

**Adolescent Health Risk:
Influence of Sexual Relationship,
Immigration and Sociopolitical
Contexts**

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Adolescent Dating/Partner Violence

- In 1991, not considered, no estimates
- Today
 - 1 in 4 by age 18 (physical and sexual; Silverman et al., 2001)
 - 1 in 10 each year (physical only; CDC, 2001)
 - Service population age 12-16 (SANE, RCC; MDPH, 2003)
- Major factor in adolescent health (sexual health, pregnancy, suicide, substance use; Silverman et al., 2001; 2004; Decker et al., 2005)
- Little attention in literature
- Almost NO data on male perpetrators of TDV
 - Risk or Protective Factors? – limited to family of origin
- Very few prevention or intervention programs
- Almost no data on effects of programs

Contexts to Consider:

1. Sexual Relationships

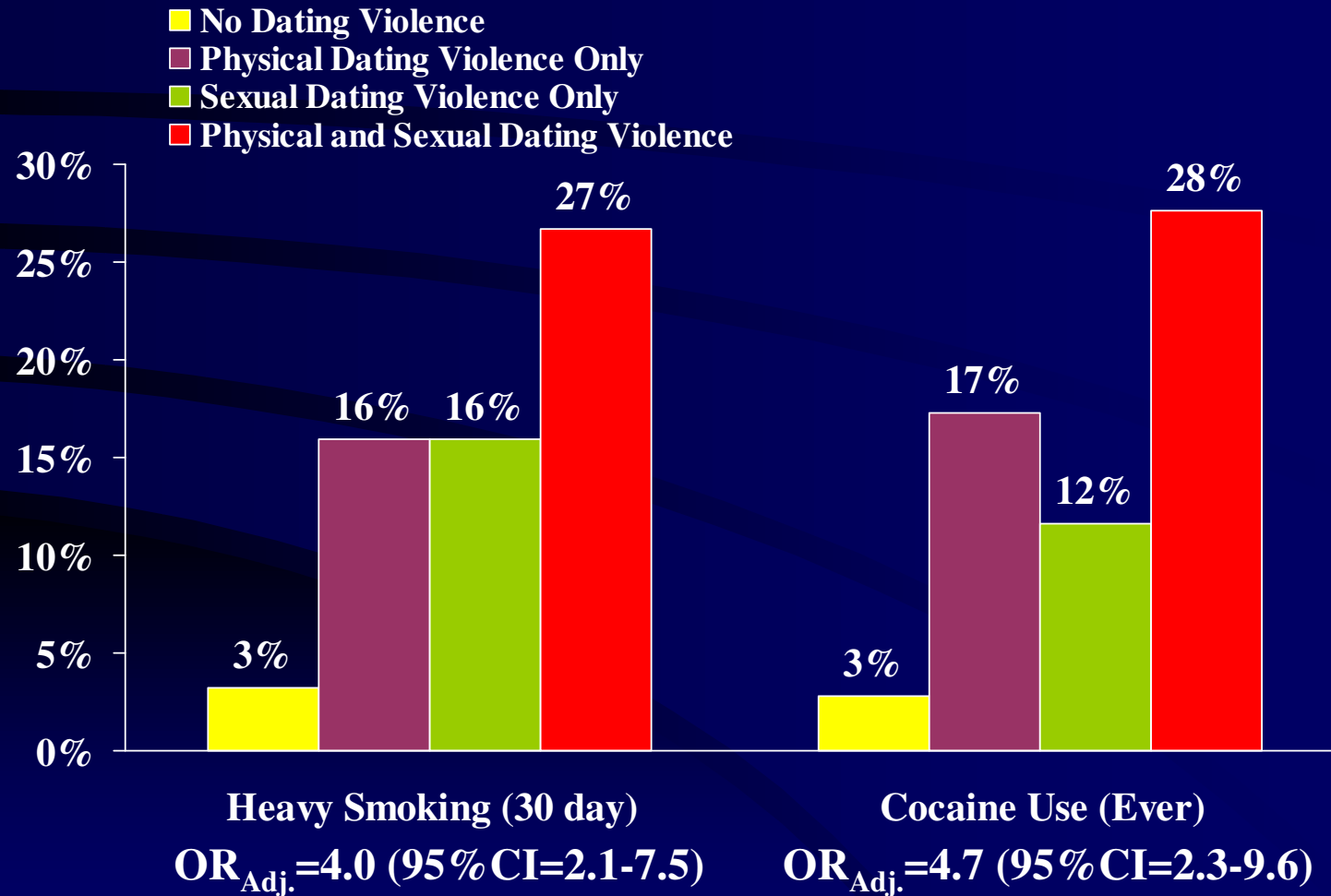
1. Sexual Health, Pregnancy and Violence
2. Interactions with Family Context

2. Immigration

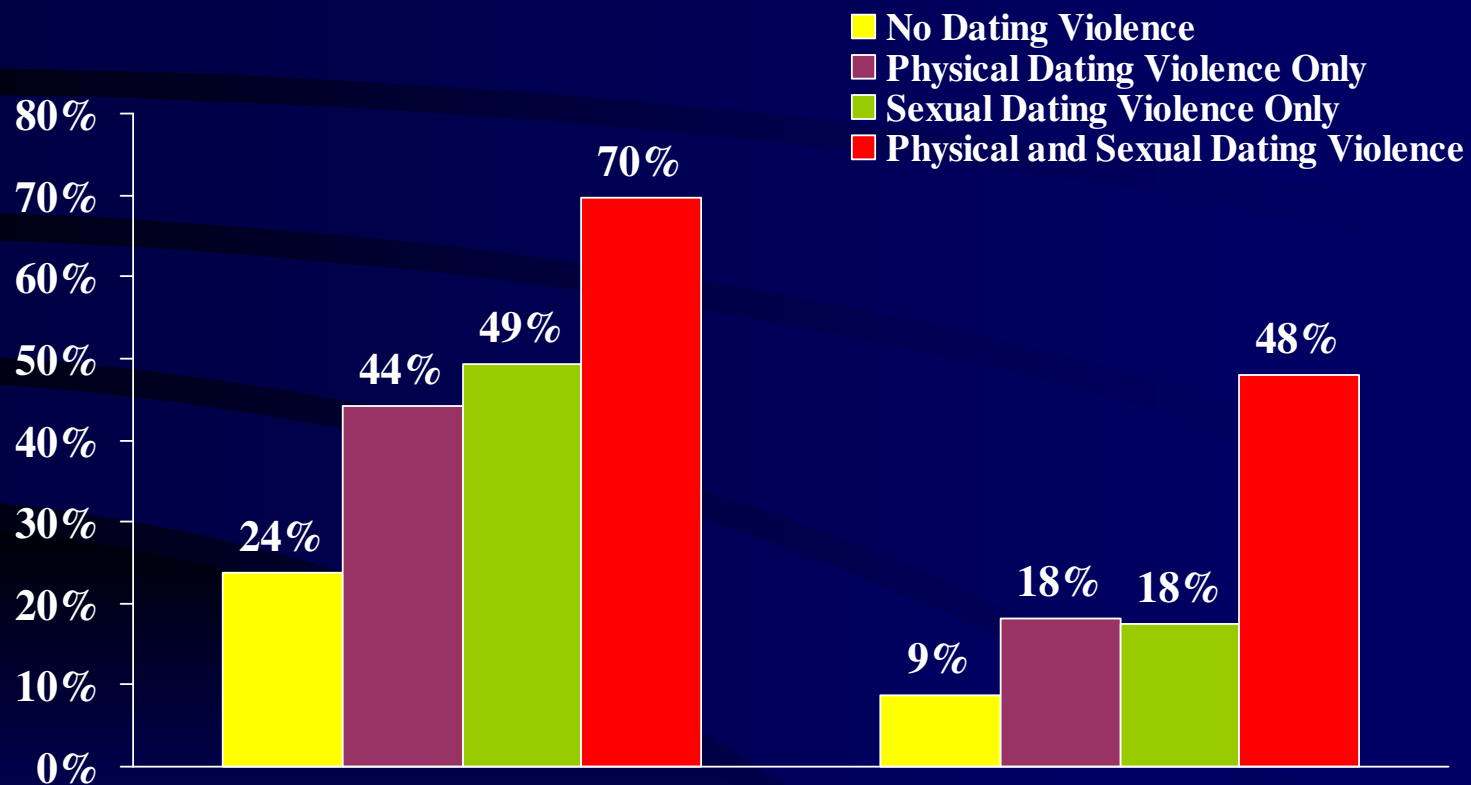
3. Broader Sociopolitical Factors

1. State-level Social Inequalities and Adolescent Health

Substance Use and Dating Violence



Suicidality and Dating Violence



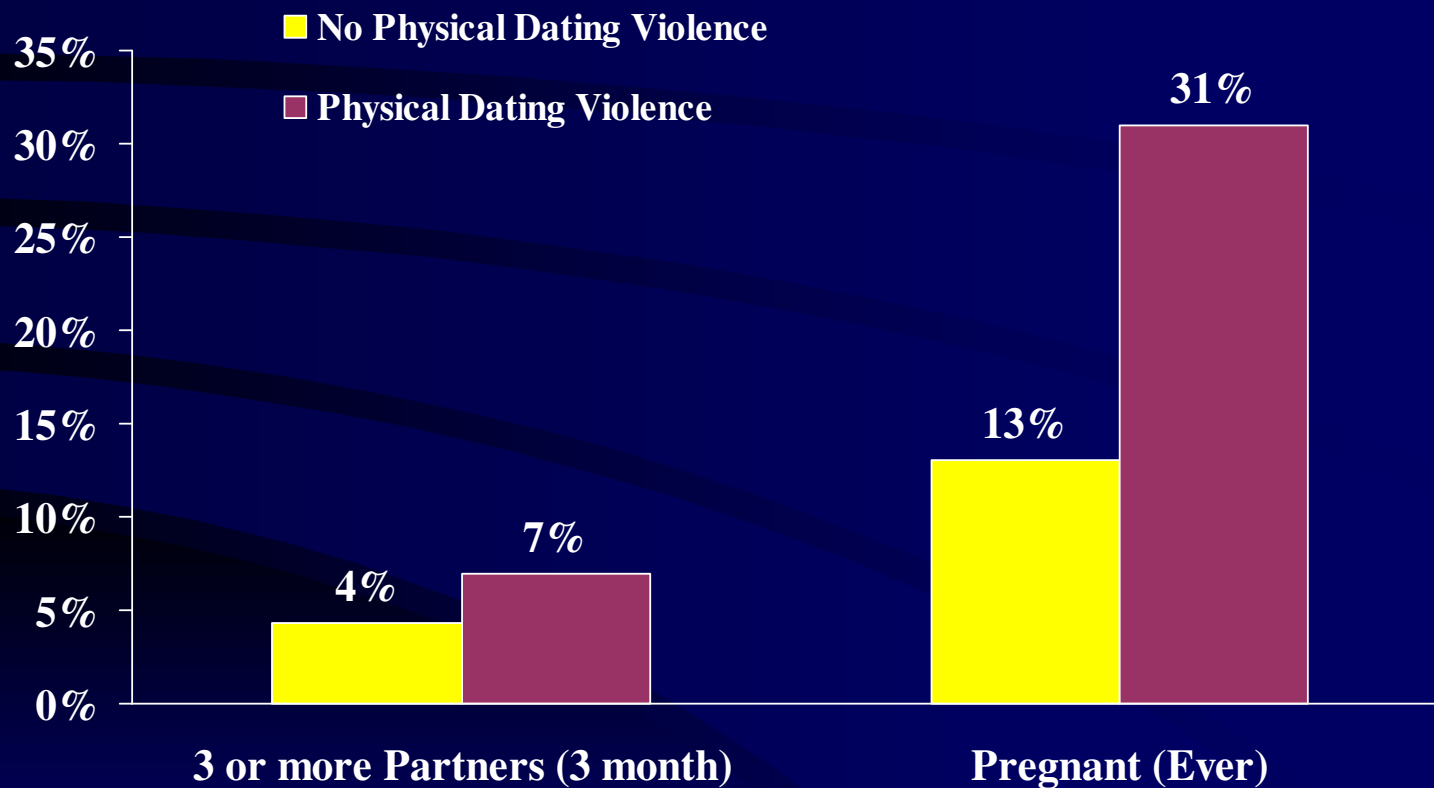
Considered Suicide (12 month)

$OR_{Adj.}=5.8$ (95% CI=3.7-9.0)

Attempted Suicide (12 month)

$OR_{Adj.}=7.6$ (95% CI=4.7-12.3)

Sexual Risk and Pregnancy and Dating Violence

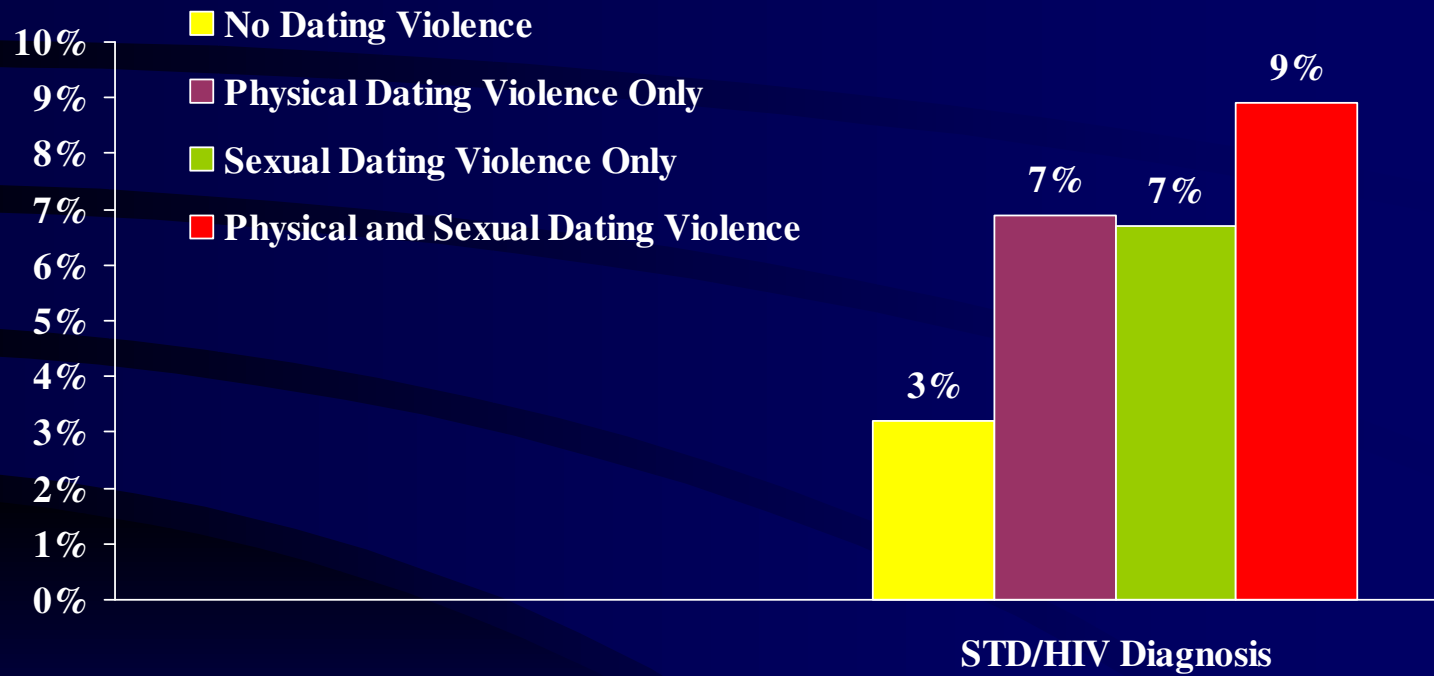


$OR_{Adj.}=2.0$ (95% CI=1.4-3.1)

$OR_{Adj.}=1.8$ (95% CI=1.3-2.4)

(Silverman et al., 2004)

STD/HIV Diagnosis and Dating Violence



STD/HIV Diagnosis and Physical and Sexual TDV:

OR_{Adj} = 2.6 (95% CI 1.1-6.4)

(Decker, Silverman & Raj, 2005)

Qualitative Data from Victims of Dating Violence

- **N=55 adolescents girls receiving services related to dating violence or pregnancy**
- **Themes:**
 - **Direct effects**
 - **Lack of control around when to have sex with abusive partner**
 - **Perpetrator condom refusal**
 - **Perpetrator birth control sabotage**
 - **Indirect effects**
 - **History of partner abuse leading to desire for pregnancy in subsequent “non-abusive” relationship**

Lack of control of sex with abusive male partner

“...if I didn't give it to him, he'd beat the crap out of me, and then would force me to have it....”

Condom refusal leading to STD

“... I told him to put a condom on, he didn't. ..I went to a clinic, and they were like, ‘He gave you Chlamydia.’”

[Partner refused medication]

Condom refusal leading to pregnancy

“He (used condoms) when we first started, and then he would fight with me over it, and he would just stop (using condoms) completely....He got me pregnant, and then he wanted me to get an abortion....”

Birth control sabotage leading to pregnancy

“I was on the birth control, and he ended up getting mad and flushing it down the toilet, so I ended up getting pregnant.”

Intersections of Family and Sexual Relationship Contexts

“I was havin’ problems with my mom and I wanted to get out of the house... well, I started going out with him, not ‘cause I liked him...but he had a car, and he had money...So, when I needed a ride or something, you know, I would call him.”

“Yeah, and like my mom use to hit me a lot....so I decided to like run away with my boyfriend and stuff... Like the first time he hit me, oh my God, I went like, I wanted to kill myself so badly, I just, I mean it was the same thing. Like I didn’t even know what to think, because it was the same thing from moving to one hell to another.”

“I’m with him because I like I don’t have anywhere else to go, and I don’t want to go to a shelter and stuff, and I don’t know, that’s probably the only reason why I’m with him.”

(Silverman, unpublished)

Consideration of Violence in Dating and Sexual Relationships in Adolescent Development

- Emphasis area for research and intervention
- Consideration of gender
- Differentiated from other forms of violence
- Focus on boys and perpetration
 - epidemiologic studies
 - prevention programming
 - Media, Schools, Policy

Immigration Context

- **Immigrant population growing rapidly since 1990**
- **Several studies demonstrating unique risk factors for immigrant women and IPV (Raj et al., 2003;2004;2005)**
- **Homicide related to IPV higher for immigrant women (Wilt et al.; 2005)**

Immigration Context and Adolescent Sexual Assault

- **Immigrant girls twice as likely as non-immigrant peers to report recurring sexual assault (OR=2.21, 95% CI=1.21-4.02)**
- **Immigrant Black adolescents more vulnerable to recurring sexual assault (OR=3.42, 95% CI=1.01-11.61)**
- **No increased risk found for White, Asian or Hispanic adolescents**
- **Sexually active immigrant Hispanic girls at increased risk as compared to nonimmigrant Hispanic girls also reporting sexual intercourse (OR=5.96, 95% CI=1.11-31.93).**

(Decker, Raj & Silverman, in press)

Broader Sociopolitical Context of Adolescent Health

- **State-level social capital positively associated with adolescent protective sexual behaviors and negatively associated with sexual risk (National YRBS, Putnam's social capital measure; Crosby et al., 2003)**
- **Median census tract income negatively related to sexual activity and positively related to birth control use among adolescent girls (National Survey of Family Growth; Averett, Rees & Argys, 2002)**
- **Per capita income negatively associated with state adolescent birth rates (Pickett et al., 2005)**

Broader Sociopolitical Context

- **Teen pregnancy lower in states with governments supportive of adolescent reproductive access (i.e., those who do not support restrictions on abortion), and providing public funding for abortion (National YRBS; Decker, unpublished)**
- **Teen dating violence lower in states with greater economic autonomy for women (educational attainment, women's business ownership), and greater employment opportunities for women (women's labor force participation, ratio of women's to men's earnings; National YRBS; Silverman, unpublished)**

Implications

- **Theories incorporating the broad range of ecologic contexts for adolescent health and development (e.g., Bronfenbrenner's Ecological Systems Theory) should be considered as the basis for research and intervention.**
- **Analytic techniques exploring contributions and interactions of multiple ecologic levels (e.g., multi-level analyses) should be utilized.**