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Relationships and Betrayal among Young Women: Theoretical Perspectives on Adolescent Dating Abuse

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Abstract

AIMS—Adolescent dating abuse is not specifically described by any current nursing theory, and this paper presents discussion of some existing theories that could inform a nursing theory of adolescent dating abuse. To account for the effects of gender, this discussion is limited to young women.

BACKGROUND—Adolescent dating abuse is an important and understudied international issue for nursing. Theoretical frameworks can support development of nursing scholarship for such issues. No single theory yet exists within nursing to explain the experiences and health ramifications of dating abuse among young women.

DATA SOURCES—A summary table of theories is provided. Literature was gathered via database search and bibliographic snowballing from reference lists of relevant articles. Included literature dates from 1982 through 2010.

DISCUSSION—Theories of relationship formation and function are discussed, including attachment, investment, feminist and gender role conflict theories. Betrayal trauma theory is considered as a mechanism of injury following an abusive dating experience.

IMPLICATIONS FOR NURSING—Gender, relationship, and adolescence combine in a complex developmental moment for young women. To improve nursing care for those at risk for or in the throes of abusive relationships, it is critical to develop specific nursing approaches to understanding these relationships.

CONCLUSION—Existing theories related to relationship and traumatic experiences can be combined in the development of a nursing theory of adolescent dating abuse among young women.

Keywords

Adolescent health; gender; nursing theory; violence; feminist research; theory-practice gap

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Author Contributions:

CB & JH were responsible for the study conception and design

CB performed the data collection

CB performed the data analysis.

CB were responsible for the drafting of the manuscript.

BH, SR, RR & JH made critical revisions to the paper for important intellectual content.

CB & JH provided administrative, technical or material support.

SR, RR & JH supervised the study

INTRODUCTION

The issue of abuse among adolescent dating partners represents an understudied problem in nursing. Although a growing body of nursing literature addresses intimate partner violence between adults, little yet exists on abuse among younger partners in less committed relationships—especially at the young end of the adolescent continuum (Close 2005, Matud 2007, Betz 2007). Relationships are a critical consideration in adolescent development across cultures and abusive relationships pose a significant threat to adolescent health (Antonio and Hokoda 2009, Wolfe et al. 2001). Since nursing encompasses the promotion of health (International Council of Nurses 2007) and the provision of care “at every level of health and illness and at every age” (Walker and Avant 2005, p. 3), adolescent dating abuse is a worthy focus of international nursing scholarship.

The purpose of this paper is to explore existing literature that could support the development of a nursing theory of dating abuse. Importantly, none of the theories described are nursing theories, but each offers some important area of consideration in the development of such theory. This paper examines theories that seek to describe how relationships are formed and sustained, focusing on the relationship experiences of young women. This focus is specifically limited because of the divergent norms of gender and social roles that apply to male and female adolescents (Raty et al. 2005). This paper does not assume that all adolescent dating relationships are between opposite sex partners, but focuses on young women’s experiences in such relationships regardless of the sex of their partners. Five theories are considered here.

BACKGROUND

Dating Abuse in Adolescence

Much existing literature on relationship abuse has dealt with adult women in married or cohabiting relationships or with abused women living in shelters, but in many studies a life-spanning pattern of abusive experiences is evident (Amar 2004, Close 2005, Gagne et al. 2005). Prevalence estimates of dating abuse among adolescent girls range as high as 37% for physical and 96% for verbal or psychological aggression (Rhatigan and Street 2005, Halpern et al. 2001). These statistics suggest the potentially enormous impact of dating abuse between adolescents, especially in light of recent research suggesting that repeated traumatic exposures can have dire consequences for overall health (Green and Kimerling 2004, Freyd et al. 2005, Finkelhor et al. 2007). The health risks imparted by adolescent dating abuse establish this issue as a critical one within nursing care for young women, and one important in the development of health care for adolescents in general. In developing nursing knowledge around these issues, it is first necessary to understand what the term adolescence describes, how relationships function during adolescence, and what health risks are posed by abusive dating relationships in adolescence.

What is adolescence?—Adolescence represents a significant moment in growth and development, a life stage first elucidated in the early 20th century by Hall (1904). Yet, until the late 20th century “research on adolescence [was]...meager” (Petersen 1988, p. 583). Over time, adolescence has been variously defined by physical, psychosocial, and even economic criteria—none of which have, in isolation, proven to fully describe this developmental stage (Brooks-Gunn and Petersen 1984, Arnett 2000, Greenfield et al. 2003). The term adolescence now commonly encompasses a range of ages between 11 and 25, initially demarcated by the onset of puberty (Forke et al. 2008, Rostosky et al. 2008, Fantasia 2008, Close 2005). Current thinking about adolescence often indicates the role of developmental tasks associated with the transition adulthood—tasks which may be undertaken in diverse contexts and sequences (Park et al. 2006). Critical among these is the

assessment and evaluation of identity, and role development occurs in many environments—including dating and other types of relationships (Greenfield et al. 2003).

Relationships in adolescence—Relationships take on particular importance for young people because adolescence is marked by the development of abstract thought, meaning that adolescents become aware of their own thought processes as well as of the fact that others may be thinking about them (Piaget 1969, Erikson 1968). Concern with those thoughts and whether they are positive in nature can affect developmental socialization by prompting acclimation to social group norms, which may in turn influence relationship formation. The interrelations among socialization, personal relationships, and abstract thought during adolescence are inherently bidirectional, and may dictate how young people locate themselves socially (Wolfe et al. 2006). The initiation of specifically romantic relationships has been described as a core task of adolescence, representing an important shift in an individual's interactions with others (Wolfe et al. 2006). Relationships therefore represent both important developmental stimuli and potential sources of personal and developmental trauma—as when abuse is involved.

Abusive dating relationships and health in adolescence—While some studies rely solely upon instances of physical violence to indicate abusive situations, others suggest that psychological and sexual coercion may be of equal or greater importance (Sears et al. 2007, Gatti 2009). The combination of different types of abusive behavior may have special importance for adolescents, because of the highly contextual and socially oriented nature of many adolescents' daily lives (Beutel and Johnson 2004, Ghandour et al. 2004). Sequelae may include developmental difficulties related to relationships, mental health issues including depression and suicidality, increased risk for further abuse, and engagement in a variety of health risk behaviors (Silverman et al. 2004, Silverman et al. 2001, Amar and Gennaro 2005, Ramisetty-Mikler et al. 2006, Gagne et al. 2005). Young women in particular have been shown to evince adverse health outcomes in the wake of abuse, and to be at increased risk for trauma-related chronic health issues later in life (Svavarsdottir and Orlygsdottir 2009, Green and Kimerling 2004, Walker et al. 2004, Amar and Gennaro 2005).

Why a Nursing Theory of Adolescent Dating Abuse?

The sequelae of dating abuse among adolescents may have serious health effects, and a variety of studies suggest that experiences of violence and abuse correlate with subsequent such experiences (Bradshaw and Garbarino 2004, Clemmons et al. 2007, Fredland 2008). Since nursing science has as a chief purpose the improvement of nursing care (Benner 1994), development of theoretical frameworks to support study of adolescent health issues is of specific interest to nurse researchers. It has been suggested that nursing research shaped by a theoretical framework is both crucial to advancing the nursing profession's standing as a science and an effective means of linking novel issues to existing knowledge (Algase and Whall 1993, Montgomery 2002). Without appropriate theoretical frameworks to draw on, care providers may be less able to anticipate clients' needs and miss opportunities for therapeutic interaction or education (Montgomery 2002). Development of theoretical frameworks exploring adolescent dating abuse can therefore contribute to enhanced nursing practice and care provision throughout adolescence and adulthood.

DATA SOURCES

A summary of the theories considered in this paper is provided in Table 1. Attachment theory, investment theory, feminist and gender role theories are considered. A more precise mechanism of trauma is then discussed by the theory of betrayal trauma. The text concludes

with brief consideration of what might be the essential elements from each of these theories relevant in the development of a nursing theory of adolescent dating abuse. Referenced literature was culled from extended searches of the PubMed, CINAHL, PsycInfo, JSTOR, and PsycARTICLES databases, and from a large university library catalog. Search terms were selected deductively in the process of a larger literature review on adolescent dating abuse, which included articles on relationship and traumatic theory. Specific terms are listed in Table 1. Bibliographic information for relevant articles yielded additional sources. Sources retrieved and reviewed covered publications from 1982 through 2010. Inclusion criteria were that the theory described interpersonal relationships and that literature on adolescence utilizing the theory was available. The material included is that deemed most useful to development of a nursing theory exploring health ramifications of adolescent dating abuse for young women, as evaluated by a committee of scholars in nursing. A summary of theories considered but ultimately excluded from discussion in this paper is included in Table 2, including reasons for exclusion.

DISCUSSION

Relationship Theories

Relationships—romantic or otherwise—are perhaps foremost among the factors bearing on individual perspectives on and engagement with health during adolescence (Hetherington and Stoppard 2002, Wolfe et al. 2006). Current research on adolescent development emphasizes the importance of all types of relationships in the lives of young people, especially since many risk and resilience factors are manifest within relationship contexts (Dobbs 2009). Theories seeking to explain how and why young people form and sustain relationships, particularly those problematic or detrimental to health, are especially relevant to research in this area. Explored in this paper are attachment theory, the investment model, feminist and gender role conflict theories.

Early relationships: attachment—Attachment theory originates in the work of Bowlby and Ainsworth (1991), who theorized that the attachment between a young child and primary caregiver could serve as a “secure base from which (to) explore” (Bowlby 1984, p. 10). The concept of secure base meant that a vulnerable child had a reliable source of protection and assistance, such that any threat encountered during exploration could be managed without severe personal consequence (Ainsworth and Bowlby 1991). If caregiver responsiveness became compromised, the child might exhibit fear, anxiety, uncertainty about exploration, or dissociation from the caregiver (Bowlby 1984).

Many theorists now suggest that attachment occurs and is qualified throughout the lifespan, and that attachment theory can apply to romantic and sexual relationships (Simpson et al. 2007, Follingstad et al. 2002) to adolescent peer and partner relationships (Wekerle and Wolfe 1999), as well as to familial relationships (Allen et al. 2007, Aspelmeier et al. 2007). Wolfe, Jaffe, and Crooks (2006) note that adolescent attachment patterns may parallel those of young children in that adolescents are exploring new roles and relationships within their environments. If dating partners function as a secure base, young people may be reluctant to dissolve attachments even if the attachment is neither positive nor supportive. In Kulkarni’s (2006) report on the experiences of young mothers involved in abusive relationships, several participants described continuing relationships with abusive partners because of alienation from family. In the absence or rupture of familial attachment, the attachment to an abusive partner may persist despite the abuse.

Attachments within adolescent dating relationships can thus serve many functions, including supporting the development of autonomy (Wolfe et al. 2006, Lepistö et al. 2010), preserving social status (Wiseman 2002), or enabling disengagement from less satisfactory

relationships (Kulkarni 2006). Significantly, however, early attachment experiences are not entirely deterministic of later relationships. Neither can attachment theory fully explain all trajectories of relationship. Particularly among adolescents, it is important to recognize the multiplicity of demands that may affect daily life, and to consider that these demands may influence developmental and relationship processes in varied ways. Although some of the reasons young people may remain in abusive dating relationships can be identified via attachment theory, such explanations do not necessarily account for valuation of relationship with a specific partner, in specific social and personal contexts.

Costs and benefits: the investment model—Where attachment theory implies that a relationship is valued for its function in the individual’s life, the investment model suggests that the combination of experiences associated with a specific partner imparts value (Rhatigan and Street 2005). The investment model was developed by Rusbult (1983), who described its main components as “satisfaction—positivity of affect or attraction to one’s relationship—and commitment—the tendency to maintain a relationship”(p. 102). In this case, the individual might be said to have an attachment to the situated act of being in the relationship as much as to the partner. Contributing to satisfaction and commitment are alternatives and investments—respectively, the array of possibilities available if an individual exits a relationship and the quantity of resources attached to the relationship, presumably to be lost if it ends (Rhatigan and Street 2005).

Accordingly, if a dating relationship contributes to a young woman’s conceptualization of identity—such as by enhancing or contributing to her social status—this could be considered relationship investment and contribute to desire to maintain the relationship. In a study of 309 female undergraduate students ages 18–19, Rhatigan and Street (2005) compared the results of the Revised Conflict Tactics Scale (CTS2) (Straus et al. 1996), the Investment Model Scale (IMS) (Rusbult et al. 1998) , and the Steps Toward Leaving (STL) questionnaire (Weiss and Cerreto 1980) to see whether experiences of intimate partner violence influenced women’s decision-making about relationship termination. The results suggested that a sense of satisfaction derived from the fact of being in a relationship mediated between some abusive experiences and continued commitment (Rhatigan and Street 2005). It follows that greater investments—increased satisfaction with the overall relationship or deeper commitment to maintaining it—may increase risk for abuse, since abusive partners are less likely to experience negative repercussions, such as a break up, as consequences of abusive behavior (Rhatigan and Street 2005). These ideas correspond with current literature on adolescent development and relationships, which emphasizes young women’s relational focus during adolescence and suggests that some may prioritize creation or enhancement of relationships even at the risk of their own health (Impett et al. 2006, Raty et al. 2005, Baker et al. 2001).

Clearly, this model is applicable to the study of adolescent dating abuse, and may particularly help explicate young women’s relationship decision-making processes. The theory is limited, however, in that it emphasizes decision-making about singular relationships and does not encompass the larger context of social interactions in which those decisions are made. This context is a critical feature of adolescent development. Further, neither the investment model nor attachment theory provides sufficient explanation for the ways in which the experience of gender may affect such relationships. Since gender socialization is an important feature of the adolescent period, this represents a considerable gap in the generalizability of these theories to different sample populations.

Roles and relations: gender role conflict, feminist theory—Identity conceptualization in adolescence often encompasses gender identity as well as social status, and socialization to gender roles is a prominent theme in modern literature on adolescent

development (Riesch et al. 2003, Halpern-Felsher et al. 2002, Roberts et al. 2006, Brown and Gilligan 1992). In the process of identity formation, young people may seek to embody the norms of a social group, such as for gender and appearance (Shroff and Thompson 2006) and behavioral norms such those accorded to and expected of dating partners (Ashley and Foshee 2005, Johnson et al. 2005). The ability to acceptably enact such norms may contribute heavily to social standing within a peer group, or within specific relationships (Chung 2007). This is important in consideration of adolescent dating abuse because dating relationships often contribute to a young woman's ability to conform to preferred models of femininity in adolescence. The function of relationships in identity formation among young women may thus be partially clarified by feminist and gender role theories, which seek to expose the effects of socially constructed gender-based influences on interpersonal power balances.

Feminist theory—Feminist theory offers broad perspective on the potential for gender to affect relationships and other facets of identity, focusing on the balance or imbalance of gender-based power in relationships as well as in the larger social environment (Christie 2000). Feminist theory proposes that many social norms are androcentric or exclusionist, because the perspectives of women and other less empowered groups have historically been ignored or relegated to spaces other than those in the public eye (Christie 2000, Showalter 1985, Olesen 2005). Considering adolescent dating abuse from a feminist theoretical perspective may be especially relevant given the intensity with which gender roles are often enforced and adhered to during adolescence (Wolfe et al. 2006). This is particularly important when considering the relationships of sexual minority adolescents. The values assigned by adolescents to gender identity markers, such as dating behaviors or physical appearance, may be closely tied to identity development and to perceived social status (Beutel and Johnson 2004, Chung 2007).

Banister, Jakubec, and Stein (2003) applied a critical feminist framework to their study of young women's perspectives on health and relationships to investigate the effect of the combined experiences of being young and female. The framework allowed the researchers to explore power and control issues between adolescent partners, and to examine gender-based associations between young women's responses to encounters with dating partners. As one participant noted, "[Girls] get confused in relationships, and they're stuck, and they're, like: What am I supposed to do? Should I stay here and be with somebody that wants to be with me although they're abusing me, like, emotionally and physically?" (Banister et al. 2003, p. 26). This quotation clearly illustrates an overlapping of gender and partnership.

Feminist theory may illuminate the important factors of gender identification and power balancing in young women's experiences of abuse in dating relationships, but alone it does not fully account for the ways in which gender enactment specifically contributes to the structure and function of these relationships. Although feminist theory generally draws attention to some of the social constructions affecting young women's relationship socialization, it lacks specificity regarding the performance of gender as pertains to relationship expectations and behaviors. To account for such issues, additional facets of gender in relationship merit consideration.

Gender role conflict—A further dimension of feminist theory, gender role conflict, specifically explores performance of gender normative behaviors. Gender role conflict is described as the phenomenon occurring when "rigid, sexist, or restrictive gender roles, learned during socialization, result in the personal restriction, devaluation, or violation of others or self" (Good et al. 1995, p. 3). In particular, the needs or desires of the self may be devalued in a relationship if that relationship is viewed as critical to gender role

performance. Among adolescents, evaluation of the stringency with which gender norms can safely be enacted may be hindered by limited experience (Simpson et al. 2007).

Short, Mills, and Rosenthal (2006) explored adolescent girls' "loss of voice" in discussions of managing sexual health. Their findings indicated that even in supportive settings, young women sometimes "choose to remain silent rather than express...feelings and thoughts as a way to minimize conflict and maintain relationships" (p. 269). Young women who feel a dating relationship is crucial to maintaining gender identity may also evaluate abusive experiences as did a participant in a focus group on gender-based violence: "if [a woman's] getting beat and she stays there . . .that's love, she loves [her partner]" (Johnson et al. 2005, p. 176). These examples demonstrate how enactment of a gender or other social role that demands relationship maintenance can affect young women's ability to attend to personal wellbeing, and suggest how gender role conflict may manifest in the context of an abusive dating relationship. As with other theories of relationship function and valuation, however, gender role conflict cannot singularly, fully account for all influences on young women involved in abusive relationships.

Summarizing relationship theories: toward synthesis—Relationship accretion is an important developmental engine in adolescence, and all types of relationships may influence health-affecting behaviors—from engaging in preventive health practices to initiating sexual contact. Relationships may allow young women to evaluate their social standing and role expectations, while simultaneously reinforcing gender and social group norms (Chung 2007). Understanding, evaluating, and seeking to combine theories that suggest how relationships are situated, enacted, and valued among adolescents can provide nurse scientists with essential elements for development of a nursing theory of abusive adolescent dating experiences.

According to Wolfe, Jaffe, and Crooks (2006), enactment of gender identity can become a determinant of acceptable behaviors with both self and others. During adolescence, socialization largely shifts from occurring within the family unit to within the peer group. Gender socialization particularly may lead young women to embrace and embody peer group norms in order to sustain relationships (Halpern-Felsher et al. 2002, Shroff and Thompson 2006). As such, both feminist and gender role conflict theories offer important insights into the functions of gender performance among young women and indicate mechanisms by which gender may affect the experience of abuse in dating relationships.

Gender is only one element of adolescents' relationship participation, however. Beyond valuing specific behaviors or attributes, young people's involvement in relationships may reflect the function of those relationships in their lives. The investment model is perhaps especially effective for evaluating additional elements that prompt adolescents to sustain dating relationships, including those that are abusive. This model suggests that where relationships encompass degrees of satisfaction, commitment, alternatives, and investments deemed favorable to those in the relationship, termination is less likely (Rusbult 1983). The model thus reflects features of the relationship itself, rather than describing its participants or their behaviors. Unlike feminist or gender role theory, this model thus offers the flexibility to consider more than one set of influences that may lead to continuing a relationship.

A different mechanism of relationship valuation is proposed by attachment theory, as described by Simpson, Collins, Tran, and Haydon (2007). Attachment theory indicates the importance of the act of being in relationship with another, insofar as that relationship may support formation of additional relationships. If a valued attachment is present such that the dating relationship is utilized as a secure base from which to explore other social

associations, even experiences of abuse may not lead to dissolution. Adolescents may be especially at risk for abusive involvement if they have limited experiences with relationship attachments to serve as points of reference (Simpson et al. 2007). Attachment theory thus suggests the value of an abusive relationship in terms of other relationships, which may in turn be so valued as to seem to outweigh the risks of sustaining the abusive relationship.

Each of these theories foregrounds some important aspect of young women's experiences in abusive relationships—gender behaviors, relationship valuation, and impact on other relationships. A nursing theory of adolescent dating abuse should account for all of these, since the “nursing perspective is focused on considering the phenomenon holistically and dynamically and within a context” (Meleis 2005, p. 239). Adolescents are often involved in a plethora of diverse social contexts, each affecting growth and development in different ways (Salazar et al. 2004, Renker 1999, Voorhees et al. 2005). The dating relationship itself is a socially significant circumstance for many young people, and may endow partners in such relationships with particular status or assumed functions, as well as with the risk for abuse. To understand what is at stake within such risk, it is crucial to consider the potential impact of abusive dating relationships.

Trauma Theory

The psychosocial effects of an abusive dating relationship may represent the most unique and portentous aspects of its impact on an individual, and are key to the enhancement of nursing science related to adolescent dating abuse. Given the intersections of growth, development, socialization, and relationship accretion within adolescence, there is considerable potential impact of interpersonal trauma at this time. Dating abuse is an example of such a trauma, and some studies suggest that abuse can become cyclic in the lives of young women, extending both generationally and across relationships (Kulkarni 2006, Johnson et al. 2005, McFarlane et al. 2004). Other research highlights both mental and physical health effects of long-term stress, such as experiencing abuse over time (Dube et al. 2006, Epel et al. 2004, Follette et al. 1996, Heim et al. 2006, Dobbs 2009). The trauma of abuse thus clearly has an impact beyond the acute incident, and must be considered in any nursing theory describing young women's experiences of dating abuse.

Betrayal trauma—Betrayal trauma theory evolved from Freyd's research on long-term sequelae of childhood abuse, and speaks most directly to the incidence of betrayal when a child experiences abuse by a trusted caregiver (Becker-Blease and Freyd 2005, Freyd 1994). This theoretical explanation of psychosocial trauma particularly seeks to describe the process by which betrayal injury leads to other mental and physical health outcomes. The current definition of betrayal trauma suggests that it results when “individuals or institutions that people depend on for survival harm or violate them in some way” (Freyd et al. 2005, p. 84). The theories of relationship discussed previously indicate several ways in which adolescent dating relationships could be such institutions.

Betrayal trauma theory postulates that the compounding emotional and psychosocial injury caused by the experience of abuse may affect an individual's ability to engage in relationships of many types (Freyd et al. 2005, Freyd et al. 2008). Clearly, such issues would be critical among relationship-oriented adolescents. According to Freyd, Klest, and Allard (2005), betrayal trauma occurs in tandem with other types of trauma, but is by definition the result of “a mismatch between what ‘should be’ (e.g., people do not intentionally harm one another) and what is (you have been harmed by another person)” (p. 84). As such, outcomes may include general mental health impairment such as depression or sustained grief, and more specific problems such as post-traumatic stress disorder (PTSD) or memory dissociation (Becker-Blease and Freyd 2005, Freyd et al. 2005, Freyd et al. 2008). Since

adolescents often place high value on relationships (Wolfe et al. 2006, King and Ryan 2004), and girls in particular may feel that self-worth stems from an ability to sustain positive relations (Raty et al. 2005), betrayal trauma can affect self concept, willingness to trust, confidence, and self-esteem. Declines in some of these are noted risk factors for experiences and eventual chronicity of relationship abuse, as well as for engagement in health risk behaviors (Foshee et al. 2004, Impett et al. 2006, Swahn et al. 2008). Combined, the traumatic experience of abuse and that of betrayal during adolescence may be especially injurious.

Summary: adolescent betrayal and adult burden—The theory of betrayal trauma suggests a pathway by which dating abuse leads to other health-related problems in adolescence and adulthood. Given this long-range potential for impact on health and wellbeing, it is clear that a nursing theory of adolescent experiences of dating abuse should also encompass exploration of the ways in which such abuse is traumatic. Betrayal trauma results from exploitation of a trusted relationship such that an individual is harmed by an object of affection or reliance (Freyd et al. 2005). Given the importance of relationships in adolescence, betrayal trauma may be particularly destructive to sense of self (King and Ryan 2004, Raty et al. 2005, Wolfe et al. 2006). Among young women especially, reliance on the character of relationships with others as indicators of self-worth may broaden the impact of betrayal trauma well beyond the betrayed relationship.

IMPLICATIONS FOR NURSING

As demonstrated by the theories discussed in this paper, relationship and trauma issues are important concepts in developing a theoretical model of adolescent dating abuse. Although elements of existing theories can be readily applied to nursing study of adolescent dating abuse, no single theory yet offers a comprehensive and parsimonious model for describing this phenomenon, which may directly affect the health and development of adolescents. Formulating a comprehensive model of adolescent girls' experiences of dating abuse is likely to require implementation of strategies that account for the usefulness of elements from other theories, as well as the acquisition of information to fill gaps in knowledge. The science of nursing constitutes an excellent candidate for both enterprises.

Future Directions

The complexity and dynamic character of adolescence renders study of health and health-related issues during this period challenging. Dating abuse during adolescence exemplifies these challenges, because of the various ways in which abusive experiences can affect young people. The converse is also true, in that young people's backgrounds and personal relations may affect responses to dating abuse. Especially in the case of dating abuse, social environs and interactions are important influences on adolescent responses. Little literature has yet addressed how abusive dating relationships affect adolescents' other social connections, although studies have sought to discover the incidence and prevalence of dating abuse and to suggest predictors and other outcomes of abuse. The findings from these studies suggest that adolescent dating abuse is both prevalent and pernicious in its potential impact on health and wellbeing. In particular, young women's experiences in abusive dating relationships require further study because of the compounding effects of gender socialization and identity formation at this time. This paper asserts the usefulness of some available literature with regard to the development of nursing science around adolescent dating abuse. The theories discussed herein form the initial architecture of such a theory, which nurse scientists can effectively build upon through research and clinical inquiry.

CONCLUSION

Theory building around all of the myriad issues of adolescent dating abuse will be critical in order to ensure that the information gained by research is effectively translated into the provision of improved care. The relationship-oriented nature of adolescence and the importance of personal interactions to many adolescents renders nursing an appropriately skilled discipline to respond to these challenges, since nursing care is very often intended to support the potential of the individual (Humphreys and Campbell 2004, International Council of Nurses 2007). Consequently, nursing exploration of the issues surrounding adolescent dating violence is crucial to the generation of advances in adolescent care. Understanding of the existing theory-based literature on relationships and the pathways by which abusive relationships can endanger health and wellbeing among adolescents is a critical component in the expansion of nursing knowledge, expertise, and clinical care. Future research must target the mechanisms by which young people encounter and cope with dating abuse, as well as elucidating links between dating abuse and health outcomes such as suicidality, depression, physical ill-health, disordered eating, risky behavior, and traumatic symptomatology, because these are essential to enhancing nursing approaches to care for adolescents. The generation of such knowledge should receive high priority from nurse scientists and researchers.

SUMMARY STATEMENT

What is already known about this topic

- Adolescent dating abuse represents a significant health risk to individuals across cultures both in the immediate and long-term.
- Health issues among adolescents have been little studied in nursing, yet adolescence represents a complex developmental moment in the life span and one imbued with specific vulnerabilities.
- The complex interactions of gender, relationships, and development during adolescence render experiences of dating abuse in this period especially pernicious.

What this paper adds

- A variety of studies indicate health impact of adolescent dating abuse on young women, suggesting that exploration of this issue is needed to enhance nursing care for this population.
- Existing theories outside nursing, including attachment, investment, gender role conflict, and betrayal trauma, offer insights adaptable for development of nursing theories of young women's experiences of adolescent dating abuse.
- Nursing scholars can combine extant theoretical literature with practical knowledge to develop a theory describing the diverse health ramifications of adolescent dating abuse for young women.

Implications for practice and/or policy

- Nursing knowledge development around young women's experiences of dating abuse has unique value because nurses are positioned to affect both scientific inquiry and practical strategy in this area.
- Further research on adolescent dating abuse will expand nursing knowledge and support intervention and prevention strategies for young women.

- Nurses should consider relationships and traumatic experiences, especially as combined in abusive dating situations, when planning care for adolescent women.

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Table 1*General search terms used in literature acquisition*

- adolescent dating abuse
- sexual violence
- adolescent female sexuality
- dating abuse
- adolescent intimate partner violence
- relationship trauma
- adolescent development
- interpersonal violence

Medical subject heading (MeSH) terms used in literature acquisition

- courtship, subheading psychology (PubMed)

Summary of Theories

| Theoretical construct | Source | Phenomenon described | Major concepts |
|------------------------|--|--|--|
| Attachment theory | Bowlby and Ainsworth (1991); Bowlby (1984) | Formation of relationship between a dependent in need of care or protection (i.e. a young child) and a caregiver able to impart such care or protection (i.e. a parent) | Secure base, attachment |
| Investment model | Rusbult (1983) | Persistence of a partner relationship despite influences to the contrary (i.e. dissatisfaction, attractive alternatives) | Commitment, satisfaction, alternatives, investments |
| Feminist theory | Christie (2000); Harding (2007); Ismail, Berman, and Ward-Griffin (2007); Olesen (2005); Showalter (1985) | Experiences of being female and engaging in social relations and interactions in the context of a dominant social paradigm that is seen as | Gender, femaleness, femininity, social status, empowerment |
| Theoretical construct | Source | Phenomenon described | Major concepts |
| | | disempowering and exclusionary of women and other oppressed groups | |
| Gender role conflict | Good, Robertson, O'Neil, Fitzgerald, Stevesn, DeBord, Bartels, and Braverman (1995); Blazina, Pisecco, and O'Neil (2005) | Conflict between the enactment of learned, gender normative behaviors and valuation, preservation, or health of self | Gender, societal norms, socialization, identity |
| Betrayal trauma theory | Becker-Bleuse and Freyd (2005); Freyd (1994); Freyd, DePrince, and Gleaves (2008); Freyd, Klest, and Allard (2005) | Psychosocial, interpersonal trauma resulting from the experience of harm inflicted by a trusted other depended upon for survival (i.e. abuse by an intimate partner), independent of the initial harm itself | Betrayal, trauma, victimization, abuse, dependence |

Table 2

Summary of Theories Not Selected for Inclusion in this Analysis

| Theoretical construct | Source | Major concepts, phenomenon described | Reason for exclusion |
|------------------------------|---|---|--|
| Ecological systems theory | Bronfenbrenner (1977, 1994) | Ecological relationships, environment. The progressive and mutual accommodation of the developing human and its environment. | Not specific to interpersonal relationships. |
| Developmental systems theory | Lerner and Castellino (2002) | Relational unit, change, relative plasticity. Changing and ongoing relations of the adolescent with context. | Not specific to interpersonal relationships, little literature employing theory yet available. |
| Cumulative trauma theory | Follette, Polusny, Bechtle, and Naugle (1996) | Revictimization, trauma symptomology, cumulative traumatology. Increasing symptom manifestation and intensity with increasing traumatic experience. | Not specific to interpersonal relationship traumas, no literature specific to adolescents available. |