

## Factors related to the Experience of Violence Damage among Multi-cultural and General Adolescents in Korea: Focusing on health risk behavior

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한국 다문화 청소년과 일반 청소년의 폭력피해경험 관련요인 :  
건강위험행위를 중심으로

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**Abstract** : This study was to identify factors related to the experience of violence damage, focusing on health risk behavior of multi-cultural and general adolescents in Korea. Data from the 15th online survey of youth health behavior (2019) was used to analyze 35,574 adolescents. The data were analyzed using complex sample analysis by using SPSS/Win 22.0. The multi-cultural adolescents had significantly higher experience of smoking and habitual drug use and violence damage than those ordinary adolescents. In both multi-cultural and general adolescents, the more they did not live with their family, the more they had smoking experience and habitual drug use experience, the higher they experienced violence. The experience of violence victimization of general youth was significantly related to gender, school, economic status, and drinking experience. To prevent the violence victimization of adolescents, social support for adolescents who do not live with their families is required, and careful attention is needed to adolescents who have smoking and drug use experience. In addition, since multi-cultural youth are more vulnerable to health risk behaviors and violence damage than general youth, educational programs are needed to induce multi-cultural youth to practice correct health behaviors and prevent experiences of violence.

*Keywords* : Smoking, Alcohol drinking, Habitual drug use, Exposure to violence, Adolescents

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**요약** : 본 연구는 한국의 다문화 청소년 및 일반 청소년의 건강위험행위와 폭력피해경험을 비교하고 폭력피해 경험과 관련된 요인을 건강위험행위를 중심으로 규명하고자 하였다. 제15차 청소년 건강행태 온라인 설문조사(2019)의 자료를 사용하여 35,574명의 청소년을 대상으로 하였다. 자료 분석은 SPSS/Win 22.0을 사용하여 복합 표본 분석을 하였다. 연구 결과, 다문화청소년은 일반청소년보다 흡연, 습관적 약물 사용, 폭력피해 경험이 유의하게 더 높았다. 다문화청소년과 일반청소년 모두 가족과 함께 거주하지 않을수록, 흡연경험과 습관적 약물사용 경험이 많을수록 폭력피해경험이 더 많았다. 일반청소년의 폭력피해 경험은 성별, 학력, 경제적 상태, 음주경험과 유의한 관련이 있었다. 따라서 다문화 청소년과 일반 청소년의 폭력피해 경험을 예방하기 위해서는 가족과 함께 살지 않는 청소년에 대한 사회적 지원이 필요하며, 흡연 및 습관적 약물 사용 경험이 있는 청소년에 대한 세심한 주의가 필요하다. 또한 다문화 청소년은 일반 청소년에 비해 건강위험 행위와 폭력피해에 더 취약하므로 다문화청소년의 올바른 건강행위 실천과 폭력피해 경험을 예방하기 위한 교육 프로그램이 필요하다.

**주제어** : 흡연, 음주, 습관적 약물사용, 폭력노출, 청소년

## 1. Introduction

Adolescence is the middle stage from child to adult, and it is the period when physical and emotional maturity is achieved. Adolescents are exposed to unstable environments such as emotional changes in the process of rapid change, which can cause maladaptive behaviors such as smoking, drinking, drug abuse and violence [1, 2].

Violence damage in adolescents is related to delinquency such as theft, drug use, and suicide attempt [3]. Adolescents are likely to use drugs such as alcohol and smoking when exposed to serious physical and emotional trauma or psychological difficulties [4]. In addition, adolescents who have experience of violence have a negative impact on physical and social emotional cognitive development, and they also cause problems such as depression and anxiety as well as school maladjustment [5].

Recently, school violence has emerged as a social problem. According to the first school violence survey in 2019, the response rate of total violence damage was 1.6%, up 0.3% point from the first survey last year, and 0.8% of middle schools and 0.4% of high schools by school level. In particular, 8.2% of children from multi-cultural families experienced school violence, which is 3.2% point higher than the

survey in 2015 [6].

Meanwhile, the total number of students and the school-age population are on the decline, while the number of multi-cultural students has increased by more than 10,000 every year for the past six years, accounting for 2.2% of all students in 2018 [7]. According to the United Nations report, the proportion of multi-cultural families in Korean society in 2050 is expected to account for about 21% of the total population, and domestic multiculturalism is gradually intensifying [8]. Therefore, social attention is needed for children of multi-cultural families to adapt to Korean society and play a role as healthy members of society [9].

Multi-cultural students face many difficulties such as confusion in the dual culture, prejudice in school, alienation, and discrimination due to the difference in the cultural background of their parents [10]. In particular, multi-cultural students are more vulnerable to violence than ordinary students due to difficulties in communication, lack of information, and low self-esteem, and tend to be exposed to long-term violence because they do not respond appropriately [11].

Previous studies related to the experience of violence against adolescents were mainly conducted on general adolescents, and it is reported that depression, stress, suicidal ideation,

despair, health condition, health behaviors such as smoking, drinking and drug use are related to violence experience [12, 13]. Multi-cultural adolescents grow in the parenting environment of parents with different cultures, unlike ordinary adolescents, so factors related to experience of violence damage are different from those of ordinary adolescents. But, there are only a few studies that compare the differences between multi-cultural and general adolescents [2].

Therefore, the purpose of this study is to compare and analyze the health risk behaviors such as smoking, drinking, habitual drug use, and experiences of violence victims in multicultural adolescents and general adolescents, and to identify the factors related to the experience of violence damage.

## 2. Materials and Methods

### 2.1. Study design

This study is a cross-sectional study to understand factors related to the experience of violence damage, focusing on health risk behavior of multi-cultural and general adolescents.

### 2.2. Subjects

Data from the 15th online survey of youth health behavior conducted by the Ministry of Education, the Ministry of Health and Welfare, and the Centers for Disease Control and Prevention in 2019 were used. [14] Among 57,303 middle and high school students who participated in the survey, the children of North Korean defectors were excluded. A total of 35,574 people was enrolled in this study, including 749 youths from multi-cultural families and 34,825 youths from ordinary families. Multi-cultural adolescents were students who answered 'No' to the question 'Was they born in Korea?' among fathers or mothers, and the general family adolescents were students who answered 'Korea' as the

country where both parents were born.

### 2.3. Research instruments

The 15th online survey of youth health behavior [14] consists of 15 areas: smoking, drinking, physical activity, eating, obesity and weight control, mental health, damage and safety awareness, oral health, personal hygiene, sexual behavior, atopic asthma, drugs, internet addiction, health equity, and violence. Among the questions related to the health behaviors of adolescents, smoking, drinking, drug use experience to measure health risk behaviors and experience of violence were used. In this study, the smoking experience was measured by the question 'Have you ever smoked a cigarette or two? The experience of drinking was measured by the question 'Have you ever drunk more than one drink?' The drug use experience was measured by the question 'Have you ever habitually or deliberately taken a drug or drunk butane gas or bond?' The questions were measured as 'yes' and 'no'. The experience of violence victimization was measured by the question 'Have you ever been treated in a hospital for violence (physical assault, intimidation, bullying, etc.) by friends, seniors, and adults in the last 12 months?' The question was 'no' if there was never one, and 'Yes' if there was more than one time.

### 2.4. Data analysis methods

The 15th online survey on health behavior of adolescents was conducted by stratification step cluster extraction method, so this study used complex sample analysis method considering stratification variable, cluster variable, and weight. The data were analyzed using SPSS/WIN 22.0 program and Rao-Scott  $\chi^2$  analysis was conducted to compare general characteristics, smoking, drinking, drug use and violence victimization experience of multicultural families and general family adolescents. The factors related violence victimization experience were conducted by logistic regression analysis.

Table 1. Comparison of the General Characteristics of Multi-cultural and General Family Adolescent in Korea (N=35,574)

Variables	Categories		Multi-cultural youth (n=749)	General youth (n=34,825)	$\chi^2$	p
			n (Weighted %)	n (Weighted %)		
Gender	Male		358 (49.3)	16,336 (46.4)	1.19	.274
	Female		391 (50.7)	18,489 (53.6)		
Age <sup>†</sup> (years)	12		106 (12.7)	3,405 (9.4)	7.34	<.001
	13		203 (25.1)	6,440 (17.2)		
	14		144 (18.0)	6,216 (16.8)		
	15		91 (13.9)	5,837 (16.9)		
	16		76 (12.3)	5,297 (16.0)		
	17		76 (12.1)	5,149 (15.9)		
	18		38 (5.9)	2,444 (7.7)		
Grade	Middle school	1st	212 (25.8)	6,792 (18.5)	7.49	<.001
		2nd	175 (19.6)	6,216 (16.4)		
		3rd	136 (18.4)	6,157 (17.0)		
	High school	1st	81 (12.8)	5,448 (16.5)		
		2nd	73 (11.7)	5,064 (15.1)		
		3rd	72 (11.8)	5,148 (16.4)		
Academic performance	High		222 (31.4)	14,042 (39.8)	21.0	<.001
	Medium		223 (26.5)	10,432 (30.2)		
	Low		304 (42.1)	10,351 (30.0)		
Economic status	High		192 (27.1)	14,432 (41.7)	59.77	<.001
	Medium		381 (47.9)	16,521 (47.4)		
	Low		176 (25.0)	3,872 (10.9)		
Residence type	Living with family		704 (93.1)	33,366 (96.4)	18.29	<.001
	Living with relatives		5 (0.5)	102 (0.3)		
	Boarding		4 (0.8)	129 (0.3)		
	Living in dormitory		19 (2.5)	1,204 (2.9)		
	Living in care facility		17 (3.0)	24 (0.1)		

<sup>†</sup> Excluding nonresponse.

### 2.5. Ethics Statement

This study was conducted with the approval of the Bioethics Review Committee of \* University (\*-EX-2020-02-002).

### 3. The Results

The subjects of this study were 35,574 middle and high school students, 749 (2.1%) from multi-cultural adolescents and 34,825 (97.9%) from general adolescents. In general characteristics, the variables that showed

significant differences between multi-cultural families and general families were age ( $\chi^2=7.34, p<.001$ ), grade ( $\chi^2=7.49, p<.001$ ), academic performance ( $\chi^2=21.00, p<.001$ ), economic status ( $\chi^2=59.77, p<.001$ ), and residence type ( $\chi^2=18.29, p<.001$ ) (Table 1).

The health risk behaviors that showed significant differences between multi-cultural and general adolescents were smoking experience ( $\chi^2=3.90, p=.049$ ) and drug use ( $\chi^2=17.72, p<.001$ ). The lifelong smoking experience (13.9%) of adolescents from multi-cultural families was 2.7% point higher

Table 2. Comparison of Health Risk Behaviors between Multi-cultural and General Family Adolescent in Korea (N=35,574)

Variables	Categories	Multi-cultural youth (n=749)	General youth (n=34,825)	$\chi^2$	p
		n (Weighted %)	n (Weighted %)		
Smoking experience	Yes	91 (13.9)	3,789 (11.2)	3.90	0.49
	No	658 (86.1)	31,036 (88.8)		
Alcohol experience	Yes	248 (36.1)	12,963 (37.6)	0.44	.507
	No	501 (63.7)	21,862 (62.4)		
Substance experience	Yes	19 (3.2)	255 (0.7)	17.72	<.001
	No	730 (96.8)	34,570 (99.3)		

Table 3. Comparison of Violence Victimization Experience between Multi-cultural and General Family Adolescent in Korea (N=35,574)

Variables	Categories	Multi-cultural youth (n=749)	General youth (n=34,825)	$\chi^2$	p
		n (Weighted %)	n (Weighted %)		
Violence victimization experience	Yes	23 (3.4)	600 (1.7)	7.76	.005
	No	726 (96.6)	34,225 (98.3)		
Hospital treatment frequency	1	8 (1.2)	322 (0.9)	2.95	.010
	2	3 (0.6)	104 (0.3)		
	3	3 (0.3)	72 (0.2)		
	4	1 (0.1)	26 (0.1)		
	5	1 (0.1)	8 (0.0)		
	Over 6	7 (1.1)	68 (0.2)		

than that of ordinary family adolescents (11.2%). The drug use experience (3.2%) of adolescents from multi-cultural families was 2.5% point higher than that of ordinary families (0.7%) (Table 2).

There was a significant difference in violence victimization experience between multi-cultural family adolescents and general family adolescents ( $\chi^2=7.76, p=.005$ ). The experience of violence damage (3.4%) of adolescents from multi-cultural families was 1.7% point higher than that of ordinary families (1.7%). In the case of more than 6 hospital treatments due to violence, multi-cultural adolescents (1.1%) were 0.9% point higher than those of general family (0.2%) adolescents (Table 3).

There was a significant difference in the experience of violence victim by general characteristics in the residential type ( $\chi^2=15.10,$

$p<.001$ ) of multi-cultural family adolescents. The experience of violence damage was 18.3% point higher in the case of not living with parents (20.5%) than in the case of living with parents (2.2%). In case of general family adolescents, experience of violence damage had significant differences in gender ( $\chi^2=88.80, p<.001$ ), age ( $\chi^2=5.23, p<.001$ ), grade ( $\chi^2=19.80, p<.001$ ), academic achievement ( $\chi^2=3.03, p=.048$ ), economic condition ( $\chi^2=7.16, p=.001$ ), and residential type ( $\chi^2=13.62, p<.001$ ). The experience of violence was 1.2% point higher for men (2.3%) than for women (1.1%). The experience of violence of the age group of 14 years (2.3%) was 1.2% point higher than that of 16 years (1.1%). In the experience of violence damage, middle school (2.0%) was 0.6% point higher than high school (1.4%). In academic achievement, the lower level (1.9%) was 0.2%

point higher than the upper level (1.7%), 0.4% point higher than the middle level (1.5%). In the economic condition, the lower (2.3%) was 0.5% point higher than the upper (1.8%), 0.8% point higher than the middle (1.5%). In the residential type, the case of not living with parents (3.3%) was 1.7% point higher than the case of living with parents (1.6%) (Table 4).

In the case of multi-cultural adolescents, the type of residence ( $p=.032$ ), smoking experience ( $p=.038$ ), and drug use experience ( $p<.001$ ) were significant factors related to violence victimization. The experience of violence damage was higher when they did not live with their parents or had experience of smoking or drug use. In the case of general family adolescents, gender ( $p<.001$ ), grade ( $p<.001$ ), economic status ( $p=.005$ ), residence type ( $p<.001$ ), smoking ( $p<.001$ ), drinking ( $p<.001$ ) and drug use experience ( $p<.001$ ) were significant variables. The experience of violence damage was higher in male, middle school, non-residential with parents, smoking, drinking and drug use experience. The experience of violence damage was found to be lower in the case of middle-class economic status than in the case of lower-level (Table 5).

#### 4. Discussion

This study was conducted to provide basic data to prevent violence damage appropriate to the characteristics of adolescents by analyzing the raw data of the 15th Youth Health Behavior Online Survey in 2019 [14], comparing the health risk behaviors and the experience of violence damage between multi-cultural adolescents and general family adolescents, and identifying factors related to the experience of violence damage.

In this study, the experience of violence victimization of multi-cultural youth was 3.4%, which was significantly higher than that of general youth (1.4%). Multi-cultural youth was more vulnerable to violence victimization, the

number of hospital treatments more than 6 times due to violence was significantly higher than that of ordinary adolescents. This is similar to the results of the study compared to the general adolescents, which reported that the rate of experience of domestic violence among multi-cultural adolescents was more than twice as high as that of ordinary adolescents, and multi-cultural adolescents were more exposed to violence damage at home and school than ordinary adolescents and reported that the frequency of experience of violence was higher than that of ordinary adolescents [9,15]. However, the results of this study are based on a single question that asks about the experience of violence victimization in the hospital for the last 12 months. In order to identify the experiences of violence victims of multi-cultural youths in detail, it is necessary to categorize the types, causes, and objects of violence.

In the comparison of health risk behaviors between multi-cultural and general adolescents, smoking experience and habitual drug use experience were significantly higher than that of general adolescents, and there was no significant difference in drinking experience. This is consistent with the result of the report that the smoking rate of the multi-cultural youth is higher than that of the general youth [16, 17], the smoking rate of adolescents in multi-cultural families is also higher in both male and female students compared to the total middle and high school students [15, 18]. In addition, the prior studies reported that the habitual drug use was significantly higher in multi-cultural adolescents than in general households [9, 19], and the drug experience rate was 8.5 times higher than that of ordinary family adolescents [19]. The smoking experience in adolescence has a greater negative impact than adults and is important because smoking affects adult health when it becomes a habit [20]. Also, health risk behaviors such as smoking and drug use should be provided as active social protection because if they are left without proper intervention in adolescence, they

Table 4. Violence Victimization Experience of Multi-cultural and General Family Adolescent according to General Characteristics (N=35,574)

Variables	Categories	Multi-cultural youth (n=749)		$\chi^2$ (p)	General youth (n=34,825)		$\chi^2$ (p)
		Yes n (Weighted %)	No n (Weighted %)		Yes n (Weighted %)	No n (Weighted %)	
Gender	Male	11 (3.7)	347 (96.3)	0.09 (.761)	385 (2.3)	15,951 (97.7)	88.80 ( $<.001$ )
	Female	12 (3.2)	379 (96.8)		215 (1.1)	18,274 (98.9)	
Age* (years)	12	1 (2.0)	105 (98.0)	1.55 (.171)	66 (2.1)	3,339 (97.9)	5.23 ( $<.001$ )
	13	5 (2.1)	198 (97.9)		120 (1.8)	6,320 (98.2)	
	14	2 (1.3)	142 (98.7)		138 (2.3)	6,078 (97.7)	
	15	1 (0.5)	90 (99.5)		99 (1.6)	5,738 (98.4)	
	16	2 (2.3)	74 (97.7)		62 (1.1)	5,235 (98.9)	
	17	4 (5.7)	72 (94.3)		72 (1.4)	5,077 (98.6)	
Grade	Middle school	2 (7.9)	36 (92.1)	2.74 (.099)	39 (1.6)	2,405 (98.4)	19.80 ( $<.001$ )
	High school	12 (2.5)	511 (97.5)		382 (2.0)	18,783 (98.0)	
Academic performance	High	11 (5.1)	215 (94.9)	1.88 (1.53)	218 (1.4)	15,442 (98.6)	3.003 (.048)
	Medium	8 (4.3)	214 (95.7)		229 (1.7)	13,813 (98.3)	
	Low	3 (1.2)	220 (98.8)		160 (1.5)	10,272 (98.5)	
Economic status	High	12 (4.2)	292 (95.8)	1.58 (.206)	211 (1.9)	10,140 (98.1)	7.16 (.001)
	Medium	8 (4.8)	184 (95.2)		261 (1.8)	14,171 (98.2)	
	Low	8 (2.1)	373 (97.9)		243 (1.5)	16,278 (98.5)	
Residence type	Living with family	7 (4.5)	169 (95.5)	15.10 ( $<.001$ )	96 (2.3)	3,776 (97.7)	13.62 ( $<.001$ )
	Do not living with family	14 (2.2)	690 (97.8)		558 (1.6)	32,808 (98.4)	
		9 (20.5)	36 (79.5)		42 (3.3)	1,417 (96.7)	

\* Excluding nonresponse.

Table 5. Factors associated with Violence Victimization Experience of Multi-cultural and General Family Adolescent in Korea (N=35,574)

Variables	Categories	Multi-cultural youth (n=749)			General youth (n=34,825)		
		AOR	P	95%CI	AOR	P	95%CI
Gender	Female	1			1		
	Male	1.11	.835	0.40 ~ 3.05	1.88	<.001	1.60 ~ 2.21
Grade	High school	1			1		
	Middle school	0.77	.609	0.29 ~ 2.04	2.00	<.001	1.65 ~ 2.43
Academic performance	Low	1			1		
	Medium	0.44	.303	0.09 ~ 2.08	0.88	.236	0.71 ~ 1.08
	High	0.45	.219	0.12 ~ 1.61	0.93	.506	0.76 ~ 1.13
Economic status	Low	1			1		
	Medium	0.96	.950	0.36 ~ 2.59	0.71	.005	0.56 ~ 0.90
	High	0.86	.881	0.13 ~ 5.63	0.81	0.97	0.64 ~ 1.03
Residence type	Living with family	1			1		
	Do not living with family	4.10	.032	1.13 ~ 14.89	2.15	<.001	1.52 ~ 3.04
Smoking experience	No	1			1		
	Yes	4.25	.038	1.08 ~ 16.70	2.12	<.001	1.69 ~ 2.65
Alcohol experience	No	1			1		
	Yes	0.95	.955	0.22 ~ 4.11	1.46	<.001	1.20 ~ 1.77
Substance experience	No	1			1		
	Yes	24.31	<.001	6.01 ~ 98.18	11.10	<.001	7.50 ~ 16.43

AOR=adjusted odds ratio; CI=confidence interval.



lead to deviant behaviors as well as health. Therefore, it is necessary to develop preventive programs such as smoking and drug use considering the characteristics of multi-cultural youth based on the existing youth smoking prevention program. The results of the study on drinking experience were inconsistent as reporting that the drinking experience of the general family adolescents was significantly higher than that of the multi-cultural family adolescents [9], and the multi-cultural family adolescents whose mother is a foreigner had lower drinking experience than the general family adolescents [21], and the high-risk drinking experience rate of the multi-cultural family adolescents was higher than that of the Korean family adolescents [22, 23].

In this study, the factors related to violence victimization were the residential type, smoking experience, and habitual drug use experience in both multi-cultural and general adolescents. In the residential type, the more multi-cultural youth and general youth did not live with their families, the higher the experience of violence. In the study of Kang et al. [2], the experience of violence victimization of multi-cultural and general youths living in relatives, boarding and traces or nursery schools was 1.6–17.8 times higher than that of adolescents living with their families. This means that family environment can be an important factor in the violence damage of adolescents, and it is necessary to study who the family members live with youth in relation to violence damage in the future. In addition, social support for adolescents who do not live with their families is required to prevent violence. In both multi-cultural and general adolescents, the experience of violence victimization was higher in adolescents with smoking experience. In the study of comparing multi-cultural families and general adolescents, smoking experience was significantly related to violence victimization experience for both multi-cultural and general adolescents [2]. In addition, in a study of multi-cultural youths,

smoking experience was reported to be significant as a factor affecting the experience of violence [13], and the higher the frequency of violence victimization experience of multi-cultural youth, the higher the possibility of smoking was. In case of habitual use of drugs, both multi-cultural and general adolescents showed higher experience of violence than those who did not use it. In the previous studies, it was suggested that there was a correlation between violence damage and drug use in adolescence [2, 24]. Adolescents' smoking and other drug use are one of the deviant behaviors of adolescence, and it is necessary to consider adolescents who use smoking or habitual drugs in access to violence damage.

Unlike multi-cultural adolescents, gender, grade, economic status, and drinking experience were significant factors related to violence victimization experience of general adolescents. The experience of violence damage was higher in male students, middle school students, and the experience of drinking, and it was lower in the middle-level economic status than in the lower-level. In this study, male students' violence victimization experience was higher than female students. In previous studies [2, 25, 26], male students were more frequently experienced school violence than female students. The results of high experience of violence in middle schools are consistent with the results of the first survey of school violence in 2019 that the experience of school violence was higher in middle school as 0.8% in middle school and 0.4% in high school. Middle school students experience stress due to rapid physical, psychological and emotional changes during puberty, and male students at this time can be more violent and harmed by strengthening social gender model and identifying male roles [2,27]. Therefore, gender-differentiated strategies for middle school students are needed to prevent violence damage among adolescents. In this study, the drinking experience of general adolescents was found to be significantly related

to the experience of violence. In the study of Kim and Kye [12] for adolescents, the group who experienced violence reported higher possibility of drinking than the non-experienced group. There is a correlation between violence and drinking problems in adolescents, the frequency of binge drinking was higher in adolescents with the experience of violence damage [28]. In this study, the experience of violence damage of ordinary youth was found to be related to economic status, which is consistent with the result of Kang et al. [2] study compared with multi-cultural youths that the experience of violence damage was lower in the case of middle level of economic condition. However, it was different from the results that the economic status was not related to the experience of violence victimization of adolescents [26], and the lower the economic status (poverty) was reported as an important risk factor [29]. Therefore, unlike multi-cultural adolescents, it is required to pay attention to gender, grade and drinking experience, which are factors related to violence victimization experience of general adolescents.

This study is a cross-sectional study, which has limitations in identifying causal relationships between variables. In addition, the study used a single item to measure the experience of violence victimization of adolescents, and classified and analyzed multi-cultural adolescents based on the country of birth of parents, so there is a limit to generalizing the results of the study.

## 5. Conclusion

The purpose of this study was to identify factors related to violence experience by comparing and analyzing the health risk behaviors and violence experiences of adolescents from multi-cultural families and general families.

The adolescents from multi-cultural families

had significantly higher experience of smoking and drug use than those from ordinary families, and the experience of violence victimization of multi-cultural youth was significantly higher than that of general youth. In both multi-cultural families and general family adolescents, the more they did not live with their family, the more they had smoking experience and habitual drug use experience, the higher they experienced violence. Therefore, in order to prevent the violence victimization of adolescents, social support for adolescents who do not live with their families is required, and careful attention is needed to adolescents who have smoking and drug use experience. In addition, since multi-cultural youth are more vulnerable to health-risk behaviors and violence damage than general youth, educational programs are needed to induce multi-cultural youth to practice correct health behaviors and prevent experiences of violence.

Based on the results of this study, it is necessary to carry out follow-up studies to identify the yearly trends of health risk behaviors and violence victimization experiences of multi-cultural families and general family adolescents.

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