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## ABSTRACT

This study assessed the prevalence of date violence and rape among adolescents in order to examine the associations between date violence and rape, and eating disorders and psychopathology. The study also attempted to determine if these associations remained significant after controlling for sociodemographic characteristics. A Minnesota school-based sample of 81,247 boys and girls in grades 9 and 12 completed the Minnesota Student Survey. Overall, approximately 9% of the girls and 6% of the boys reported date rape or violence. Significant differences were found across race and grade. Date violence and rape was associated with higher rates of disordered eating and suicide behaviors, and lower scores on measures of emotional well-being and self-esteem. Over 50% of youth who reported both date rape and violence had attempted suicide. Results suggest that abusive dating experiences may disrupt normal developmental processes for adolescents. These disruptions may be manifested through thoughts, feelings, and behaviors. (Author/JDM)

Date violence and rape among adolescents: Associations with psychological health

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**Abstract**

The objectives were to assess the prevalence of date violence and rape among adolescents; to examine associations between date violence and rape and disordered eating and psychopathology; and to determine if these associations remain significant after controlling for sociodemographic characteristics. A Minnesota school-based sample of 81,247 boys and girls in 9<sup>th</sup> and 12<sup>th</sup> grades completed the 1998 Minnesota Student Survey. Overall, approximately 9% of girls and 6% of boys reported date violence and/or rape. Significant differences across race and grade were found. Date violence and rape is associated with higher rates of disordered eating and suicide behaviors, and lower scores on measures of emotional well-being and self-esteem. Adolescents reporting both date violence and rape were more likely to use laxatives (Odds Ratio: girls=5.76; boys=28.22), vomit (OR: girls=4.74; boys=21.46), use diet pills (OR: girls=5.08; boys=16.33), and binge-eat (OR: girls=2.15; boys=5.80), and more likely to have suicidal thoughts and/or attempts (OR: girls=5.78; boys=6.66) than their non-abused peers. Over 50% of youth reporting both date violence and rape attempted suicide. Abusive dating experiences may disrupt normal developmental processes for adolescents. This disruption manifests itself through thoughts, feelings and behaviors. Further research should explore effects of adverse dating experiences.

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Date violence and rape among adolescents: Associations with psychological health

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### Date violence and rape among adolescents: Associations with psychological health

Adolescence is a time of multiple developmental challenges surrounding normative body changes, psychological and emotional expression, and social milestones such as dating. The incorporation of these changes is important toward the development of a stable self-concept. However, traumatic events exacerbate the difficulty of these developmental challenges and can lead to impairments in behaviors, thoughts, and feelings (Ackard, Neumark-Sztainer, Hannan, French, & Story, 2001; Wekerle & Wolfe, 1999). While there is a wealth of literature addressing traumatic events such as childhood abuse as perpetrated by an adult, little is known about peer-related violent events. It is likely that any disruption to an individual's self-concept, their trust within a relationship, and their sense of power and control over what happens to their body will lead to ill effects.

Three large population-based studies have examined associations between abusive dating relationships and psychological problems. In a study by Coker and colleagues (2000), 5,414 high school students in South Carolina were asked to complete the Youth Risk Behavior Survey (YRBS). Date violence was assessed with the following question. "Being physically beaten up (like hitting, kicking, or throwing someone down) can sometimes happen with a person you are dating or going out with. During the last 12 months, how many times were you physically beaten up by the person you date or go out with?" Approximately 9% of females and 5% of males reported date violence. For girls, date violence was associated with poorer quality of life, overall dissatisfaction with life and friends, and suicidal ideation and attempts. For boys, date violence was associated with dissatisfaction with life, poor perceived physical health, and suicidal ideation.

Thompson and colleagues (2001) used the YRBS to collect data on 2,629 high school females in North Dakota public schools. Date violence was measured with one question, "Have you ever had a dating situation become violent with hitting or force used?" Approximately 14% of girls in the study acknowledged date violence. Compared to their non-abused peers, girls reporting date were 3 times as likely to engage in purging behavior and nearly 2 times as likely to use diet pills for weight control.

The YRBS was also administered in Massachusetts in 1997 and 1999 to girls in 9<sup>th</sup> through 12<sup>th</sup> grades. Silverman and colleagues (2001) reported that approximately 20% of girls had an abusive dating experience. Those reporting abusive dating experiences were 4-5 times as likely to use substances, 3-4 times as likely to engage in unhealthy weight control behaviors, 2-8 times as likely to engage in risky sexual behaviors, and 7-9 times as likely to report suicidality. Boys were not included in the study.

The current study expands upon the limited body of research in this area by using a larger sample of both boys and girls. The authors seek to answer three questions. What is the prevalence of date violence and rape among adolescent boys and girls? What is the association between date violence and rape and disordered eating behaviors, self-esteem, emotional well-being, and suicide? Are these associations weakened when age and race are taken into account?

## METHODS

### Participants

Participants in this study included a statewide sample of 81,247 students (40,301 boys and 40,946 girls) in 9<sup>th</sup> and 12<sup>th</sup> grades in Minnesota. They completed the 1998 Minnesota Student Survey, a survey administered by the Minnesota Department of Children, Families, and Learning to students in Minnesota public schools. Most of the participants were White (90.3% of girls, 89.3% boys). There were no differences in questionnaire wording among grades 9 and 12. The anonymous survey was designed to assess health-related attitudes, experiences, and behaviors among adolescents. The school district participation rate was 92%, representing approximately 97% of the state's public school students in grades 6, 9, and 12 (Minnesota Department of Children, Families & Learning, 1999).

Parents were informed in advance about the survey, and could choose not to have their child participate. Students could also decline to participate. Students who chose to participate completed the self-report survey anonymously in school. They could skip any question or stop taking the survey at any time. School officials did not see any individual surveys.

## Measures

Measures used in the present study included self-report items assessing date violence and rape, disordered eating behaviors, and psychological health indicators such as self-esteem, emotional well-being, and suicide.

Questions on date violence and date rape were assessed with two questions: *“Have you ever been the victim of violence on a date?”* and *“Have you ever been the victim of date rape?”* Participants could respond “yes” or “no” to each question. Based on these questions, female and male participants were divided into four date-related experience categories: none/no date violence or rape; date violence only; date rape only; and both date violence and date rape.

Binge-eating behavior was assessed by asking *“During the last 12 months, have you ever eaten so much in a short period of time that you felt out of control (binge-eating)?”* to which youth could respond either “yes” or “no”. To assess the use of weight control behaviors, participants were asked, *“During the last 12 months, have you done any of the following to lose weight or control your weight?”* Youth could mark “yes” to as many of the following choices as applied to them: “fast or skip meals”; “use diet pills or speed”; “vomit (throw up) on purpose after eating”; or “use laxatives”.

A Self-Esteem score was created by asking participants to indicate whether they disagreed, mostly disagreed, mostly agreed, or agreed with 7 sentences from the Rosenberg Self-Esteem Scale (Rosenberg, 1965): *“I usually feel good about myself”*; *I am able to do things as well as most other people my age*; *“On the whole, I’m satisfied with myself”*; *“I feel I do not have much to be proud of”*; *“Sometimes I think that I am no good”*; *I feel that I can’t do anything right*; *“I feel that my life is not very useful”*. The scale ranged from 7 - 28, higher scores = higher self-esteem

The Emotional Well-Being score is the sum of 6 statements, higher scale values indicate higher (better) emotional well-being, range from 6 to 29. The questions: *“During the last 30 days, how has your mood been?”* *“During the last 30 days, have you felt you were under any stress or pressure?”* *“During the last 30 days, have you felt sad?”* *“During the last 30 days, have you felt nervous, worried, or*

*upset?” “During the last 30 days, have you felt so discouraged or hopeless that you wondered if anything was worthwhile?” “During the last 30 days, how satisfied have you been with your personal life?”*

Suicide categories were created with two questions. “*Have you ever thought about killing yourself?*” and “*Have you ever tried to kill yourself?*” The categories generated were: no thoughts or attempts, yes to thoughts but no attempts, yes to attempts.

## RESULTS

### Disordered eating

The prevalence of disordered eating across dating violence and rape was assessed separately for girls and for boys using frequencies with the chi-square statistic evaluating significance across categories of date-related experiences. As shown in Table 1, results for girls and boys indicate that date violence and rape is associated with significantly higher rates of binge-eating, fasting or skipping meals, taking diet pills, vomiting, and taking laxatives over the past year than for their peers who have experienced neither date violence nor rape.

### INSERT TABLE 1 HERE

Associations between date-related experiences and disordered eating were also assessed using logistic regression controlling for age and race. Age and race (white vs. non-white) were forced into the first block and differences in dependent variable values were assessed across the four date-related experience categories with “none / no date violence or rape” serving as the referent group. Girls who experienced both date violence and rape were 2 times as likely to binge-eat or fast/skip meals, 5 times as likely to use diet pills or to vomit, and 6 times as likely to use laxatives to control or lose weight than their non-abused peers. Boys who reported both date violence and rape were approximately 6 times more likely to binge-eat, 2 times more likely to fast/skip meals, 16 times more likely to use diet pills, 21 times more likely to vomit, and 28 times more likely to use laxatives than their non-abused peers.

### Self-Esteem and Emotional Well-Being

To evaluate differences between date-related experiences and self-esteem and emotional well-being, analyses of variance (ANOVAs) were conducted separately by gender. Youth that reported not

having experienced either date violence or rape reported significantly higher levels of self-esteem and emotional well-being than their peers who have experienced either date violence or rape or both (see Table 2).

#### INSERT TABLE 2 HERE

Results from ANCOVAs indicate that non-abused girls and boys scored significantly higher on measures of emotional well-being and self-esteem, even when controlling for age and race, than girls and boys who reported experiencing date violence, date rape, or both (data not shown).

#### Suicidal thoughts and attempts.

The prevalence of suicidal thoughts and attempts across abusive dating categories was assessed separately by gender using frequencies with the chi-square statistic evaluating significance across categories. Boys and girls reporting both date violence and rape reported significantly higher rates of suicidal thoughts and/or attempts than their peers reporting neither date violence nor rape (see Table 3).

#### INSERT TABLE 3

The associations between date-related experiences and suicidal thoughts and/or attempts remained significant when controlling for age and race using logistical regression. Age and race (white vs. non-white) were entered into the first block, and “none / no date violence or rape” served as the referent group. Experiencing both date violence and rape resulted in girls being 6 times as likely, and boys being 7 times as likely, to report suicidal thoughts and/or attempts than their non-abused peers.

### DISCUSSION

Nearly 1 in 10 girls and 1 in 20 boys will have an abusive dating experience. Results indicate that date violence and rape are associated with disordered eating and adverse psychological health. Furthermore, the cumulative effect of both date violence and rape resulted in a stronger association with disordered eating and adverse mental health than either date violence or rape alone, or no abuse.

These associations must raise concern for those who care about youth. Parents, school personnel, adolescent medicine specialists, and others may need to broaden their definitions of abuse to include



dating, and screen for problematic dating experiences. Trained individuals should assess all forms of abuse and help them deal with the abuse in a manner that ensures confidentiality and enhances trust.

In the current study, approximately 6% of girls and boys in 9<sup>th</sup> grade had already experienced some form of date-related violence. Clearly, primary prevention efforts will need to begin before youth reach high school. Focus groups may provide important information about the dynamics of dating. Parents, guardians, educators, and youth leaders may want to provide forums to discuss appropriate dating interactions and safer dating formats, and to strategize about ways to handle high-risk situations. Most important to secondary prevention is to provide resources and opportunities, such as pamphlets in guidance and doctor's offices and small-group or one-to-one discussions, for youth to talk about their dating experiences.

The current study's strengths include the use of a large sample of adolescent girls and boys which may allow for the generalization of findings from the study sample to larger populations. The survey also asked about a broad range of psychological indicators, which can present a broader picture of the correlates to abusive dating experiences. However, several limitations need to be taken into consideration. The cross-sectional design of the study constrains interpretation of results to associations, not cause and effect. The lack of objective definitions for date violence and rape, the lack of a measure for socioeconomic status, and small sample sizes for some cells of interest are further limitations that should be rectified in future studies.

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Table 1.

Percentage of disordered eating behaviors by date-related experiences and by gender.

Behavior	Date-related experience				$\chi^2$	p-value
	None	Violence	Rape	Violence & Rape		
<b>Girls</b>	(N=37423)	(N=1718)	(N=589)	(N=1216)		
Binge-eating	24.4%	36.9%	37.8%	41.1%	341.20	<.00001
Fast / skip meals	40.9	62.0	57.6	60.4	517.34	<.00001
Take diet pills	7.9	22.9	19.2	31.3	1221.49	<.00001
Vomit	7.6	19.8	17.7	26.3	851.97	<.00001
Take laxatives	1.5	4.3	5.3	8.7	411.70	<.00001
<b>Boys</b>	(N=37900)	(N=1048)	(N=471)	(N=882)		
Binge-eating	11.1%	28.6%	26.2%	44.0%	1174.07	<.00001
Fast / skip meals	13.5	21.0	21.4	23.9	144.73	<.00001
Take diet pills	1.5	8.7	13.2	21.8	2045.50	<.00001
Vomit	1.0	5.6	9.1	18.8	2069.23	<.00001
Take laxatives	0.9	5.3	11.9	23.1	2996.41	<.00001

Number missing on binge-eating = 410 girls and 662 boys;

Number missing on weight-control behaviors = 8 girls and 11 boys

Table 2.

Mean values and ANOVA results of self-esteem and emotional well-being scales by date-related experiences and by gender

Scale	Date-related experience				F	p-value
	None	Violence	Rape	Violence & Rape		
<b>Girls</b>	(N=37423)	(N=1718)	(N=589)	(N=1216)		
Self-esteem	22.32 <sup>a</sup>	20.27	20.15	19.46 <sup>b</sup>	263.93	<.0001
Emotional well-being	19.77 <sup>a</sup>	17.35	17.32	16.50 <sup>b</sup>	422.62	<.0001
<b>Boys</b>	(N=37900)	(N=1048)	(N=471)	(N=882)		
Self-esteem	24.11 <sup>a</sup>	21.75	21.26	19.78 <sup>b</sup>	441.56	<.0001
Emotional well-being	21.89 <sup>a</sup>	19.47	19.60	17.62 <sup>b</sup>	395.20	<.0001

<sup>a</sup> “No/None” group significantly different from “Violence only”, “Rape only”, and “Violence and Rape” groups at  $p < .05$

<sup>b</sup> “Violence and Rape” group significantly different from “No/None”, “Violence only”, and “Rape only” groups at  $p < .05$

Number missing on self-esteem = 970 girls and 1616 boys

Number missing on emotional well-being = 1025 girls and 1868 boys

Higher values on self-esteem indicate higher self esteem; higher values on emotional well-being indicate better well-being.

Table 3.

Percentage of suicidal thoughts and attempts by date-related experiences and by gender.

Suicide Category	Date-related experience				$\chi^2$	p-value
	None	Violence	Rape	Violence & Rape		
<b>Girls</b>						
No thoughts or attempts	59.4%	30.9%	28.6%	20.9%		
Thoughts, but no attempts	28.0	32.9	32.2	26.7		
Attempts	12.6	36.2	39.2	52.3	2600.04	<.00001
<b>Boys</b>						
No thoughts or attempts	74.8%	48.6%	38.8%	30.0%		
Thoughts, but no attempts	19.8	25.9	22.6	16.7		
Attempts	5.4	25.6	38.6	53.3	4147.15	<.00001

Number missing on Suicide variable = 740 girls and 1290 boys



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