Measures

Physical dating violence victimization (1- and 5-year follow-ups). Participants reported the occurrence (0 = no, 1 = yes) of past-year physical dating violence victimization on four items adapted from the Conflict in Adolescent Dating Relationship Inventory [22]: “He/She threw something at me,” “He/She kicked, hit, or punched me,” “He/She slapped me or pulled my hair,” or “He/She pushed, shoved, or shook me.” Item scores were summed to create a scale score, with a higher score reflecting greater victimization (1-year follow-up: Cronbach’s a = .73; 5-year follow-up: Cronbach’s a = .81). Physical victimization at baseline was not used because only lifetime victimization was measured at that time point.

Trauma symptoms (baseline and 2-year follow-up). Using the four-item Primary Care PTSD Screen [23], participants reported past-month presence (0 = no, 1 = yes) of trauma symptoms in response to any threatening or frightening lifetime event: e.g., “Had nightmares about it or thought about it when you did not want to?” “ Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?” “Were constantly on guard, watchful, or easily startled?” “Felt numb or detached from others, activities, or your surroundings?” Items responses were summed (baseline: Cronbach’s a = .74; 2-year follow-up: Cronbach’s a = .82), with higher scores indicating more trauma symptoms.

Attrition analyses

Participants who completed the 5-year follow-up did not differ significantly from those who did not on any demographics or study measure collected at baseline, 1-year follow-up, or 2-year follow-up, with two exceptions: younger participants, t(841) = 2.91, p = .002, and females, χ²(1) = 28.15, p < .001, were more likely than their counterparts to complete the 5-year follow-up.

Analytical plan

We computed path analyses to test the hypothesized mediation model using Mplus 7.11 (MPlus 7.11, Muthén & Muthén,
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