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Date violence and date rape among adolescents: associations with disordered eating behaviors and psychological health

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Abstract

Objectives: The goal of the study was to assess the prevalence of date violence and rape in adolescents, to examine associations between date violence and rape and disordered eating behaviors and psychopathology, and to determine if these associations remain significant after controlling for sociodemographic characteristics and other physical and sexual abuse by an adult.

Method: A Minnesota school-based sample of 81,247 boys and girls in 9th and 12th grades completed the 1998 Minnesota Student Survey.

Results: Overall, approximately 9% of girls and 6% of boys had experienced date violence or rape. Significant differences across race and grade were found. Date violence and rape is associated with higher rates of disordered eating behaviors and suicidal thoughts and attempts, and lower scores on measures of emotional well-being and self-esteem. Over 50% of youth reporting both date violence and rape also reported attempting suicide. Controlling for race and age, adolescents who have experienced both date violence and rape were more likely to use laxatives (OR: girls = 5.76; boys = 28.22), vomit (OR: girls = 4.74; boys = 21.46), use diet pills (OR: girls = 5.08; boys = 16.33), binge eat (OR: girls = 2.15; boys = 5.80), and have suicidal thoughts or attempts (OR: girls = 5.78; boys = 6.66) than their nonabused peers. These odds were weakened but remained significant after controlling for other abuse by an adult. Furthermore, a greater percentage of girls and boys who reported an abusive dating experience also reported repeat victimization (physical or sexual abuse perpetrated by an adult) when compared to their peers without an abusive dating experience.

Discussion: Abusive experiences during dating relationships may disrupt normal developmental processes, including the development of a stable self-concept and integrated body image during adolescence. This disruption manifests itself through thoughts, feelings, and behaviors. Further

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research should explore effects of adverse adolescent dating experiences. © 2002 Elsevier Science Ltd. All rights reserved.

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Introduction

While studies focusing on abuse perpetrated by adults have made significant contributions to our understanding of adolescent mental health, there is a dearth of research addressing the experiences of both girls and boys regarding peer-related offenses such as date violence and rape. It is unclear if all abuse experiences (physical and sexual, perpetrated by adults or peers) manifest in problems, or if specific abuse experiences place individuals at increased risk for a wealth of psychological complications. Date-related abuse experiences may be an overlooked form of child abuse since they may not typically be queried in screenings for sexual and physical abuse. As the rates of date-related physical violence and sexual assault may be as high as 39% in adolescents (Bergman, 1992; DeKeseredy & Schwartz, 1994; Foshee, 1996; O'Keefe, Brockopp, & Chew, 1986; Reutermaun & Burcky, 1989; Roscoe & Callahan, 1985; Silverman, Raj, Mucci, & Hathaway, 2001), it is very important to understand the prevalence and comorbid psychopathology to these abusive experiences, singly and in the context of repeat victimization.

Prevalence rates of childhood sexual abuse (CSA) are estimated to be approximately 27% for females and 16% for males in the US (Finkelhor, Hotaling, Lewis, & Smith, 1990). These experiences are usually defined as an unwelcome sexual experience committed by an adult to a child or minor. Peer-to-peer violence experiences are typically reported separately in prevalence estimates. Estimates of physical violence on dates in adolescents range from 7% to 39% (Bergman, 1992; DeKeseredy & Schwartz, 1994; Foshee, 1996; O'Keefe, Brockopp, & Chew, 1986; Reutermaun & Burcky, 1989; Roscoe & Callahan, 1985), and of sexual assault or rape on a date range from 3% to 23% for girls and 2% to 4% for boys (Bergman, 1992; Canterbury, Grossman, & Lloyd, 1993; Davis, Peck, & Stormont, 1993; DeKeseredy & Schwartz, 1994; Vicary, Klingaman, & Harkness, 1995). By including date-related physical and sexual violence in definitions of abusive experiences, researchers and clinicians can broaden their understanding and better address the psychological problems that may be associated with abuse.

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 (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.

The relation between CSA and psychological problems among children and adolescents

has been well documented (Beitchman, Zucker, Hood, daCosta, Akman, & Cassavia, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993; Watkins & Bentovim, 1992). Significant associations have been found between CSA and depression (Beitchman et al., 1992; Kendall-Tackett, Williams, & Finkelhor, 1993; Levitan et al., 1998; Moyer, DiPietro, Berkowitz, & Stunkard, 1997), disordered eating behaviors (Ackard, Neumark-Sztainer, Hannan, French, & Story, 2001; Chandy, Blum, & Resnick, 1996; French, Story, Downes, Resnick, & Blum, 1995; Moyer, DiPietro, Berkowitz, & Stunkard, 1997; Perkins & Luster, 1999), self-esteem (Kendall-Tackett, Williams, & Finkelhor, 1993; Moyer, DiPietro, Berkowitz, & Stunkard, 1997), and suicidality (Beitchman et al., 1992; Chandy, Blum, & Resnick, 1996; Kendall-Tackett, Williams, & Finkelhor, 1993). Furthermore, several studies have addressed the association between physical abuse and psychological problems in adolescents, and have found evidence for an association between physical abuse and depressed mood (Levitan et al., 1998) and disordered eating behaviors (Ackard et al., 2001; Neumark-Sztainer, Story, Hannan, Beuhring, & Resnick, 2000; Perkins & Luster, 1999). However, the associations between date violence and rape and psychological problems are less clear.

Only a few large population-based studies have examined associations between abuse in dating relationships and psychological problems. In a study by Coker and colleagues (2000), 5414 high school students in South Carolina were asked to complete the Youth Risk Behavior Survey, in which 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 being the victim of violence on a date. Experiencing date violence was associated with poorer quality of life, overall dissatisfaction with life and with friends, and suicidal ideation and attempts for adolescent females. For adolescent males, date violence was associated with dissatisfaction with life, poor perceived physical health, and suicidal ideation.

Thompson, Wonderlich, Crosby, and Mitchell (2001) also used the Youth Risk Behavior Survey to collect data on 2629 high school females attending public schools in North Dakota. Date violence was assessed by asking, "Have you ever had a dating situation become violent with hitting or force used?" Approximately 14% of girls in the study reported violence on a date. Females who reported a violent dating situation were three times as likely to engage in purging behavior, and nearly two times as likely to use diet pills for weight control than females who did not report a violent dating experience. Unfortunately, high school boys were omitted from this study.

The Youth Risk Behavior Survey was also administered in Massachusetts in 1997 and 1999 to girls in 9th through 12th grades. Silverman and colleagues (2001) found that approximately 20% of girls reported an abusive dating experience, and that date violence and rape was associated with increased risk of substance use (4–5 times greater than girls not abused), unhealthy weight control behaviors (3–4 times greater), sexual risk behaviors (2–8 times greater), and suicidality (7–9 times greater). Once again, boys were not included in the analyses.

Although it is important to assess the prevalence of and factors associated with date-related physical and sexual abuse, there is also the question of whether violence in dating

relationships is an indicator of repeat victimization (Boney-McCoy & Finkelhor, 1995; Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998). Studies examining multiple abuse experiences among adolescents have estimated that 4.9% of girls and 2.5% of boys reported a history of both physical and sexual abuse (Ackard et al., 2001), and that the cumulative effect of multiple abuse experiences has been found to be associated with higher rates of psychopathology (Ackard et al., 2001; Boney-McCoy & Finkelhor, 1995).

The current study expands upon the limited body of research in this area by using a larger sample that allows us to stratify results by gender, and a survey that assesses date violence, rape, and repeated victimization (other abuse experiences), and seeks to answer three questions: What is the prevalence of date-related violence and rape among adolescent boys and girls? What is the association between date violence and date rape and disordered eating behaviors, self-esteem, emotional well-being, and suicide? Are these associations weakened when age, race, and other abuse experiences (both physical and sexual as perpetrated by an adult) are taken into account?

Methods

Study population and design

Participants in this study included a statewide sample of 81,247 students (40,301 boys and 40,946 girls) in 9th and 12th grades in Minnesota. They completed the 1998 Minnesota Student Survey, a survey administered by the Minnesota Department of Children, Families, and Learning to all 6th, 9th, and 12th grade students in Minnesota public schools. As date violence and rape questions were asked only of 9th and 12th grade students, 6th graders were omitted from the current study. Most of the participants (60%) were in the 9th grade, and 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). Data were collected in compliance with Institutional Review Board processes for the school districts.

Parents were informed in advance about the survey, and could choose not to have their child participate. In addition, students could also decline to participate. Students who elected to take the survey completed the self-report survey anonymously in school. They were allowed to 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 items assessing date violence and date rape, disordered eating behaviors, and psychological health indicators such as self-esteem, emotional well-being, and suicide. All items were based on self-report. Most items have been

used in other large surveys such as the Minnesota Adolescent Health Survey (Blum, Harris, Resnick, & Rosenwinkel, 1989; Resnick, Harris, & Blum, 1993), the National Institute on Drug Abuse Monitoring the Future Survey (Johnston, Bachman, & O'Malley, 1986), and the National Youth Risk Behavior Survey (Kann et al., 1995).

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 the following seven sentences adapted 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 range extended from 7 to 28, with higher scores indicating higher self-esteem.

The Emotional Well-Being score represents the sum of six statements, scored so that higher scale values indicate higher (better) emotional well-being, with a range from 6 to 29. The six questions include the following. "During the last 30 days, how has your *mood* been?" to which students could respond: "excellent;" "very good;" "up and down a lot;" "bad;" or "very bad." "During the last 30 days, have you felt you were under any *stress* or *pressure*?" and youth could choose one of the following responses: "Yes, almost more than I could take;" "Yes, more than usual;" "Yes, a little;" "Not at all." Participants could respond "all the time;" "most of the time;" "some of the time;" "a little of the time;" or "none of the time" to two questions: "During the last 30 days, have you felt *sad*?" and "During the last 30 days, have you felt *nervous*, *worried*, or *upset*?" Youth were also asked "During the last 30 days, have you felt so *discouraged* or *hopeless* that you wondered if anything was worthwhile?" to which they could answer "extremely so, to the point that I have just about given up," "quite a bit," "some, enough to bother me," "a little bit," or "not at all." Finally, students were asked to respond to "During the last 30 days, how *satisfied* have you been with your personal life?" and could choose one of the following responses: "extremely satisfied;" "very satisfied;" "satisfied;" "somewhat dissatisfied;" or "very dissatisfied."

Suicide categories were created based on two questions addressing suicidal ideation and suicide attempts. "Have you ever thought about killing yourself?" and "Have you ever tried to kill yourself?" were asked, and students responded by selecting the best response(s) for

each question: “No,” “Yes, during the last year,” or “Yes, more than a year ago.” For the purpose of this study, responses were coded either “no” or “yes,” thereby not accounting for how recent the participant had that experience. Three categories emerged: no suicidal thoughts or attempts; yes to suicidal thoughts, but *no* attempts, and yes to both suicidal thoughts and attempts. For logistic regression analyses, the three categories were collapsed into two: no suicidal thoughts or attempts; yes to suicidal thoughts or attempts.

Abuse experiences by adults were assessed with one question to assess physical abuse and two questions to assess sexual abuse. Respondents were asked to respond “yes” or “no” to the following questions: “Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?” “Has any adult or older person outside the family ever touched you sexually against your wishes or forced you to touch them sexually?” and “Has any older or stronger member of your family ever touched you sexually or had you touch them sexually?”

Statistical analyses

All analyses were run separately by gender to identify associations that may be specific to either boys or girls, and were conducted using the Statistical Package for the Social Sciences software, version 6.1 for the Macintosh (SPSS, Inc., 1994). To describe the sample by grade and race, frequencies and percentages were used. The prevalence of date violence and rape by gender was established using percentages. The prevalence of disordered eating and suicidal behaviors across date violence and date rape was assessed using frequencies with the χ^2 statistic evaluating significance across categories of date-related experiences. To evaluate differences between date-related experiences and self-esteem and emotional well-being, analyses of variance (ANOVAs) were conducted with Tukey’s multiple-comparison tests used to assess differences between pairs of groups at $p < .05$; significance values and effect sizes (eta values) are reported.

Because of significant differences in the prevalence of date-related experiences by age and by race, additional analyses were conducted to control for these variables. General associations between date-related experiences and disordered eating behaviors and suicidal thoughts or attempts were 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. Odds ratios and 95% confidence intervals are reported. Analyses of covariance (ANCOVA) controlling for age and race were conducted to assess differences in mean scores of emotional well-being and self-esteem across date-related experiences.

Cross-tabulations were conducted to obtain percentages of youth who have experienced repeat victimization. To determine if the associations between date-related experiences and dependent variables would weaken when other abuse experiences were taken into account, associations between date-related experiences and disordered eating behaviors and suicidal thoughts or attempts were also assessed using logistic regression but controlling for other abuse experiences as well as for age and race. Age, race (White vs. non-White), and physical and sexual abuse experiences by an adult were forced to enter in the first block, followed by

Table 1
Percentage of date-related experiences by grade and race

	<i>n</i>	Date-related experience			
		None	Violence	Rape	Violence and rape
Girls (<i>N</i> = 40946)					
9th grade	24795	93.3%	3.3%	1.2%	2.2%
12th grade	16151	88.5	5.5	1.8	4.2
American Indian	296	84.8%	6.8%	3.7%	4.7%
African American	823	92.1	3.6	2.3	1.9
Mexican American	403	83.1	6.7	4.2	6.0
Puerto Rican	174	89.1	3.4	1.1	6.3
Asian American	1591	94.8	2.6	1.1	1.4
White	35461	81.8	7.4	1.8	9.0
Boys (<i>N</i> = 40301)					
9th grade	24253	93.9%	2.8%	1.3%	2.0%
12th grade	16048	94.3	2.3	1.0	2.5
American Indian	352	85.5%	7.1%	2.6%	4.8%
African American	902	86.6	7.2	2.3	3.9
Mexican American	494	84.8	5.7	3.2	6.3
Puerto Rican	179	89.9	3.9	1.7	4.5
Asian American	1328	91.3	4.0	1.8	2.9
White	34703	95.2	2.2	0.9	1.7

Number missing on race = 3198 girls and 2343 boys.

the four date-related experience categories with the referent group of “none/no dating violence or rape.” Odds ratios and 95% confidence intervals are reported. ANCOVAs were also conducted to evaluate the significance of date-related experiences on emotional well-being and self-esteem scores while controlling for age, race, and other physical and sexual abuse.

Results

Overall, 91.4% of girls and 94% of boys reported *no* date violence or rape experiences. However, 4.2% (*n* = 1718) of girls and 2.6% (*n* = 1048) of boys reported violence on a date, 1.4% (*n* = 589) of girls and 1.2% (*n* = 471) of boys reported rape on a date, and 3% (*n* = 1216) of girls and 2.2% (*n* = 882) of boys reported both date violence and date rape.

Date-related experiences by grade and race

Differences in date-related experiences across grade and race were assessed to ascertain if these variables needed to be controlled for in multivariate analyses (see Table 1). A higher percentage of girls in 12th grade (11.5%) reported experiencing some type of date-related violence, compared to girls in 9th grade (6.7%). However, the percentages for boys across grades were nearly equal, with 6.1% of 9th grade and 5.7% of 12th grade boys experiencing date violence or rape. Differences across race were also found. White (7.4%), American

Table 2

Frequency and percentage of disordered eating behaviors and suicidal thoughts/attempts by gender

Variable	Girls (<i>N</i> = 40946)		Boys (<i>N</i> = 40301)		χ^2	<i>p</i> -value
	<i>n</i>	%	<i>n</i>	%		
Disordered eating behaviors						
Binge-eating	10377	25.6	4949	12.5	2229.26	<.00001
Fasting or skipping meals	17453	42.6	5641	14.0	8180.82	<.00001
Taking diet pills	3840	9.4	919	2.3	1855.38	<.00001
Vomiting	3598	8.8	634	1.6	2140.55	<.00001
Taking laxatives	789	1.9	670	1.7	8.05	.00456
Suicidal thoughts and attempts						
No thoughts or attempts	22749	56.6	28345	72.7		
Thoughts, but no attempts	11338	28.2	7771	19.9		
Thoughts and attempts	6119	15.2	2895	7.4	2414.37	<.00001

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

Number missing on all behaviors to control weight = 8 girls and 11 boys.

Number missing on suicidal thoughts and attempts = 740 girls and 1290 boys.

Indian (6.8%), and Mexican American (6.7%) girls reported the highest rates of date violence only (no date rape). Mexican American (4.2%) and American Indian (3.7%) girls reported the highest rates of date rape only (no dating violence). White (9%), Puerto Rican (6.3%), and Mexican American (6.0%) girls reported the highest rates of both date violence and date rape. For males, African American boys and American Indian boys reported the highest rates of date violence only (7.2% and 7.1%, respectively). Mexican American boys indicated the highest rates of date rape only (3.2%). Both date violence and rape were reported most often by Mexican American (6.3%), American Indian (4.8%), and Puerto Rican (4.5%) boys.

Disordered eating behaviors, suicide, emotional well-being, and self-esteem by gender

Comparing girls to boys (see Table 2), girls reported significantly higher rates of binge-eating behavior (25.6% vs. 12.5%), and higher rates of weight-control and weight-loss practices such as fasting (42.6% vs. 14.0%), taking diet pills (9.4% vs. 2.3%), vomiting (8.8% vs. 1.6%), and taking laxatives (1.9% vs. 1.7%). Girls were also more likely than boys to have suicidal thoughts without any attempts (28.2% vs. 19.9%) and were twice as likely to have attempted suicide (15.2% vs. 7.4%).

Emotional well-being and self-esteem mean scores were also significant across gender, although the effect sizes were small. The average emotional well-being score for boys (21.71, *SD* = 4.39) was higher than for girls (19.54, *SD* = 4.41), indicating that boys overall feel better emotionally than do girls [$F(1,78352) = 4776.37, p < .0001, \eta^2 = .2397$]. The mean self-esteem score for boys was 23.92 (*SD* = 4.29), compared with 22.12 (*SD* = 4.80) for girls [$F(1,78659) = 3098.37, p < .0001, \eta^2 = .1947$]. Boys reported higher levels of self-esteem than did girls.

Table 3
Percentage of disordered eating behaviors by date-related experiences and by gender

Behavior	Date-related experience				χ^2	p-value
	None	Violence	Rape	Violence and rape		
Girls	(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
Boys	(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.

Associations between date-related experiences and psychological health

Significant associations were found between disordered eating behaviors and date-related experiences (see Table 3). For girls and boys, results indicate that experiencing date violence or 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.

Results from analyses evaluating the association between date-related experiences and self-esteem, emotional well-being, and suicide also indicate that the overall mental health of youth who have experienced date violence or rape is less healthy than those who have not. Girls and boys who reported neither date violence nor rape reported significantly higher levels of self-esteem and emotional well-being (see Table 4), and significantly lower rates of suicide attempts (see Table 5) than their peers who have experienced either date violence or rape or both.

Associations adjusted for age and race

Logistic regression analyses were conducted separately by gender to determine if the associations between date-related experiences and disordered eating and suicidal thoughts or attempts remained statistically significant after controlling for age and race (see Table 6 for girls and Table 7 for boys). Girls who experienced both date violence and rape were 5.76 times as likely as their nonabused peers to use laxatives to control or lose weight. In addition, they were 5.08 times as likely to use diet pills, 4.74 times as likely to vomit, 2.22 times as likely to fast or skip meals, and 2.15 times as likely to binge-eat than their nonabused peers. Boys who reported both date violence and rape were 28.22 times more likely to use laxatives,

Table 4

Mean values, ANOVA results, and effect sizes (eta) of self-esteem and emotional well-being scales by date-related experiences and by gender

Scale	Date-related experience				F	p-value	eta
	None	Violence	Rape	Violence and rape			
Girls	(N = 37423)	(N = 1718)	(N = 589)	(N = 1216)			
Self-esteem	22.32 ^a	20.27	20.15	19.46 ^b	263.93	<.0001	.1394
Emotional well-being	19.77 ^a	17.35	17.32	16.50 ^b	422.62	<.0001	.1755
Boys	(N = 37900)	(N = 1048)	(N = 471)	(N = 882)			
Self-esteem	24.11 ^a	21.75	21.26	19.78 ^b	441.56	<.0001	.1820
Emotional well-being	21.89 ^a	19.47	19.60	17.62 ^b	395.20	<.0001	.1730

^a“No/None” group significantly different (Tukey’s multiple comparison test) from “Violence only,” “Rape only,” and “Violence and Rape” groups at $p < .05$.

^b“Violence and Rape” group significantly different (Tukey’s multiple comparison test) 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.

21.46 times more likely to vomit, 16.33 times more likely to use diet pills, 5.80 times more likely to binge-eat, and 1.98 times more likely to fast or skip meals during the past 12 months than boys who reported no date-related experience.

Having experienced both date violence and rape was associated with girls being 5.78 times as likely and boys being 6.66 times as likely to report suicidal thoughts or attempts when compared to their nonabused peers (see Table 6 for girls and Table 7 for boys).

Results from ANCOVAs indicate that nonabused 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. Girls who reported both date violence and rape scored lowest on the emotional well-being

Table 5

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

Suicide Category	Date-related experience				χ^2	p-value
	None	Violence	Rape	Violence and rape		
Girls						
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
Boys						
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.

Table 6

Girls: Odds Ratios (OR) and confidence intervals (CI) for disordered eating and suicidal thoughts/attempts by date-related experience: age and race adjusted

Date-related experience	Binge-eating			Fasting			Diet pills			Vomiting		
	<i>n</i>	OR	95% CI	<i>n</i>	OR	95% CI	<i>n</i>	OR	95% CI	<i>n</i>	OR	95% CI
None/no experience	9028	1.00		15315	1.00		2953	1.00		2834	1.00	
Date violence only	632	1.81	1.71–1.91	1065	2.37	2.27–2.47	393	3.33	3.21–3.45	340	3.21	3.08–3.34
Date rape only	219	1.87	1.69–2.05	339	1.98	1.81–2.15	113	2.70	2.48–2.92	104	2.76	2.53–2.99
Date violence and rape	498	2.15	2.03–2.27	734	2.22	2.10–2.34	381	5.08	4.95–5.21	320	4.74	4.60–4.88

Date-related experience	Laxatives			Suicidal thoughts and/or attempts		
	<i>n</i>	OR	95% CI	<i>n</i>	OR	95% CI
None/no experience	578	1.00		14897	1.00	
Date violence only	74	2.76	2.50–3.02	1182	3.39	3.28–3.50
Date rape only	31	3.38	2.97–3.79	417	3.74	3.55–3.93
Date violence and rape	106	5.76	5.53–5.99	961	5.78	5.63–5.93

Table 7

Boys: Odds Ratios (OR) and confidence intervals (CI) for disordered eating and suicidal thoughts/attempts by date-related experience: age and race adjusted

Date-related experience	Binge-eating			Fasting			Diet pills			Vomiting		
	<i>n</i>	OR	95% CI	<i>n</i>	OR	95% CI	<i>n</i>	OR	95% CI	<i>n</i>	OR	95% CI
None/no experience	4151	1.00		5109	1.00		574	1.00		366	1.00	
Date violence only	295	3.04	2.90–3.18	220	1.70	1.54–1.86	91	5.77	5.52–6.02	59	5.67	5.36–5.98
Date rape only	121	2.66	2.44–2.88	101	1.75	1.51–1.99	62	9.03	8.73–9.33	43	9.35	8.99–9.71
Date violence and rape	382	5.80	5.66–5.94	211	1.98	1.82–2.14	192	16.33	16.14–16.52	166	21.46	21.25–21.67

Date-related experience	Laxatives			Suicidal thoughts and/or attempts		
	<i>n</i>	OR	95% CI	<i>n</i>	OR	95% CI
None/no experience	354	1.00		9243	1.00	
Date violence only	56	5.38	5.07–5.69	535	3.07	2.94–3.20
Date rape only	56	12.56	12.23–12.89	279	4.54	4.34–4.74
Date violence and rape	204	28.22	28.02–28.42	609	6.66	6.51–6.81

[$F(5,39920) = 290.91, p < .001$] and self-esteem [$F(5,39975) = 244.831, p < .001$] scales. Boys who reported both date violence and rape also scored lowest on measures of emotional well-being [$F(5,38432) = 271.21, p < .001$] and self-esteem [$F(5,38684) = 319.84, p < .001$].

Associations adjusted for age, race, and other abuse experiences

Many of the youth in the current sample reported repeat victimization (see Table 8). While the majority of adolescents who had not experienced any date-related violence had also not experienced any sexual or physical abuse by an adult (96.6% boys, 95.1% girls), multiple abuse experiences were present for many youth that did report date-related abuses. Other abuse experiences perpetrated by an adult were reported by 48.1% of girls and 34.8% of boys who reported date violence only, 56.3% of girls and 51% of boys who reported date rape only, and 65.9% of girls and 66.5% of boys who reported both date violence and rape.

Because of the percentages of youth reporting more than one victimization, statistical analyses were also conducted to control for physical and sexual abuse perpetrated by an adult, as well as age and race. For both girls and boys, most of the associations between date-related experiences and disordered eating behaviors and suicidal thoughts or attempts remained statistically significant, but were weakened when age, race, and other abuse experiences were taken into account (data not shown in tables). Girls who experienced both date violence and rape were nearly 3.75 (95% CI = 3.49–4.01) times as likely as their nonabused peers to use laxatives to control or lose weight. In addition, they were 3.30 (CI = 3.16–3.44) times as likely to use diet pills, 2.94 (CI = 2.79–3.10) times as likely to vomit, 1.58 (CI = 1.45–1.71) times as likely to binge-eat, and 1.56 (CI = 1.43–1.69) times as likely to fast or skip meals than their nonabused peers. Boys who reported both date violence and rape were 12.47 (CI = 12.18–12.75) times as likely to use laxatives, 8.05 (CI = 7.75–8.36) times as likely to vomit, 7.13 (CI = 6.87–7.40) times as likely to use diet pills, and 3.08 (CI = 2.90–3.25) times as likely to binge-eat than their nonabused peers. Associations between date-related experiences and fasting were no longer significant for boys after controlling for age, race, and other abuse experiences.

Associations between date-related experiences and suicidal thoughts or attempts also remained significant, but were weakened after controlling for age, race, and other abuse experiences. Girls who reported both date violence and rape were 3.41 (CI = 3.26–3.57) times as likely and boys were 2.76 (CI = 2.58–2.94) times as likely to report suicidal thoughts or attempts than their nonabused peers.

Results from ANCOVAs also indicate that the associations between date-related experiences and emotional well-being and self-esteem remained significant after controlling for age, race, and other physical and sexual abuse by adults. Girls and boys who reported experiencing both date violence and rape scored the lowest on measures of emotional well-being and self-esteem, when compared to their nonabused peers, as well as their peers who experienced either date violence or date rape only ($p < .001$).

Table 8
 Percentage of other abuse experiences (perpetrated by an adult) by date-related experiences and by gender

Other abuse by an adult	Date-related experience				χ^2	<i>p</i> -value
	None	Violence	Rape	Violence and rape		
Girls	(<i>N</i> = 36546)	(<i>N</i> = 1693)	(<i>N</i> = 579)	(<i>N</i> = 1202)		
No adult abuse	81.4%	51.9%	43.7%	34.1%		
PA by adult	8.8	16.8	11.6	13.1		
SA by nonfamily adult	4.5	13.2	19.2	21.3		
SA by family member	1.9	2.0	2.9	2.6		
PA + SA by nonfamily adult	1.3	7.7	10.7	11.5		
PA + SA by family member	0.7	1.4	2.6	1.2		
SA by nonfamily and family adults	1.0	3.3	4.3	6.4		
PA + SA by nonfamily and family	0.5	3.7	5.0	9.8	4516.23	<.00001
Boys	(<i>N</i> = 36449)	(<i>N</i> = 1011)	(<i>N</i> = 449)	(<i>N</i> = 854)		
No adult abuse	96.6%	65.2%	49.0%	33.5%		
PA by adult	6.4	14.3	11.4	8.3		
SA by nonfamily adult	1.2	6.0	11.1	11.0		
SA by family member	0.3	1.3	3.8	2.0		
PA + SA by nonfamily adult	0.3	4.4	7.8	7.8		
PA + SA by family member	0.1	2.3	2.4	2.9		
SA by nonfamily and family adults	0.2	1.8	6.0	5.4		
PA + SA by nonfamily and family	0.3	4.7	8.5	29.0	10764.76	<.00001

Number missing = 926 girls and 1538 boys.

PA = physical abuse; SA = sexual abuse.

Discussion

In the current study, nearly 9% of girls and 6% of boys reported some type of abusive date-related experience. Consistent with other studies that have found higher rates of disordered eating behaviors and other psychological distress among adolescents who have been either sexually abused (Chandy, Blum, & Resnick, 1996; French et al., 1995; Levitan et al., 1998; Moyer, DiPietro, Berkowitz, & Stunkard, 1997; Neumark-Sztainer et al., 2000) or physically abused (Ackard et al., 2001; Levitan et al., 1998; Neumark-Sztainer et al., 2000) by adults, or abused on a date (Coker et al., 2000; Silverman et al., 2001; Thompson et al., 2001), date violence and rape are significantly associated with disordered eating behaviors, other risk behaviors, and psychological health. The cumulative effect of both date violence and date rape resulted in a stronger association with disordered eating behavior and adverse mental-health indicators than either date violence or date rape alone, or having experienced neither date violence nor rape.

Youth reporting both date violence and rape were more likely to report the use of laxatives, diet pills, vomiting, or fasting for weight control than their nonabused peers. They were also more likely to report engaging in binge-eating. These associations remained statistically significant when age, race, and repeated victimization were taken into account. Why would youth that have experienced physical or sexual violence on a date be more likely to engage in disordered eating behaviors? Adolescence is a time of normative changes to the body, and it is often difficult for all youth, especially young girls, to integrate a positive body image into their sense of self. Abusive physical or sexual experiences violate the body and create difficulties in the development of a positive body image. While body image was not assessed in this study, research has clearly documented the strong association between body image and disordered eating problems, and body image disturbances are included in the DSM-IV definitions of anorexia nervosa and bulimia nervosa (American Psychiatric Association, 1994). The use of products such as laxatives or diet pills, or behaviors such as vomiting, binge-eating, or fasting may be ways in which adolescents attempt to render the body “unattractive,” possibly to deter further abuse. Others have hypothesized that disordered eating symptoms may serve the purpose of alleviating or reducing the painful emotions related to abuse (Heatherton & Baumeister, 1991; Rorty & Yager, 1996). These behaviors may be a way for abused youth to project the painful experience onto their body or to punish their body for the victimization.

The ill effects of date-related abuse extended beyond disordered eating behaviors. Over 50% of girls and boys who experienced both date violence and rape also reported suicide attempts, compared with only 12.5% of nonabused girls and 5.4% of nonabused boys. Youth who reported experiencing both date violence and rape also scored lower on measures of self-esteem and emotional well-being than their peers who reported either date violence only or date rape only or who reported no date-related experience. These results underscore the importance of monitoring the mental health of youth. Factors such as self-esteem and emotional well-being may decline in the presence of traumatic experiences.

By themselves, the prevalence rates for adolescent date violence and rape and those for adolescents who have experienced repeat victimization send an alarming message about America's youth. Nearly 1 in 10 girls and 1 in 20 boys will have an abusive experience on

a date, and nearly half of those youth reported other abuse perpetrated by an adult. Furthermore, while this cross-sectional study is not able to address causality, the significant associations between date-related experiences and problems such as disordered eating behaviors, lower emotional well-being and self-esteem, and higher suicidal thoughts and attempts must raise concern for those who care about and for adolescents. Parents, school personnel, adolescent medicine specialists, and others working with adolescents may need to broaden their definitions of abusive experiences to include dating and screen for problematic dating experiences. Suggestions for screening questions and discussing violence with adolescents have been published (Hamberger & Ambuel, 1998). If abusive experiences are revealed, there is a 50% likelihood that the girl or boy has also been abused by an adult. Trained individuals should assess all forms of abuse and help them deal with the abuse in a manner that ensures confidentiality and enhances trust. Discussing the abuse is likely to be helpful; in one study of adolescents who have been sexually or physically abused, youth who discussed the abuse experience with someone were less likely to engage in disordered eating behaviors than those who did not discuss the abuse (Ackard et al., 2001).

Future research should attempt to identify specific risk factors for abusive experiences and their consequences. Longitudinal studies can identify the immediate consequences of abusive experiences, which may be different from the long-term deleterious effects of abuse. Researchers and clinicians can work together to identify the best screening practices for use by physicians, nurses, and other health professionals. The screening practices should be implemented in a variety of clinical settings and designed to combine the highest level of disclosure possible, with the highest level of safety, security, and confidentiality, so as not to mimic the often secretive climate of abuse.

Early intervention efforts are likely to be critical to reducing the ill effects of date violence and rape on the health of our youth. In the current study, approximately 6.7% of girls and 6.1% of boys in 9th grade had already experienced some type 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 for today's youth. Parents, guardians, educators, and youth leaders may want to provide forums to discuss appropriate dating interactions and safer dating formats (e.g., waiting until older to date, dating with other trusted couples, avoiding alcohol/drugs on dates), and to strategize about ways to handle high-risk situations when they arise. Intervention programs may need to be tailored by demographics and by history of abuse by an adult to address better higher-risk populations, as implemented by colleagues in Canada (Grasley, Wolfe, & Wekerle, 1999; Wekerle & Wolfe, 1999). Most important to secondary prevention is to provide resources and opportunities, such as pamphlets in guidance and doctors' offices and small group or one-to-one discussions for youth to talk about their dating experiences. Changes in eating behaviors, emotional well-being, self-esteem, and suicidal thoughts may signal the need to query if an abusive experience has occurred.

Strengths and limitations

This study had several strengths that increase the utility of the findings. The use of a large sample of adolescent girls and boys may allow for the generalization of findings from the

study sample to larger populations. The survey also asked about a broad range of mental health behaviors and indicators which, while not allowing readers to diagnose, can present a broader picture of the correlates of abusive dating experiences. The present results, however, need to be understood in the context of several limitations. The current sample, while a large sample of midwestern and predominantly Caucasian youth, is not representative of all youth in the US; therefore, results cannot be generalized to the broader population of youth. The cross-sectional design of the study constrains interpretation of results to associations and not cause and effect. The limitations of single-question survey items assessing the main psychological constructs, the lack of objective definitions for date violence and date 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.

Continued research in this area should provide specific objective definitions for what constitutes a dating relationship, date violence, and date rape, and should use reliable and valid measures for assessing these experiences. Of further consideration should be the ethical use of anonymous surveys in which abused youth cannot be subsequently identified for intervention when abuse is revealed. We would argue that it is essential to gather sensitive information (e.g., regarding abusive experiences, suicidal ideation) in an anonymous manner to increase the likelihood of obtaining accurate data for research and planning purposes. However, at the time of survey distribution and completion, possible avenues for students experiencing difficulties or concerns should be provided.

Conclusions

In the current study, adolescents who reported both date violence and date rape were more likely to engage in disordered eating behaviors and to score lower on indicators of self-esteem and emotional well-being and higher on suicidal thoughts and attempts than their nonabused peers.

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Résumé

Objectifs: Évaluer la prévalence de la violence et du viol lors de sorties entre adolescents; examiner les associations entre la violence et le viol, les comportements alimentaires perturbés et la psychopathologie; déterminer si ces associations restent significatives après avoir contrôlé les caractéristiques sociodémographiques ainsi que la présence d'autres sévices physiques et sexuels exercés par un adulte.

Méthode: Un échantillon de 81,247 garçons et filles fréquentant des écoles du Minnesota en 9^{ième} et 12^{ième} année a rempli l'enquête 1998 sur les étudiants du Minnesota.

Résultats: Dans l'ensemble, 9% des filles et 6% des garçons ont connu l'expérience de la violence et du viol lors de sorties. On a trouvé des différences significatives au niveau de la race et du niveau scolaire. La violence et le viol pendant les sorties sont associés avec des taux plus élevés de comportements alimentaires perturbés ainsi que d'idées et de tentatives de suicide et avec des scores plus bas dans les mesures concernant le bien-être émotionnel et l'estime de soi. Au delà de 50% de jeunes qui ont mentionné à la fois violence et viol lors de sorties ont aussi mentionné avoir tenté de se suicider. En contrôlant la race et l'âge on voit que les adolescents qui ont connu à la fois l'expérience de la violence et du viol semblent plus que leurs pairs non-abusés, susceptibles d'utiliser des laxatifs (OR: filles = 5.76; garçons = 28.22), de vomir (OR: filles = 4.74; garçons = 21.46), d'utiliser des pilules de régime (OR: filles = 5.08; garçons = 16.33), d'être boulimiques (OR filles = 2.15; garçons = 5.80), et d'avoir des idées de suicide et/ou de faire des tentatives de suicide (OR: filles = 5.78; garçons = 6.66). Ces nombres ont été abaissés, mais sont restés significatifs après avoir contrôlé l'existence d'autres abus par un adulte. De plus, un plus grand pourcentage de filles et de garçons qui ont signalé avoir subi des abus lors de sorties ont aussi signalé une victimisation répétée (physique et/ou sexuelle avec un agresseur adulte) comparativement avec leurs pairs qui n'avaient pas eu l'expérience d'abus lors de sorties.

Discussion: Les expériences d'abus dans les relations lors de sorties peuvent perturber le processus d'un développement normal, ce qui inclut l'évolution d'une conscience de soi stable et d'une image du corps bien intégrée durant l'adolescence. Cette perturbation se manifeste dans des pensées, des sensations et des comportements. Des recherches ultérieures devraient explorer les effets d'expériences défavorables lors des sorties entre adolescents.

Resumen

Objetivos: Evaluar la prevalencia de violencia de pareja y violaciones entre adolescentes. Examinar las posibles asociaciones entre violencia de pareja y violación con trastornos de la conducta alimen-

ticia y psicopatología. Determinar si estas asociaciones permanecen significativas después de controlar las características sociodemográficas y la ocurrencia de tipos de maltrato físico o sexual por un adulto.

Método: Una muestra de 81.247 chicos y chicas de una escuela de Minnesota que acudían a clases de noveno a duodécimo grado completaron la Encuesta de Estudiantes de Minnesota 1998.

Resultados: En total aproximadamente un 9% de las chicas y un 6% de los chicos han experimentado violencia de pareja y/o violación. Se observaron diferencias significativas en cuanto a edad y raza. La violencia de pareja y la violación están asociadas con tasas más elevadas de trastornos de la alimentación, pensamientos e intentos de suicidio y puntuaciones más bajas en medidas de bienestar emocional y autoestima. Más del 50% de jóvenes que notifican violencia de pareja o violación también notificaron intentos de suicidio. Después de controlar la raza y la edad, se observa que los adolescentes que han experimentado violencia de pareja y violación tenían más tendencia que sus compañeros no maltratados a utilizar laxantes (odds ratio: chicas = 5.76; chicos = 28.22), tener vómitos (OR: chicas = 4.74; chicos = 21.46), conductas bulímicas (OR: chicas = 2.15; chicos = 5.80), utilizar pastillas para adelgazar (OR: chicas = 5.08; chicos = 16.33), y a tener pensamientos y/o intentos de suicidio (OR: chicas = 5.78; chicos = 6.66). Los resultados permanecen significativos después de controlar otros tipos de maltrato por parte de adultos. Además, en comparación con los adolescentes sin experiencias de violencia de pareja, un mayor porcentaje de chicas y chicos que notifican violencia de pareja también notifican abuso sexual o físico perpetrado por un adulto.

Discusión: Las experiencias de maltrato durante las relaciones de pareja entre adolescentes pueden alterar procesos normales del desarrollo, incluyendo el desarrollo durante la adolescencia de un autoconcepto estable y una imagen del cuerpo integrada. Estas alteraciones se manifiestan en los pensamientos, sentimientos y conductas. Investigaciones futuras deben explorar los efectos de las experiencias adversas de relación de pareja entre adolescentes.