Health-Risk Behaviors and Dating Violence Victimization: An Examination of the Associated Risk Behaviors Among Detained Female Youth

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There are many health-risk behaviors that may elevate the risk of adolescents engaging in teenage dating violence. The purpose of this investigation was to examine the health-risk behaviors that are associated with a sample of female juvenile offenders to identify the extent to which those behaviors contribute to dating violence. The survey assessed respondents’ health-risk behaviors prior to incarceration, their perceptions of quality of life, postincarceration expectations, psychosocial factors, and other social determinants. Results indicated youth exposure to dating violence, alcohol, drug, and risky sexual behaviors in the year prior to incarceration. These findings demonstrate the need to address teen dating violence with at-risk adolescents in addition to risky behaviors.

Keywords: Teenage dating violence, health-risk behaviors, substance use, unsafe sex practices, at-risk adolescents, detained youth, teens

INTRODUCTION

There are many health-risk behaviors that elevate the risk of adolescents engaging in teenage dating violence. Concomitantly, the presence of violence and risky behaviors in dating experiences for adolescent females is very concerning. According to the 2011 Centers for Disease Control Youth Risk Behavior Surveillance, 45.6% of female adolescents have engaged in sexual intercourse in their lifetime (Eaton et al., 2012). Among youth who are currently sexually active,
87.5% did not use condoms during their last intercourse and 12.6% reported four or more partners in their lifetime (Eaton et al., 2012). Risky sexual behaviors expose youth to HIV/AIDS or other sexually transmitted diseases (STDs) and unplanned teenage pregnancy, creating devastating effects on the health of adolescents (Kotchick, Shaffer, Forehand, & Miller, 2001; Staton et al., 1999).

For one in 10 youth, abuse is a component of their dating relationships (Howard, Debnam, & Wang, 2013; Mulford & Giordano, 2008). In a nationally representative sample of public and private high school students, 9.3% of female adolescents reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the 12 months preceding survey collection (Mulford & Giordano, 2008). Consequently, this external manifestation of violence is disturbing and is considered by many a public health issue (Halpern, Oslak, Young, Martin, & Kupper, 2001; Malik, Sorenson, & Aneshensel, 1997; Wekerle & Wolfe, 1999).

Concurrently, adolescents in detention facilities represent a population segment at risk for developing future behavioral problems and health issues (Dembo, Belenko, Childs, & Wareham, 2009). Steinberg, Grella, Boudov, Kerndt, and Kadrnka (2011) found substance use and risky behaviors, including early initiation of sexual intercourse and low condom use, commonly reported among adolescent female juvenile detainee samples. Although research has examined adolescent female detainees and risky behavior (Biswas & Vaughn, 2011; Robillard, Conerly, Braithwaite, Stephens & Woodring, 2005; Voisin, Hung, & King, 2012), discussion that examines these behaviors has focused on violence exposure (Wood, Foy, Goguen, Pynoos, & James, 2002; Woodson, Hives, & Sanders-Phillips, 2010) with minimal attention specifically given to teen dating violence (Kelly, Cheng, Peralez-Dieckmann, & Martinez, 2009). Without understanding the role of health-risk behaviors among delinquent female youth experiencing teen dating victimization, the scope of prevention and intervention services is severely limited.

**HYPOTHESIS**

The purpose of this investigation was to examine health-risk behaviors associated with a sample of female juvenile offenders in a southeastern state identifying the extent to which those behaviors contribute to teen dating violence. Alcohol, substance use, age, and risky sexual behaviors were examined as independent variables. It was hypothesized that participation in risky behaviors was highly correlated with teen dating violence victimization. Female juveniles who engaged in substance use may be more likely to experience in teen dating violence. The research questions that guided this study were (a) Does adolescent female substance use behaviors influence teenage dating violence? and (b) Does risky sexual behavior participation influence teenage dating violence?

**METHOD**

**Participants**

Study participants (N = 104) were recruited from a regional youth detention center (RYDC) in a southeastern state. Participants ranged in age from 12 to 20 (M = 16.10, SD = 1.408). The racial demographics were 61% African American, 18.2% White, 15.2% other or multiethnic, 1% Asian, and 5.1% Hispanic. The median educational level of the survey respondents was 10th grade (range = 6, SD = 1.66877). Given the mean age for this sample of 16.1 years, these juveniles were approximately one to two grade levels behind their peers.
Procedure

All female adolescents detained in the RYDC facility were surveyed using a modified Centers for Disease Control Youth Risk Behaviors Surveillance System Survey designed to capture the health-risk behaviors of the youth prior to incarceration, the perception of their quality of life, their expected postincarceration behaviors, demographic data, psychosocial factors, and other social determinants. This questionnaire was provided to all female youth during a standard class period. Institutional Review Board approval was obtained from the participating university and State Department of Juvenile Justice. All participants signed an assent form to provide voluntary consent.

Measures

*Alcohol and Drug Use*

These measures were adapted from the Center for Disease Control Youth Risk Behavior Surveillance System and the Problem Oriented Screening Instrument for Teenagers (POSIT) (Rahdert, 1991). Alcohol and drug use, including type, in the 30 days preceding admittance to the YDC were assessed. Youth were asked to report the number of days they used the following drugs during the last month before entering the YDC: marijuana, powdered cocaine, crack, inhalants, heroin or opium, LSD, acid, or hallucinogens, speed or uppers, downers or tranquilizers, PCP or angel dust, and ecstasy or other designer drugs. Response categories for alcohol and drug use included no use, 1 to 2 days, 3 to 5 days, 6 to 9 days, 10 to 19 days, and 20 to 31 days. Alcohol or drug use during sex, methods of birth control used during last sexual encounter, and general perceptions of their behavior when they were under the influence of alcohol and/or drugs were questions also asked of respondents.

*Risky Sexual Behaviors*

These measures were adapted from the Center for Disease Control Youth Risk Behavior Surveillance System. Surveying age of first sexual intercourse, condom use, and substance use during last sexual encounter assessed risky sexual behaviors. Youth also were asked to report the number of sexual partners in their lifetime and 3 months prior to incarceration.

*Dating Violence Victimization*

This dependent variable was measured by one question that asked, “During the year before incarceration, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?” Respondents answered this question using the dichotomous response categories yes or no.

*Data Analysis Plan*

All data was analyzed using the SPSS program version 18. Descriptive and inferential statistics were conducted to compare demographic data and risky behaviors. Regressions and multivariate analyses were conducted to explore possible correlates of self-destructive behaviors from detained youth.

RESULTS

Analyses revealed that approximately 36% of female youth surveyed reported being hit, slapped, or physically hurt by a boyfriend or girlfriend on purpose in the year before their incarceration.
Additional analyses were conducted to explore the relationship between adolescent at-risk behaviors and teen dating violence.

Substance Use Risk Behaviors

The majority (83%) of respondents reported smoking cigarettes; 30% reported initially smoking between ages 11 and 12. In addition to cigarette use, alcohol use was also established among the sample. Initial alcohol use prior to age 15 was reported by 74% of respondents. None of the youth reported being age 17 or older at their first drink of alcohol. Of those engaging in alcohol use, 35% reported drinking five or more drinks of alcohol three or more days in a row. Despite these high levels, 50% of the sample reported they had never consumed five or more consecutive drinks of alcohol. Early marijuana use was reported by 13% of 9- and 10-year-olds, 22% of 11- and 12-year-olds, and 28% of 13- and 14-year-olds (See Table 1). Similar to alcohol use, less than 1% of the sample reported initial marijuana use after age 17. The correlation between risky substance behaviors and dating violence victimization was present for all independent variables (Table 1). These high-risk behaviors are consistent with previous studies that used female detainee samples (duPlessis, Holliday, Robillard & Braithwaite, 2009; Kelly et al., 2009).

Risky Sexual Behaviors

The analysis of risky sexual behaviors identified approximately 93% of the youth respondents reported a prior sexual history. Over three fourths of the sample (79%) reported sexual intercourse prior to age 15, with 13 years being the mode age of initial sexual intercourse. Additionally, 33% of those engaging in sexual intercourse reported having six or more partners in their lifetime. Although adolescents were engaging in risky behaviors, 51% were not using alcohol or drugs while engaging in sex. Alternatively, the numbers for those using birth control methods during their last sexual experience demonstrated riskier lifestyle behaviors with 47% using condoms, 3% using birth control pills, and 36% reporting no birth control or the withdrawal method as the approach used during their last sexual encounter. Correlations were established for risky sexual behaviors that included initial age, number of partners, and substance use during experience. There was no correlation established to support associations between dating violence and birth control methods. See Table 2 for sexual behavior correlations.

### TABLE 1

<table>
<thead>
<tr>
<th>Teen Dating Violence/Risky Substance Use Correlations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risky Substance Behaviors</td>
</tr>
<tr>
<td>Smoking cigarettes (ever)</td>
</tr>
<tr>
<td>Age 8 – 10 years at first smoke</td>
</tr>
<tr>
<td>Age 11 – 12 years at first smoke</td>
</tr>
<tr>
<td>Age 13 – 14 years at 1st smoke</td>
</tr>
<tr>
<td>Age 11 – 12 years at 1st drink of alcohol</td>
</tr>
<tr>
<td>Age 13 or 14 years at 1st drink of alcohol</td>
</tr>
<tr>
<td>Drinking five or more drinks of alcohol (3 days or more)</td>
</tr>
<tr>
<td>Age 9 or 10 years at first marijuana</td>
</tr>
<tr>
<td>Age 11 or 12 years at first marijuana</td>
</tr>
<tr>
<td>Age 13 or 14 years at first marijuana</td>
</tr>
</tbody>
</table>

*Mode.
DISCUSSION

Study findings confirm the existence of high-risk behaviors and teen dating violence among adolescent detainees. Thirty-four percent of respondents reported being hit, slapped, or physically hurt by a boyfriend or girlfriend, which almost triples the occurrences of relationship violence self-reported in the general population of their peer group. There also was a correlation between substance use behaviors and dating violence victimization among adolescent detainees. Eighty-three percent of the sample population reported smoking cigarettes and/or using illicit drugs. Moreover, 93% of adolescent detainees reported a prior sexual history with 79% of them engaging in sexual intercourse before their 15th birthday. Additionally, only a small percentage of the sample population reported using some kind of protection from STDs (47%) and/or pregnancy (3%). The dating violence and risky behaviors among adolescents in detention facilities are troubling and warrant greater attention.

The results of this study demonstrate that adolescent detainees are likely to experience a host of negative life experiences such as dating violence victimization, substance abuse, sexually transmitted diseases, as well as early pregnancy. Given that these findings confirmed other studies (Biswa & Vaughn, 2011; Dembo et al., 2009; du Plessis et al., 2009; Halpern et al., 2001; Kelly et al., 2009; Robillard et al. 2005; Steinberg et al., 2011), this study expounds on the examination of risky health behaviors among detained female adolescents. Moreover, with the paucity of empirical

<table>
<thead>
<tr>
<th>Risky Sexual behaviors</th>
<th>Percentage</th>
<th>Pearson’s correlation</th>
<th>Significance (α = .01)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had sexual intercourse</td>
<td>93</td>
<td>r = .393</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Age 11 years or younger at first sex</td>
<td>19</td>
<td>r = .392</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Age 12 years at first sex</td>
<td>14</td>
<td>r = .392</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Age 13 years at first sex</td>
<td>26</td>
<td>r = .392</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Age 14 years at first sex</td>
<td>20</td>
<td>r = .392</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Age 15 years at first sex</td>
<td>16</td>
<td>r = .392</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Age 16 years at first sex</td>
<td>2</td>
<td>r = .392</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Age 17 years at first sex</td>
<td>1</td>
<td>r = .392</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Six or more sexual partners (lifetime)</td>
<td>33</td>
<td>r = .563</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Used alcohol or drugs during last sexual encounter</td>
<td>43</td>
<td>r = .394</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Did not use a condom during last sexual encounter</td>
<td>48</td>
<td>r = .656</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Birth control methods at last sexual encounter (no method)</td>
<td>30</td>
<td>r = .149</td>
<td>p = .142^b</td>
</tr>
<tr>
<td>Birth control methods at last sexual encounter (withdrawal)</td>
<td>6</td>
<td>r = .149</td>
<td>p = .142^b</td>
</tr>
<tr>
<td>Birth control methods at last sexual encounter (condom)</td>
<td>44</td>
<td>r = .149</td>
<td>p = .142^b</td>
</tr>
<tr>
<td>Birth control methods at last sexual encounter (pills)</td>
<td>3</td>
<td>r = .149</td>
<td>p = .142^b</td>
</tr>
<tr>
<td>Birth control methods at last sexual encounter (depot-provera/shot)</td>
<td>4</td>
<td>r = .149</td>
<td>p = .142^b</td>
</tr>
<tr>
<td>Birth control methods at last sexual encounter (unsure)</td>
<td>3</td>
<td>r = .149</td>
<td>p = .142^b</td>
</tr>
<tr>
<td>Birth control methods at last sexual encounter (another method)</td>
<td>4</td>
<td>r = .149</td>
<td>p = .142^b</td>
</tr>
</tbody>
</table>

^a Mode.
^b Not statistically significant.
research on dating violence among adolescent detainees (Woodson et al., 2010), this study adds to existing knowledge in this area.

In addition to dating violence, adolescent detainees often have exposure to other forms of trauma (Abram et al., 2004; Cauffman, Feldman, Watherman, & Steiner, 1998). Eighty-four percent of adolescent detainees have experienced at least one trauma with the mean number of traumas being 14.2 (Abram et al., 2004). Exposure to trauma has been found to contribute to high-risk behaviors such as increased alcohol and drug abuse, increased numbers of sexual partners, failure to use condoms, and increased sexual risk behaviors related to HIV and other STDs (Handwerker, 1993; Simoni, Sehgal, & Walters, 2004; Walters & Simoni, 2002), all of which were reflected in this study’s findings.

Furthermore, particular types of trauma are associated with certain high-risk behaviors. For example, women with histories of sexual abuse have more difficulty saying no to unwanted sex, tend to be less assertive when it comes to insisting partners use birth control, are younger at first intercourse, and use illicit drugs significantly more often and with more intensity than their counterparts who were not sexually abused (Johnsen & Harlow, 1996). In addition, fear of abuse or retaliation may further silence adolescents who are involved in violent dating relationships. Violence and trauma exposure is a serious public health problem particularly among high-risk youth (Abram et al., 2004). It is imperative that we begin to address the health-related needs of adolescent detainees.

The sample population and recruitment of respondents from one state facility should be noted as a limitation due to its inability to generalize findings to all adolescent girls in detention facilities. Additionally, all information was self-reported. The authors of the study utilized confidential measures including cover sheets to minimize the likelihood of false reports. The data provided by youth in this study is consistent with current literature.

PRACTICE IMPLICATIONS

Periods of incarceration represent a unique opportunity to intervene in the lives of adolescent detainees. Additionally, this analysis substantiates the fact that adolescents have unique needs that must be addressed if there is any hope of successfully reducing dating violence and risky health behaviors among this population (Woodson et al., 2010). There is a need for improved services to adolescent detainees in the areas of programming as well as educational and training of staff working in detention facilities.

In terms of programming, there is a need for development and access of prevention and intervention initiatives that encourage healthy dating relationships for detained youth. This research indicates that prevention efforts should begin prior to age 13 given the significant number of teens engaging in risky behaviors by that age, particularly among youth who are incarcerated youth or at risk for delinquency. Risky sexual behaviors during their early years included a lack of birth control methods, multiple sex partners, and initial alcohol and drug use, all areas that increased the probability of teen dating violence for the respondents. The correlations between physical victimization in the year prior to incarceration were also established for many of the adolescent at-risk behaviors examined in the study. Furthermore, this research also demonstrates the need to increase knowledge regarding healthy sexual behaviors among at-risk adolescents to reduce the risks of STDs and teenage pregnancy. Programming efforts in juvenile justice facilities should seek to provide interventions that will influence adolescent postincarceration behaviors to reduce the influence of teen dating violence victimization.

In terms of staffing, it is essential that practitioners and researchers who work within the juvenile justice setting acknowledge and understand the prevalence and impact that dating violence and other forms of trauma have on adolescent detainees. As it has been examined for adults detained in
the criminal justice system (Hatcher, Toldson, Godette, & Richardson, 2009), the research supports the need to develop an appropriate level of education and training for those working with at-risk adolescents who present with at-risk behaviors (e.g., substance use, risky sexual behaviors, and mental health). Moreover, more attention should be provided to the training policies of those employed to support this adolescent phase within the community and justice system.

In closing, as we strive to improve the experiences of adolescent girls who are detained, pre-, during, and postincarceration, it is essential that we acknowledge the presence of risk behaviors and the potential unhealthy relationships that may occur with this population. Second, adolescents in detention facilities are among the most expensive to incarcerate (Book, Thomas, & Steinke, 2004). Failing to intervene early to address many of these problematic behaviors could have long-term implications not only in terms of the cost of incarceration, but also physical and mental health of adolescent detainees. The development of and access to programming for incarcerated youth, as well as educational and training opportunities for facility staff, is critical to the discussion to reduce occurrences of interpersonal trauma, including dating violence and related high-risk behaviors.

NOTES

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