




Article

Reported Perpetration of Intimate Partner Violence among Adolescent Girls: Motivations and IPV Victimization

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Abstract: Background: Studies on intimate partner violence (IPV) perpetration by girls and women have found self-defense is a common motivation. Current items—namely the abbreviated items from the Conflicts Tactics Scale (CTS)—used to measure IPV perpetration may be counting these girls/women as perpetrators when they are victims of IPV. The purpose of this study was to assess adolescent girls' IPV perpetration, including (a) motivations and (b) factors associated with reports of adolescent girls' IPV perpetration using standard abbreviated CTS measures. Methods: This study utilized cross-sectional survey data collected from 159 participants in an urban Southern California clinic in 2016–2018. Demographic variables—age, ethnicity, current school enrollment, living situation and born in the U.S.—were analyzed with chi-square or independent t-tests. Frequency analyses were used to quantify motivations for IPV perpetration. Crude and adjusted logistic regression models assessed key variables associated with female adolescents' IPV perpetration: victimization, drug use, alcohol day, binge drinking, depression, anxiety, and suicide ideation. A final multivariate model further adjusted for IPV victimization. Results: The average age of participants was 17 years old, and the majority of participants were Hispanic. Primary motivations for adolescent girls' IPV perpetration included self-defense. Adolescent girls who reported IPV perpetration had significantly greater odds of victimization [95% CI = 4.31–32.07], drug use [95% CI = 1.14–6.99], binge drinking [95% CI = 1.08–6.87], and suicide ideation [95% CI = 1.13–10.62]. These findings remained significant in models adjusted for significant demographics. In the final multivariate regression model adjusted for IPV victimization, none of these factors remained significantly related to adolescent girls' IPV perpetration. Conclusions: Findings establish a connection between victimization, self-defense, and adolescent girls' IPV perpetration. These findings add to existing literature suggesting that the CTS measures of perpetration may encompass both IPV victimization and perpetration when used with populations of girls and women.

Keywords: adolescent intimate partner violence; adolescent health; motivations for intimate partner violence; conflict tactics scale



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1. Introduction

Intimate partner violence (IPV), also known as dating violence, is defined as physical, emotional, or sexual abuse, harassment, or stalking from a current or ex-intimate partner [1]. According to the Centers for Disease Control and Prevention (CDC), about 1 in 4 women and nearly 1 in 10 men have experienced IPV during their lifetime and reported some form of IPV-related impact [1,2]. A 2015 survey indicated that 25% of female adolescents and 15% of male adolescents experienced IPV before age 17 [2]. In the 2013 National Youth Risk Behavior Survey (YRBS), an estimated 10% of high school students reported physical victimization, and 10% reported sexual victimization from a dating partner within the past 12 months [3].

IPV victimization can be detrimental to many aspects of a victim's health [4] and educational opportunities. Health effects include moderate to serious injuries from physical attacks. There is an increased risk for mental and behavioral health disorders, including depression, anxiety, Post Traumatic Stress Disorder (PTSD), substance use disorders, and suicide ideation [1,5,6]. In terms of educational outcomes, studies have demonstrated IPV victimization is associated with adolescent girls and women's academic underachievement and economic insecurity [7,8]. Thus, in addition to health consequences, adolescent IPV experiences may have lasting detrimental effects on an individual's economic and educational accomplishments in adulthood.

Several risk factors for IPV perpetration among male and female adolescents have been identified, including exposure to IPV between parents [9–11] or peers [12], or experiencing child abuse or neglect [13–15]. Risk factors such as exposure to violence within the community have been associated with the risk of IPV perpetration among adolescents [16–18]. Additionally, alcohol use [11,19] and drug use [20–22] has been shown to be a factor associated with IPV for male and female adolescents. A meta-analysis of studies examining mental health correlates for IPV demonstrated that depression, anxiety, PTSD, and personality disorders (e.g., Antisocial, Borderline) were all significantly associated with IPV perpetration [23].

Early studies view IPV within a gender asymmetric framework—one which primarily occurs with male perpetrators against victims who are women [24,25]. Frameworks that consider the role of gender and power (e.g., feminist theory) propose that IPV is a manifestation of patriarchal structures and beliefs that lead to male displays of power, control, and desires to dominate women [25,26]. Multiple studies that support the feminist theory have demonstrated that adolescent boys and men who uphold beliefs about traditional, patriarchal-based gender norms are more likely to perpetrate IPV [16,27,28]. Seminal research on IPV has also demonstrated gender asymmetry in IPV, where surveys conducted in emergency rooms, police accident reports or domestic violence shelters demonstrated women were the primary victims of IPV [24,29]. Studies across decades also demonstrate that women continue to bear the severe consequences of IPV as they are more likely than male victims to experience severe injury or homicide by a partner [2,30,31].

On the other hand, many studies utilizing the Conflict Tactics Scale (CTS)—a widely used measurement tool that assesses IPV perpetration—have demonstrated that IPV is gender symmetric, with perpetration occurring at roughly equal rates between men and women [32–35]. CTS measures incident-level reports of violence in the five dimensions of negotiations, psychological aggression, physical assault, sexual coercion, and injury [36], although abbreviated forms that only include two of the dimensions are frequently utilized [37]. Most studies have used the abbreviated and/or dichotomous measure of IPV focused solely on physical and sexual IPV. While this abbreviated item has been shown across studies to be an indicator of IPV perpetration by boys and men, there has not been similar research demonstrating that this same item is also accurately reflective of IPV perpetration by girls and women [38]. Among the issues, supporters of the gender asymmetric perspective of IPV state is that while CTS-based studies may accurately measure the act of violence (e.g., a hit, punch or other act), the measurement tool may not be a valid measure of the context of violence, such as violence in self-defense [39].

The research reporting gender symmetric prevalence of IPV within heterosexual relationships has raised concerns that early research in emergency rooms and domestic violence shelters were examples of sampling errors since the services almost exclusively served or were focused on women as victims [33,40,41]. Furthermore, other studies demonstrated that male victims were often turned away from domestic violence shelters or have their IPV victim experience minimized when reporting in the legal system [42,43].

To further clarify this debate, researchers have studied motivations for IPV perpetration among men and women to gain insight into the context in which IPV occurs. Supporters of the gender asymmetric perspective point to studies that demonstrate that women's primary motivation for perpetration was most often reported to be self-defense

against a partner's violence [44–48]. In a study of adolescent IPV, Foshee et al. [48] also found self-defense was the primary motivation for adolescent girls, but not their male counterparts. In contrast, other studies have demonstrated that, similar to reports by men and boys, adult women who reported IPV perpetration were motivated by anger retaliation and a desire to control their male partners [49–51]. Two studies found adolescent girls and college-aged women were motivated to perpetrate IPV due to intense emotions, including anger [52] and jealousy [20]. With anger, control and jealousy being documented motivations for male perpetrators [39], these findings suggest adolescent girls and adult women who perpetrate IPV may have similarities to adolescent boys and men regarding their motivations to perpetrate violence against a partner. While previous research on motivations of IPV has helped clarify some of the major underlying factors associated with IPV perpetration by girls/women and boys/men, more work is needed to understand motivations that may be unique to women and girls [53].

Additionally, given the mixed findings in terms of motivations of IPV perpetration by gender, more research is needed to understand the factors underlying IPV perpetration among girls and women. Subsequent to findings showing gender symmetry in IPV perpetration by gender, many studies simply asked the same research questions for research on boys/men and girls/women in analyses to understand factors associated with IPV perpetration. However, in order to develop effective intervention and prevention efforts, more work is needed to specifically understand the factors associated with the perpetration of IPV among girls and women, with a particular focus on young populations who are experiencing the highest per capita rates of IPV. While factors such as substance use and mental health issues (depression, anxiety) have been associated with the perpetration of IPV among males and females, these are also factors highly associated with IPV victimization. Given the number of studies finding that self-defense is a primary motivating factor among girls/women (and without similar evidence among boys/men), more research is needed to understand how IPV victimization may play a role in these associations with IPV perpetration among girls/women.

The purpose of this study was to assess adolescent girls' IPV perpetration, including (a) motivations and (b) factors associated with reports of adolescent girls' perpetration of IPV using standard abbreviated CTS measures. Specifically, this study aimed to descriptively document motivations related to reported IPV perpetration among adolescent girls (reports using the standard abbreviated CTS IPV measures). Second, this study assessed IPV perpetration in relation to substance use and poor mental health among adolescent girls, given that these factors have been identified as associated with IPV perpetration among men and boys. We further assessed IPV victimization reported by adolescent girls and experiences of IPV perpetration. Finally, this study assessed whether these factors commonly associated with IPV perpetration among men/boys were also found to be associated with adolescent girls' IPV perpetration upon accounting for girls' IPV victimization in a final multivariate model.

2. Methods

2.1. Data Collection and Sample

The current study utilized data from a cross-sectional survey conducted between May 2016–March 2018 with adolescent girls seeking services from a community health clinic in southeastern San Diego, California. Participants were recruited through referrals by the clinic staff as well as within the clinic waiting room research staff. Eligible participants had to be between the ages of 15–19, assigned female at birth, English-speaking, sexually active with a male partner in the past 6 months, willing to provide a urine sample, and able to provide informed consent. There were no exclusion criteria. Of the potential participants who were approached about the study, 182 were eligible, and 87% ($n = 159$) agreed to participate in the study. All participants responded to survey questions on dating violence perpetration and were included in our analyses ($n = 159$). The current study was part of a larger study to assess risk factors for STIs.

Eligible participants completed an informed consent administered by research assistants in a private room. To protect confidentiality for any participant under the age of 18, parental consent was waived, given that the adolescent girls were seeking confidential services (e.g., family planning). The participants then completed the self-guided survey via a tablet. The survey took 45-to-60 min to complete. Upon completion of the survey, participants received a USD 20 gift card.

The focus of the survey was to collect data on issues related to IPV and sexual and reproductive health among adolescent girls. The survey included information on sociodemographics (i.e., race, ethnicity, country of birth, economic mobility, education, living situation, modes of transportation); alcohol and substance use (i.e., drug of choice, frequency of use); mental health (i.e., depression, anxiety, suicide ideation, suicide attempts); experiences of IPV and sexual violence/harassment (i.e., physical dating violence, sexual violence, sexual coercion, sexual harassment in public); and sexual and reproductive health/behaviors (i.e., contraceptive use, condom use, history of sexually transmitted infections, history of pregnancy, number of partners, use of sexual health services). Due to the sensitive nature of survey topics, research staff assessed participants for any signs of distress, particularly for participants who reported suicide ideation, suicide attempts or exposure to violence. Participants were provided with a list of local support resources, as well as an IPV fact sheet. The study was approved by the Institutional Review Board at the University of California San Diego.

2.2. Measures

Adolescent Girls IPV perpetration: The primary outcome of interest was adolescent girls' IPV perpetration. The survey asked participants two questions about if they had perpetrated physical and/or sexual violence with boys or men they were dating in their lifetime. Items used were standard items used within the literature to assess IPV perpetration. To assess perpetrated physical violence, participants were asked, "Have you ever hit, pushed, slapped, choked or otherwise physically hurt a boy/man you were dating or going out with?" (yes/no). To assess perpetrated sexual violence, participants were asked, "Have you ever done any of the following things to a boy/man you were dating or going out with?" Responses included the following: participants used force (hitting, holding down or weapon) to make someone they were dating have sex, and used threats to make someone they were dating have sex (vaginal, oral or anal) (yes/no). Participants who reported any instance of perpetration of physical or sexual violence were categorized as having perpetrated IPV. Any case missing the IPV perpetration variable was missing and deleted from the final analytical sample.

IPV Victimization: Participants reported physical IPV victimization in their lifetime and in the past year. IPV victimization items that are considered the standard across studies on IPV were used. "Has a boy/man you were dating or going out with ever done any of the following things to you..." Responses included the following: their partner had "hit, pushed, slapped, choked or otherwise physically hurt" them, and their partner had threatened to hurt them if they did not do what they wanted. Participants were asked about injuries sustained due to IPV: "Have you ever experienced any of the following injuries because you were physically hurt by any boys/men you were dating or going out with..." Responses included the following: scratches/cuts, bruises, a black eye, needing medical attention due to injury, or other physical injuries.

Participants were asked two questions about sexual violence (e.g., pressure, force, or threats for vaginal, oral or anal sex) experienced in dating relationships in their lifetime and past year: "Has a boy/man you were dating or going out with ever done anything to make you have sex?" Responses included the following: having been pressured to have sex with, being threatened to have sex, use of force (hitting, holding down or weapons) to have sex, being forced to have sex with someone else, and being made to have sex with another person. Participants who reported any instance of physical IPV, injuries and/or

sexual violence were categorized as having experienced IPV victimization (yes). All other participants were categorized as none reported (no).

Drug Use: Participants were asked about drug use in their lifetime. If participants answered yes, they were asked a follow-up question about drug use in the past 30 days. The question was “Have you done any of the following. . .” and responses included the following: marijuana, molly, acid, cocaine, heroin, meth, prescription painkillers without a prescription, skittles, bath salts, or synthetic cannabinoids. Researchers selected the list of drugs based on qualitative research from focus groups on the most common types of drugs in this population. Participants were categorized based on whether they reported any drug use in the past 30 days (yes/no). Participants who reported no drug in their lifetime drug use were not asked the past 30 days drug use questions and were also categorized as none reported (no).

Alcohol Use: Participants were asked about their alcohol use in their lifetime. If participants answered yes, they were prompted to answer if they had an alcohol use in the past 30 days (yes/no). Participants who reported no lifetime alcohol use were not asked the past 30 days alcohol use questions and were also categorized as none reported (no). Participants who reported past 30-day alcohol use were asked an additional single-item measure about their frequency of binge drinking: “How often in the past 30 days did you have 5 or more alcoholic drinks on one occasion?” Responses included: never, one time in the last 30 days, 1–2 times a week, 2–3 times a week, 3–4 times a week, or every day. Participants were categorized based on reports of any frequency of binge drinking in the past 30 days were categorized (yes/no). Participants who reported no lifetime alcohol use were not asked the binge drinking question and were coded as none reported (no).

Mental Health: Participants were asked two single-item measures to assess if they had felt “down, depressed or hopeless” and/or felt “worried, tense or anxious” in the past 30 days. Responses were on a Likert scale from 0 (not at all) to 3 (nearly every day). For both variables, participants that reported depression or anxiety “more than half of the days” or “nearly every day” in the past 30 days were categorized as having experienced depression or anxiety, respectively, in the past 30 days (yes), and all other participants were categorized as none reported (no). Participants were asked if they had had suicidal ideation in the past year: “. . . have you considered attempting suicide?” Response options included yes, no, or refuse to answer. Participants that selected “refuse to answer” ($n = 9$) were coded as missing because the researcher could not logically recode responses to the yes or no category. All other participants were categorized based on reports of experiencing suicide ideation (yes/no).

Motivation for Perpetration of Dating Violence: Participants were asked about motivations for the perpetration of violence in their dating relationships. Participants were asked, “Why did you hit, push, slap, choke or otherwise physically hurt a boy man you were dating or going out with?” Survey responses included reasons such as self-defense (i.e., “I was defending myself because they were trying to hurt me”, and “I wanted to do these things to them because they did them to me before”), anger towards their partner (i.e., “I was mad at the because they had sex or other sexual activity with someone else when they were only supposed to be with me”, “I was mad at them for getting drunk and/or high”, “I was mad at them because they were out late with friends”, and “I was mad they said something I didn’t like or called me a name”), power and control tactics (i.e., “I wanted to make them feel humiliated”, “I wanted to make them feel afraid of me”, “I wanted to make them feel hurt”, and “I wanted to feel in control of them”) or because they were “just joking around”. Participants could select all that applied. Selected responses were categorized as “yes”, and unselected answers were categorized as “no”. These data are available to add to the literature on motivations for adolescent girls’ IPV; however, they were only analyzed descriptively and not used in the regression analysis.

Demographics: Demographic variables including age, ethnicity (Hispanic/Latina), living situation (i.e., living with parents or other guardians, romantic partners, social services or foster home, friends, with friends or homeless) and educational status (current

enrollment in school/degree program or not) were used to characterize the sample. With the exception of age, all demographic variables were categorical. Variables that could not be dichotomized (e.g., race) were not included due to the small sample size.

2.3. Analysis

Of the 159 participants, 5 cases were deleted due to missing the outcome variable (IPV perpetration), yielding a final analytical sample of size of 154. Chi-square or independent *t*-tests were used to describe the participants' demographic characteristics by IPV perpetration. Frequency analyses were used to quantify motivations for IPV perpetration. Crude and adjusted logistic regression models were used to assess the following variables in relation to adolescent girls' IPV perpetration: victimization, past 30-day drug use, past 30-day alcohol days, past 30-day binge drinking, feeling depressed in the past 30 days, feeling anxious in past 30 days, and suicide ideation. First, models were adjusted only for demographic variables significantly associated ($p < 0.05$) with IPV perpetration ($p < 0.05$). Next, additional fully adjusted logistic regression models were created to assess these factors in association with IPV perpetration, adjusting for victimization in addition to significant demographic variables. A test for collinearity was performed to determine any significant correlation between key variables, particularly between IPV perpetration and victimization, to ensure that the final models adjusted for IPV victimization were modeled appropriately. The data were prepared and analyzed using IBM's SPSS v26.

3. Results

3.1. Sample Characteristics

Table 1 displays sociodemographic information of the participants. The average age of participants was 17 years old. The majority were Hispanic (77.3%), born in the United States (76.5%), living with their parents (83.0%), and enrolled in school (87.7%). A minority of the population reported past 30-day drug use (35.3%), alcohol use (38.7%) or binge drinking (38.3%) and mental health concerns with depression (18.7%), anxiety (27.6%) and suicide ideation (15.3%).

Table 1. Sociodemographic Characteristics of Participants.

Characteristics	Total Sample	Perpetration Behavior		Chi-Square/Independent Sample <i>t</i> -Test	<i>p</i> -Value
	(<i>n</i> = 154) <i>n</i> (%) / <i>m</i> (sd)	No (<i>n</i> = 130) <i>n</i> (%) / <i>m</i> (sd)	Yes (<i>n</i> = 24) <i>n</i> (%) / <i>m</i> (sd)		
Age ^a	17.06 (1.08)	17.00 (1.03)	17.41 (1.25)	1.754 ^b	0.081
Hispanic/Latina					
No	35 (22.7)	30 (23.1)	5 (20.8)	0.058	0.810
Yes	119 (77.3)	100 (76.9)	19 (79.2)		
Born in the US					
No	36 (23.5)	31 (24.0)	5 (20.8)	0.115	0.801
Yes	117 (76.5)	98 (76.0)	19 (79.2)		
Living with parents					
No	26 (17.0)	21 (16.3)	5 (20.8)	0.298	0.585
Yes	127 (83.0)	108 (83.7)	19 (79.2)		
Current Enrollment in School					
No	19 (12.3)	12 (9.2)	7 (29.2)	7.445	0.006
Yes	135 (87.7)	118 (90.8)	17 (70.8)		

Notes: ^a mean and standard deviation used for Age; ^b Independent Sample *t*-test for Age; *m* stands for mean; *sd* stands for standard deviation. Bold: *p*-value < 0.05; The sum of columns 3 and 4 is not equal to column 2 because of the missing values.

Of the 154 participants, 24 (15.6%) reported perpetration of physical or sexual violence in an intimate partner relationship in their lifetime. Participants who reported perpetration of physical or sexual violence in an intimate relationship were significantly less likely (70.8%) than participants who reported no perpetration (90.8%) to report current enrollment in school or a degree program ($X^2 = 7.445$, $p = 0.006$). There were no significant

differences between other demographic characteristics and reported perpetration of sexual or physical violence.

3.2. Motivations Associated with Perpetration of Violence in Intimate Relationships

Table 2 describes the motivations of the 24 participants that reported the perpetration of physical or sexual violence in an intimate partner relationship. The most frequently reported motivations for the perpetration of violence in an intimate relationship were for self-defense against a partner's violence (45.8%), because participants were angry at a partner for name-calling or something said in conversation (29.2%) or because participants were joking around (37.5%). Few participants reported IPV perpetration because they were doing things their partner had done before (12.5%). Few participants reported being motivated by anger with their partners' behavior, such as their partner having sex with someone else (12.5%), being out late with friends (12.5%), or getting drunk and/or high (20.8%). Few participants reported being motivated by trying to make their partner feel humiliated (4.2%), afraid (8.3%), hurt (12.5%) or desire to feel in control of their partner (8.3%).

Table 2. Frequencies of Responses to Motivations for Perpetration of Violence.

Motivations	Frequency (% of Perpetrators) (n = 24) n (%)
Defense	
I was defending myself because they were trying to hurt me	
No	13 (54.2)
Yes	11 (45.8)
I wanted to do these things to them because they did them to me before	
No	21 (87.5)
Yes	3 (12.5)
Anger Toward Partner	
I was mad at them because they had sex or other sexual activity with someone else when they were only supposed to be with me	
No	21 (87.5)
Yes	3 (12.5)
I was mad at them for getting drunk and/or high	
No	19 (79.2)
Yes	5 (20.8)
I was mad at them because they were out late with friends	
No	21 (87.5)
Yes	3 (12.5)
I was mad at them because they said something I didn't like or called me a name	
No	17 (70.8)
Yes	7 (29.2)
Emotional or Physical Control Tactics	
I wanted them to feel humiliated	
No	23 (95.8)
Yes	1 (4.2)
I wanted them to feel afraid of me	
No	22 (91.7)
Yes	2 (8.3)
I wanted to make them feel hurt	
No	21 (87.5)
Yes	3 (12.5)
I wanted to feel in control of them	
No	22 (91.7)
Yes	2 (8.3)
Other	
I was just joking around	
No	15 (62.5)
Yes	9 (37.5)

Notes: Frequencies for the responses: "I was physically trying to hurt them" and "I was trying to make them do something they did not want to do" were not included in the table since all respondents answered No.

3.3. Factors Associated with Perpetration of Violence in Intimate Relationships: Crude and Adjusted Logistic Regression Models

In Table 3, the following variables were significantly associated with IPV perpetration: IPV victimization (Odds Ratio (OR) = 11.76, 95% Confidence Interval (CI) = 4.31, 32.07,

$p = 0.001$), past 30-day drug use (OR 2.82, 95% CI = 1.14, 6.99, $p = 0.02$), past 30-day binge drinking (OR = 2.72, 95% CI = 1.08, 6.87, $p = 0.03$), and suicide ideation (OR = 3.47, 95% CI = 1.08, 6.87, $p = 0.02$).

Table 3. IPV Perpetration and Association with Substance Use, Mental Health, and IPV Victimization: Findings from Crude and Adjusted Logistic Regression Models ($n = 154$).

Variable	Total Sample ($n = 154$)	Perpetration Behavior			
	n (%)	No ($n = 130$) n (Column%)	Yes ($n = 24$) n (Column%)	Crude Odds Ratio (95% CI)	Adjusted Odds Ratio ¹ (95% CI)
Victimization of Violence (Past Year)					
No	115 (75.7)	108 (83.7)	7 (30.4)	Ref	Ref
Yes	37 (24.3)	21 (16.3)	16 (69.6)	11.76 (4.31, 32.07)	10.81 (3.91, 29.80)
<i>p</i> -value				0.000	0.003
Past 30 Days alcohol use					
No	92 (61.3)	82 (64.6)	10 (43.5)	Ref	Ref
Yes	58 (38.7)	45 (35.4)	13 (56.5)	2.37 (0.96, 5.83)	2.133 (0.85, 5.37)
<i>p</i> -value				0.056	0.108
Past 30 Days Drug Use					
No	97 (64.7)	87 (68.5)	10 (43.5)	Ref	Ref
Yes	53 (35.3)	40 (31.5)	13 (56.5)	2.82 (1.14, 6.99)	3.14 (1.22, 8.05)
<i>p</i> -value				0.021	0.018
Past 30 Days Binge Drinking					
No	92 (61.7)	83 (65.4)	9 (40.9)	Ref	Ref
Yes	57 (38.3)	44 (34.6)	13 (59.1)	2.72 (1.08, 6.87)	2.96 (1.14, 7.63)
<i>p</i> -value				0.029	0.026
Feeling Depressed (half or more days a month)					
No	124 (81.3)	106 (82.2)	18 (78.3)	Ref	Ref
Yes	28 (18.7)	23 (17.8)	5 (21.7)	1.28 (0.43, 3.80)	1.42 (0.47, 4.33)
<i>p</i> -value				0.656	0.532
Feeling Anxiety (half or more days a month)					
No	110 (72.4)	94 (72.9)	16 (69.6)	Ref	Ref
Yes	42 (27.6)	35 (27.1)	7 (30.4)	1.18 (0.45, 3.10)	1.32 (0.49, 3.58)
<i>p</i> -value				0.744	0.581
Suicide Ideation (past year)					
No	116 (84.7)	104 (87.4)	12 (66.7)	Ref	Ref
Yes	21 (15.3)	15 (12.6)	6 (33.3)	3.47 (1.13, 10.62)	3.36 (1.08, 10.48)
<i>p</i> -value				0.023	0.037

Notes: The sum of columns 2 and 3 is not equal to column 1 because of the missing values. Bold: p -value < 0.05; ¹ Column 5 results adjusted for Current School Enrollment.

In Table 4, in logistic regression models adjusted for school enrollment, the following variables remained significantly associated with IPV perpetration: IPV victimization (Adjusted OR (AOR) = 10.81, 95% CI = 3.91, 29.80), past 30-day drug use (AOR = 3.14, 95% CI = 1.22, 8.05, $p = 0.001$), past 30-day binge drinking (AOR = 2.96 95% CI = 1.14, 7.63, $p = 0.03$), and suicide ideation (AOR = 3.36, 95% CI = 1.08, 10.48, $p = 0.04$). When further adjusting for IPV victimization (in addition to school enrollment), past 30-day drug use, past 30-day binge drinking, and suicide ideation were no longer significantly associated with IPV perpetration among participants. A collinearity test was performed for victimization and IPV perpetration variables, and no collinearity was found between the variables.

Table 4. IPV Perpetration and Association with Substance Use, Mental Health, and IPV Victimization: Findings from Logistic Regression Models Further Adjusted for IPV Victimization ($n = 154$).

Variables	Adjusted Odds Ratio of Perpetration Behavior ¹ (95% CI)
Past 30 Days alcohol use	Ref 1.40 (0.498, 3.935) 0.523
Past 30 days Drug Use	Ref 1.48 (0.50, 4.40) 0.485
Past 30 Days Binge Drinking	Ref 1.76 (0.61, 5.08) 0.297
Feeling Depressed (half or more days a month)	Ref 1.47 (0.42, 5.10) 0.548
Feeling Anxiety (half or more days a month)	Ref 0.878 (0.287, 2.685) 0.820
Suicide Ideation	Ref 2.04 (0.57, 7.32) 0.273

¹ Column 2 adjusted for Current School Enrollment and Victimization.

4. Discussion

The current study documents that 15.6% of participants reported perpetrating physical or sexual violence against an intimate partner. Our study was conducted among an urban, predominantly racial/ethnic minority (Hispanic/Latina) sample of adolescent girls. This study found that the primary motivation for IPV perpetration was self-defense. Overall, 24.3% of the adolescent girls reported IPV victimization, whereas 69.9% of adolescent girls who were perpetrators reported IPV victimization. Findings demonstrated that IPV victimization, past 30-day drug use, past 30-day binge drinking, and suicide ideation were significantly associated with adolescent girls' perpetration of IPV. These findings remained significant when adjusted for significant demographic variables (current school enrollment). However, they were no longer significant when further adjusted for IPV victimization. This study adds to the literature by providing evidence that when assessed using abbreviated CTS IPV measures, girls' IPV perpetration is associated with IPV victimization, above and beyond other factors primarily associated with IPV perpetration among males, such as mental health and substance use. These findings substantiate previous study findings indicating that self-defense plays a strong role in the context of adolescent girls' perpetration of IPV as measured using the abbreviated CTS items. Our findings also begin to suggest that these items may be capturing IPV victimization as part of the assessment of IPV perpetration among girls, questioning the accuracy of these abbreviated items to assess IPV perpetration among girls and women.

The proportion of adolescent girls who reported IPV perpetration (15.6%) is aligned with previous research. Studies on female perpetration of IPV have demonstrated sample proportions to be a wide range from 9% to 44.3% [54], with an overall pooled prevalence estimate of 24.8% [55]. The proportion of participants reporting victimization (24.3%) is also aligned with prevalence estimates found in previous studies, which have demonstrated the prevalence of adolescent IPV victimization ranging from 10 to 22% [3,56].

An Important contribution to the body of literature on IPV perpetration among adolescent girls, we found that the most frequently reported response for motivation for IPV perpetration was self-defense (45.8%). Findings from existing literature have been mixed on self-defense as a primary motive among girls/women who are perpetrators. Several studies have demonstrated self-defense as a primary motive among adult women reporting the perpetration of IPV [44–47]. However, other studies have demonstrated that self-defense is not

as frequently reported as a reason for the perpetration of IPV among girls/women [57,58]. Thus, more research is needed to better understand the role of self-defense as a primary motive among adolescent girls who report IPV perpetration.

The second most frequently reported motivation for adolescent girls' IPV perpetration was that participants reported they were "just joking around" (37.5%). In a 2014 study of college-aged women, Lehrner and Allen [59] found in qualitative interviews that 58% of perpetrators reported the presence of play violence in incidents that CTS scores rated as incidents of serious IPV. The current study's findings further this concern that the CTS scales may not explicitly define violence from IPV with meaningful intent to cause harm, therefore erroneous measuring of play violence as IPV [53,59]. The third most frequently reported motivation for IPV perpetration in the current study was anger at a partner for name-calling or saying something the participant didn't like (29.2%). Name-calling, along with other verbal acts meant to demean or intimidate a person, fall into the definition of emotional abuse [60]. Existing literature has also demonstrated that girls and women who have reported IPV perpetration reported using IPV in response to a partner's emotional abuse [52,61].

Another important finding of this study was the result demonstrating victimization was significantly associated with adolescent girls' perpetration of IPV. This finding, in addition to the primary motivation being self-defense, suggests that within this study sample, IPV perpetration reported by participants, girls may be measuring defense in reaction to their partner's violence. This finding is further supported when examining the significant factors associated with perpetration. Our findings suggest that IPV victimization was the most important factor associated with the perpetration of IPV among adolescent girls, rather than other sociodemographic or other behaviors or correlates of IPV perpetration measured in this study. To our knowledge, this finding is a new but preliminary contribution to the field of understanding the context and motives of IPV perpetrated by women, particularly among adolescent girls. However, our findings also suggest that the use of the CTS items on physical and sexual violence (most commonly used to measure IPV perpetration and found to be valid to measure male perpetration of IPV) may not be adequately assessing perpetration of IPV among adolescent girls, and instead, may also be capturing girls' use of physical violence as a result of self-defense. More research is needed to confirm these findings via in-depth analyses of these measures, such as via qualitative interviews, to be able to understand the specific scenarios of IPV perpetration with diverse adolescent populations of girls.

The findings establish a connection between victimization, self-defense, and girls' perpetration of IPV and add to feminist and power theories of this field of research, which state that IPV must be considered in the context of societal constructs of patriarchal power and control. Many studies that utilize CTS-based measurements suggest that regardless of societal structures, simply measuring the act of IPV perpetration is enough to conclude that the motivations and impact of IPV perpetration by women/girls is the same as that of perpetrators who are boys/men [32]. Yet, previous research has not indicated evidence for male IPV perpetrators primarily reporting IPV perpetration as a result of self-defense from IPV perpetrated by a girl or woman. In conclusion, this study provides additional evidence that gender does matter when comparing IPV perpetration between men/boys and women/girls, and in particular, questions whether current measures are also capturing IPV victimization in the form of self-defense among women and girls.

Limitations

Although the study's findings offer an important insight into IPV perpetrated by adolescent girls, the findings must be considered in the context of limitations. First, our study was focused specifically on adolescent girls with male partners. Future studies are needed to examine adolescent girls' perpetration of IPV among diverse relationship partners. One additional threat to the external validity of our study is that a large majority of the total participant sample was from a single ethnic group (77.3% Hispanic) in a small

geographic area. While it is important to study this population and add to the literature on the prevalence of experiences with IPV, the conclusions from this study may have limited generalizability to broader populations. Nonetheless, with the important implication of these findings for studying IPV among girls/women, it is warranted to replicate this study within a larger and more diverse geographic and ethnic population. An additional limitation of this study is the small sample size, which limited statistical power; however, despite these limitations, we still found various significant associations between variables. An additional limitation is a study utilized self-reported data, which is susceptible to social desirability and recall biases, which would have resulted in under-reporting of study variables and further limited our statistical power. We also recognize the limitations of using dichotomized items to measure sensitive issues. While we expected under-reporting of sensitive issues such as IPV and mental health issues (depression), we found a high prevalence of these issues and also found estimates that are similar to those reported in other studies with similar populations of adolescents. Additionally, while cross-sectional studies provide important contributions to knowledge, future longitudinal studies with larger samples may be needed to establish a timeline of associations of IPV victimization, perpetration of IPV, and the onset of substance use and mental health concerns. Thus, we cannot draw conclusions about causality from our findings. Despite these limitations, this research builds upon previous work by utilizing a gender-based analysis to further understand IPV perpetration reported by adolescent girls and the adequacy of abbreviated CTS assessments to measure adolescent girls' IPV perpetration.

5. Conclusions

This study found that IPV victimization appears to be the most significant factor associated with IPV perpetration among this sample of adolescent girls. Our study found that significant factors commonly associated with IPV perpetration among boys/men, such as substance use and poor mental health, are no longer important in association with adolescent girls' IPV perpetration upon accounting for adolescent girls' victimization from IPV. This study also found that the primary reported motivation for adolescent girls' IPV perpetration was self-defense. The key takeaway from these findings suggests a relationship between adolescent girls' IPV victimization and adolescent girls' IPV perpetration that should be further explored. Findings suggest that further investigation into the validity of CTS items to measure IPV perpetration among adolescent girls is warranted. Our findings suggest that additional research may be needed to ensure an accurate assessment of IPV perpetration by women and girls, with the recognition that solely measuring physical and sexual violence may not be sufficient—and may also be capturing self-defense or backlash as a result of IPV victimization. Our findings have immense implications for prevention and programming; in order to identify factors on which to base an intervention, we need to first be certain that we are accurately assessing the prevalence of IPV perpetration among girls and women. Our findings suggest that a gender-tailored approach may be needed for measuring IPV perpetration as well as for addressing IPV perpetration among adolescents.

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