

## IT WON'T HAPPEN TO ME: ADDRESSING ADOLESCENTS' RISK PERCEPTION OF DATING VIOLENCE

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### ABSTRACT

**Objective:** High school and middle school students are at the highest risk of domestic abuse and sexual assault of any age cohorts in the United States. A survey of adolescents explored four questions about dating abuse: (1) How much do adolescents know about dating violence? (2) Do adolescents have realistic perceptions of their own risks of victimization? (3) What role does self-esteem play in skewed risk perception? (4) What relationship exists between optimistic bias and self-efficacy?

**Method:** Survey of 1,646 adolescents.

**Results:** Findings suggest adolescents know quite a bit about dating violence, but common misconceptions persist. Adolescents exhibited optimistic bias, believing they are less likely than peers to become victims of dating violence. This skewed perspective was related to self-esteem, knowledge, and age.

**Conclusions:** Violence prevention programs should include units on common myths about dating violence. By addressing and reducing bias, advocates may be able to increase self-protective vigilance and ultimately reduce the amount of dating violence among adolescents. While one does not want to reduce adolescents' self-esteem to protect them from harm, it is important to foster realistic perceptions about the world around them.

### KEYWORDS

Optimistic bias, risk perception, dating/relationship violence

## RÉSUMÉ

**Objectif :** Les élèves du secondaire et collège sont les plus à risque de violence conjugale et d'agression sexuelle à tous âges aux États-Unis. Une enquête menée auprès d'adolescents a exploré quatre questions sur les abus dans les fréquentations : ( 1 ) Dans quelle mesure les adolescents connaissent le sujet de la violence ? ( 2 ) Les adolescents ont-ils une perception réaliste de leurs propres risques de victimisation ? ( 3 ) Quel rôle joue l'estime de soi dans le biais de la perception du risque ? ( 4 ) Quelle relation existe-il entre le biais d'optimisme et l'auto-efficacité ?

**Méthode :** Enquête de 1646 adolescents.

**Résultats :** Les résultats suggèrent que les adolescents en savent un peu sur la violence amoureuse, mais les idées fausses persistent. Les adolescents exposés au biais d'optimisme, croient qu'ils sont moins susceptibles que leurs pairs d'être victimes de violence dans les fréquentations. Cette perspective biaisée est liée à l'estime de soi, la connaissance, et l'âge.

**Conclusions :** les programmes de prévention de la violence doivent inclure des formations au sujet de la violence amoureuse. En abordant et réduisant les biais, les défenseurs peuvent être en mesure d'augmenter l'autoprotection, la vigilance et, finalement, réduire le nombre de violence dans les fréquentations chez les adolescents. Bien que l'on ne souhaite pas réduire l'estime de soi des adolescents afin de les protéger du danger, il est important de favoriser une conception réaliste sur le monde qui les entoure.

## MOTS-CLÉS

Biais d'optimisme, perception du risque, violence dans les fréquentations

## INTRODUCTION

In dating violence, one partner tries to maintain power and control over the other through abuse. Most victims are young women, who are also at greater risk for serious injury. One in three teenagers has experienced violence in a dating relationship (ACADV, 2011). Over 200,000 sexual assaults and rapes were reported in the United States in 2008. The highest age cohort of victims was 16 to 19, followed by 12 to 15 and 20 to 24. Statistics for attempted and completed violence follow similar patterns (U.S. Department of Justice, 2008). Teen dating violence is often hidden, because teenagers typically are inexperienced with dating relationships, are pressured by peers to act violently, want independence from parents, and have "romantic" views of love (ACADV, 2011).

These romantic views of love may cause adolescents to fail to recognize the signs of abusive relationships until it is too late. The current study seeks to shed light on adolescents' perceptions of dating/relationship violence by examining three questions: (1) How much do adolescents know about dating violence? (2) Do adolescents have realistic perceptions of their own risks of victimization? (3) What role does self-esteem play in skewed risk perception? (4) What relationship exists between optimistic bias and self-efficacy?

## OPTIMISTIC BIAS

In lay terms, optimistic bias is the belief that bad things happen to other people. This misperception is often linked to behaviors and attitudes. For instance, American college students believe other people are more likely to get skin cancer than they are (Craciun, Shuz, Lippke & Schwarzer, 2010); this optimistic bias about cancer risks predicts tanning behavior and the failure to use sun screen. Japanese college students exhibited optimistic bias regarding swine flu, despite publicized campus outbreaks (Oikawa & Oikawa, 2010). A study of Canadian adults found optimistic bias regarding gastro-intestinal illness (Sargeant, Majowicz, Sheth & Edge, 2010). Since the first study of this phenomenon (Weinstein, 1980), over 30 years of research has documented optimistic bias in a wide range of health contexts, including smoking (Wagener, Gregor, Busch, McQuaid & Borrelli, 2010), infectious disease (Hilyard, Freimuth, Musa, Kumar & Quinn, 2010), and natural disasters (Gierlach, Belsher & Beutler, 2010). The current study extends the optimistic bias literature beyond health contexts to dating/relationship bias.

## OPTIMISTIC BIAS AND KNOWLEDGE

Another established predictor of optimistic bias is knowledge. Counter intuitively, optimistic bias tends to increase with knowledge. A recent study of British pub customers found optimistic bias regarding purse theft, regardless of

accurate knowledge of crime rates in the neighborhood or the pub itself (Sidebottom & Bowers, 2010). A more typical result within a health context found optimistic bias regarding skin cancer increased with knowledge of cancer risks associated with tanning among college students (Luo & Isaacowitz, 2007). Similar findings have resulted from studies of diabetics (Walker, Caban, Schechter, Basch, Blanco, DeWitt, Kalten, Mera & Mojica, 2007) and parents of asthmatics (Al-Najjar, Al-Azemi, Buhaimed, Adib & Behbehani, 1998).

### OPTIMISTIC BIAS AND SELF-ESTEEM

Because optimistic bias is grounded in health psychology, it is not surprising the literature draws from other psychological constructs. A primary motivator of optimistic bias is preservation of self-concept, or self-esteem. A study of college students (Smith, Gerrard, & Gibbons, 1997) found optimistic bias regarding unplanned pregnancy risks predicted by self-esteem. Students who had a positive self-image considered themselves less likely than others to experience an unplanned pregnancy. Chapin (2000) replicated this finding with adolescents and perceived risks of pregnancy and HIV.

### OPTIMISTIC BIAS AND SELF-EFFICACY

Because optimistic bias is often related to attitudes and behaviors, the current study also examines self-efficacy. Self-efficacy refers to confidence in one's ability to attain a desired goal. It is well-documented that belief in one's ability to achieve a goal is related to actual achievement (Coffman, Shellman & Bernal, 2004; Godin, Cote, Naccache, Lambert & Trottier, 2005; Tai, 2006). Two previous optimistic bias studies found relationships with self-efficacy, with varying results. A small survey of men (N= 90) found that confidence in driving ability predicted optimistic bias, speeding, and drunk driving (Morisset, Terrade & Somat, 2010). Another study of emergency room nurses found self-efficacy predicted optimistic bias and more effective screening of abuse victims (Chapin, 2006).

Based on the preceding review of the literature, the following research questions are explored:

RQ1: How much do adolescents know about dating violence?

RQ2: Do adolescents have realistic perceptions of their own risks of victimization?

RQ3: What role does self-esteem play in skewed risk perception?

RQ4: What is the relationship between optimistic bias and self-efficacy?

## METHOD

### PROCEDURES AND PARTICIPANTS

Crisis Center North recruited participants for school-based educational programs about dating/relationship violence. Crisis Center North provides free counseling and resources for victims of domestic violence in and around Pittsburgh. Pencil and paper instruments were completed prior to the educational sessions to avoid skewing the data. Students could attend the presentation while opting out of the study, but few did so. The study was approved for use by the university Internal Review Board (IRB). IRB approval includes review of the consent process and study materials, to insure appropriateness for use with human subjects. Special care is taken reviewing research with children and adolescents. The sample (N = 1,646) was 50% male with an average age of 15 (range = 12 (middle school) to 24 (college undergraduate)). These age ranges were selected because they coincide with high numbers of reported cases of dating/relationship violence. Consistent with the demographics of the region, 78% of the participants were Caucasian, 7% African-American, 2% Hispanic, 2% Asian, and the remaining 11% identified as mixed-race or “other.”

### MATERIALS

Optimistic bias was measured with a standard instrument used throughout the literature (Weinstein, 1989): “Compared to other people in my school, my chances of being physically abused or sexually assaulted by a boyfriend or girlfriend are...” (-3 = much less than others; 3 = much greater than others). Optimistic bias is indicated by a negative mean.

Knowledge was measured by six (true/false) items constructed by the prevention education specialist offering the sessions. (1) Both females and males can be victims of dating violence. (2) Dating violence always involves physical abuse. (3) “Optimistic bias” states that most people are on alert to prevent bad things from happening to them. (4) Bystanders are not responsible and should stay out of other people’s conflicts to keep them safe. (5) Drugs and alcohol abuse are reasonable explanations for the prevalence of dating violence. (6) Crisis center North only helps adults dealing with relationship issues. Responses were scored as correct or incorrect. The number of correct responses was summed to create a knowledge scale (range = 0 to 6).

Self-esteem was measured with the Rosenberg scale (1979), a 10-item scale appropriate for all ages used extensively throughout the literature. The scale includes five positive items (I am able to do things as well as most other people) and five negative items (All in all, I am inclined to believe I am a failure) measured on a 4-point scale (1 = strongly disagree; 4 = strongly agree). After reverse coding the negative items, all items were summed to create a self-

esteem scale ranging from 10 to 40. The scale has been nationally normed, but reliability analysis for the current data set also yielded high internal consistency ( $\alpha = .92$ ).

Self-efficacy was measured with a single item: “I am confident in my ability to identify and assist victims of dating/relationship violence.” This item was selected because it coincided with one of the themes of the session, becoming a more active bystander. This measure was repeated in the post-test to gauge any changes in self-efficacy, but pre-test measures were used for analysis of all variables for the study.

## RESULTS

Table 1 displays zero-order correlations among the variables predicting optimistic bias. Standard multiple regression was used to identify the predictors of optimistic bias. Analysis of residual plots indicates that assumptions regarding normality, linearity and homoscedasticity were met. Table 2 displays the regression analysis results.

The first research question asked how much adolescents know about dating violence. Participants scored an average 70% accuracy rate on the pre-test. Responses to individual items ranged from a high of 93% correctly responding that both females and males can be victims of dating violence, to a low of 70% incorrectly responding that drug and alcohol abuse are responsible for the prevalence of dating/relationship violence. Table 1 shows a weak positive correlation between optimistic bias and knowledge, but knowledge fails to explain any unique variance in the regression model.

The second research question was designed to determine if adolescents have realistic perceptions of their own risk of victimization. Optimistic bias is indicated by a group mean significantly less than zero. A single-sample t-test was used to determine if the mean of optimistic bias ( $M = -1.2$ ,  $SD = 1.8$ ) was significantly less than zero,  $t(1637) = -26.7$ ,  $p < .000$ . The mean suggests adolescents believe they are less likely than their peers to become victims of dating violence, but the resultant gap between self and others is not as wide as is usually reported in health-related study contexts (smoking, tanning, diabetes, etc.). Table 1 also shows an inverse relationship was found between optimistic bias and age. Distorted perceptions of personal risk regarding dating violence decrease with age.

Table 1. Zero-Order Correlations Among Variables Predicting Optimistic Bias

	2	3	4	5
1. Optimistic Bias	.12**	.10**	.07**	-.06**
2. Self-Esteem	---	.13**	.05	.07**
3. Self-Efficacy		---	-.02	-.03
4. Knowledge			---	.22**
5. Age				---

**Note.** \*\* $p < .01$ . Because optimistic bias is indicated by a negative mean, the signs in the first row were reversed for ease of interpretation.

The third research question asked what role self-esteem played in skewed risk perception. The self-esteem scale ranges from 10 (low self-esteem) to 40 (high self-esteem). Participants skewed toward the higher end of the scale ( $M = 33.4/40$ ,  $SD = 5.5$ ). 35% were at the highest end of the self-esteem spectrum; less than 1% were at the low end of the spectrum. Self-esteem emerged as the strongest predictor of optimistic bias, with the perceptual bias highest among adolescents with the highest self-esteem.

The final research question focused on the relationship between optimistic bias and self-efficacy. Participants also skewed toward the higher end of the self-efficacy scale ( $M = 5.6/7$ ,  $SD = 1.3$ ), indicating that the adolescents were confident in their ability to identify and assist victims of dating/relationship violence. Table 1 shows a positive relationship between optimistic bias and self-efficacy. Adolescents believe they are relatively invulnerable to abuse from a boyfriend or girlfriend, and that they are well equipped to identify and assist peers in abusive relationships.

Table 2. Summary of Linear Regression Analysis for Variables Predicting Optimistic Bias

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Adj.  $r^2 = .24$

N = 1409

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Predictor	B	SE B	$\beta$
Self-esteem	-.02	.01	-.07**
Self-Efficacy	.04	.03	.02
Knowledge	.04	.04	.02
Age	.01	.02	.02

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Note. \*\* $p < .01$ .

## DISCUSSION

The current study sought to shed light on adolescents' perceptions of dating/relationship violence by considering three questions: (1) How much do adolescents know about dating violence? (2) Do adolescents have realistic perceptions of their own risks of victimization? (3) What role does self-esteem play in skewed risk perception?

Adolescents are somewhat knowledgeable about dating violence, scoring an average of 70% on the pre-test. This is a low grade (C-), but a passing grade in most schools. Adolescents recognize dating violence as a real problem at their schools and one that can affect both girls and boys. By the end of the school year, a significant knowledge gain was achieved (70% on the pre-test to a 90% on the post-test), but common misconceptions about drug and alcohol problems causing dating violence persist. This suggests future directions for violence prevention programs with the inclusion of units on common myths about dating violence.

Adolescents exhibited optimistic bias, believing they are less likely than peers to become victims of dating violence. This skewed perception decreased with age, possibly due to first-hand and second-hand experience gleaned from early romantic relationships. This suggests a need for prevention education programming at the middle school level, when adolescents begin "serious" dating relationships. Keep in mind, the highest age cohort of victims of sexual assault in the United States is 16 to 19, followed by 12 to 15. The gap between

self and others isn't as wide as is usually reported for health-related study contexts. Further research is needed to establish if this is a function of the specific research context (dating violence) or if a similar trend would emerge for all non-health contexts. The educational program was able to eliminate optimistic bias by the end of the school year, and the current study is the first to measure a longitudinal change in optimistic bias resulting from such training. These findings should prove hopeful for violence prevention advocates and may also hold true for health contexts. By addressing and reducing bias, advocates may be able to increase self-protective vigilance and ultimately reduce the amount of dating violence among adolescents.

Despite the declining international ranking of the American educational system, American adolescents exhibited high self-esteem: 35% were at the highest end of the self-esteem spectrum; less than 1% were at the low end of the spectrum. Self-esteem emerged as the strongest predictor of optimistic bias. It is likely that high self-esteem contributes to optimistic bias because self-confidence brings with it the belief that bad things happen to other people. While one does not want to reduce adolescents' self-esteem to protect them from harm, it is important to foster realistic perceptions about the world around them. We want teens to think highly of themselves but we do not want students thinking that they are superman and can fly. Crisis center North staff follows a self-esteem lesson with a lesson on the difference between dreams and goals, then works with students to create realistic goals.

Finally, the study established a positive relationship between optimistic bias and self-efficacy. Adolescents were confident in their ability to identify and assist victims of dating/relationship violence, despite the belief they were not personally at risk. Because self-efficacy predicts actual achievement, the results suggests adolescents are willing and able to provide a much-needed support system for peers. In relationship conflicts (dating violence, bullying, etc.), the power of the bystander is important for the students to know and how just one person can make a difference and may even be able to save another person's life. It is important they have accurate information and awareness of available resources.

Finally, a number of study limitations should be considered. Participants were all Pittsburgh area students participating in dating/relationship violence programs offered by a women's center. Although all study measures were drawn prior to the programs, students were aware of the topic area, so it's possible response sets were skewed. Western Pennsylvania adolescents are not representative of adolescents across the United States. Findings may not be generalizable to other populations.

## REFERENCES

- ACADV (2011) Alabama Coalition Against Domestic Violence, Dating violence fact sheet. [www.acadv.org](http://www.acadv.org)
- Al-Najjar, F., Al-Azemi, W., BuHaimed, W., Adib, S., & Behbehani, J. (1998). Knowledge and expectations among Kuwaiti mothers attending clinics for asthmatic children. *Psychology, Health & Medicine*, 3(3), 253-259.
- Chapin, J. (2000). Third-person perception and optimistic bias among urban minority at-risk youth. *Communication Research*, 27 (1), 51-81.
- Chapin, J. (2006). Optimistic bias on the front line: Emergency medical personnel and domestic violence screening. *International Journal of Interdisciplinary Social Sciences*, 1, 183-187.
- Coffman, M., Shellman, J. & Bernal, H. (2004). An integrative review of American nurses' perceived cultural self-efficacy. *Journal of Nursing Scholarship*, 36(2), 180-185.
- Craciun, C., Shuz, N., Lippke, S. & Schwarzer, R. (2010). Risk perception moderates how intentions are translated into sunscreen use. *Journal of Behavioral Medicine*, 33(5), 392-398.
- Dean, D. (2010). Rental experience and likelihood to purchase rental car insurance among young adults. *Young Consumers*, 11(3), 215-225.
- Gierlach, E., Belsher, B. & Beutler, L. (2010). Cross-cultural differences in risk perceptions of disasters. *Risk Analysis*, 30(10), 1539-1549.
- Godin, G., Cote, J., Naccache, H., Lambert, L. & Trottier, S. (2005). Prediction of adherence to antiretroviral therapy: A one-year longitudinal study. *AIDS Care*, 17(4), 493-497.
- Hilyard, K., Freimuth, V., Musa, D., Kumar, S. & Quinn, S. (2010). The vagaries of public support for government actions in case of a pandemic. *Health Affairs*, 29(10), 2294-2301.
- Luo, J. & Isaacowitz, D. (2007). How optimists face skin cancer information: Risk assessment, attention, memory and behavior. *Psychology and Health*, 22(8), 963-984.
- Morisset, N., Terrade, F. & Somat, A. (2010). Perceived self-efficacy and risky driving behaviors: The mediating role of subjective risk judgment. *Swiss Journal of Psychology*, 69(4), 233-238.
- Oikawa, H. & Owikawa, M. (2010). Cognitive, affective and behavioral changes in crisis: Preventing swine flu infection. *Japanese Journal of Psychology*, 81(4), 420-425.

Sargeant, J., Majowicz, S., Sheth, U. & Edge, V. (2010). Perceptions of risk and optimistic bias for acute gastrointestinal illness: A population survey. *Zoonoses and Public Health*, 57, 7-8.

Sidebottom, A. & Bowers, K. (2010). Bag theft in bars: An analysis of relative risk, perceived risk and modus operandi. *Security Journal*, 23(3), 206-224.

Smith, G., Gerrard, M. & Gibbons, F. (1997). Self-esteem and the relation between risk behavior and perceptions of vulnerability to unplanned pregnancy in college women. *Health Psychology*, 16(2), 137-146.

Tai, W. (2006). Effects of training framing, general self-efficacy and training motivation on trainees' training effectiveness. *Personnel Review*, 35(1), 51-65.

U.S. Department of Justice (2008). Criminal victimization in the United States, 2008 statistical tables, Office of Justice Programs, Washington, DC.

Wagener, T., Gregor, K., Busch, A., McQuaid, E. & Borrelli, B. (2010). Risk perception in smokers with children with asthma. *Journal of Consulting and Clinical Psychology*, 78(6), 980-985.

Walker, E., Caban, A., Schechter, C., Basch, C., Blanco, E., DeWitt, T., Kalten, M., Mera, M. & Mojica, G. (2007). Measuring comparative risk perceptions in an urban minority population. *The risk perception survey for diabetes*, 103-110.

Weinstein, N. (1989). Perceptions of personal susceptibility to harm. In V. Mays, G. Albee & F. Schneider (Eds.), *Psychological approaches to the primary prevention of acquired immune deficiency syndrome* (142-167). Newbury Park, CA: Sage.

Weinstein, N. (1980). Unrealistic optimism about future life events. *Journal of Personality and Social Psychology*, 39, 806-460.