individual, family, and environmental (school, peer group, social) risk factors; capitalize on the child's strengths; involve family and other supports; and be implemented over an extended period.

DATING VIOLENCE AND DATE RAPE

Dating violence and date rape are common. It is estimated that 15% to 40% of adolescents have experienced violence in a dating relationship. Adolescent women experience higher rates of sexual assault than any other age group. An acquaintance or partner of the victim perpetrates most adolescent sexual assaults. Risk factors for date rape include initiating dating at a young age, initiating early sexual activity, and having a history of past sexual abuse or victimization. A history of child abuse by parents or siblings increases the risk of dating violence. Adolescent boys who believe that it is appropriate to strike a girl if she insults or embarrasses him or intentionally tries to make him jealous are at risk for becoming perpetrators. Date-specific factors put some teens at risk for date rape, including who initiated the date, the date activities, which person drove, and who paid.

Alcohol use is common in episodes of adolescent sexual assault, occurring in approximately 50% of cases. Drugs such as benzodiazepines, cocaine, and marijuana may also contribute. Flunitrazepam (Rohypnol) and gamma hydroxybutyrate are two commonly implicated drugs that cause sedation and amnesia, especially when used in conjunction with alcohol.

Relatively few victims of date rape report the assault to law enforcement. Reporting rates are even lower when the victim knows the perpetrator. Women who report assaults to the police are more likely to receive timely medical care; it is likely that many sexually assaulted adolescents do not receive medical attention, putting them at risk for physical and mental health consequences. Routine adolescent health care should screen for adolescent dating violence, provide routine sexually transmitted infection evaluation, and be able to identify counseling resources for teens who are victims or perpetrators of dating violence (see Chapter 116).

Chapter 26

DIVORCE, SEPARATION, AND BEREAVEMENT

The family is the child's principal resource for meeting needs for protection, emotional support, education, and socialization. A variety of different disruptions may cause the child to be separated from his or her parents. At times these separations may be relatively brief but unexpected (e.g., a parent's acute illness or injury). The separation may occur in the context of significant parental discord, as often occurs with a divorce. The death of a parent results in a permanent separation that may be anticipated or unanticipated. All of these disruptions cause significant stress for the child, with the potential for long-term adverse consequences. The child's adaptation to these stresses is affected by the reasons for the separation and the child's age, temperament, and available support systems.

DIVORCE

Approximately 40% to 50% of first marriages end in divorce. About half of these divorces occur in the first 10 years of marriage, so there are often young children in the family when the parents divorce. At least 25% of children experience the divorce or separation of their parents. Few events in childhood are as dramatic and challenging for the child as divorce.

Divorce is likely to be accompanied by changes in behavioral and emotional adjustment. In the immediate post-divorce period, many children exhibit anger, noncompliance, anxiety, and depression. Children from divorced families require psychological help two to three times more frequently than children with married parents. Long-term studies suggest that in the absence of ongoing stressors, most children demonstrate good adjustment a few years after the divorce, but some have enduring difficulties.

Divorce is not a single event, but a process that occurs over time. In most cases, marital conflict begins long before the physical or legal separation, and the divorce brings about permanent changes in the family structure. Multiple potential stressors for the child are associated with divorce, including parental discord before and after the divorce, changes in living arrangements and sometimes location, and changes in the child's relationship with both parents.

The child's relationship with each parent is changed by the divorce. In the short-term, the parent is likely to experience new burdens and feelings of guilt, anger, or sadness that may disrupt parenting skills and family routines. Contact with the noncustodial parent may decline greatly. Parents may be perceived by their children as being unaware of the child's distress around the time of the divorce. Pediatricians can help parents understand things they can do that will be reassuring to the child. Maintaining contact with both parents, seeing where the noncustodial parent is living, and, in particular, maintaining familiar routines are comforting to the child in the midst of the turmoil of a separation and divorce. The child should attend school and continue to have opportunities to interact with friends. Given the parents' distress, assistance from the extended family can be helpful, but these family members may not offer to help for fear of "interfering." It may be helpful for pediatricians to encourage parents to ask for this assistance. Pediatricians should look for maladaptive coping responses. Some parents may respond to their increased burdens and distress by treating their children as friends with whom they share their distress. Alternatively they may place excessive responsibilities on the child or leave the child unsupervised for longer periods of time. Responses such as these increase the chance that the child will develop behavioral or emotional problems.

Reaction to Divorce at Different Ages

The child's reaction to the divorce is influenced by the child's age and developmental level. Although infants do not react directly to the divorce, they require special considerations