



ADVANCING HEALTH EDUCATION & RESEARCH

AVA Research Reviews provides AVA members with recent published, peer-reviewed articles in a broad array of violence and abuse topics. The goal is to highlight and disseminate violence and abuse research in a timely fashion, and to enhance healthcare providers' practice by fostering the educational mission of AVA

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# AVA Research Review

## ADVANCING HEALTH EDUCATION & RESEARCH

**Review Title:** Intimate Partner Violence Among Teens and Young Adults

**Reviewer:** Carrie Jacobson, RN, CNM, MS, University of California, San Francisco

**Article No. 1:** Melander, L.A., Noel, H., & Tyler, K.A. (2010). Bidirectional, unidirectional, and nonviolence: A comparison of the predictors among partnered young adults. *Violence and Victims*, 25(5), 617-630.

**Article No. 2:** Newman, B.S., & Campbell, C. (2011). Intimate partner violence among pregnant and parenting Latina adolescents. *Journal of Interpersonal Violence*, 26(13), 2635-57.

### Article Summary:

#### ***Brief overview***

Melander, Noel and Tyler (2010)

Recent family violence literature has focused on

bidirectional intimate partner violence (IPV), in which a respondent reports being both a perpetrator and a victim of violence within an intimate relationship. Little is known about how predictors of bidirectional IPV compare to predictors of unidirectional IPV or no violence within the context of an intimate relationship. To further explore this question, the authors conducted a secondary analysis of longitudinal interview data from a nationally representative sample of 6,563 subjects. Results revealed that lower partner education and depression predicted bidirectional as opposed to no or unidirectional IPV.

### ***Aims/ goal of the article and methods***

The purpose was to better understand the relationship between demographic, childhood, and adolescent factors and young adults' experiences of unidirectional,

bidirectional, and no IPV. The authors stated the following research question: “Do childhood, adolescent, and demographic factors (e.g., child abuse, substance use, and relationship status) vary between bidirectional, unidirectional, and nonviolent relationships in young adulthood?”

### ***Relevant findings***

The research sample was 57% female; 72% White, 13% Black, 7% Hispanic, 4% Native American/Other, and 3% Asian; average age was 22 years. Twenty-five percent of subjects were married, 26% were cohabitating, and almost half were in a dating relationship. Subjects reported childhood neglect (38%), childhood physical abuse (26%), and childhood sexual abuse (4%). Twenty-five percent of participants had experienced IPV: 13% bidirectional, 7% perpetration only, and 5% victim only.

Childhood physical abuse or sexual abuse increased the risk of bidirectional IPV when compared with no history of violence (OR=1.36; CI 1.19-1.55 and OR=1.71; CI=1.05-2.78). Subjects with higher depressive symptoms were almost twice as likely to be in bidirectionally violent relationships (OR=1.97; CI 1.21-3.22). A history of illicit drug use more than doubled

the risk of perpetrating unidirectional IPV (OR=2.40; 1.22-4.72), while a history of alcohol use increased the risk of bidirectional IPV (OR=1.19; CI 1.02-1.37). Cohabitating subjects were overall more likely to experience IPV. Older age was a protective factor against IPV overall. All non-White participants were more likely to be in either type of violent relationship (unidirectional, bi-directional) as opposed to a nonviolent relationship; Black participants had more than twice the risk of bidirectional violence when compared with no violence (OR=2.46; CI 0.75-1.83). Women were more likely to report bidirectional IPV than victimization (OR=3.67; CI 2.40-5.62), and more likely to report perpetration of unidirectional IPV than bidirectional IPV (OR=5.43; CI 3.63-8.13). Compared to those whose partners had a high school diploma, subjects whose partners had not finished high school were more than twice as likely to experience bidirectional violence than either no IPV (OR=2.30; CI 1.69-3.15) or perpetration (OR=2.05; CI 1.29-3.27). Subjects whose partner had finished 4 or more years of college were less likely to experience bidirectional IPV (OR=0.29; CI 0.18-0.47) and perpetration only (OR=0.44; CI 0.28-0.68) than subjects

whose partner had not completed high school.

### ***Authors' conclusions***

The authors report that there are important differences in the intimate relationships regarding histories of child abuse, depression, and substance abuse; relationship status; demographic variables; and the type of relationship violence category for young adults. Distinctions between different types of violence experienced in intimate relationships may allow clinicians to better identify and address IPV with their patients.

### ***Limitations***

This study may have been limited by self-reports of perpetration and victimization which were not compared to the partner's report. The authors suggest, for example, that male reports of violence perpetration may be underreported due to the perceived stigma of victimizing women. There may be recall bias regarding childhood abuse, as these data were based on adults' recollections. The manner in which data on IPV were collected did not distinguish between psychological and physical violence, and respondents were only asked about violence which had occurred in the past year. Thus the prevalence of IPV may have been underestimated.

Finally, the findings can only be generalized to young adults.

### **Article Summary:**

#### ***Brief overview***

Newmann and Campbell  
(2011)

The authors sought to explore mutual violence among pregnant and parenting Latina adolescents and their partners. Seventy-three subjects between the ages of 14 and 20 completed the Conflict Tactics Scale (CTS-2) as part of a larger program pretest and evaluation for an intervention being performed by a community-based organization. Subjects were asked to recall violence within the past six months. Mutuality of conflict was found to be high; there was no difference in violence between pregnant and parenting adolescents, and comparable levels of sexual coercion.

#### ***Aims/ goal of the article and methods***

The authors set out to test the following hypotheses: 1) subjects would report comparable rates of perpetration and victimization between themselves and their partners; 2) subjects would experience higher rates of sexual violence and victimization and more serious levels of violence and injury by their partners when compared to the violence they

perpetrated; and 3) pregnant, as opposed to parenting, subjects would be more likely to be victims than perpetrators of violence.

#### ***Relevant findings***

The authors reported that 56% of the subjects were pregnant, 38% were parenting and not pregnant, and 6% were both pregnant and parenting. Eighteen percent completed the instrument in Spanish. Inclusion criteria included one or more of the following: lack of prenatal care, unstable housing, inadequate school attendance, poor attachment to their child(ren), relationship conflict with a caregiver, mental health issues, or past or current abuse. Six percent of the sample completed high school or obtained a GED; and, 79% were eligible for Women, Infants and Children (WIC).

Eighty-four percent of subjects reported violence in their relationship with their partner over the past six months. Minor psychological assault was reported most frequently in data collected at four different six-month intervals (female:  $M=32.0$ ,  $SD=26.2$ ,  $n=61$ ; male:  $M=28.4$ ,  $SD=26.4$ ,  $n=58$ ). Minor physical assault was reported by 56% of subjects. Forty percent of subjects reported using severe physical violence at least once in the past six

months; 21% of subjects reported their partners had committed at least one act of severe physical violence against them. Seven percent of partners and 4% of subjects were reported to use severe sexual aggression. Psychological aggression was reported at rates of 84% for subjects and 80% for their partners, with a high level of mutuality. Patterns of mutuality were similar for physical aggression. Rates of reported sexual coercion were comparable, and there was no statistically significant difference in severe physical assault by gender.

#### ***Authors' conclusions***

The authors conclude that there was a high prevalence and rate of mutuality for violence in the subjects' relationships. Subjects reported using violence more frequently than their partners endorsed. No statistically significant difference in rates of sexual coercion was found. Prevalence of severe violence and differences in violence rates by pregnancy status were not statistically significant.

#### ***Limitations***

This study may have been limited by the inclusion of subjects who were selected for an intervention program for high-risk Latina youth, thus results can only be generalized to a similar population. Data

for each administration of the CTS-2 were limited to the prior six months. The sample size was relatively small, and the intervention program may have impacted factors including relationship violence.

**Reviewer's Comment:**

Among young adults, childhood abuse, depression, alcohol and substance use, relationship status and demographic factors appear related to the frequency and type of IPV experienced (bidirectional, perpetration only, victimization only, or none). Among pregnant and/or parenting high-risk Latinas and their partners, there is a high prevalence and mutuality of IPV, with no statistical difference in sexual coercion or use of severe violence between participants and partners.

Both studies point to the prevalence of IPV in young adults and adolescents, especially mutual or bidirectional IPV. Melander, Noel and Tyler's (2010) identification of lower partner education and depression as risk factors for bidirectional IPV support the high rates of mutual violence Newman and Campbell found in their high-risk Latina adolescent sample, given that study's inclusion criteria (e.g. poor school attendance, mental health

issues). The findings from these studies suggest that further research may lead to better identification of risk factors for different types of IPV among adolescents and young adults and more effective interventions may be able to target these identified risk factors.