

College Students With Body Art Well-Being or High-Risk Behavior?

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ABSTRACT

Body art is mainstream, with wearers readily admitting to being risk takers. Yet, are high-risk behaviors (e.g., cigarette, alcohol, and illegal drug use, sexual activity) and emotional distress (e.g., depression, suicide, eating disorders, abuse/forced sexual activity) present in all individuals with body art? Of the 595 college students who were queried, 127 (21%) had tattoos and 195 (33%) had lifetime piercings, with 17 (3%) having intimate (nipple, genital, or both) piercings; they also reported

their self-views regarding religion, self-esteem, and Need for Uniqueness. Three consistent self-identity outcomes for their body art were: it helped me (a) *express myself*, (b) *feel unique*, and (c) *be myself*. When quantifying their body art amounts, well-being similar to that of individuals with no body art was present in those with one tattoo and less than four piercings. Individuals with four or more tattoos, seven or more piercings, and/or intimate piercings described higher risk behaviors and emotional distress. Education, monitoring,

and non-profiling should continue as body art is only “skin deep.” [*Journal of Psychosocial Nursing and Mental Health Services*, xx(x), xx-xx.]

Current estimates for body art indicate approximately 25% of young adults ages 18 to 25 have tattoos, whereas those with body piercings range from 33% to 50% (Armstrong, Roberts, Owen, & Koch, 2004). The 2010 Pew Research Data-bank (2010) cites even higher tattoo possession figures of 36% among individuals ages 18 to 25, but lower figures for piercings (30%). Gender differences are also evident, with more men displaying tattoos and women obtaining

increased amounts of piercings. Interestingly, a strong internal image and identity strength seem to be gained from displaying body art (Armstrong et al., 2004; Koch, Roberts, Armstrong, & Owen, 2010; Tate & Shelton, 2008). Individuals with tattoos and piercings have been reported to be no different from others regarding high school and college graduation rates, well thought-out customer skills, and good health values such as routine physicals (Armstrong et al., 2004; Tate & Shelton, 2008).

In this article, we report the findings of a single-site study examining the relationship between multiple tattoos, body piercings, or both, including intimate piercings, and self-report of risky social behaviors. This college study investigated students' attitudes, behavior, and social histories in an effort to quantify the level of body art that seemed to be associated with higher risk behavior, emotional distress, and self-view.

WELL-BEING OR HIGH-RISK BEHAVIOR?

Many individuals with body art readily self-report being risk takers and seekers of new experiences, along with further evidence of increased alcohol use and premarital sexual activity, regardless of their religious values (Armstrong et al., 2004; Caliendo, Armstrong, & Roberts, 2005; Hogan et al., 2010; Koch et al., 2010; Young, Armstrong, Roberts, Mello, & Angel, 2010). Although risk taking itself could be viewed as part of psychosocial development (Armstrong et al., 2004), there is also evidence within the body art literature that personality, mood, and perhaps even some psychopathic behaviors lead to correlations between high-risk behaviors and body art procurement (Roberti & Storch, 2005; Suris, Jeannin, Chossis, & Michaud, 2007).

Yet, are these high-risk behaviors present in all individuals with body art? In many body art studies, specific numbers of tattoos and body piercings were not cited or compared, but recently, a threshold of body art procurement/in-

volvement was identified (Koch et al., 2010). While investigating students' attitudes, behavior, and social histories at four different universities, Koch et al. (2010) found the level of body art was associated with higher risk behavior. Findings of this study noted individuals with four or more tattoos, seven or more body piercings, or both, and/or specifically intimate (nipple, genital, or both) piercings "were two to ten times more likely to binge drink, use illegal drugs, have multiple sex partners, and report a history of multiple arrests" (Koch et al., 2010, p. 157).

The current study builds on the Koch et al. (2010) data describing the threshold of body art by further investigating self-esteem, depression, suicide ideation, abuse, forced sexual activity, and eating disorders, using a different contemporary sample of college students but the same university setting. Additionally, previous examinations of college students with body art and their alcohol use, sexual activity, religion, and the Need for Uniqueness were continued (Armstrong et al., 2004; Koch et al., 2010). Three research questions were posed:

(a) Is there a difference in high-risk behaviors (e.g., cigarette, alcohol, and illegal drug use, sexual activity) among college students with self-report of varying types of body art (i.e., tattoos, body piercings, and/or intimate piercings) compared with individuals who did not report any body art?

(b) Is there a difference in emotional distress (e.g., feelings of sadness and depression, suicide, eating disorders, abuse, forced sexual activity) among college students with self-report of varying types of body art (i.e., tattoos, body piercings, and/or intimate piercings) compared with individuals who did not report any body art?

(c) Is there a difference in positive self-view strategies (i.e., religious perspective, self-esteem, and Need for Uniqueness) among college students with self-report of varying types of body art (e.g., tattoos, body piercings, intimate piercings) compared with individuals who did not report any body art?

These research questions arose from findings in earlier studies (Koch et al., 2010) and the consideration that increased signs of the high-risk behaviors by those with larger amounts of body art coupled with reports in the literature about increased emotional distress (Roberti & Storch, 2005; Suris et al., 2007) could be amenable to increased vigilance and education by health care providers.

METHOD

Design and Survey Distribution

A descriptive survey research design was used to collect data from college-age students. An investigator-developed questionnaire was distributed by the sociology researchers (J.R.K., A.E.R.) in the same manner as previous studies (Armstrong et al., 2004; Koch et al., 2010) providing study purpose, benefits, and risk information. No personal identifying information was requested.

Sample and Setting

Participants were undergraduate college students enrolled in an introductory sociology course as part of the core curriculum of a university located in a rural part of the southwestern United States in a predominately conservative political and religious community. Approximately 621 students were available to participate in the study; 595 questionnaires were completed and used in this study for a 96% participation rate.

Definitions

Body art definitions used in this study were consistent with previous studies and are important for understanding findings. *Tattoos* were defined as permanent marks or designs, not temporary decals or henna; *body piercing* was defined as developing a tract under the skin with a large bore needle for penetration of jewelry (Armstrong et al., 2004). Standard earlobe piercings for both men and women were excluded; however, "ear rim or cartilage piercings, as well as gauged (expanded or stretched earlobes) beyond the thickness of standard wires or posts," (Koch et al., 2010, p. 153) were included.

Instrument

The Armstrong Team Tattooing and Piercing Attitude Survey (Armstrong et al., 2004) was modified for this study and resulted in a 117-item questionnaire with Likert-type and multiple choice responses, developed at a 10th-grade reading level. Items in the questionnaire addressed demographics; types of body art (e.g., tattoos, body piercing, intimate piercing); risky behaviors (i.e., higher risk—cigarette, alcohol, and illegal drug use, sexual activity; and lower risk—fighting, skipping class, losing temper, and arrest); emotional distress (e.g., feeling sadness or depression, suicide, eating disorders, abuse, forced sexual activity); and self-view (e.g., religious perspective, self-esteem, Need for Uniqueness).

Some variables were measured with single-item questions and others with previously tested scales. All scales included in the survey were in the public domain. Level of body art and risky behaviors were measured by separate Likert-type scales with previously established reliability and validity (Armstrong et al., 2004). Cronbach's alpha was reported for item subscales. Emotional distress was measured by a modified depression scale (Radloff, 1977) with established reliability in college-age students ($\alpha = 0.80$ to 0.82) (Hogan et al., 2010; Young et al., 2010). Other investigator-developed questions were in regard to suicide ($\alpha = 0.69$ to 0.74), abuse/forced sexual activity ($\alpha = 0.60$ to 0.70), and eating disorders ($\alpha = 0.77$). Self-view was measured by an investigator-developed, four-item scale about religious perspectives ($\alpha = 0.84$), including strength of faith, prayer, closeness to God, and church attendance (Armstrong et al., 2004). Additionally, a seven-item survey entitled the Self-Esteem Profile (Berent Associates, 2008) was applied that had established reliability for use with college students (Hogan et al., 2010; Young et al., 2010), as well as a four-item Self-Attributed Need for Uniqueness scale (Lynn & Snyder, 2002) with previously established reliability ($\alpha = 0.74$ to 0.81) (Hogan et

al., 2010; Young et al., 2010).

Human Subjects Protection

Exempt study status was obtained from the university institutional review board. Completed surveys contained limited personal identifying information to maintain participant confidentiality.

Data Analysis

Predictive Analytic Software (17.0 ed.) was used to obtain frequencies, Cronbach's alpha scores, cross tabulations, *t*-test scores, and chi-square analysis. Findings were analyzed by first looking generally at the students who chose body art. The respondents with body art were separated into three distinct groups and were further subdivided by level of body art: (a) tattoos (one, two to three, or four or more tattoos); (b) lifetime piercings (one to three, four to six, seven or more piercings); and (c) 1 or more intimate (nipple, genital, or both) piercings. Although theoretically a respondent could possess all three types of body art, the specific body art questions allowed an individual examination of each type. These data were then compared with those from individuals who did not report any body art to determine whether differences and similarities existed as in Koch et al.'s (2010) study.

Lifetime body piercings (total amount of body piercings ever obtained by the respondents), rather than current piercings, were explored, as "body piercings can be easily removed and the lifetime [type of body art] would better note the lifestyle of the pierced wearer" (Koch et al., 2010, p. 153). Intimate piercings were specifically investigated from lifetime piercings, as this type of piercing is viewed as more non-traditional, and wearers have been documented to demonstrate different psychosocial characteristics (Caliendo et al., 2005; Hogan et al., 2010; Young et al., 2010).

To answer the three research questions posed in this study, frequencies of participant responses on the questionnaire by college students with low to

higher levels of body art were examined. Low levels of body art included 1 tattoo and 1 to 3 piercings, whereas high levels of body art included four or more tattoos, seven or more body piercings, and/or intimate piercings (Koch et al., 2010). Chi-square analysis was used to determine significant differences in risky behavior, emotional distress, and self-view among body art groups.

RESULTS

Demographics

The study sample was 595 students, and the average participant was a Caucasian freshman within the university. Of the 595 college students who were queried, 127 (21%) had tattoos, 195 (33%) had lifetime piercings, and 17 (3%) had intimate (nipple, genital, or both) piercings. Average age of the total sample was 19.5 years, which was similar to the average age of 19.45 for individuals with tattoos, with lifetime body piercing respondents younger at 19.16, and those with intimate piercings older at 19.75. More women completed the survey (322, 58%) than men (238, 42%), with 35 respondents not reporting gender; women also reported the most tattoos as well as lifetime body and intimate piercings in this sample.

The following data address each of the research questions guiding this study. In addition, a specific subtype—college students with intimate body piercings—was examined.

Research Question 1

Is there a difference in high-risk behaviors (e.g., cigarette, alcohol, and illegal drug use, sexual activity) among college students with self-report of varying levels of body art (i.e., tattoos, body piercings, and/or intimate piercings) compared with individuals who did not report any body art?

To address this question, high-risk behaviors were examined in individuals with varying levels of tattoos and also for individuals with varying levels of body piercings, including intimate piercings. Differences were found for each type of body art. For all three body art groups, no differences were found

TABLE 1

COMPARISON OF SEXUAL ACTIVITIES ACROSS TYPES OF BODY ART IN COLLEGE STUDENTS

Sexual Activity	Total Sample	Individuals With Tattoos	Individuals With Lifetime Body Piercings	Individuals With Intimate Piercings
Age at first sexual intercourse (years)	16.50	16.07	16.23	16.08
Yearly sex partners (<i>n</i>)	2.14	2.49	2.08	2.50
Lifetime sexual partners (<i>n</i>)	3.72	4.82	4.04	3.25

regarding alcohol or marijuana use. This is in contrast to significant findings regarding cigarette use in anyone with four or more tattoos and/or seven or more piercings and/or intimate piercings. Additionally, significantly higher illegal drug use was also present in individuals with four or more tattoos and/or intimate piercings. In all questions about lower-risk behaviors (i.e., losing temper, fighting, skipping classes, and arrest, significant differences were only present in individuals reporting intimate piercings.

First sexual experiences, yearly sexual partners, and lifetime sexual partners were queried. Table 1 provides ages and number of sexual encounters for each distinct body art group. Compared with the total sample, respondents with four or more tattoos, seven or more piercings, and/or intimate piercings significantly had more first sexual interactions at age 15 or younger, as well as more yearly sexual partners (3 or more). The early age of first sexual intercourse experience was statistically significant ($t = 1.3$, $df = 3.1$, $p = 0.001$) for individuals with intimate piercings. Individuals having tattoos also were statistically different than individuals without tattoos in regard to age at time of first sexual intercourse experience ($t = 228$, $df = 3.7$, $p = 0.001$), as well as amount of yearly ($t = 228$, $df = 2.8$, $p = 0.001$) and lifetime sexual partners ($t = 228$, $df = 4.1$, $p = 0.001$).

Research Question 2

Is there a difference in emotional distress (e.g., feelings of sadness or depression, suicide, eating disorders, abuse,

forced sexual activity) among college students with self-report of varying levels of body art (i.e., tattoos, body piercings, and/or intimate piercings) compared with individuals who did not report any body art?

Significant findings (Table 2) were present regarding feelings of sadness and depression (e.g., *can't shake off the blues, currently feel sad, sad since body art*) in respondents with four or more tattoos, but individuals with intimate piercings documented significant concerns with seven of the eight statements. For the questions that examined suicide ideation, there were significantly higher amounts of attempted suicides in respondents with four or more tattoos, seven or more piercings, and/or intimate piercings. Only one significant response (*dissatisfied with body*) was present in individuals with four or more tattoos; other significant responses of *hiding to eat* and *eat then vomit* were present in those with intimate piercings.

Students with higher numbers of piercings, tattoos, or both reported significant mental, emotional, physical, or sexual abuse (range of incidents: 18% to 80%). Forced sexual activity (20% to 36%) was significantly higher in individuals with two or more tattoos; for individuals with intimate piercings, significant findings were found for physical ($\chi^2[df = 1, n = 17] = 12.6$, $p = 0.001$) and sexual abuse ($\chi^2[df = 1, n = 17] = 6.5$, $p = 0.01$). These four questions had two responses each (*yes* or *no*), for a total of 8, and the mean ranged from 4.9 to 6.0 ($SD = 1.1$ to 2.2), which also documented an increased rate in these activities.

Research Question 3

Is there a difference in positive self-view strategies (e.g., religious perspective, self-esteem, Need for Uniqueness) among college students with self-report of varying levels of body art (i.e., tattoos, body piercings, and/or intimate piercings) compared with individuals who did not report any body art?

The mean of all three groups of body art regarding religious perspectives ranged from 11.6 to 12.6 ($SD = 3.8$ to 4.6), indicating an overall positive religious strength. Individuals with intimate piercings had a significantly lower religious strength than college students with lower levels of body art. Significant differences in self-view were also noted when participants reported their feelings of less self-value and self-likeness. Minimizing their ability, as part of their self-esteem, was significantly different in those with four or more tattoos, intimate piercings, or both ($p < 0.01$).

Regarding Need for Uniqueness, significant differences ($\chi^2[df = 1, N = 80] = 22.1$, $p = 0.04$) were present in individuals with four or more tattoos, seven or more piercings, and/or intimate piercings “wanting to intentionally do things to make themselves different from those around them” (Lynn & Snyder, 2002). Other findings supported this motivational concept of Need for Uniqueness including the second ranked body art outcome of *helped me feel unique*, as well as the three consistent and highest ranked self-identity statements selected by all three body art groups: it helped me (a) *express myself*, (b) *feel unique*, and (c) *be myself*.

DISCUSSION

Study Limitations

Caution is always advised about the generalizability of study data. Limits are usually not present for the respondents to self-select their participation when non-experimental, cross-sectional studies are conducted. This could influence the respondent's use of his or her personal judgment to interpret the questions and enter socially desirable responses. Additionally, in this study, there was a larger proportion of women (58%) with increased amounts of all types of body art who self-selected into the sociology classes; this may have impacted the study findings (Koch et al., 2010).

Yet, considering these limitations, the current study provides more evidence to understanding risk factors possibly associated with students who engage in tattoo and body piercing behaviors. Three pieces of evidence surfaced when specific amounts of body art were quantified and a non-traditional type of body piercing was further detailed. Contributions included information so (a) validation of differences or similarities regarding cigarette, alcohol, and illegal drug use; sexual activity; religion; and Need for Uniqueness could be examined; while (b) obtaining further information on already cited, but limited data, about self-esteem, depression, suicide, abuse, forced sexual activity, and eating disorders in individuals with body art. In addition, new data about individuals with intimate (nipple and/or genital) piercings in the college student population became available.

Risky Behavior and Levels of Body Art

Weekly binge drinking and monthly marijuana use were common for all respondents, regardless of body art. Although the levels of binge drinking are concerning, they are not unusual, as recent studies cite one in four high school students and adults ages 18 to 34 report frequent binge drinking mainly because they do not see it as a major health problem (Centers for Disease Control and Prevention [CDC], 2010).

Overall, the amount of body art

Variable	p Value		
	4+ Tattoos	7+ Lifetime Piercings	Intimate Piercings
Depression			
Amount of time feeling sad			<0.05
Poor appetite			<0.01
"Can't shake off the blues"	<0.01		<0.01
Everything an effort			<0.05
Sleep currently restless			
Currently feel sad	<0.01		<0.01
Cannot "get going"			<0.01
Since body art, feel sad/depressed	<0.01		<0.05
Suicide			
Think about hurting self			<0.01
Think about taking own life	<0.01		<0.01
Often attempted suicide	<0.01	<0.05	<0.01
Eating disorders			
Dissatisfied with body	<0.01		
Often hide to eat			<0.01
Eat then vomit			<0.01
Abuse			
Mental	<0.01	<0.01	
Physical	<0.01	<0.01	<0.01
Sexual	<0.05		<0.05
Forced sexual activity			
Rape	<0.01		<0.01

possession in these college students seemed to be a pivotal factor between a more accepted norm of well-being and a progressive departure from the norm to high-risk behaviors. As to possession, perhaps there are degrees of societal commitment when it comes to the selection and amounts of body art, as well as gender issues. In this study, as in the study by Koch et al. (2010), women reported more tattoos as well as lifetime body and intimate piercings. With piercings, using lifetime body piercings data helped produce a clearer lifestyle picture, rather than just current piercings, as the procedure is done

quickly, only short-term discomfort is experienced, and individuals "have the ability to remove them, with no one wiser as if a body art decision never was made" (Koch et al., 2010, p. 158; Tiggemann & Hopkins, 2011). Another author (Suris et al., 2007) reduced piercings to less relevancy by claiming they are nothing more than a fashion accessory. Perhaps this is why it took at least nine lifetime piercings to see a demarcation into high-risk behaviors. Tattooing, however, could be viewed as more of the "macho" type of body art in terms of more procedural time, pain, and permanency. Only one intimate

KEYPOINTS

Owen, D.C., Armstrong, M.L., Koch, J.R., & Roberts, A.E. (20xx). **College Students With Body Art: Well-Being or High-Risk Behavior?** *Journal of Psychosocial Nursing and Mental Health Services*, xx(x), xx-xx.

1. The current study builds on previous body art research, validating college-age individuals with body art admit to being risk takers, while documenting differences and similarities regarding their cigarette, alcohol, and illegal drug use; sexual activity; religion; and Need for Uniqueness.
2. Clear differences were documented in the varying amounts of body art as individuals with one tattoo, one to three piercings, or both, and no genital piercings, displayed more high-risk behaviors than individuals having no body art (well-being), similar to previous findings.
3. Individuals with four or more tattoos, seven or more piercings, and/or intimate piercings had significant differences regarding risky behavior, emotional distress, and self-view, similar to previous findings.
4. Health education is important as college students are “open to experiences”; yet at all times, cautious monitoring and avoidance of social profiling is important because body art is only “skin deep.”

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piercing was needed to reveal high-risk behaviors, which is a new finding for this non-traditional type of body piercing (Caliendo et al., 2005; Hogan et al., 2010; Young et al., 2010).

This examination of individuals with a greater number of tattoos and/or body piercings produced a “rougher or risky” view of the college student body art culture. Clear differences were found in the levels of high-risk behaviors in the similar, escalating numbers of body art (four or more tattoos, seven or more piercings, and/or intimate piercings), as in Koch et al.’s (2010) study findings. In individuals with four or more tattoos, seven or more piercings, or both, their body art was obtained significantly earlier, and they had more than three close friends who were also decorated with body art.

Emotional Distress and Level of Body Art

Depression seems to affect more young women ages 18 to 24, especially in southern U.S. environments (CDC, 2010). Recent findings for women with genital piercings additionally document reports of a small to moderate

amount of sad or depressed feelings (Young et al., 2010). Obtaining body art may be “one manner in which individuals attempt to cope with distress or attempt to clarify their sense of self” when they have depression (Roberti & Storch, 2005, p. 17).

In these findings, individuals with smaller amounts of body art (one tattoo, one to three piercings, or both) displayed a more accepted norm of stability (well-being), and little evidence of personality, mood, or psychopathology correlates; body art for them was one way to “affirm their own individuality” (Roberti & Storch, 2005, p. 17). Their actions seemed to be similar to individuals with no body art, similar to the finding of Koch et al. (2010).

In the respondents with four or more tattoos, intimate piercings, or both, significant findings included seeks new experiences, loses temper, arrests, early sexual intercourse (15 or younger), depression, lower self-esteem, and hiding food when eating. In individuals with four or more tattoos, seven or more piercings, and/or intimate piercings, significant differences were found with

cigarette use, intentionally seeking to make themselves different from others around them, and increased suicide attempts.

Self-View and Level of Body Art

As in other body art study findings (Armstrong et al., 2004; Caliendo et al., 2005; Hogan et al., 2010; Suris et al., 2007; Tate & Shelton, 2008; Young et al., 2010), respondents in the current study readily admitted to risk taking; having a history of liking and obtaining other body art; deliberately making the decision before procurement; continuing to have strong, close friend support for their body art; still liking the body art; and would do it again. Additionally, their religious strengths were strong and their reported outcomes for body art were the same (Armstrong et al., 2004; Koch et al., 2010).

Although it is believed that everyone has a need for some dissimilarity, those with the Need for Uniqueness seem to be more motivated to look for items that assist them to be distinctive and special (Lynn & Snyder, 2002). For these body art respondents, tattooing and body piercing seemed to fulfill some of this Need for Uniqueness (differentness, distinctiveness, and uniqueness), while bolstering their self-identity. This is different from the findings of Tiggemann and Hopkins (2011), who reported only individuals with tattoos had higher scores for the Need for Uniqueness attribute.

College Students With Intimate Piercings

Little research has been conducted about individuals possessing intimate body piercings, and virtually no information has been published regarding college students with nipple, genital, or both piercings. Previously published data (Caliendo et al., 2005; Hogan et al., 2010; Young et al., 2010), as in the current study, note that individuals with intimate piercings tend to be older and not ethnically diverse. Similarly, the sample in the current study, including those with intimate piercings, were largely Caucasian. Increasing procurement of intimate body art in college

students is particularly interesting, in light of previous body art research at the same university (Armstrong et al., 2004; Koch et al., 2010). At the time of data collection in the Koch et al. (2010) study, 11 (2%) students reported intimate piercings, whereas in the current study conducted 2 years later, an increase of 1% ($n = 17$ [3%]) was noted. Further research will be important to validate or dispute these findings.

Women who reported more body piercings, as well as those with intimate piercings, seem to have a propensitory history toward wearing other general body art (Koch et al., 2010). Abuse and rape were also reported more frequently in individuals with intimate piercings (Caliendo et al., 2005; Young et al., 2010). Although individuals in all body art categories in the current study experienced sexual intercourse earlier than the national average of age 17 (Guttmacher Institute, 2012), those with intimate piercings were even younger (Caliendo et al., 2005; Koch et al., 2010; Young et al., 2010). This was coupled with their self-reported history of one or more types of abuse and suicide attempts. The national rate for forced sexual activity is 10.5% (Guttmacher Institute, 2012); those with intimate piercings reported more than three times that amount (36%).

Other reports describe women using genital piercings as a way to enhance oneself as a means of control, to take hold or reclaim that part of the body that was taken away from them after sexual abuse or rape (Caliendo et al., 2005; Young et al., 2010). Further research—and perhaps even interventional counseling (Miller & Fitzpatrick, 2010)—is encouraged when women who have genital piercings come to university/college health clinics with an admission history of early intercourse, abuse, forced sexual activity, depression, and suicide attempts.

IMPLICATIONS FOR NURSES

The current study further documents the mainstream prevalence of body art. As in the general popula-

tion, within the young adult, 18-to-25 population, currently one in four have tattoos and one in three have body piercings, with less (one in 34) having intimate piercings. Virtually every part of the body has either been tattooed, pierced, or both. Additionally, results of the current study show individuals with body art tend to be risk takers, consume larger amounts of alcohol, and are “open to experience.” These respondents were relatively young college students (freshman), yet “are already making decisions, and have the skills and credentials to be enrolled in higher education” (Koch et al., 2010, p. 159). Some of them have already obtained significant amounts of body art in college. Will their body art procurement continue during their remaining college years? Further longitudinal studies documenting their body art decisions during their college enrollment would be insightful.

Interestingly, these data also continue to dispel some of the negative stereotypes of individuals with small amounts of body art (Tate & Shelton, 2008), and they provide a clearer picture of individuals who have sought larger amounts of tattoos and body piercings. Yet, although this awareness is helpful, it could also lead to labels of “non-conformity, anti-sociality, and alienation” (Suris et al., 2007, p. 128) and calls for underlying psychiatric assessments (Suris et al., 2007). Cautious monitoring and sensitivity to any potential profiling is important as body art is only “skin deep” (Susman, 2007; Tate & Shelton, 2008). What is more essential than the application of a label is increased efforts of thorough, appropriate health education (Miller & Fitzpatrick, 2010), initiated in elementary school (Armstrong, Tustin, Owen, Koch, & Roberts, 2013) and continued throughout the collegiate levels, including information for families and health care providers.

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