

# Police-Documented Incidents of Intimate Partner Violence Among Young Women

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## Abstract

**Aim:** Few studies have examined adolescent victims of intimate partner violence (IPV) whose victimization is reported to the police or the nature of the incidents that led to the police call. This oversight is problematic for healthcare providers, given that overlap between the use of healthcare and police services is high among IPV victims. We assessed the frequency and nature of police-documented incidents of IPV by men against female adolescents aged 15–17 compared with those against young women aged 18–22.

**Methods:** A systematic case ascertainment strategy was applied to administrative data from the Compstat database of a large U.S. metropolitan police department to identify IPV incidents with victims <23 years old. We created additional variables from incident narratives and conducted descriptive analyses on the identified cases.

**Results:** During January–September 2005, police filed reports on 1607 incidents of IPV against women <23 years old: one tenth were younger than 18. Although their risk of police-documented IPV was lower, adolescents' experiences of IPV were remarkably similar to those of 18–22-year-olds. As with adult victims, most assaults against adolescents were through bodily force (94.4%) and occurred in a private residence (75.0%). A substantial minority of adolescents were in adultlike relationships: 9.0% were married, 31.3% were cohabiting, and 20.2% had a child in common. A higher proportion of adolescents, however, experienced an aggravated (vs. simple) assault (11.1%) and sustained visible injuries (12.1%).

**Conclusions:** The commonalities between adolescent and young women's experiences of IPV regarding the nature of the assault, observed injuries, and relationship to assailants have important implications for policy and practice. Findings suggest that routine screening for IPV should begin in adolescence to help prevent future abuse and injury.

## Introduction

YOUNG WOMEN TRANSITIONING from adolescence into adulthood are at higher risk of nonfatal intimate partner violence (IPV) victimization than at any other age.<sup>1</sup> Sometimes, the violence is severe and ongoing; 1 in 20 female high school students report having been beaten multiple times by a dating partner in the past year.<sup>2</sup> Experiencing IPV in adolescence is associated with drug and alcohol use,<sup>3–5</sup> mental health problems,<sup>3,5–7</sup> and risky sexual behaviors.<sup>5,7–9</sup> Adolescent IPV is also associated with increased risk of teen pregnancy,<sup>7,8</sup> and abuse during pregnancy is a risk factor for poor birth outcomes, including premature delivery.<sup>10</sup> Moreover, in addition to immediate consequences, IPV in adolescence is a risk factor for violence in intimate adult relationships.<sup>11</sup>

Young victims of IPV rarely tell their parents or other adults.<sup>12–15</sup> Most high school-age IPV victims report that they do not seek help, and when they do, it is rarely from a formal

system,<sup>12–14,16</sup> even when the violence produces injury.<sup>14,17,18</sup> Despite their reluctance, some adolescents do have contact with formal services, particularly the medical and criminal justice systems.<sup>12,19,20</sup> Moreover, system use overlaps. Almost two thirds of female IPV victims over the age of 15 involved in the criminal justice system also used the emergency room at least once in the same year.<sup>19</sup> Yet few studies have examined adolescent IPV victims whose victimization is reported to the police, and almost nothing is known about the nature of the IPV incidents that led to the police call.

### Goals of this investigation

The goals of this study were to examine the nature and scope of police-documented IPV against female adolescents in relation to that which occurs during young adulthood and to explore circumstances that may pose particular risk (e.g., weapon use, pregnancy). Whereas surveys of high school

students document few gender differences in risk of experiencing minor forms of physical IPV,<sup>21–23</sup> young men are more likely than young women to perpetrate severe partner violence,<sup>24</sup> and young women are more likely than young men to experience severe violence and injuries.<sup>14,20,25</sup> Thus, we focused on young women, which, as will be seen, is appropriate given that the overwhelming majority of the victims in our study (93.4%) were women.

Our investigation adds to the literature by examining data that, to our knowledge, have not been considered previously—reports filed through the innovative Compstat system that is now routinely used in several large U.S. cities. Such information is salient for healthcare providers in that incidents that come to the attention of law enforcement are expected to be more severe and more likely to result in injury than those that go unreported.<sup>19,26,27</sup>

## Materials and Methods

### Study design

We conducted a retrospective, descriptive study involving secondary analysis of administrative police reports contained in a computerized database, Compstat. This research was approved by the University's Institutional Review Board by way of expedited review.

### Data source

The data for this study were drawn from the Compstat database of a large metropolitan police department in the United States. The Compstat system was developed by the New York City Police Department in 1994, has since been adopted by several U.S. cities, and has received acclaim for its innovative design.<sup>28–31</sup> The purpose of the Compstat system is to “collect, analyze and map crime data and other essential police performance measures on a regular basis and hold police managers accountable for their performance as measured by these data.”<sup>32</sup> The Compstat process begins with the incident reports filed by officers in response to all calls for service (i.e., 911 calls) and each officer-observed incident (i.e., incidents witnessed in the field).<sup>28</sup> The information from these reports, which includes specifics about the victim, the suspected assailant (if applicable), and the nature of the incident (e.g., type of weapon used, location of incident), is entered into the computerized Compstat database either manually by a designated person within the police department after the report is submitted or immediately at the scene by the officers themselves via wireless mobile data computers.<sup>28</sup> (The latter is less common, as many departments do not have wireless mobile data computers.<sup>28</sup>) Information is entered into the Compstat database in the form of codes, which are detailed in an extensive codebook. If the report contains a narrative section—the officers' written description of the incident as observed or told to them—the first 80 characters of that description are entered verbatim in word form into the database (e.g., Susp/boyfriend punched & kicked vict in the stomach. Vict is 2mos. pregnant). The narrative is the only noncoded information in the database. Compstat relies on a system of accountability and involves built-in quality assurance checks to ensure the accuracy of the data in the database.<sup>28</sup>

The data for this study came exclusively from the Compstat database; we did not have access to the hard copies of the

police reports. Data were provided under the condition that the locale not be identified.

### Study setting and population

Compstat data from a U.S. city were made available for January through September 2005. A total of 390,449 incidents were documented during this period. Any IPV-related incident in the database that involved a victim between the ages of 11 and 22 years was eligible for inclusion in the study. Given the focus on young victims of IPV, incidents involving victims younger than 11 (which is typically slightly younger than the age of dating onset<sup>33</sup>) and older than 22 (which typically corresponds to graduation from college) were not eligible for this study.

### Case identification

Preliminary examination of the Compstat data indicated that there were numerous and not always clear-cut ways in which an incident could be labeled as one of IPV. We developed a systematic strategy (see Appendix for detailed flow chart) to identify IPV incidents, beginning with the total number of incidents involving a victim between the ages of 11 and 22 years ( $n = 38,355$ ). The identification of cases was performed by two of the three authors (K.A.T., M.J.) and supervised by S.B.S.

In the first round of review, we examined the crime class codes (the charge assigned to the incident) and the *modus operandi* (MO) codes (a wide range of coded information, e.g., relationship of the victim to the suspected assailant) for each incident. We considered an incident as one of IPV if it had been assigned any of the following: a crime class of spousal/cohabitant aggravated assault, spousal/cohabitant simple assault, miscellaneous domestic violence, violation of a restraining or other court order, forcible rape, attempted rape, assault with a deadly weapon, criminal threats or threatening phone calls or an MO code of “victim was spouse” or “victim was cohabitant.” Doing so allowed us to cast a wide net to capture an incident of IPV and resulted in a total of 2121 incidents.

In the second phase of case identification, we drew upon the narrative section of each report to gather information about the relationship between the victim and the suspected assailant for which no MO code exists (e.g., victim's boyfriend is suspected assailant, victim is pregnant with suspected assailant's child) or for which the existing MO code should have been listed but was not (e.g., “victim was spouse”). A narrative was recorded for 72% of the incidents, and there were no substantive differences between incidents with and those without narratives with one exception: incidents with narratives were more likely to indicate that the victim and suspected assailant were cohabiting (31.7% vs. 17.5%). Such situations were rare—only 3.4% of the cases were identified as IPV on the basis of the narrative alone—which underscores the high quality of the data. The primary use of the narratives, therefore, was to glean information that was not part of an established Compstat code. Based on the narrative, the following new relationship variables were created—“boyfriend/girlfriend,” “ex-boyfriend/ex-girlfriend,” and “have child in common”—and were used to identify an incident as IPV.

Thus, inclusion criteria were applied such that an incident was identified as IPV if it met any one of the following: (1) the crime class was listed as spousal/cohabitant aggravated assault or spousal/cohabitant simple assault as long as the victim-suspect age difference was <15 years (to exclude assaults by a parent or other guardian), (2) the MO code listed the victim as a spouse (regardless of victim-suspect age difference), (3) the narrative listed the suspected assailant as a boyfriend/girlfriend, ex-boyfriend/ex-girlfriend, or having a child in common (regardless of victim-suspect age difference). It is important to note that incidents did not always have an MO code or other listing of the nature of the intimate relationship; thus, it was possible for an incident to be included as an IPV incident although the exact type of intimate relationship was unspecified (the term "spousal/cohabitant" as applied to aggravated and simple assault is a catchall term for IPV; it is not used strictly for incidents involving spouses and cohabitants). Also, incidents in which the victim-suspect age difference was >14 years were excluded only when the relationship was unspecified; incidents in which the narrative or MO code indicated the suspected assailant as boyfriend or spouse were included regardless of age difference.

Incidents that did not fit at least one of these three criteria were considered ambiguous and were excluded. Among the excluded incidents were those involving victims between the ages of 11 and 14 years ( $n = 37$ ), thereby limiting the study to incidents involving victims aged 15–22 years. Finding few IPV incidents among persons <15 is consistent with current thought that IPV emerges at about age 15.<sup>34</sup>

Finally, a number of exclusions were made. We excluded incidents that involved multiple assailants ( $n = 51$ ), as these incidents are typically not considered to be IPV.<sup>35,36</sup> We also excluded any incident that had incomplete information about the suspected assailant ( $n = 72$ ) or involved a victim and suspected assailant of the same sex ( $n = 87$ ), as there was insufficient information to determine if the incident was IPV. Also, 36 incidents were excluded because the crime class and the narrative or MO code conflicted (e.g., the crime class was spousal/cohabitant simple assault, but the narrative listed the victim's father as the suspect). Finally, incidents involving male victims were dropped because they were relatively few ( $n = 113$ , only 9 of which involved a victim between the ages of 15 and 17). Thus, the remaining incidents ( $n = 1607$ ) formed the basis of our analysis.

In order to address the goals of the present investigation, we relied on demographic characteristics of the victim and suspected assailant and incident information, including crime class; MO codes (e.g., relationship of the victim to the suspected assailant, type of assaultive behavior); weapon code, 23 types of weapons from which we created six categories (bodily force, blunt object, sharp object, firearm, verbal attack, and other/unknown); and the premises code, 40 types of premises from which we created four categories for location (private residence, public place, school, and outdoors). Victim age was collapsed into three categories (15–17 years, 18–20 years, and 21–22 years) so that adolescent victims could be separated from adult women. The separation of adult victims into two groups (18–20 years and 21–22 years) was based on observed patterns in the data and the fact that the three age categories coincide with legal markers of age (eligibility to vote and drink alcohol).

### Data analysis

Frequency distributions and cross-tabulations were used to estimate the prevalence of IPV that comes to the attention of law enforcement and to examine the association between victim age and other demographic and incident characteristics. U.S. Census data were used to calculate rate estimates for annual risk of police-documented IPV in the city from which the data are taken.<sup>37</sup> Given that analyses are based on the entire population (vs. a sample) of cases for which a report was filed, statistical tests of inference are not indicated.

### Results

Between January and September of 2005, officers filed reports on 1607 incidents of IPV involving young women aged 15–22 years. A total of 9% of the incidents involved 15–17-year-old victims compared with 48.3% with 18–20-year-old and 42.7% with 21–22-year-old victims. As shown in Figure 1, the risk of police-documented IPV increases markedly during the transition from adolescence to young adulthood. The rate of IPV among 21–22-year-olds is 10.8 times that for 15–17-year-olds (919.32 for 21–22-year-olds vs. 85.01 for 15–17-year-olds per 100,000).

Findings reported in Table 1 indicate that victims most often were assaulted by a suspected assailant who was 1–4 years older. Incidents involving victims in the 18–20 and 21–22 age groups generally showed similar patterns regarding victim-assailant age differences. Adolescent victims differed from them in two ways. First, few incidents involving victims <18 (vs. victims aged 18–20 and 21–22) involved a suspected assailant who was younger than the victim (2.1% vs. 6.8% and 11.5%, respectively). Second, a higher percentage of incidents involving victims <18 (vs. victims aged 18–20 and 21–22) had suspected assailants who were  $\geq 15$  years older than the victim (5.6% vs. 3.2% and 3.6%, respectively).

Most incidents (87.4%) involved victims whose suspected assailant was of the same ethnicity. About one third of the victims in each age group lived with their assailant at the time of the incident. The type of intimate relationship was

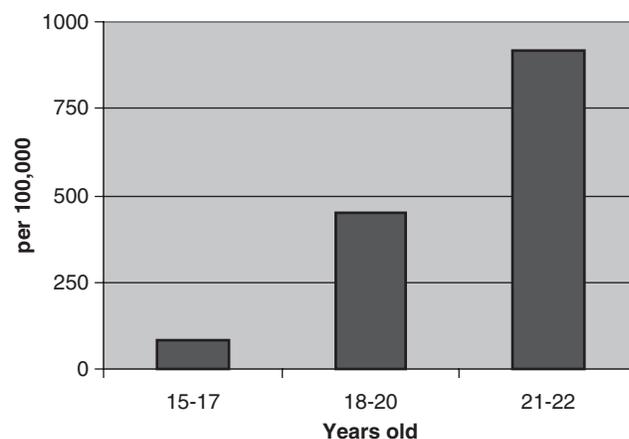


FIG. 1. Risk of police-documented intimate partner violence in one large U.S. city, estimated annual average, by age, 2005. Denominator data were obtained through the U.S. Census Bureau.

TABLE 1. DEMOGRAPHICS, VICTIM-SUSPECT RELATIONSHIP, 1607 POLICE REPORTS, %

	Victim age			Total n = 1607
	15–17 n = 144	18–20 n = 777	21–22 n = 686	
Age (suspect to victim)				
Younger	2.1	6.8	11.5	8.4
Same age	11.9	12.4	11.3	11.9
1–4 years older	54.5	47.3	42.0	45.7
5–9 years older	19.6	21.9	23.0	22.1
10–14 years older	6.3	8.4	8.6	8.3
15+ years older	5.6	3.2	3.6	3.6
Race/ethnicity				
Hispanic on Hispanic	74.3	56.9	59.3	59.5
Black on black	11.8	23.8	22.7	22.3
White on white	2.1	4.2	3.5	3.7
Asian on Asian	0.0	0.0	0.3	0.1
Other on other	0.0	0.8	0.9	0.8
Interracial/ethnic	11.8	14.3	13.3	13.6
Cohabiting				
Yes	31.3	29.7	33.8	31.6
Not specified	68.8	70.3	66.2	66.4
Relationship (suspect to victim)				
Husband	9.0	11.7	15.9	13.3
Boyfriend <sup>a</sup>	10.4	10.0	6.9	8.7
Former partner <sup>a</sup>	2.8	3.5	3.1	3.2
Intimate, not specified	77.8	74.8	74.1	74.8
Child together <sup>a</sup>				
Yes	20.2	14.1	13.6	14.4
Not specified	79.8	85.9	86.4	85.6

<sup>a</sup>Coding based on the incident report narrative. Although 72% of the reports included a narrative, only the first 80 characters are available in the database.

unspecified in three fourths of the incidents. Among those for which relationship type was documented, 21–22-year-old victims had a higher percentage of incidents (than the younger age groups) in which a husband was the suspected assailant. However, in the two younger age groups, the percentage of incidents in which a husband was the suspected assailant was almost equal to the percentage of incidents in which a boyfriend was the suspected assailant. Adolescent victims were substantially more likely than victims aged 18–20 and 21–22 to have a child with the suspected assailant (20.2% vs. 14.1% and 13.6%, respectively).

As shown in Table 2, almost all incidents involved bodily force, a wide range of assaultive behaviors, and multiple assaultive behaviors (e.g., pushed and punched) and occurred in a private residence. The mean number of charges per incident was 1.1.

Age differences in assaultive behaviors perpetrated against the women were observed. Adolescent victims were more likely than their older counterparts to have had an assault to the face or head, received multiple strikes, and to have visible injuries. Compared with victims aged 18–22 years, they were more likely to have been punched and kicked and had their hair pulled and less likely to have other types of assault. Some assailant behaviors—stabbing, scratching, biting, arm twisting, intimidating, restraining, and threatening to kill—were

relatively rare regardless of victim age. In the 45 (2.8%) incidents involving a death threat, 64% included at least one type of physical assault (e.g., strangulation).

Although all victims are of high school and college age, few incidents (0.2%) occurred on school property. Of the incidents involving women <18, none occurred in a public place (e.g., retail store, nightclub), but a higher percentage (than for 18–20 and 21–22-year-olds) occurred outdoors, particularly on sidewalks (8.3% vs. 4.2% and 3.4%, respectively).

The age group with the highest proportion of IPV aggravated assault charges was victims <18 years. Just under half of the incidents for each age group were cleared through an arrest (i.e., the case was considered closed or solved for crime reporting purposes<sup>38</sup>). Arrests of juveniles were more common for incidents involving adolescent victims than for victims aged 18–20 and 21–22 (11.1% vs. 0.6% and 0.4%, respectively). The investigation was continuing for about one third of the incidents in each age group.

#### Circumstances of particular risk

**Weapon use.** The use of an external weapon was relatively rare and was even less common among adolescent victims. All but 1 of the 30 incidents with a sharp object (e.g., knife) involved victims aged 18–22 years. One fifth (21%) of the sharp object incidents involved a suspected assailant who was at least a decade older than the victim; 33% of the victims were living with the suspected assailant, and 3 had a child with him. A high proportion of incidents involving a sharp object were cleared (70% through the arrest of an adult), with the most common charge being IPV simple assault (82.6%); additional charges (more than one was possible) included IPV aggravated assault (39.1%) and assault with a deadly weapon (21.7%). No other external weapon use was recorded in the sharp object incidents, but other forms of violence were not uncommon (e.g., threatened to kill 26.7%; strangled 23.3%).

Of the six incidents in which a firearm was used, all involved victims and suspected assailants over the age of 18. Two thirds (67%) of the gun-related incidents involved suspected assailants who were 5–9 years older than the victim. Specific relationship information was not provided for any of these incidents. Almost all (83.3%) incidents involving a firearm were cleared immediately by the arrest of an adult who was charged with assault with a deadly weapon; the investigation continued in one case. No other external weapons were used in the incidents in which a gun was used, but all included bodily force or verbal threats.

**Pregnant victims.** Nine victims were noted as being pregnant with the suspected assailant's child (1.5–7 months pregnant) at the time of the incident: all but one were 18 or older. In over half of these cases (55.6%), the victim and suspected assailant were cohabiting, and he was 5–14 years older than the victim. One incident involved a husband, four involved a boyfriend, and the relationship was not specified in four cases. All but one were cleared immediately by the arrest of an adult, and one charge was issued for each—IPV simple assault (77.8%) or IPV aggravated assault (22.2%). Pregnant victims were struck ( $n = 3$ ), punched in the stomach ( $n = 2$ ), choked ( $n = 2$ ), bit ( $n = 1$ ), kicked and knocked to the ground ( $n = 1$ ), and cut with a knife ( $n = 1$ ).

TABLE 2. INCIDENT CHARACTERISTICS, 1607 POLICE REPORTS, %

	Victim age			Total n = 1607
	15–17 n = 144	18–20 n = 777	21–22 n = 686	
<b>Weapon<sup>a</sup></b>				
Bodily force	94.4	92.3	92.9	92.7
Blunt object <sup>b</sup>	5.0	3.7	3.4	3.7
Sharp object <sup>c</sup>	0.7	3.1	1.2	2.1
Verbal attack	2.1	3.5	3.5	3.4
Firearm	0.0	0.3	0.6	0.4
Other/unknown <sup>d</sup>	2.7	3.7	3.1	3.3
<b>Characteristics of assault<sup>e</sup></b>				
Attacks to face/head	20.2	19.4	17.8	18.8
Multiple strikes	11.1	5.5	8.4	7.3
Visible injuries	12.1	11.0	10.5	10.9
<b>Type of assaultive behaviors<sup>f</sup></b>				
Punch <sup>e</sup>	27.3	17.2	19.3	19.0
Strike (with body part) <sup>e</sup>	18.2	26.4	23.1	24.2
Kick	11.1	8.2	7.1	8.0
Knock to the ground	11.1	12.1	10.2	11.2
Choke	9.7	10.8	11.8	11.1
Grab by the hair	9.7	7.1	8.2	7.8
Push <sup>e</sup>	8.1	10.1	10.9	10.3
Intimidate	2.7	3.9	4.5	4.0
Twist arm	2.8	1.9	2.8	2.4
Threaten to kill	2.1	3.1	2.7	2.8
Bite	0.7	2.8	3.2	2.8
Stab	0.0	1.4	0.7	1.0
Scratch <sup>e</sup>	0.0	1.8	1.7	1.6
Restrain <sup>g</sup>	0.0	1.0	0.7	0.8
<b>Number of assaultive behaviors</b>				
One type	37.5	36.3	40.4	38.2
Two types	13.9	18.2	17.2	16.3
Three or more types	6.9	6.2	6.3	6.3
Not specified (1+)	41.8	39.4	36.2	38.2
<b>Location</b>				
Residence	75.0	74.1	78.7	76.2
Outdoors	24.3	21.4	19.1	20.7
Public place	0.0	4.2	2.0	2.9
School	0.7	0.3	0.2	0.2
<b>Charges</b>				
Mean	1.1	1.1	1.1	1.1
Type <sup>h</sup>				
IPV simple assault	84.0	88.9	88.1	88.1
IPV aggravated assault	11.1	7.3	6.7	7.4
Battery misdemeanor	2.8	2.2	1.9	2.1
Assault with deadly weapon	0.7	0.8	1.6	1.1
Forcible rape/rape attempt	0.0	0.4	0.6	0.4
Other <sup>i</sup>	11.1	8.9	10.1	9.6

<sup>a</sup>Percents total to more than 100.0 because incidents could involve more than one weapon.

<sup>b</sup>Includes belts, clubs, bats, rocks, tire irons.

<sup>c</sup>Includes knives, razor blades, daggers, scissors, broken glass, screwdrivers, machetes.

<sup>d</sup>Includes vehicles, keys, brooms, and incidents involving an unspecified weapon.

<sup>e</sup>Coding based on the incident report narrative. Although 72% of the reports included a narrative, only the first 80 characters are available in the database.

<sup>f</sup>Percents total to more than 100.0 because incidents involved more than one type of assaultive behavior.

<sup>g</sup>Handcuffed, bound, gagged, covered mouth or face, blindfolded.

<sup>h</sup>Based on crime code recorded by the officer; percents total to more than 100.0 because incidents could be given more than one charge.

<sup>i</sup>Includes domestic violence, attempted rape, sexual battery, sodomy, restraining order or court order violation, criminal threats, brandishing a weapon, miscellaneous crime, petty theft, misdemeanor vandalism, and vehicle theft.

Substantial victim-suspect age difference. Patterns of relationship and incident characteristics were generally similar regardless of the age difference between the victim and the suspected assailant. It is important to note, however, that the

age discrepancy may not have the same meaning across ages (e.g., a 25-year-old man being involved with a 15-year-old girl has different developmental and legal implications than a 32-year-old man being involved with a 22-year-old woman).

## Discussion

Adolescent and young adult women who have contact with the police have remarkably similar experiences of IPV regarding the nature of assault, their observed injuries, and the type of relationship between the victim and the suspected assailant. Although absolute risk is lower for adolescent victims, they were no less likely than 18–22-year-old victims to be punched, choked, or pushed by their partners. In fact, they were more likely to be assaulted in multiple ways and to be the victim of an aggravated assault. They were, on the other hand, the age group with the lowest proportion of assaults with a deadly weapon charge. It appears that incident severity does not necessarily decrease with age, but more specific charges may be assigned when an external weapon is used. In addition, given how few cases of weapon use are reported in IPV against adolescents, additional research is needed: adolescents may be more intimidated when confronted with a weapon and less likely to contact the police.

The lives of the adolescent victims in this population were more intertwined with the lives of their abusive partners than is typically expected in relationships at this age. The pattern of relationships between the victims and suspected assailants (married, cohabiting, child in common) differed little by age group. Adolescent victims with more adultlike relationships generally are not addressed in the existing literature about 15–17-year-olds. The emphasis is usually on dating partners; an exception is a recent survey that found rates of physical IPV to be highest among high school students who were engaged to be married.<sup>39</sup> Moreover, most work on IPV among persons <18 tends to focus, for obvious reasons, on high school students. Whether educational settings are the best way to reach those at highest risk of IPV remains to be seen.

The majority of incidents for all age groups occurred in a private residence. The age differences in location that were observed may be due, at least in part, to differential access to certain locales (e.g., nightclubs). Very few (0.7%) of the police-investigated incidents of IPV among adolescent victims occurred on school property, a finding that is consistent with existing research.<sup>1</sup> It appears that most incidents of IPV (police-documented or otherwise) do not occur on school premises. It is possible, however, that the findings in the present study are an underestimate: some incidents of IPV might have occurred unbeknownst to school authorities or been handled internally (vs. calling the police). Nevertheless, it appears that, as with adults, adolescent IPV is often hidden from public view.

### *Implications for practice*

Given the nature of assaults experienced by the young women in this study, our findings support the need for healthcare providers to routinely screen all women for IPV beginning in adolescence. Support for routine IPV screening among adults, albeit controversial, has received considerable attention in recent years,<sup>40–42</sup> and similar support should be extended to adolescents. As with adult victims, adolescent victims do not readily disclose abuse<sup>12,15,43</sup> and may seek medical care for issues other than those directly related to an incident of partner violence.<sup>19</sup> Thus, screening should be routine with every adolescent patient regardless of chief complaint. This is especially critical for pregnant adolescents, as they report higher rates of IPV than do pregnant adults.<sup>44</sup>

Screening is important, as it has been shown to play an important role in prompting victims to seek help for IPV, especially when accompanied by referrals.<sup>42,45</sup>

Recent research documents that adolescents are likely to be receptive to such screening.<sup>46</sup> When screening adolescents, in recognition of their limited experience in intimate relationships, it is particularly important to ask direct and specific questions—for example: Have you been punched by a partner?—rather than general questions about abuse.<sup>43,47</sup> Furthermore, results from a recent study suggest that IPV screening also should ask about history of IPV-related calls to law enforcement so as to capture a wider swath of women at risk for ongoing IPV.<sup>48</sup> Providers must be aware of legal issues, such as mandatory reporting in cases of statutory rape, and convey the limits of confidentiality to adolescent patients.<sup>47,49,50</sup>

Knowledge about adolescent and young adult IPV victims can be improved with more accurate documentation of incidents. In the present investigation, the relationship between the victim and the suspected assailant was not specified in three quarters of the incidents, and 5% of the total incidents were not coded by police as IPV despite documented information that the suspected assailant was a male intimate. Such lapses can hinder intervention efforts not only by police but also by a variety of systems because law enforcement is an important link to available resources.<sup>51</sup>

### *Implications for prevention*

Our findings indicate that female adolescents' experiences of IPV can mimic those of their college-age counterparts; however, adolescents do not have comparable resources to deal with the abuse. Adolescents have less experience with intimate relationships and sometimes perceive controlling behavior and physical attacks as signs of increased commitment or love rather than abuse.<sup>34,52</sup> Even when they recognize violence and control as wrong, they may not know it is illegal or that they have legal rights, or they may worry that the legal system will not believe them.<sup>53,54</sup> Moreover, they may be reticent to tell an adult because they fear that they will get their partner in trouble, be forced to end the relationship, or feel embarrassed.<sup>52</sup>

One of the barriers faced by adolescent victims of IPV is adults' belief that youthful relationships are just "puppy love" and not likely to be abusive.<sup>53</sup> Evidence indicates, however, that when considering descriptions of IPV during adolescence, adults take them seriously,<sup>55</sup> although policy sometimes lags behind. For instance, many states require that a person be at least 18 years old in order to apply for a restraining order and that an adult must petition on behalf of a younger victim.<sup>54</sup> Also, 10 states do not extend restraining order protection to dating relationships, and some states do not allow restraining orders to be filed against minors.<sup>56–58</sup> Given the similar nature of the abuse, people under 18 should have at least the same avenues of legal recourse as those over 18.

### *Study limitations*

The IPV incidents in this study represent a specific segment of all IPV against women aged 15–22 years (i.e., IPV that comes to the attention of police). Given the overlap between IPV victims' use of healthcare and law enforcement services, however, it is a group that is of interest to medical personnel.

Although the general quality of Compstat data is believed to be high<sup>28,31</sup> and our experience bears that out, a few changes would make Compstat databases more effective in the study of IPV. Specifically, Compstat's utility in the study of IPV would be enhanced if (1) officer narratives were available for each incident and longer than the 80 characters and (2) the administrative codes were more specific (e.g., suspected assailant code for boyfriend) and used more consistently (e.g., documented the nature of the relationship and cohabitation status in each incident). Therefore, despite our efforts to fully enumerate the cases, the primary risk in using these data appears to be one of undercounting.

Finally, given the repetitive nature of IPV, we can anticipate that a portion of the incident reports were a result of some victims' repeated calls for assistance. A recent high-quality study on this topic reported that single and repeat callers did not differ in the severity of their abuse.<sup>45</sup> The age range of callers or findings by age group were not reported in that investigation or, to our knowledge, elsewhere, so we are unable to speculate in an informed way about the role repeat calls may have played in the present investigation. We did not have identifiers in the database, so additional research will be needed to address age and other differences in single vs. repeat callers among women aged 15–22 years.

### Conclusions

The intimate relationships of some female adolescents are neither serene nor casual but, rather, are marked by serious physical violence at the hands of partners to whom they have strong ties—shared living spaces, marriage vows, or children. In contrast to studies indicating that adolescents typically do not ask for help or report abuse to formal services,<sup>12–14,16</sup> the young women in our study did have contact with the police. Given the substantial overlap in IPV victims' use of the medical and criminal justice systems<sup>19</sup> as well as the nature of the violence perpetrated against them, it is likely that some of these victims were seen in the emergency department and others were seen in prenatal care clinics and elsewhere. Healthcare providers are in a unique position to help identify these vulnerable young women through careful screening and can perhaps prevent current and future abuse by connecting them to valuable services. Having a better understanding of the adult nature of adolescent intimate relationships can facilitate the effectiveness of all who serve young women.

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### Disclosure Statement

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(Appendix follows →)

## APPENDIX: DETERMINATION OF INTIMATE PARTNER VIOLENCE INCIDENTS





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