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Young Women's Experiences of Dating Abuse: A Multi-Method Analysis of the
Relationships Between Depression and Suicidal Ideation, Risky Behaviors,
and Abuse in Dating Relationships

by

Candace Windham Burton

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

the School of Nursing

in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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by

Candace Windham Burton

Dedication

To the courageous young women who survived the relationships reported on in this work, came forward to share their experiences, and told me over and over that they hoped their efforts would help another.

To my partner who insisted from the beginning that this was possible.

To Sean Patrick O'Reilly, who went to help, and to Leonard Broom, whose academic and intellectual prowess will never cease to inspire.

To everyone who has ever signed an organ donor card, or made the decision to donate the organs of a loved one—thank you is quite insufficient.

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In the midst of completing my doctoral work, my partner experienced a severe health crisis. My gratitude to the family of the donor whose organs saved his life, and those of others, is without limit. I would be remiss if I did not thank my nurse, physician, physical therapist, nutritionist, and other colleagues at Barnes-Jewish Hospital in St. Louis, Missouri for taking such extraordinary care of him as to enable me to think of resuming my studies. I also thank Dr. Lawrence Mueller, friend and support person extraordinaire, for his help and kindness at that difficult time. In addition, I extend gratitude and love to Jenna Lahey, Elizabeth Moore-Slade, Donald Moore, Dr. Natasha Copeland, Peggy and Avrom Tobias, Mimi Steele, Mark Gibson, Doug Evans, Michael and Mary Anderson, Charles and Kenny Burton, Karl Broom, Jessica Landrum-Brown, Carolyn King, Jon and Amanda Burdette, and the untold dozens who came stampeding out of the woodwork, went above and beyond, and provided sustenance both meta- and

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Statement of Co-Authorship

The co-authors of the manuscripts included in this dissertation, including that already in press, are all members of the dissertation committee and include the research advisor.

The work reported in these manuscripts is identical to that conducted and reported in a standard dissertation. The only difference is in the formatting of each individual chapter, as this conforms to the prospective publications' guidelines.

Research Advisor:

A handwritten signature in black ink that reads "Janice C. Humphreys". The signature is written in a cursive style with a large initial 'J' and 'H'.

Janice C. Humphreys, PhD, RN, NP, FAAN

YOUNG WOMEN'S EXPERIENCES OF DATING ABUSE: A MULTI-METHOD
ANALYSIS OF THE RELATIONSHIPS
BETWEEN DEPRESSION AND SUICIDAL IDEATION, RISKY BEHAVIORS, AND
ABUSE IN DATING RELATIONSHIPS

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Abstract

A significant percentage of adolescents involved in dating relationships experience dating abuse. Adolescent dating abuse has been linked to diverse health-related outcomes including depression, risky behavior, and suicidal ideation. Little literature has yet examined the effects of adolescent dating abuse on young women's health in adulthood. The purpose of this study was to develop better understanding of the experiences and health consequences of abusive dating relationships among young women. Specific aims were to discover how young women define and describe abuse in adolescent dating relationships, explore the occurrence of depression and suicidal ideation as outcomes among young women who experienced such abuse, and explore engagement in risky behaviors concurrent with and as outcomes among young women who experienced adolescent dating abuse. Data were collected via questionnaires and semi-structured interviews. Questionnaires were completed by 100 community-based women, ages 19 to 35, who self-reported an experience of adolescent dating abuse. Ten of these women also completed interviews with the primary investigator.

Participants reported a variety of abusive behaviors in their adolescent dating relationships. The average length of the abusive relationship was 36 months, and participants were between the ages of 11 and 20 at the time of the relationship. Threatening and emotionally or verbally abusive behavior by the partner were most often reported. All participants reported fear of their partner at some time during the relationship.

As adults, participants rated their health an average of 8.15 out of 10. Depression was common however, with 41% reporting moderate to severe depressive symptoms. Participants also described a variety of ways they felt the experience of adolescent dating abuse had affected them, including influencing self-image or self-concept, instilling fear that something could happen to them or their children, and causing them to question relationships with others.

The results of this study demonstrate the complex nature of adolescent dating abuse and its potential to affect adult health and wellbeing. This study also demonstrates the fullness of lifetime risks that may be associated with adolescent dating abuse. Seeking ways to alleviate this risk is an important task for those practicing with adolescent and young adult populations.

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Chapter 1:

Introduction

The incidence and prevalence of intimate partner violence (IPV) directed at women have been well documented, with estimates suggesting that from 20% to more than 75% of all women in the United States have experienced abuse by an intimate partner (Cohall, Cohall, Bannister, & Northridge, 1999; Copel, 2006; Rhatigan & Street, 2005; Tjaden & Thoennes, 1998; Wilson, 1997). Abusive experiences can range from emotional and psychological assault through threats and insults, to coerced sexual activity, to physical battering up to and including homicide (Koval, 1989; Parker, Steeves, Anderson, & Moran, 2004; Raghavan, Bogart, Elliott, Vestal, & Schuster, 2004; Wilson, 1997). According to the National Violence Against Women Survey, among those who reported experiencing either stalking or some form of sexual or physical assault since the age of 18, 64% stated that the perpetrator was either an acquaintance or a current or former intimate (Tjaden & Thoennes, 2000). Further, prevalence estimates of psychological abuse range near 90% among female college students in current relationships (Murphy & Hoover, 1999; Rhatigan & Street, 2005). IPV is unquestionably a significant social problem for women of all ages, yet information on abuse among younger partners in less committed relationships—especially those at the young end of the adolescent continuum—remains extremely sparse (Close, 2005).

The effects of physical and psychological IPV on women's health are significant, and may be seen in acutely abusive situations as well as extending over the lifespan (Campbell et al., 2002; Dube, Felitti, Dong, Giles, & Anda, 2003; Silverman, Raj, Mucci, & Hathaway, 2001). This means that experiences of dating abuse and aggression in adolescence can affect women well into adulthood. Much of the existing literature on relationship abuse has dealt with adult married women or those living in shelters, but in

many studies a pattern of abusive encounters beginning earlier in the lifespan is evident (Amar, 2004; Close, 2005; Gagne, Lavoie, & Hebert, 2005). Unfortunately, little research has examined community-based samples of younger women in less committed relationships.

The critical juncture of health and development that characterizes adolescence renders young people extremely vulnerable to traumatic experiences, such as violence and aggression (Rosenthal & Wilson, 2003). Prevalence estimates of dating abuse among adolescents range as high as 37% for physical abuse and 86% for verbal aggression (Halpern, Oslak, Young, Martin, & Kupper, 2001; Rhatigan & Street, 2005). Dating abuse represents an especially complex and understudied instance of adolescent trauma exposure, and one which can lead to a variety of adverse health-related outcomes. These include depression, suicidal ideation, and engagement in risky behaviors (Banister & Schreiber, 2001; Green & Kimerling, 2004; Silverman, Raj, & Clements, 2004; Silverman, et al., 2001; E. A. Walker, Newman, & Koss, 2004). However, there is a paucity of research on the experiences and psychosocial outcomes of young women who experience abuse and aggression in their dating relationships.

Adolescents are a highly socially contextualized group, and relationships with others are an important way for young people to identify social structures and to determine what is expected of them (Arnett, 1999; Banister & Schreiber, 2001; Fitzgerald, 2005; Lerner & Castellino, 2002). Relationships thus play an important role in adolescent socialization, forming the foundation for the adult transition and influencing the social development of potential contributors to society at large. As such, relationships may be a significant source of developmental stress (Räty, Larsson, Söderfeldt, &

Larsson, 2005; Wiseman, 2002). Such stress has been repeatedly shown to affect adolescent girls differently and more intensely than boys, suggesting that gender also plays a crucial role in the experience of adolescence (Byrne & Mazanov, 1999; Rätty, et al., 2005; Smith, Leve, & Chamberlain, 2006). Specifically among young women, relationships may serve as an indicator of both self-worth and social standing (Baker et al., 2001; Elliott & Larson, 2004). In addition, young women have been found to experience greater responses to interpersonal conflict—implying the priority young women place on relationships (Molidor & Tolman, 1998; Munoz-Rivas, Grana, O’Leary, & Gonzalez, 2007; Sears, Byers, Whelan, & Saint-Pierre, 2006). Therefore, the health and wellbeing of young women who experience dating abuse are at significant risk.

The experience of dating abuse among young women remains rarely studied, and there is little consensus about the occurrence or context of abusive behaviors among adolescents. Some studies report rates of physical victimization less than 10% (Ackard & Neumark-Sztainer, 2002), while others suggest that closer to 50% of adolescents have experienced physical abuse in a dating relationship (Halpern, et al., 2001; Hanson, 2002). In most cases multiple abuse types are shown to occur, encompassing physical and psychological, as well as sexually coercive behaviors (Ackard & Neumark-Sztainer, 2002; Sears, Byers, & Price, 2007). Research also indicates that psychologically and emotionally abusive behaviors are extremely common and occur in up to 90% of adolescent dating relationships (Foshee, Bauman, Linder, Rice, & Wilcher, 2007; Halpern, et al., 2001; Hanson, 2002; Hines & Saudino, 2003; Munoz-Rivas, et al., 2007).

Sexual coercion, often a component of abuse in adolescent dating relationships and, usually represents a conjunction of physical and psychological abuse. For example,

Foshee and colleagues (2007) describe a young man who stated that he pushed a girl out of the car for refusing to have sex with him. This particular combination has abundant and severe health consequences for young women, including depression, suicidal ideation, and engagement in risky behaviors (Banister & Schreiber, 2001; Chan, Strauss, Brownridge, Tiwari, & Leung, 2008; Silverman, et al., 2004; Silverman, et al., 2001). In fact, evidence suggests that because it is thus distressing in multiple and simultaneous ways, dating abuse is more traumatic for females than for males in adolescence (Johnson et al., 2005; Molidor & Tolman, 1998; Sears, et al., 2006). Clearly, where multiple types of abuse are present, young women's health is at risk across compound dimensions (Raghavan, et al., 2004).

The overall goal of this study was to develop a better understanding of the experiences and health consequences of abusive dating relationships for young women. The lack of available data on the experiences of young people in abusive dating relationships combined with the developmental and health complexity of adolescence suggests that a multiple method approach to research is best suited to exploration of the problem of abuse and aggression in adolescent dating relationships. Such an approach, as utilized in this study, represents the greatest potential for the collection of comprehensive data on abuse and aggression in adolescent dating relationships.

The scant data available about the experiences of young women with dating abuse are often strictly statistical or epidemiological in nature. While helping to delineate the incidence and prevalence of abuse and aggression in adolescent dating relationships, statistical data alone cannot effectively contribute to the development of intervention or prevention strategies (Lerner & Castellino, 2002). This dissertation utilized a multiple

method design of both qualitative and quantitative approaches to the examination of young women's experiences of abuse and aggression in adolescent dating relationships. This design allowed for the collection of data on young women's experiences with and outcomes following dating abuse in order to explore how specific types of abusive behaviors affect young women's physical and psychological health, and how young women perceive and think about these effects. This provided the opportunity for deeper understanding of adolescent dating abuse than would a single method (Morse, 2003).

This dissertation examines the health-related outcomes of dating abuse as experienced by young women during adolescence and across the adult transition. The physical and psychological sequelae of relationship abuse can persist long after the abuse has ended, which means that experiences of dating abuse and aggression in adolescence may affect women well into adulthood (Campbell, et al., 2002; Dube, et al., 2003; Silverman, et al., 2001). Among the documented long-term, health-related effects of adolescent dating abuse are depression, suicidal ideation, and engagement in risky behaviors—all of which represent potentially dire outcomes for young women as well as their families and communities (Chan, et al., 2008; Silverman, et al., 2004; Silverman, et al., 2001). The study utilized a combination of questionnaires and semi-structured interviews in order to contextualize the specific behaviors that young women encounter and engage in during and after abusive and aggressive dating relationships. Specifically, instrumental assessments of depression, suicidal ideation, and engagement in risky behaviors in adolescence and young adulthood examined the duration and persistence of sequelae from adolescent dating abuse; while semi-structured interviews explored young women's definitions and conceptualizations of abuse and aggression.

The research questions were:

- 1) What is the nature of young women's experience of abuse in an adolescent dating relationship?
- 2) What specific types of abusive behaviors do young women who identify as having experienced adolescent dating abuse report encountering?
- 3) To what extent do young women experience depression and suicidal ideation during and/or following abuse in an adolescent dating relationship?
- 4) What types of risky behaviors do young women who have experienced adolescent dating abuse engage in concurrent with and following the abuse?
- 5) What physical, emotional and psychosocial processes are involved in adolescent girls' responses to abuse in dating relationships?
- 6) How do young adult women perceive the effects of abusive relationships in adolescence on their health and relationships later in life?

The collection of data on these experiences makes an important contribution to the development of nursing approaches to prevention and intervention strategies for adolescent dating abuse. In light of research suggesting that the trauma of an abusive experience is itself a risk factor for additional victimization, this gap in the literature becomes especially iniquitous (Bradshaw & Garbarino, 2004; Finkelhor, Ormrod, & Turner, 2007). It is therefore crucial to establish improved means of intervening with adolescent girls experiencing dating abuse, and thus increase efforts to prevent its long-term effects.

This dissertation includes an introductory chapter followed by three chapters representing separate manuscripts prepared for submission and eventual publication, and

a final summarizing chapter. Chapter two is entitled “Relationship and Betrayal in the Lives of Young Women: Theoretical Perspectives on Adolescent Dating Abuse.” This chapter presents a paper exploring some existing, extra-disciplinary theoretical constructs that could contribute to the development of a nursing theory of adolescent dating abuse. The constructs examined include attachment theory (Ainsworth & Bowlby, 1991; Bowlby, 1984), the investment model (Rusbult, 1983), feminist theory (Christie, 2000; Harding, 2007; Ismail, Berman, & Ward-Griffin, 2007; Olesen, 2005; Showalter, 1985), gender role conflict (Blazina, Pisecco, & O’Neil, 2005; Good et al., 1995), and betrayal trauma theory (Becker-Blease & Freyd, 2005; Freyd, 1994; Freyd, DePrince, & Gleaves, 2008; Freyd, Klest, & Allard, 2005). In chapter three, “Dangerous Associations: Depression and Current Health Status among Emerging Adult Women Following Dating Abuse in Adolescence,” an examination of the relationships between types of behaviors reported by young women in their abusive relationships and current depression and health status is presented. Both quantitative and qualitative data are presented in this chapter, with statistical analysis of data collected from the total sample ($N=100$) and interpretive, qualitative analysis of the data collected from the interviewed subsample ($n = 10$) included. Each participant talked with the primary investigator on at least two occasions: once during the screening for inclusion in the study, and again when completing the questionnaire portion of the study. Those who were invited to participate in the interview portion were also interviewed again, separately and at length. The fourth chapter, titled “‘It was very scary’: The Theme of Fear in Young Adult Women’s Accounts of Experiencing Adolescent Dating Abuse,” further reports on a significant finding from the qualitative data. This paper describes the use of a thematic analysis technique (Boyatzis,

1998) to illuminate an important feature of young women's experiences with adolescent dating abuse, in this case, the role played by fear. Finally, chapter five summarizes and synthesizes the main points of the preceding chapters, concluding with suggestions for future research based on the findings of this dissertation.

Chapter 2

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.

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.

KEYWORDS

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

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 (Betz, 2007; Close, 2005; Matud, 2007). Relationships are a critical consideration in adolescent development across cultures and abusive relationships pose a significant threat to adolescent health (Antonio & 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” (L. O. Walker &

Avant, 2005, p. 3, 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 (Räty, 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 co-habiting 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 (Halpern, et al., 2001; Rhatigan & Street, 2005). 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 (Finkelhor, et al., 2007; Freyd, et al., 2005; Green & Kimerling, 2004).

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, 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 (Arnett, 2000; Brooks-Gunn & Petersen, 1984; Greenfield, Keller, Fuligni, & Maynard, 2003). The term adolescence now commonly encompasses a range of ages between 11 and 25, initially demarcated by the onset of puberty (Close, 2005; Fantasia, 2008; Forke, Myers, Catalozzi, & Schwarz, 2008; Rostosky, Dekhtyar, Cupp, & Anderman, 2008). 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, Mulye, Adams, Brindis, & Irwin, 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 (Erikson, 1968; Piaget, 1969). 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, Jaffe, & Crooks, 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 (Gatti, 2009; Sears, et al., 2007). 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 & Johnson, 2004; Ghandour, Overpeck, Huang, Kogan, & Scheidt, 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 (Amar & Gennaro, 2005; Gagne, et al., 2005; Ramisetty-Mikler, Goebert, Nishimura, & Caetano, 2006; Silverman, et al., 2004; Silverman, et al., 2001).

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 (Amar & Gennaro, 2005; Green & Kimerling, 2004; Svavarsdottir & Orlygsdottir, 2009; E. A. Walker, et al., 2004).

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 & Garbarino, 2004; Clemmons, Walsh, DiLillo, & Messman-Moore, 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 & 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 & 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, 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 & 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 (Follingstad, Bradley, Helff, & Laughlin, 2002; Simpson, Collins, Tran, & Haydon, 2007) to adolescent peer and partner relationships (Wekerle & Wolfe, 1999), as well as to familial relationships (Allen, Porter, McFarland, McElhaney, & Marsh, 2007; Aspelmeier, Elliott, & Smith, 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 (Lepistö, Åstedt-Kurki, Joronen, Luukkaala, & Paavilainen, 2010; Wolfe, et al., 2006), 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 & 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. 102p. 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 & 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, Hamby, Boney-McCoy, & Sugarman, 1996), the Investment Model Scale (IMS) (Rusbult, Martz, & Agnew, 1998), and the Steps Toward Leaving (STL) questionnaire (Weiss & 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 & 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 & 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 (Baker, et al., 2001; Impett, Schooler, & Tolman, 2006; Rätty, et al., 2005).

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 (Brown & Gilligan, 1992; Halpern-Felsher, Millstein, & Irwin, 2002; Riesch, Jackson, & Chanchong, 2003; Roberts, Auinger, & Klein, 2006). 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 & Thompson, 2006) and behavioral norms such those accorded to and expected of dating partners (Ashley & 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; Olesen, 2005; Showalter, 1985). 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 & 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, 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, 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). (p. 269)(p. 269)(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, 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 & 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, p. 239). Adolescents are often involved in a plethora of diverse social contexts, each affecting growth and development in different ways (Renker, 1999; Salazar, Wingood, DiClemente, Lang, & Harrington, 2004; 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 (Johnson, et al., 2005; Kulkarni, 2006; McFarlane et al., 2004). Other research highlights both mental and physical health effects of long-term stress, such as experiencing abuse over time (Dobbs, 2009; Dube et al., 2006; Epel et al., 2004; Follette, Polusny, Bechtle, & Naugle, 1996; Heim et al., 2006). 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 & 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, 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., 2008; Freyd, et al., 2005). 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. 84p. 84)(p. 84p. 84)(p. 84p. 84)(p. 84p. 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 & Freyd, 2005; Freyd, et al., 2008; Freyd, et al., 2005). Since adolescents often place high value on relationships (King & Ryan, 2004; Wolfe, et al., 2006), and girls in particular may feel that self-worth stems from an ability to sustain positive relations (Räty, 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, Benefield, Ennett, Bauman, & Suchindran, 2004; Impett, et al., 2006; Swahn, Bossarte, & Sullivent, 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 & Ryan, 2004; Rätty, 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 & 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.

Chapter 3

Abstract

Few studies have examined the health ramifications of adolescent dating abuse for those in the emerging adult population. Almost no multiple-method studies have sought to explore this important phenomenon. This multiple method examined the experiences and life health outcomes of young adult women (N=100) who self-reported involvement in abusive adolescent dating relationships. Participants completed questionnaires covering demographics, relationship behaviors, and mental health symptoms. A subsample (n=10) of participants also completed semi-structured, in-depth interviews with the primary investigator. Results indicate that women's depressive symptoms and self-perception of health in young adulthood may be influenced by particular types of abusive experiences in adolescent dating relationships. The results of this study represent an important step toward establishing the fullness of lifetime health risks posed by the experience of adolescent dating abuse.

Adolescence represents a period of important change and development in the human life span. A variety of changes in socializing influences occur, and the transition to adulthood begins. Changes include a shift from family to peer group as the major source of socializing influence, delineation of gender identity, and the advent of dating behaviors (Furman, Low, & Ho, 2009; Petersen, 1988).

Relationships of all types are of great importance to adolescents, and are often used to interpret social standing and even self-worth (Wolfe, et al., 2006). As such, adolescents may hold views about relationships, themselves, and appropriate behavior that are influenced by family, peers, gender role expectations, and more (Allen, et al.,

2007; Arriaga & Foshee, 2004; Friedlander, Connolly, Pepler, & Craig, 2007).

Understanding the viewpoints of adolescents and young adults is critical to the development of prevention and intervention strategies for this vulnerable population.

Adolescent experiences of dating abuse represent an area in which this is especially true.

In order to enhance clinical and scientific understanding of the dynamics of adolescent dating abuse, it is necessary to discover what types of behaviors are considered abusive in adolescent dating relationships and to explore the health outcomes of those involved in such relationships (Foshee, et al., 2007). To date, little literature has explored the health outcomes of survivors of adolescent dating abuse or applied a multi-method approach to research in this area. Multiple method research may be especially appropriate for study of adolescent dating abuse because this phenomenon is one that—due to its inherent health risks and understudied status—requires the simultaneous collection of exploratory and confirmatory data (Foshee, et al., 2007; Teddlie & Tashakkori, 2003). This paper presents results from a multiple method study designed to discover how young women experience, define and describe abuse in the context of adolescent dating relationships, and to assess some of the health outcomes of young adult women who experienced such relationships. In particular, this paper reports on the types of abusive behaviors young adult women reported in adolescent dating relationships and examines the associations between these and depression and current self-report of health status.

Background & Significance

Dating relationships have special importance in adolescence in part because of their novelty. Unfortunately, many adolescents experience abusive dating relationships.

Estimates of dating abuse among adolescents vary widely depending on the type of behaviors identified as abusive and the population studied (Halpern, Spriggs, Martin, & Kupper, 2009; Hanson, 2002). Rates of physical abuse may be as low as 10% (Ackard & Neumark-Sztainer, 2002), but psychologically and emotionally abusive behaviors may occur in up to 90% of adolescent dating relationships (Foshee, et al., 2007; Halpern, et al., 2001; Hanson, 2002; Hines & Saudino, 2003; Munoz-Rivas, et al., 2007). Sexual coercion is also often a component of abuse in adolescent dating relationships, but its measurement is complicated by the complex role of sexual interactions in dating relations (Gidycz, Orchowski, King, & Rich, 2008). For all types of abuse, adolescents may have difficulty both identifying particular behavior as abusive and identifying helpful resources (Callahan, Tolman, & Saunders, 2003).

For adolescent women in particular, self-esteem and self-concept may be significantly influenced by treatment and interactions in a dating relationship (Burton, Halpern-Felsher, Rankin, Rehm, & Humphreys, in press; Callahan, et al., 2003). Such young women are most often and most injuriously the victims of relationship abuse and aggression, and studies suggest that they are more likely to experience negative outcomes including decreased self-esteem, poorer self-concept, depression, suicidal ideation, and engagement in risky behaviors than are young men (Amar & Gennaro, 2005; Banister & Schreiber, 2001; Chan, et al., 2008; Connor, Steingard, Anderson, & Melloni, 2003; Johnson, et al., 2005; Rätty, et al., 2005; Silverman, et al., 2004; Silverman, et al., 2001). Although some literature indicates that adolescent females report more perpetration of abusive behaviors than do their male counterparts (Harned, 2001; Sears, et al., 2007), there is also evidence to suggest that gender has considerable influence on what is

considered abusive. In a focus group study of how adolescents differentiated between abusive and other categories of relationship behaviors, Sears, Byers, Whelan, and Saint-Pierre (2006) found that male and female adolescents deemed a behavior abusive differently based upon intent and/or outcome. Others have suggested that young women may experience depression as a result of poor relational interactions, or when they judge themselves harshly on perceived failure in efforts to please or care for others (Rätty, et al., 2005; Slater, Guthrie, & Boyd, 2001). Studies that examine health-related outcomes in the context of gender may thus help illuminate adolescent females' experiences in abusive relationships, and help to establish the fullness of health risks associated with adolescent dating abuse.

Although a growing body of literature has reported the incidence and prevalence of dating abuse among adolescents, little research has yet explored the kinds of behavior or experiences that prompt adolescents to define a relationship as abusive. While helping to delineate the incidence and prevalence of abuse and aggression in adolescent dating relationships, statistical data alone cannot effectively contribute to the development of intervention or prevention strategies (Lerner & Castellino, 2002). Few published studies have addressed the need for amalgamated, multiple-method data on adolescent dating abuse. Foshee, Bauman, Linder, Rice, and Wilcher (2007) noted that many of the instruments which capture incidences of specific acts of abuse in dating relationships do not fully communicate "the context and heterogeneity of adolescent dating violence" (p. 514). They further proposed the development of a typology schema for use in studying adolescent dating abuse, in order to enhance quantitative documentation in this area. In developing the initial typology, they used multiple methods to gather information from

study participants—illustrating the efficacy of such approaches to the study of adolescent dating abuse. While this is a critical contribution to study in this area, this work did not attend to the health ramifications of adolescent dating abuse.

The study reported in this paper utilized a multiple method design of both qualitative and quantitative approaches, but specifically examines both young women's experiences of abuse and aggression in adolescent dating relationships and their health in emerging adulthood following these relationships. The delineation of emerging adulthood is especially pertinent in this case because it represents a period in which many life choices may be explored (Arnett, 2000). Health status is a crucial dimension in these explorations, as it may influence, restrict, or enhance the array of options available. The physical and psychological sequelae of relationship abuse can persist long after the abuse has ended, which means that experiences of dating abuse and aggression in adolescence may affect women well into adulthood (Campbell, et al., 2002; Dube, et al., 2003; Silverman, et al., 2001). Among the documented long-term, health-related effects of adolescent dating abuse are depression, suicidal ideation, and engagement in risky behaviors—all of which represent potentially dire outcomes for adolescent and emerging adult women as well as their families and communities (Callahan, et al., 2003; Chan, et al., 2008; Silverman, et al., 2004; Silverman, et al., 2001). In this study, we anticipated important relationships between the types of abusive behaviors that had occurred in young women's adolescent dating relationships and their mental and physical health. This paper reports on experiences of abuse in adolescent dating relationships, as well as specific health outcomes, across the transition to adulthood with emerging adult women who experienced dating abuse in adolescence.

Methods

Study Procedures and Participants

Prior to the implementation of any study procedures, approval was obtained from the appropriate institutional review boards. Participants were enrolled in the study from September 2008 through September 2010. The study involved completing a series of questionnaires, and a purposive sample of participants was then invited to participate in extended interviews with the principal investigator (PI). Informed consent was obtained immediately before questionnaires were completed, and reaffirmation of consent was requested prior to interviewing.

Recruitment and screening. A convenience sample of community-based women ($N = 100$), from around a small city located in the southeastern United States was used for the larger study. Recruitment strategies included posting flyers in public locations throughout the community, local advertising in both print and electronic media, snowball sampling via enrolled participants, and publicizing the study through other community organizations such as churches, health clinics, homeless shelters, and sororities. Publicity materials stated that the purpose of the study was to better understand adolescent dating abuse and health. Interested women contacted the PI to learn more about the study. The PI screened all participants using a modified version of the Abuse Assessment Screen (AAS), such that the relationship of interest was determined to have occurred prior to age 18, and a pattern of incidents of abusive behavior with the same partner was evident (Soeken, McFarlane, Parker, & Lominack, 1998). These preliminary screening interviews frequently involved extended discussion of the relationship experience as did completion

of the quantitative questionnaires. Any potential participant who responded affirmatively to one or more items on the modified AAS was invited to participate in the study.

Quantitative sample. Participants were English-speaking women who self-reported the experience of abuse in an adolescent dating relationship. As shown in Table 3, participant age at the time of participation ranged from 19 to 35 years ($M = 25.9$, $SD = 5.26$).

Qualitative sample. A subsample of participants ($n=10$) was invited to complete extended, semi-structured interviews with the PI. Participants were invited to interview if they expressed interest in participating in the interview or expressly stated that they had a story they wished to share during either the initial screening interview or the completion of questionnaires. Each participant in the qualitative portion of the study had at least three encounters with the PI, all of which involved data collection: screening, questionnaire completion, and interview. The PI was able to review the demographic and other quantitative information for all interview participants because qualitative interviewing followed quantitative data collection, and data analysis was simultaneous with data collection. This iterative process allowed us to utilize a more directed, purposive sampling approach to the subsample of qualitative interview participants such that a range of experiences were captured. Similar tactics have been successfully used elsewhere with populations of young women (Haglund, 2003; Ismail, et al., 2007). Such purposeful subsampling is also consistent with the overall principles of accepted qualitative and multiple research methods, in order “to enhance understanding of the information-rich case” (Morse, 2003; Sandelowski, 2000, p. 248). The final subsample included participants from a diverse set of socioeconomic backgrounds and ages to

enhance potential for completeness in descriptions of abusive relationships and health outcomes. Demographics of the subsample are also included in Table 3.

Data Collection and Analysis

Demographics. Demographic information was collected on current age, ethnicity, employment and income status, highest level of education, age at the time of the abusive relationship, length of time since the abusive relationship, current self-report of health status, and whether a subsequent abusive relationship had been experienced as an adult.

Quantitative data measures. A total of six questionnaires were used. Those reported on in this paper are described in detail below. Information about the types of abusive behaviors experienced was gathered via the Conflict in Adolescent Dating Relationships Inventory (CADRI) (Wolfe, et al., 2001). Depression status was measured using the Beck Depression Inventory II (BDI-II), (Beck, Steer, & Brown, 1996). Health status was assessed by a single item on the demographic questionnaire.

The CADRI is a 34-item instrument that asks about specific interaction and conflict behaviors that are common between adolescents. Each question asks the participant to respond twice: once regarding the individual's behavior toward the partner and once regarding the partner's behavior toward the individual. Each set of responses yields an abusiveness score for the behaviors by the participant and behaviors committed by her partner, as well as a total score for abuse in the overall relationship (Wolfe, et al., 2001). Participants respond to questions about the occurrence of specific behaviors in the course of a relationship on a 4-point Likert scale (1 = *never*, 2 = *seldom*, 3 = *sometimes*, 4 = *often*). Items are scored from 1 to 4, with higher values indicating greater frequency of the described behavior (Hokoda et al., 2006). Subscales for physical abuse, threatening

behavior, sexual abuse, relational abuse, and emotional/verbal abuse are also provided (Wolfe, et al., 2001). Although the CADRI is not yet widely used in published literature, its authors performed extensive reliability testing prior to publication (Wolfe, et al., 2001). The Cronbach alpha coefficients for this study ranged from .72 to .86 for the subscales, with an alpha of .90 for the complete instrument.

The BDI-II is a 21-item self-report measure assessing depressive symptomatology and attitudes over the last two weeks of the participant's life. The instrument reflects the criteria set out by the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) for diagnosing depression (Beck, et al., 1996; Rich, Gidycz, Warkentin, Loh, & Weiland, 2005). The reliability and validity of the BDI have been well established in diverse samples of all ages, including those with characteristics similar to this study sample (Beck, et al., 1996). The BDI-II showed good internal consistency with this sample (Cronbach's $\alpha = 0.94$). Completion of all questionnaires took approximately one hour, during which the PI answered questions and clarified responses.

Qualitative data. All qualitative data were collected during individual, semi-structured interviews. The interview guide was designed to elicit narratives of the relationship deemed by each participant to be abusive. Open-ended questions covered topics including participants' feelings during and after the relationship, events surrounding the relationship, termination of the relationship, participants' views of the relationship with regard to health and behavior, and experiences and thoughts following the relationship up to and including the present. The investigator used clarifying and

probing questions to elicit detail and additional narrative information as needed to develop more complete descriptions of abusive relationships in the lives of participants.

Interviews lasted a minimum of one hour. All participants were interviewed at length one time. Interviews were digitally recorded, reviewed by the PI, and then transcribed by a professional transcriptionist under confidentiality agreement.

Analysis. Data management and analysis were facilitated by the use of the SPSS statistical software package for Windows, version 18 (SPSS, Inc.) and by the use of ATLAS.ti™ qualitative data analysis software (Cleverbridge, Inc.). Descriptive statistics—means and standard deviations for quantitative variables and frequencies and percents for categorical variables—were calculated for all study variables. Relationships between the types of dating behaviors experienced by participants and the outcomes of depression and self-rated health status at the time of participation were examined with Pearson correlation coefficients. It was hypothesized that abuse scores on the CADRI, both for the overall relationship and for the individual behavior types would be positively related to total scores on the BDI-II for depression and negatively related to self-reported current health status. There were no cases missing values for any of the variables in this analysis. A 2-tailed p -value of <0.05 was considered statistically significant.

To better understand the experience of young women involved in abusive adolescent dating relationships, qualitative data were also examined for information about the participants' demographic characteristics, abusive behaviors experienced, depressive and health outcomes. In order that the qualitative data analysis not be influenced by the outcomes of the quantitative analysis, both types of analysis were conducted simultaneously and without regard for each other until complete. This has

been described as parallel mixed analysis and reflects our intent in this study to pursue both exploratory and confirmatory data collection in the development of a meaningful data-based picture of the experiences of young women with adolescent dating abuse (Onwuegbuzie & Teddlie, 2003). Member checking was used during each interview and with subsequent participants. This involved the use of reflective and inductive statements in each interview, as well as textual comparisons of transcriptions, in order to assure the social currency of language and contexts throughout data collection and analysis (Sandelowski, 1993). Data were initially coded in an open fashion in order to establish the widest possible range of interpretations across interviews (Strauss, 1987). Codes were then clustered, linking important aspects of the data across interviews, creating larger and more abstract themes (DeSantis & Ugarriza, 2000).

Results

Quantitative Findings

Demographics. The demographic characteristics of the total sample and subsample are summarized in Table 3. Characteristics of the total sample and the subsample were similar. Overall, participants were in their mid-twenties and had experienced the abusive relationship approximately ten years prior to participating in the study. The mean age at the time of the abusive relationship was 16.31 years ($SD = 1.67$), but the age range was 11 to 20. Sixty percent ($n = 60$) of the participants described themselves as Caucasian, 33% African-American, 2% Hispanic/Latina, 1% Asian, and 4% mixed or multi-racial. Slightly less than half (41%) were mothers, and approximately half (49%) were unemployed. The majority of the women had experienced an abusive relationship with a boyfriend (86%), but 8% reported being engaged to their abusive

partner, 4% reported abuse by a casual or group dating partner, one woman reported an abusive relationship with a girlfriend, and one with a friend “with benefits.” The average length of the adolescent abusive relationship was just over three years ($M = 36.42$ months, range 1 month to 10 years). In addition, 50 participants ($n = 99$, 50.5%) reported a subsequent abusive relationship in adulthood. Over half of the participants (52.6%) reported an average monthly income less than US\$500, with an additional 15.5% reporting less than US\$800—well below the 2009 poverty guideline (US Department of Health & Human Services, 2009). The average self-rating of overall health on a scale of 0 (*poor*) to 10 (*excellent*) was 8.15 ($SD = 1.49$).

Abusive behaviors. Individual mean scores on the CADRI ranged from 1.23 to 3.10. The average score for overall relationship abusiveness on the CADRI was 2.41 ($SD = 0.34$). The mean score for abusive behaviors reported by the participants toward their partners was 2.11 ($SD = 0.34$), and 2.69 ($SD = 0.45$) for behaviors reported by participants from their partners. The most often reported behaviors were those included in the partner’s threatening behavior ($M = 2.89$, $SD = 1.0$) and partner’s emotional-verbal abuse ($M = 3.17$, $SD = 0.57$) subscales.

Depression. Sample scores on the BDI-II ranged from 0 to 55, with a mean of 17.61 ($SD = 13.15$). Although 47% of the sample ($n = 47$) scored less than 13, indicating “minimal” depressive symptoms, 41% ($n = 41$) scored between 20 and 55, indicating “moderate” to “severe” symptoms (Beck, et al., 1996).

Correlations. Bivariate correlations were calculated to explore relationships between the types of abusive behaviors reported by participants in their adolescent dating relationships and their currently reported health status and depression symptoms. The

CADRI yields a total abuse score as well as the five subscale scores described previously. Each of these was examined in relation to the participant's total score on the BDI-II and self-reported health rating on the demographic questionnaire. Table 5 includes means and standard deviations for the sample scores on each of these measures.

For this analysis, Pearson's correlation coefficients were determined for the variables of interest in the larger sample ($N = 100$). Table 5 provides the correlation information for this analysis. Current depression was positively correlated with abusive behaviors, whether those behaviors were perpetrated by the participant, her partner, or in the relationship as a whole. The strongest correlation was between the score for participant's physically abusive behaviors toward her partner and her current depression ($r = 0.438, p < 0.000$). The overall score for the participant's abusive behaviors toward her partner also correlated positively with current depression, although less strongly. Behaviors perpetrated by the partner and in the overall relationship that correlated positively with depression were those on the emotional/verbal and physical abuse scales.

In contrast, current health status showed negative correlations with abusive behaviors, but only behaviors perpetrated by the partner and in the overall relationship showed statistically significant correlations. Relational abuse, or abuse involving using other valued relationships against the intended victim, exhibited the strongest negative correlations with current health status both when perpetrated by the partner and as measured in the relationship overall. Other negative correlations with current health status were apparent between partners' abusive behaviors as a group, and the overall incidence of threatening behaviors in the relationship regardless of perpetrator. There

were no further statistically significant correlations between the CADRI scores and health status ratings.

Qualitative Findings

Participants' descriptions of their thinking about their abusive adolescent relationships and their current lives were congruent with and reflective of the statistical relationships between the different types of abusive behaviors experienced and current depression symptoms and health ratings.

Feelings about relationship behaviors. The correlation between perpetration of abusive behaviors and depression may be complicated, as in this participant's description of her sense of guilt after a physical encounter with her partner. She saw herself as having been at "a breaking point" and needing to use physical force: "...he wanted to have sex, and I did not, so I pushed him off of me, and he fell.... And I said, I'm sorry.... And he made me feel so guilty...that I ended up having sex so I could make him happy again. ...a lot of the times that we had sex, it was because I felt guilty, that I felt like I was depriving him of something every man has a right to." This participant acted physically to stop her partner from pressuring her both physically and sexually but then felt guilty for that action. She also noted that this became a pattern of interaction between them, with the ensuing constancy of her guilt. Another participant talked about feeling embarrassed in front of friends because she felt they could tell what her partner was doing to her, choosing instead to isolate herself from friends and family. She felt she was being both judged and punished for the abuse. Guilt, self-criticalness, and punishment feelings are all measured by the BDI-II as symptoms of depression (Beck, et al., 1996).

Perspectives on health. Participants noted a variety of ways in which the abusive experiences in their adolescent dating relationships affected their perspectives on health. These included the health of relationships, but also their physical health at the time of the relationship and as adults. The correlation between emotional/verbal abuse in the relationship generally and current health status is resonant with this passage from one participant: "...when [my boyfriend] hurt my feelings and made me depressed I'd eat a lot. And that in turn would make my weight fluctuate,...and that in turn would give him more fodder for when he wanted to hurt me." She went on to describe her commitment to maintaining a healthy adult lifestyle, including exercise and good nutritional habits, because once "He was out of my life,...I didn't want him to affect [me] in a bad way." Another participant described her focus on being healthy as an adult because "I had to stop and think, if I'm not one piece, if I'm not healthy, if my mind and body is not healthy, then I'm no help to my kids." She also described having "a lot of self-esteem issues, confidence issues" following her abusive relationship, and feeling that those stemmed from experiencing both physical and verbal abuse by her partner. Similarly, a third woman referred to being "dependent on" her abusive relationship because her partner had become her only source of support with regard to "everything I had understood to be my identity." After the relationship ended, she felt that "...I was [always] living for something, for [work], for [my boyfriend], for something, and in this amplified way I felt that all this 'for' had crumbled, that I didn't have anything, and I felt so purposeless, so empty and void." She went on to explain how that feeling had nearly caused her to sacrifice an important adult relationship, and that she felt she needed to learn to recognize her own needs again before she could feel healthy in that regard.

Age at the time of the relationship. Additional descriptive information about the participants' age at the time of the relationship and how they felt that affected them was evident in the interview data. Asked to describe the relationship, most of the interviewed participants noted their age at the time of the relationship, giving the impression that it was felt to be an important factor. Additionally, several of the participants described themselves as being "young" at the time of the relationship, with additional commentary on what it meant for them to be in an abusive relationship at that age. As one woman noted, "...he started to get very jealous and always wanted to know where I was, and it was pretty scary.... You know, I was very young, I'd never had a serious relationship...because I was a kid." In this instance, the participant indicates her inexperience in recognizing the abusive dynamics of her relationship and suggests that her youth and the novelty of the dating situation may have limited her ability to do so. Another participant, who had ended her relationship after a physically abusive incident commented that:

I mean, it's just like when you really, really like someone, it's easier for you to look past something, and I can definitely understand someone being like, well, he [didn't really hurt me]. And for me [the incident] was enough, but for some people, I understand why they would be okay with that, if they really liked them. And...because I was young, and I really liked this guy a lot, so I can see why girls would let that slide, if you really think you love a guy.

Notably, this participant added that she believed it was important for parents and friends of younger adolescents to help ensure that abusive behaviors were recognizable and not tolerated.

Discussion

The young adult women in this study reported a range of abusive behaviors in their adolescent dating relationships, but certain types were particularly correlated with depression and decreased self-perception of health. The direction of perpetration of these behaviors also evinced importance in their correlation with these outcomes. That the women in this sample reported more depression when they also reported increased perpetration of abusive acts against their partners is consistent with current adolescent developmental and dating relationship literature. Some of this literature suggests that young women value a positive timbre in their relationships with others, and that they will strive to maintain it even at emotional cost to themselves (Baker, et al., 2001; Pronk & Zimmer-Gembeck, 2010; Rätty, et al., 2005). In the sample for this study, the more abusive behaviors the participants reported engaging in, the more depressive symptoms they reported later in life.

Other literature has raised the question of how young women's acts of perpetration are measured, as well as how they define those acts. Some studies suggest that women report as many incidents of abusive behaviors as men, but that these incidents are actually less severe or that they are in response to partners' perpetration (Bell & Naugle, 2007; Cercone, Beach, & Arias, 2005; Hettrich & O'Leary, 2007). Similarly, Sears, Byers, Whelan, and Saint-Pierre (2006) found that more young women than young men reported engaging in apparently abusive behaviors in dating relationships, but that these behaviors were not necessarily viewed as abusive when considered in the context of the relationship. Interview data from this study indicates that some of the participants' behaviors might have been defined as aggressive or violent in

isolation, but that these actions were at times in response to aggressive behaviors by a partner or in effort to preserve their social status with others. Importantly, even when the actions were to counter a partner's abusive behavior, participants' sense of guilt about their actions was not lessened. Having committed such an act was described by participants in interviews as a source of guilt at least in part because they had violated what they believed to be the bounds of positive relationship efforts with their partners. Young women in such relationships may be less satisfied with the relationship and feel that the relationship has lost some of its valued positive character (Hettrich & O'Leary, 2007).

The study findings also indicated a relationship between relational abuse by the partner and decreased self-assessment of adult health. A partial explanation for this may also be found in current developmental literature, because of the importance of peer relationships to adolescent identity development. Relational abuse during adolescence may isolate a young woman from friends, at a cost to both her self-concept and social standing (Banister, et al., 2003; Chung, 2007). Isolation or disconnection from others has been posited as a factor in depressive thought patterns among adolescent and emerging adult women (Hetherington & Stoppard, 2002). Social standing may also be integral to self-concept, and if relational abuse disrupts valued friendships or social connections the formation of self-concept may also suffer (Banister & Schreiber, 2001; Ely, Nugent, & Flaherty, 2009; Johnson, et al., 2005). Self-concept may include conceptualizations of health as a dimension of self, and if disrupted may lead to poorer self-perceptions of health in adulthood (Räty, et al., 2005). Further, since approximately half of the women in this study reported experiencing an abusive relationship in adulthood as well, it may be

that established or repetitive patterns of abusive relationship experiences contribute to poorer health (Arriaga & Foshee, 2004).

Limitations

This study was limited by its small sample size and relatively homogenous ethnicity. Discovering how young women from different cultural background experience and think about adolescent dating abuse will be an important task for future research. In addition, sexual minority women were largely absent from this study, and this group may have similar rates of victimization within their relationships but very different perspectives on those experiences. This will be an important consideration in the development of supportive options for such women.

Conclusions

The relationships between experiences of dating abuse as an adolescent and health outcomes in emerging and young adulthood have important implications for the health of young women. This study represents important innovation in the study of adolescent dating abuse in that it ties together important theoretical and practical knowledge. The results suggest how young women's abusive experiences with dating in adolescence may relate to negative adult health outcomes.

Few studies have yet used a multiple method approach to explore the experiences of adolescents involved in abusive dating relationships, and fewer of those have considered the gender differences in such experiences. The use of multiple methods to explore adolescent dating abuse offers the opportunity to contribute to the body of statistical knowledge about abusive dating behaviors as experienced by young women, but also to discover specifically how the women providing that information perceive the

effects of their abusive experiences in their own lives. Through this study, we gleaned crucial new information about the experiences of young women with dating abuse and their subsequent health, both of which are of considerable importance to those caring for adolescent and young adult women. This type of research is especially important to the development of intervention and prevention strategies for young women with regard to adolescent dating abuse.

The application of both qualitative and quantitative methods to the study of adolescent and emerging adult women's experiences with dating abuse has the potential to contribute to scientific and clinical understanding of this phenomenon in many ways. As the existing body of literature on adolescent dating abuse grows, it is important to recognize the diverse perspectives of adolescents in terms of their ability to perceive and define behaviors as abusive in a relationship context. In the qualitative data collection of this study, many of the participants noted that they perceived in hindsight the need for other types of supportive relationships and resources with regard to adolescent dating abuse. In order to develop such resources it is first crucial to understand how young women experience, report, and describe abusive experiences in adolescent dating relationships. Our study gathered a unique set of data that may contribute to understanding of the long-term health risks associated with adolescent dating abuse.

Chapter 4

Abstract

Purpose: Outcomes of adolescent dating abuse are numerous and many are well-documented, but the experience of fear in and after abusive relationships has not been well described. This paper reports on the emergence of experiencing fear as a theme among young women's descriptions of adolescent dating abuse.

Design: This multiple method study combined quantitative data collection via a series of questionnaires with qualitative data collection via extended, semi-structured interviews. The study was carried from September 2008 to September 2010. A sample of community-based women (N=100) ages 18-35 who self-reported experience of an abusive adolescent dating relationship was used for the quantitative portion, with a purposefully selected subsample ($n=10$) used for the qualitative. Mean time since the abusive relationship was approximately 10 years.

Methods: A thematic analysis technique was applied to the interview data. Initial coding was performed in an open fashion, followed by clustering and the development of code families and ultimately themes.

Findings: Fear was a consistent and resonant theme across all interviews. Three particular types of fear emerged from the analysis: immediate fear, social fear, and fearful expectation.

Conclusions: The fears described by young women involved in abusive adolescent dating relationships offer important insights into the effects of these relationships. Increased knowledge in this area can inform the development of supportive options and prevention strategies for young women.

Clinical relevance: Clinicians working with adolescents, young adult women, and families must be aware of the dynamics of abuse in adolescent dating relationships in order to provide comprehensive and supportive care to young women.

Abuse in adolescent dating relationships is a problem of major import for the health and safety of young women, yet it is little studied among clinicians and scientists. Few studies have yet addressed this traumatic experience, and there is little consensus about overall incidence and prevalence of abusive behaviors between young people in relationships. A majority of adolescents between ages 13 and 18 report some type of intimate relationship, and prevalence rates of abusive behaviors within those relationships range from ten to almost ninety percent (Cohall, et al., 1999; Hanson, 2002; Munoz-Rivas, et al., 2007). Some studies report rates of physical victimization less than 10% (Ackard & Neumark-Sztainer, 2002), while others suggest that over half of adolescents have experienced physical abuse in a dating relationship (Halpern, et al., 2001; Hanson, 2002). Despite the lack of agreement about the occurrence of dating abuse, there is ample evidence of the need for investigation of this phenomenon (Ashley & Foshee, 2005; Hickman, Jaycox, & Aronoff, 2004).

The juncture of identity, relationship, and social participation that occurs in adolescence creates a uniquely vulnerable moment in human development, and one during which an abusive dating relationship may have a variety of disruptive consequences (Ackard, Eisenberg, & Neumark-Sztainer, 2007; Coker et al., 2000). Greater understanding of the effects of adolescent dating abuse is necessary to the provision of effective and comprehensive health care for adolescents and young adults

(Ismail, et al., 2007). Nursing in particular is well-suited to assess the range of physical, psychosocial, and mental health issues that may arise from an abusive adolescent relationship. This paper aims to contribute to that understanding by reporting the resonant theme of fear in young women's accounts of abusive relationships.

Background

The value of relationships in adolescence cannot be overstated, and is a fundamental element in any exploration of young people's behaviors, motivations, thought processes, and experiences (Campbell, Torres, McKenna, Sheridan, & Landenburger, 2004; Hetherington & Stoppard, 2002; Wolfe, et al., 2006). Typically, the major source of socialization shifts from family to peer group in adolescence and adolescents often discover that relationships are a means of identifying themselves (Wiseman, 2002; Wolfe, et al., 2006). Relationships can both indicate and convey social standing in many situations, and adolescents often rely on the impressions of others to assist in the formation of self-concept (Wolfe, et al., 2006). Dating relationships are no exception. The novelty of dating relationships in adolescence is an integral part of developmental processes, and can cause young people to attend to them significantly for others and themselves (Ismail, et al., 2007). Dating behaviors can thus be important engines of socialization in adolescence.

Stress related to the demands of socialization in adolescence has been shown to have a greater impact on young women than similar stressors on young men—rendering them more vulnerable to the pitfalls of decreased self-esteem, poorer self-concept, depression, and a decreased sense of coherence about the self (Banister & Schreiber, 2001; Connor, et al., 2003; Hale III, Van Der Valk, Engels, & Meeus, 2005; Rätty, et al.,

2005). Some studies also show that relationships with others are of high priority for young women, and that the desire for stability in relationships can drive them to subsume their own health and other needs (Grych, Raynor, & Fosco, 2004; Hetherington & Stoppard, 2002; Ismail, et al., 2007). The importance and influence of relationships is as such necessarily key to developing insights about young women's health (Wolfe, et al., 2006).

Intimate relationships, specifically, often become heavily weighted determinants of social standing among young women. Young women may value participation in a dating relationship as an important indicator of attractiveness, likability, or gender role adherence. Johnson and colleagues (2005) note that "Developmental processes may make abuse a risk worth taking, from the adolescent perspective, to feel loved or proud of being attached" (p. 177). Chung (2007) also found that young couples' individual behaviors were mutually reflective such that if one member of the couple was viewed negatively, the other was more likely to seek dissociation. This often led the young, female participants in her study to minimize, justify, or deflect the abusive behaviors of their partners in order to avoid being perceived negatively by peers. As Chung noted, this led to "an interdependence of identities" that caused the young women to take responsibility for their partners' social image and reputation in order to support their own (2007, p. 1279). Several studies have also suggested that young women are reluctant to disclose abuse to those who may be best equipped to assist them, such as parents, healthcare providers, clergy, or counselors, owing to shame and fear of reprisals (Amar & Gennaro, 2005; Ashley & Foshee, 2005; Ismail, et al., 2007; Johnson, et al., 2005; Wolfe et al., 2003). These considerations are redoubled for sexual minority adolescents, as reported in

a study of adolescents in same-sex relationships: young women reported more incidents of both physical and psychological abuse than did young men in same-sex relationships (Halpern, et al., 2001). This suggests that gender bias may be internalized and enacted even when both partners are already victimized by it in other settings (Balsam, 2003).

The trauma of abusive dating experiences thus comes from the state of being an abused adolescent as well as from the immediate experience of victimization. In the particular context of intimate relationships, structurally violent influences such as gender bias and devaluation of adolescents' relationships may make it difficult for young women to report or seek help with abusive relationships (Banister & Schreiber, 2001; Chung, 2007; Elliott & Larson, 2004; Galtung, 2004; Ismail, et al., 2007). The purpose of this study was to develop a better understanding of the experiences and health consequences of abusive dating relationships for young women, including the specific aim of discovering how young women define and describe abuse in the context of adolescent dating relationships. Only young women who self-reported an experience of an abusive relationship during adolescence participated.

Methods and Methodology

This paper reports on the subset of descriptive, qualitative data gathered as part of a larger, multiple method study exploring the experiences and health outcomes of young women who experienced abusive dating relationships. The multiple method approach was utilized in order to contribute to the existing body of evidence on adolescent dating abuse while also responding to the "call for qualitative approaches to capture the complexities and heterogeneity of partner violence" (Foshee, et al., 2007, p. 500). In addition, multiple method studies have the potential to gather data both complex and

generalizable by combining quantitative survey data with detailed interview and observation data (Brewer & Hunter, 1989). Qualitative data were collected via interviews using a semi-structured interview guide, including probing or clarifying questions and reflective statements. Participants were asked to recount their stories of involvement in the relationship that they described as abusive. All of the participants in this study were female.

Recruitment and Sample

This study was carried out in a small city on the east coast of the United States. Prior to the implementation of any study procedures, approval was obtained from the appropriate institutional review boards. Recruitment strategies included posting flyers in public community locations, advertising in local print and electronic media, and snowball sampling via enrolled participants. Interested women contacted the principle investigator (PI) for more information about the study. The PI screened all participants using a modified version of the Abuse Assessment Screen (AAS) (Soeken, et al., 1998). The modifications allowed the PI to account for the unique situations of adolescents in dating relationships, and to assess for a pattern of abusive behaviors in a particular relationship. Screening was conducted via telephone, and these conversations often yielded important information about the participant and her abusive relationship.

Participants were enrolled in the study from September 2008 through September 2010. The PI reviewed demographic and other quantitative information for all participants prior to interviewing, and data analysis was simultaneous with data collection. Participants were community-based women, between the ages of 18 and 35, who spoke English, and who responded affirmatively to one or more items on the

modified AAS. Qualified participants were asked to complete a series of questionnaires addressing relationship history and behaviors, sexual experiences, risky behaviors, depressive symptoms, and suicidal ideation. A total, convenience sample of women ($N=100$) was used for the larger study, with a subpopulation of participants ($n=10$) invited to complete extended, semi-structured interviews with the investigator. Informed consent was obtained immediately before questionnaires were completed, and reaffirmation of consent was requested prior to interviewing. All participants in the subsample provided complete demographic information in the initial completion of questionnaires. Demographics included age, ethnicity, employment and income status, highest level of education, number of children, current relationship status, and current self-report of health status. Demographic characteristics of the total sample and the subsample are provided in Table 1.

Data Collection

The PI talked with each interview participant no less than three times: during the screening process, at completion of the questionnaires, and during the in-depth interview. The screening conversations lasted between five and thirty minutes, in the course of which the PI asked questions about and clarified details of the participants' experiences. Questionnaire completion took approximately one hour, and the PI provided clarification and assistance as needed. Both the screening and questionnaire completion interactions involved participants describing or elaborating on their abusive experiences, and these conversations helped the PI to identify participants for in-depth interviews.

Participants were invited to interview if they expressed a particular interest in the interview, expressly stated that they had a story they wanted to share, or indicated in the

course of completing the quantitative portion of the study that they had experienced an unusual set of circumstances or experiences. Since completion of questionnaires preceded interviewing, the PI was able to discuss the relationship of interest with each participant before her interview and ascertain some specifics of each case. This iterative process allowed us to utilize a more directed, purposive sampling approach to the subsample of qualitative interview participants. Effort was made to include a diversity of ethnicity, socioeconomic status, relationship history, and abusive experiences among the subsample. Such purposeful, criterion-based subsampling is consistent with the overall principles of multiple method research, in order “to enhance understanding of the information-rich case” (Sandelowski, 2000, p. 248). Similar tactics have been successfully used elsewhere with populations of young women (Haglund, 2003; Ismail, et al., 2007). The final subsample included participants from a diverse set of socioeconomic backgrounds and ages to enhance potential for completeness in descriptions of abusive relationships and health outcomes.

All qualitative data were collected during semi-structured interviews. The interview guide was structured to elicit narratives of the relationship deemed by each participant to be abusive. Each participant was interviewed at length one time. Each interview lasted a minimum of one hour, during which participants were asked to talk about their experience in an abusive relationship, their lives as adolescents and as adults, and their perspectives on the experience at the time of the interview. Open-ended questions covered topics including participants’ feelings during and after the relationship, events surrounding the relationship, termination of the relationship, participants’ views of the relationship with regard to health and behavior, and experiences and thoughts

following the relationship up to and including the present. The investigator used clarifying and probing questions to elicit detail and additional narrative information as needed to develop more complete descriptions of abusive relationships in the lives of participants.

Analysis

All interviews were digitally recorded and transcribed verbatim, under confidentiality agreement, by a professional transcriptionist. Analysis of transcribed interviews was performed using a thematic analysis technique. Thematic analysis was particularly appropriate to this multiple method study because it has been described as a “bridging or translating” method between qualitative and quantitative research tactics (Boyatzis, 1998, p. vi). This technique enables the investigator to rigorously, systematically describe and catalogue aspects of the studied phenomenon in such a way as to establish overarching thematic codes that can then be used to parse and identify data. The inductive approach further enables the investigator to acknowledge the individual’s role in assimilating events and acclimatizing to changed personal environments as a result of the studied phenomenon (Braun & Clarke, 2006). In this study, the phenomenon was young women’s experience of adolescent dating abuse, and effort was made to discover not only the historical set of events that comprised the participants’ abusive relationships but also the social and personal contexts in which the events occurred.

Analysis began simultaneously with data collection, in that the PI’s field notes often served as reminders of striking descriptions or repeated phrases. These were clarified in the course of the interview, noted during the review of the audio recordings,

or otherwise reviewed prior to transcription. In addition, a form of member checking was used during each interaction and interview, as well as with subsequent participants to establish ongoing, interpretive interaction with the evolving thematic threads in the research. This involved the use of reflective and inductive statements in each interaction and interview, as well as textual comparisons of transcriptions, in order to assure social currency throughout data collection and analysis (Sandelowski, 1993). Both of these are consistent with the recursive process outlined by Cho and Trent in their work on the developing standards of validity in qualitative research (2006). They argue that due to the interpretive nature of much or all qualitative research, establishment of validity hinges upon repeated and prolonged engagement with the data and the “comparative, operational, methodological relationship among the research purposes, questions, and processes” (p. 333). In this study, multiple methods were applied to the study of adolescent dating abuse in order to ascertain both what types of behaviors young women experienced in relationships they described as abusive and how they thought about and made meaning of those experiences. Following analysis, findings from both the qualitative and quantitative data were examined for areas of apparent congruency and discord in order to identify potentially unique or previously unreported information. The comparative interaction between quantitative and qualitative data helped thus ensure a widely descriptive data base, such that thematic analysis was both tenable and effective. This paper reports on an important finding that emerged from the qualitative data, but the quantitative data have also been reported at greater length elsewhere.

Each interview recording was reviewed by the investigator prior to transcription in order to screen for salient features such as changes in tone or emotional emphasis that

might not be recorded textually. This review of the recordings also enhanced the investigator's recall of pertinent circumstances as described by the participants, and permitted early consideration of possible patterns across interviews. Such consideration represents an important step in developing familiarity with the data, "the bedrock for the rest of the analysis" (Braun & Clarke, 2006, p. 87), or what Boyatzis calls "sensing themes" prior to development of a coding scheme (Boyatzis, 1998, p. 11).

The theme of fear described in this paper emerged from the data through the iterative processes of inference and extraction, consistent with the definitional criteria established by DeSantis and Ugarriza (2000). Following transcription, the data were coded in an open fashion in order to establish the widest possible range of interpretations across interviews such that the investigator's initial impressions did not unduly limit the analytic process (Strauss, 1987). Initial coding identified incidences in which participants made direct statements of being afraid of someone or something, such as in this quote from a participant who experienced a physically and emotionally abusive relationship at age 15: "I was so scared, I really couldn't talk to anyone about it, because nobody knew, it was just my friends with the same issues." These statements were used as *in vivo* codes as illustrated in Table 2. These codes were gradually defined conceptually and used to generate a basic vocabulary describing the phenomenon, using illustrative examples from the data in order to establish the meaning of the code (Boyatzis, 1998).

The initial codes were used to generate conceptual vocabulary about participants' experiences, which was in turn used to identify additional incidences of relevance in which fear was described in less concrete terms. One participant explained her fear of labeling her ex-boyfriend abusive, even after their breakup: "I felt like if I called it an

abusive relationship, then people might think—I was still really into what other people thought, my image and how people perceived me, so I always thought that people would see that as me being vindictive for a boyfriend who broke up with me....” This and later analyses identified latent thematic threads by combining the use of the in vivo code structure with interpretive analysis, such that theme development expanded and theme definitions were increasingly specified. Examples of initial codes, code cluster labels, and thematic assignments are shown in Table 2.

With the proliferation of codes, some limitation by relative salience or “keyness” was necessary in order to begin thematic development (Braun & Clarke, 2006). Codes were clustered, linking important aspects of the data across interviews, thereby creating larger and more abstract thematic families relevant to participants’ experiences (DeSantis & Ugarriza, 2000).

Development of thematic families and eventually overarching themes was guided by the definition of theme proposed by DeSantis and Ugarriza, which states that a “theme is an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations” (2000, p. 362). Since this study was primarily descriptive, the coding process was largely data-driven, and themes were developed based on the data itself rather than on pre-defined theoretical constructions (Braun & Clarke, 2006). The theme of fear was identified across all interviews, and described by participants in a variety of terms. Using these terms, with their conceptual definitions, interview transcripts were reviewed again to identify other, similar incidences in which fear was described rather than stated. All incidences were eventually clustered according to what type of feeling was described, and these clusters subsequently grouped into families that

identified the type of fear described. Each family was defined on the basis of clusters included, and through extensive conceptual memoing. This process was aided by the use of ATLAS.ti™ data analysis software. The three families, as shown in Table 1, are Immediate Fear, Social Fear, and Fearful Expectations.

Results

The subsample of participants interviewed ($n=10$) included 6 who identified as Caucasian and 4 who identified as African-American. They ranged in age from 20 to 34 years. Demographic characteristics of the subsample are provided in Table 1. All participants were advised that they could use a pseudonym for the duration of the study, and any names used in this report have been changed.

The Theme of Fear

All participants in the subsample described episodes of fear in the course of their abusive adolescent dating relationships. These feelings were not always related to the abuse or even the specific relationship, and a range of concerns were described in terms of feeling fear.

Immediate fear. Direct statements of feeling fear were identified thematically as representing immediate fear. This familial label was chosen to reflect the direct relationship between a participant's recall or experience of her feelings and her description of them as including fear or feeling afraid. These descriptions were the most readily identifiable incidences of fear, and provided important insights into how participants thought and talked about their experiences of feeling fear. In addition, less direct statements describing feelings of uncertainty, discomfort, or alarm were also included if the interpretive context suggested that they were associated with feeling fear

in some way. Immediate fear often related to potential for physical violence in the relationship, but also to concerns about the responses of others, or to alarming situations that occurred because of the relationship.

The main source of immediate fear was the abusive partner, whether because of physical abuse, threats, or other frightening interactions. This participant explained that she was afraid of her partner, but also afraid to leave him because he continued to scare her:

Let's see, after [my child] was born, I think we split up after [that], and throughout the year, I kept coming back to him, because he used to scare... me. He used to call and say that he was going to pour kerosene around the house...and that he'd light it on fire while I was sleeping in it, and he'd constantly follow me around and tag, following us, seeing what we were doing and making threatening phone calls, so I was scared....

Many of the participants had little dating experience prior to their abusive relationships, and so were uncertain about how to evaluate their feelings in the context of the relationship—even when they could identify feeling afraid. One of the participants explained that she felt fear both because of the violence she experienced in her relationship and because she found herself in an unfamiliar situation: “So probably after a month or two of whatever it was, if it was dating or whatever, he started to get very jealous and always wanted to know where I was, and it was pretty scary because I had never really dealt with anyone like that before. You know, I was very young, I'd never had a serious relationship...because I was a kid.” Other participants described efforts to

account for partners' behaviors that frightened or intimidated them by ascribing those feelings to their own inexperience:

I attributed everything to the fact that he loved me. Everything. Even the stuff that was not cool. When he told me not to be friends with them, I, in my mind I said, oh, it's because he cares so much about me that he doesn't want to see me get hurt by anybody. ... I just assumed that everything was, I literally assumed that this was how relationships worked, because I would see my parents fight all the time, and so I assumed that, while my parents had been married for like 20 something years, so if they fight, it's natural that [he] and I fought a lot. I never, I never saw that I was always apologizing, I never put two and two together. I didn't want to look at it too hard, I just didn't....

In this passage, the participant talked about her sense that her boyfriend's efforts to isolate her were "not cool," but because she believed in "the fact that he loved me," she blamed herself for feeling afraid of his behavior. This passage demonstrates latent evidence of fear, in that the speaker does not use any language directly identifying fear—although she did in other portions of the interview—but she does reference feelings of uncertainty, discomfort, and worry about what was happening in her relationship. Taken together, these descriptions of feeling suggest a fear that something was "not cool" in her relationship.

Not all incidences of immediate fear involved the abusive partner. Participants described living consistently with distinct, immediate fear of others' reactions, particularly parents and friends. As one woman said, "I was so scared of my parents finding out, my dad, and I did not want them to find out anything. ... My dad and my

mom did not know.... I was just scared to death of them, and I didn't feel like I could talk to them about anything. So they were my number one fear." Here, she does not identify what might have happened had her parents found out about the abusive relationship, but she still describes feeling fear of the possibilities and in fact describes that fear as being "number one." Others described similar fear, noting that, "Whenever like, his family's around, or my friends, I just wanted to hide. Because of the way he was keeping me under his thumb, and everyone...seeing it." In these examples, fear came from others' knowledge of the abuse as well as from the abuse.

Social fear. In addition to feeling the immediate fear of others' reactions, participants described fearing what might happen to them if family or peers discovered that they were involved in abusive relationships. This type of fear differed from the instances of immediate fear involving others in that this fear specifically involved potential changes in the timbre of relationships. The thematic family of social fear thus includes those instances in which participants described fearing an outcome that had to do with their social status or relationships to others—some of these instances involved the abusive partner, but many did not. These types of fears included losing the partner, losing social standing, being punished by parents or peer groups, and fear of what might happen next. These fears usually involved an anticipated outcome, with its possibility as antecedent to the feeling of fear. Clusters included in this type of fear were managing the situation and status changes.

Managing the situation described the participants' efforts to prevent others from finding out about the abusive relationship, maintain positive relations with others in their lives, make their partner happy, and cope with their own responses and feelings. One of

the participants described the work she did to maintain the image of her relationship as a good one as “a very strenuous job” while another participant referred to her own similar actions as involving “a lot of stress.” This description was included in her explanation of her struggle to be “the perfect girlfriend”:

I figured that the closer I could get...the happier [he] would be, and perfect meant not making him mad, and if I did, saying I'm sorry. Literally always being there for him. Literally. Being happy and excited when he would surprise me at lunch, never being disappointed if he surprised me at lunch and that meant I couldn't do something else, never showed that disappointment. You're always happy to see your boyfriend, always. It's a lot of stress, I can tell you that.

Others described seeking to prevent relationship dissolution by taking on blame for upsetting their partners, preventing family and friends from discovering the relationship or the abuse, or keeping quiet about their feelings. Many of the participants described either defending their partners or the relationship to others, or seeking to provide acceptable explanations of partners' behavior. This was often seen as preventing difficulties in other relationships, as well as preventing strife in the dating relationship. One participant related that she deflected her mother's questioning about bruises on her neck by saying, “...he's just an enthusiastic kisser.”

While managing the situation included fears having to do with others learning about things between the couple, status changes delineated those fears which related to the potential loss of identity markers of being in a particular relationship or being a girlfriend. Status changes encompassed fears including ending the relationship, having a shift in social group or status due to the relationship, or otherwise experiencing a change

in the young woman's relationship to others. This might be as simple as a shift in the dynamics of a parent-child relationship or as complex as losing membership in a particular peer group. One woman described trying to maintain the "couple image" with her abusive boyfriend because she did not want to lose her social standing:

...here I am, all these girls in my class are skinny and they want to date this boy but he doesn't like her, and I'm like, here I am, I've got this 21-year-old guy who loves me, and he's in college, he's going places, or so I thought, so it was kind of like, it put me on their level. Because previously I had been down below a little bit, you know...and this kind of like brought me up into their world, it was like, oh, you know...she's dating a college guy. ... It was one of the best feelings ever. Being 16, being in love and having someone love you. It was like a trifecta of happiness right there. The only thing better would have been getting a car, but [he] had a car, so I didn't really need one. For a while there, I had it made. I was the "it girl."

Although this participant originally did not enter into the relationship because it afforded her particular status, it is clear from this passage that she enjoyed the status she acquired as a result of it. Another explained that she never told her friends why she broke off her relationship, because she felt she would be either be blamed "for not being able to see it coming," or for ending a relationship over something "people would think...wasn't a big deal." In this case, the participant's fear had to do with what others might think of her for being involved in an abusive situation, rather than with how the relationship had affected her other relationships. Both examples are consistent with recent developmental literature that emphasizes the importance of the fact of being in relationship to others for young

women, even if they perceive some relationships as harmful or upsetting (Johnson, et al., 2005). Interestingly, several participants also mentioned knowing that their ex-partners were now dating people they knew, and that they feared for the safety of these other women, but felt they could not approach them or that if they did, they would not be heard.

Fearful expectation. A third thematic family, fearful expectation, was developed in this analysis in order to describe the types of fear that related less to things that could have happened at the time than to those which might yet occur. Participants described this type of fear with words like “paranoid,” “worry,” or “not knowing what’s going to happen.” Included in fearful expectation were the clusters of being on high alert and what might happen.

Being on high alert describes the particular cluster of fears in which participants expressed fear by way of vigilance. All participants described some degree of heightened alertness following their abusive relationship, whether in terms of fearing for their children, fearing future interactions with the abusive partner, carefully checking out potential dating partners for themselves and others, or questioning interactions in subsequent romantic relationships. One participant specifically voiced feeling that she had failed “to see the signs” of abuse from her partner, and that she “...felt really bad, that I really should have seen this coming, and I didn’t.” Since then, she noted, “I just won’t tolerate it. And if I’m ever with a friend and her boyfriend or something, I’ll feel them out to see how they are, just because I don’t think anyone should tolerate that.” In this case, the fear seemed to arise from the combination of feeling that the abuse could have been prevented and wanting to prevent it from happening again. This participant

also stated that she believed it was generally better to end a relationship prematurely than risk an abusive experience.

Other participants related instances of fearful expectations that more directly affected their daily lives. One woman who had lived with and had children with her abusive partner gave a compelling description of her vigilance:

And to this day I still don't like to be around drama, or fights or anything else, anything loud. It really gets me, my stomach goes into knots. My ex-boyfriend, who I just broke up with in January, he used to get so mad at me because he'd go...to brush his hair back, and I'd duck. And he used to get so mad, because he'd say, "I'm not going to hit you," and I'd be like, "I know that," it's just instant, you see that flicker out of your eye, and if you've trained yourself for 4 and a half years, you know, to protect, it's just this instinct, if I catch a motion out of my eye, whether it be you or my girlfriend, I'm still going to duck. It's not just you, I do it with anybody, even if I'm on the bus, and someone moves real quick or something, that's what I do.

She also described fears about the effects of the abusive relationship on her children, with particular concern for whether her sons could one day behave like their father. Another participant described being frightened for her daughters, given her own parents' lack of awareness during her abusive relationship: "Which scares me too, that a 14-year-old can outsmart her parents. I've got three children, so...sometimes I think of all this as a blessing, to keep me, you know, [aware] of what's going on with my children, because I'm really going to make an effort to find out what's going on in their lives at that point,

especially their teenage years.” In all of these examples, fear created a constant state of awareness and focus on preventing abusive experiences for oneself or others.

Similarly, the cluster “what might happen” was comprised of codes indicating fear of something that might be preventable, but most of the incidents in which participants described these fears there was a less identifiable outcome. For example, one participant described that her fears surfaced when she “got paranoid” that a recent boyfriend was lying to her or cheating on her: “...and I would say you know, well, you came back at 2 o’clock in the morning, that means you were with somebody. I went off the deep end.” Others described being afraid that their feelings might be disregarded in other types of relationships, such as with colleagues:

And the thing that I find now is that I don’t want anyone physically abusing me, or taking advantage of me, and I find now that even at work, if someone asks, “Oh, can you do this,” I get so defensive because I feel like I’m being taken advantage of, that maybe I get a little too upset. “No,” you know, “you’re not going to do this to me.” I’m just so defensive about everything that’s happened to me in the past, I don’t want anyone walking on me now. It really affects me. I go through stages when I’m really upset with people at work for teeny, tiny things, but really, it’s just because I don’t want anyone treating me like I was treated when I was young. ...it had a huge effect on me.

In this case, the participant felt strongly that her fears stemmed from her abusive experiences, which had left her with a sense of needing to be constantly aware of her situation—lest another relationship take a similar turn.

For others, loss provided a source of fear in some situations. While most of the participants stated that in the course of their abusive adolescent relationships they feared losing their partner, some were left with ongoing fear of having something valued turn out to be harmful—in a sense, “losing” it. In describing her abusive relationship as “a big old learning phase,” one woman noted that she felt it was always possible to “lose this very important part” of herself, and that she viewed the physical scars left by her partner as a reminder of that. Elsewhere, the same participant explained that her most recent relationship had lasted several years and resulted in the birth of a child, but that she had chosen not to marry her partner because of her fears. Another participant related feeling in a later, serious relationship that she had “always felt like I was living for something, for art, for [my abusive ex-boyfriend], for something, and in this amplified way I felt that all this ‘for’ had crumbled, that I didn’t have anything, and I felt so purposeless, so empty and void. And I freaked out.” Here, possible loss seems to work in tandem with fear in the new relationship, leaving this participant wondering if her past relationship had caused her to repeat a pattern that left her “empty and void.”

Discussion

Like adolescence itself, young women’s experiences of relationships and dating during the adolescent years may be extremely complex. Although all of the interviewed participants in this study described feeling fear related to their experiences of abusive adolescent dating relationships, their descriptions of that fear were diverse. While some literature in other fields exists, little nursing literature has yet addressed the experiences of young women with abusive adolescent dating relationships. This study sought to help remedy this gap in literature.

The three most common typologies of fear among these participants were immediate fear, social fear, and fearful expectation. Each of these describes a particular set of fears as well as the settings where fear emerged, and each contributes to the complexity of our understanding of young women's experience of adolescent dating abuse. Immediate fear specifically described incidences where the participants in this study concretely stated that they felt afraid or scared. These statements usually pertained directly to fear felt at the time that the participant experienced the abusive relationship, whether they indicated fear of her abusive partner or not. This striking consistency demonstrated the strong emotional responses felt by participants to their abusive dating experiences, even long after the fact. These descriptions of feeling fear, being scared, afraid, or otherwise "freaked out" indicate that these young women were able to identify that something was wrong in their relationships, despite being inexperienced and uncertain about expectations of dating partners. This was apparent even in cases where the fear stemmed from potential consequences, such as parents discovering the abusive relationship, rather than from events in the relationship itself. Renker (2002) studied 40 pregnant adolescents' stories of abuse in relationships, and noted the importance of asking about fear when screening for abuse because it may be an indirect way to discover experiences that might not otherwise be identified as abusive.

In addition to immediate fear, the young women in this study described feelings of fear related to the social situation of the abusive relationship in their lives. Social fear was the thematic family assignment for fears that involved some change in social status or necessitated some strategies for managing the situation. These fears speak intimately to the temporal and developmental situation of being both an adolescent and an abused

partner, in that the attached social situation was often a critical factor in how the participants evaluated their relationships. Banister, Jakubec, and Stein (2003) reported a similar dynamic in their focus group study of 40 girls aged 15 and 16. Participants in that study described feeling confusion and conflict when they considered choosing between the isolation and danger of an abusive relationship and the isolation and decreased social status of a break up. The report also noted the participants' preoccupation with pleasing their partners, or managing the role of the relationship in their lives—both of which were reiterated by participants in the present study.

Also in the present study, participants described social fear related to the anticipated reactions of friends whether they ended their abusive relationships or not, and some noted that they simply chose to keep silent rather than risk being judged. This is somewhat counter to Chung's (2007) inference that young women can be sources of support and intervention for each other with regard to abusive relationships. From a study of 25 young women aged 15 to 19, Chung reported on the importance of friends' opinions to those in abusive dating relationships—regardless of whether those opinions were positive or negative regarding the girl's actions. Both sets of findings, however, indicate the importance of relationships of all types to young women, and suggest that social fear may weigh as heavily on those in abusive relationships as does the fear associated with things that happen in the course of the relationship itself. This weighted importance is echoed in current literature on adolescent development. Much of this literature emphasizes the importance of relationship of all types to adolescents, who may develop self-concept and personal socio-location based on with whom and in what ways they have relationships (Wolfe & Feiring, 2000; Wolfe, et al., 2006). As such, social fear

represents an important component of the experience of abusive adolescent dating relationships for young women.

The last thematic family of fear discussed in this paper, fearful expectation, describes fear that participants described as applying to events that might be yet to come or to situations they encountered after the abusive relationship ended. Fearful expectation represents the component of fear that may have the greatest impact on young women's health and well being once an abusive dating relationship has ended, because as participants explained, this type of fear continued to impinge on their lives even into the present. The code clusters, high alert and what might happen, indicate how this fear took shape. Participants' descriptions of being vigilant, worrying about possible outcomes, or of having physical reactions to situations that reminded them of their abusive experiences were included in the high alert cluster. These descriptions resonate with those proffered by some existing research on survivors of other types of intimate partner abuse. Becker-Blease and Freyd (2005) review the far-reaching effects of the fear and betrayal inherent in experiences of family violence, noting that such traumatic experiences have been frequently correlated with significant health issues such as disordered sleep and depression.

Alternatively, what might happen circumscribed feelings of fear related to unknown possibilities or to the potential for loss. Here, participants described feeling uncertain or especially nervous when faced with situations that evoked responses similar to those they had in their abusive relationships. Fear that something similar could happen again, whether to the participant or to someone significant in her life, was a common thread. This is consistent with other literature on young women's experiences of abuse. In

a study of women ages 15 to 24, Csoboth, Birkás, and Purebl (2005) demonstrated a relationship between experiencing fear in daily life and having experienced abuse either directly, such as by a partner, or indirectly, such as seeing one parent abuse the other. Additionally, in the present study fear and loss were often described together. Some participants described the fear of losing their sense of self or gains they had made since the abusive relationships, while others explained that they were fearful of having another important emotional connection betrayed. In these ways, fearful expectation indicates how fear associated with the abusive relationship may resonate even long after the relationship itself has ended.

Conclusions

These findings demonstrate the value of qualitative exploration of young women's experiences of adolescent dating abuse. By exploring how young women think about and describe these experiences, nurses and other qualitative researchers may discover new means of providing help and support to those involved in abusive relationships. This particular study was limited by small sample size, lack of ethnic and socioeconomic diversity, and by geographic constraints. Future research should seek to expand the cultural diversity of participants so that a variety of racial, ethnic, and sociocultural concerns can be accounted for in the study of adolescent dating abuse. Additional research is also and especially needed to discover the concerns of adolescents experiencing abuse in same-sex relationships, as well as those of young men who report abusive experiences. Increased depth and breadth of understanding of adolescents' experiences of dating abuse will undoubtedly be of benefit to nurses and other professionals serving this vulnerable population.

Chapter 5:
Summary and Synthesis

The purpose of this multiple method study was to explore the relationships among abusive behaviors experienced by young women in their dating relationships and depression, suicidal ideation, and engagement in risky behaviors. Before beginning data collection, it was necessary to develop a basic understanding of the dynamics of adolescent dating abuse. Since nursing research is often shaped and supported by nursing theory—and vice versa—an examination of potentially applicable theoretical constructs was first undertaken. No nursing theory of adolescent dating abuse yet exists, however relevant theoretical constructs from other disciplines were evaluated for their usefulness in constructing such a theory. Attachment theory suggested one pathway by which adolescents might make the decision to remain in an abusive relationship, based upon the desire or psychosocial need to preserve a secure relationship base from which to explore other relationships or aspects of identity (Ainsworth & Bowlby, 1991; Bowlby, 1984; Follingstad, et al., 2002; Simpson, et al., 2007). Similarly, Rusbult's investment model suggested that relationship maintenance—even in the face of difficulty, such as abusive behavior—could be favored over dissolution if certain satisfying elements were present (Rhatigan & Street, 2005; Rusbult, 1983).

Elsewhere, the influences of gender socialization on adolescents' experiences of abusive dating relationships were explored by means of feminist and gender role conflict theories. Both of these theoretical constructs could be used to explore how the socialization to gender roles that is a key feature of adolescence might affect young people's relationships experiences. Feminist theory seeks to illuminate the ways that assumptions about gender identity may create disempowering relationships situations for young women, such that they may choose not to sever unhealthy relationships if those

relationships are integral to their adherence to socialized behavior norms (Banister, et al., 2003; Banister & Schreiber, 2001). Gender role conflict takes this a step further, delineating how strict adherence to gendered behavior patterns can become harmful to the individual (Good, et al., 1995). Both of these theories have important implications for adolescent dating abuse because they suggest a function of dating relationships that may influence decision-making, but which is less related to the relationship than to its role in the lives of those in it.

When these theories of relationship form and function are applied to adolescent dating abuse, it is necessary to also consider how their operationalization leads to harm. One possible explanation for this was identified using betrayal trauma theory. Freyd's (1994) work explains the trauma of betrayal as that caused by a conflict between the expected support or reliability of a person or relationship and the reality of being instead harmed thereby. For young women, who may view positive relationships as crucial markers of self-value, such a conflict could impinge upon self-concept, self-esteem, conceptualizations of health, and even mental health.

Understanding and combining these theories may contribute to the development of a nursing theory of adolescent dating abuse. Meleis (2005) emphasizes that in generating new nursing theories, however, care must be taken to strike a balance between focusing on the unique situation of the individual and failing to perceive patterns across populations. As such, these theories cannot be effectively translated into a single, parsimonious model for nursing without additional understanding of the phenomenon of adolescent dating abuse. For this reason, the present dissertation focused on this

phenomenon, applying a multiple method approach to the study of young women's experiences of adolescent dating abuse.

To date, there have been few nursing-oriented publications on adolescent dating abuse, and none of them have utilized a multiple method approach. The data collected for this study therefore represent uniquely situated and elaborated findings on young women's experiences of dating abuse. The complement of qualitative and quantitative findings from this study provided the opportunity examine both what young women report in the singular—individual abusive behaviors—and what they describe in context—their feelings, reactions, and thoughts—with regard to abusive adolescent dating relationships.

An important finding from this study was the relationship between particular acts of abusive behavior and depressive symptoms in adulthood. In particular, participants who reported perpetration of certain abuse types themselves also reported increased depression as adults. This correlation has not been previously reported in published literature, and has some important implications for the study of adolescent dating abuse. Significantly, this may reflect how young women value their ability to sustain positively-affected relationships with others. The importance of such sustenance to young women has been widely described (Allen, et al., 2007; Chung, 2007; Friedlander, et al., 2007; Furman, et al., 2009; Wolfe, et al., 2006). In cases where young women reported having perpetrated abusive behaviors, it may be that they are experiencing some form of betrayal trauma: the sense of having betrayed their own ideas of what a positive relationship involved, even if the relationship was with an abusive partner. This was borne out in the qualitative findings, where women described feeling very guilty about the acts of

aggression or violence they committed, even when those actions were in service of their own physical safety or mental stability. Applying the theories described above, such a situation involves the risk of an attachment as well as investment, the violation of a socialized norm or relationship expectation, and finally the potential for having betrayed the self-concept built upon maintaining a positive role in the relationship. It is easy to see how this sequence of events could have depression as its sequelae.

Since nearly half of the total sample (41%) reported symptoms consistent with moderate to severe depression, it is important to consider other pathways that could lead to this condition. An important such pathway emerged from the qualitative data, in the form of the theme of fear. In the screening process for this study, participants were specifically asked if they had ever been afraid of their partner in the abusive relationship—100% responded in the affirmative. During the qualitative interviews, participants were not specifically asked to elaborate on this fear, but all of those interviewed described fears associated with the abusive experience. These fears were described in several ways. The immediate fear experienced in the relationship, such as fear of abuse or fear of parents discovering the relationship, was temporally specified as proximal to the occurrence of the relationship. This type of fear might most closely bear out the tenets of attachment theory, because it involved a valued relationship that was in some cases used as a secure base to explore identity and in others served as a source of social standing or influence.

Another type of fear related more directly to the socially situated state of the relationship. Social fear had more expansive implications than immediate fear because it involved the possible responses of those well beyond the relationship or even the

participants' families. This type of fear revolved around concerns that the relationship might become unmanageable, that is, the participant might be unable to "manage" all aspects of other's perceptions of the relationship. Fears of this type included not being able to please the partner such that others would not see the couple as happy, denying to others that anything was wrong in the relationship, or losing a valued social standing if the relationship dissolved. Similar findings were reported in a qualitative study of young women, wherein participants described needing to sustain the image of the couple unit in a positive manner, rather than attending to their own needs (Chung, 2007). These types of fears reflect the tenets of both investment theory and feminist theory. In cases of social fear, the invested resources of relations with others were at risk, and those resources could act to disempower the young woman in the relationship: she might see the risk of abuse as being outweighed by the risks of noncompliance with social expectations. Young women's decision-making around this type of issue has been examined in other works (Johnson, et al., 2005), but never in the context of adult health outcomes.

The third type of fear evinced by participants in this study may have the greatest relationship to and implications for the outcome of adult depression. Participants described continuing to live with fear long after the relationship's end, and to feel that something equally as frightening as the abusive experience could happen to them or to someone they cared about such as a sister or a child. These fearful expectations influenced work life, subsequent romantic relations, and even acts as simple as riding a bus. Living with this type of fear has been shown to correlate strongly with severe depressive symptoms (Csoboth, et al., 2005). In addition, this fear may be a direct reflection of the betrayal trauma occurring in the abusive relationship. The women in this

study described feeling that because they had experienced an abusive relationship, those around them were constantly at risk of either perpetrating abuse toward them or becoming victimized by the abuse of others. According to Freyd's (2005) description of betrayal trauma, this fear could be a result of having experienced the reversal of expected reliability and trust that occurs in an abusive dating relationship.

Clearly the development of a theoretical framework will be useful in future nursing research on adolescent dating abuse. The theories examined in this dissertation are quite applicable to such studies, but further research is required in order to synthesize a singular nursing theory. Possible topics for such research include the experiences of adolescents in same-sex relationships, as this group was not highly visible among the present study population. In addition, greater use of multiple methods to study this phenomenon will help to contextualize the experience of adolescent dating abuse and help to expose pattern and symmetry across such experiences. This study was somewhat limited by its small sample size and restricted ethnicity demographics, and so additional explorations with larger and more diverse populations can only improve understanding of young women's experiences of adolescent dating abuse. Finally, comparison studies between young women who have experienced adolescent dating abuse and those who have not may yield important insights about the effects of the transition to adulthood on women's health and wellbeing.

The results of this study demonstrate the usefulness of multiple method research in developing nursing theory related to adolescent dating abuse. These results also have implications for nursing practice in that they reveal the health effects of such abuse on young women both in adolescence and young adulthood. Given the high incidence of

abusive behaviors between dating adolescents, it is important for clinicians and other care givers of this population to assess for and provide appropriate interventions related to dating abuse. Taking care to screen for abusive behaviors in dating relationships involves not only asking about physically abusive incidents, but inquiring about experiences of fear or disempowerment in relationships. Skillful and informed clinicians can use these techniques to ensure that young women receive care that is supportive and holistic. Since nursing care and nursing research must necessarily be complementary in scope, young women affected by adolescent dating abuse can only benefit from mutual efforts to develop greater discernment of this phenomenon from a nursing perspective.

Appendices

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 disempowering and exclusionary of women and other oppressed groups	Gender, femaleness, femininity, social status, empowerment
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-Blease 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.

Table 3
Demographic and Descriptive Statistics

<i>Variable</i>	<i>Total Sample</i>		<i>Interviewed Subsample</i>	
	Mean (SD)	Min/Max value (<i>n</i>)	Mean (SD)	Min/Max value (<i>n</i>)
<u>Current age (years)</u>	25.9 (5.25)	19.0/35.9 (97)	26.16 (5.44)	19.03/34.41 (10)
<u>Age at time of abusive relationship (years)</u>	16.31 (1.67)	11/20 (100)	15.7 (0.95)	14.0/17.0 (10)
<u>Length of relationship (months)</u>	36.42 (31.3)	1.0/120.0 (99)	38.1 (25.61)	3.0/96.0 (10)
<u>Time since relationship (years)</u>	9.64 (5.45)	0.73/22.37 (97)	10.46 (5.29)	4.32/19.41 (10)
<u>Self-reported health rating</u>	8.15 (1.49)	3/10 (100)	7.8 (1.48)	5/10 (10)
	Frequency (<i>n</i>)	Percent	Frequency (<i>n</i>)	Percent
<u>Ethnicity:</u>				
African-American	33	33	6	60
Caucasian	60	60	4	40
Asian	1	1		
Hispanic/Latina	2	2		
Mixed	4	4		
	(100)			
<u>Employment:</u>				
Employed	51	51	5	50

Unemployed	49	49	5	50
	(100)		(10)	
<u>Education:</u>				
Grade School or less	14	14.1	2	20
High School Diploma	28	28.3	3	30
Some College	36	36.4	2	20
College Degree	19	19.2	3	30
Graduate/Professional	2	2.0	(10)	
Degree	(100)			
<u>Monthly Income:</u>				
<\$500	51	52.6	5	50
\$501-800	15	15.5	1	10
\$801-1250	14	14.4	1	10
\$1251-2100	9	9.3	1	10
\$2101-2900	4	4.1	2	20
\$2901-4200	2	2.1	(10)	
\$4201-6250	2	2.1		
	(97)			
<u>Children:</u>				
No Children	59	59	6	60
Children	41	41	4	40
	(100)		(10)	

<u>Type of partner:</u>				
Casual or group partner	4	4	0	0
Boyfriend	86	80	10	100
Girlfriend	1	1	0	0
Engaged partner	8	8	0	0
Friend with benefits	1	1	0	0
	(100)		(10)	
<u>Experienced abusive relationship in adulthood:</u>				
Yes	50	50.5	3	30
No	49	49.5	7	70
	(99)		(10)	

Table 4
Relevant Instruments Used

Instrument Title	Concept	Description	Additional Information
Conflict in Adolescent Dating Relationships Inventory (CADRI) (Wolfe, et al., 2001)	Abuse in adolescent dating relationships	Self-report questionnaire developed to capture unique qualities and characteristics of abusive relationships between adolescents	Includes questions about dating history, length of relationships, and types of daily interactions between dating partners in addition to questions about behaviors related to conflict. Subscales for types of abuse and questions about relationships history are included.
Beck Depression Inventory-II (BDI-II) (Beck, et al., 1996)	Depression	Self-report measure assessing depressive symptomatologies and attitudes, reflecting the criteria of the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV)	Includes questions about specific symptoms and life beliefs.
Demographic questionnaire	Descriptive information	Original self-report questionnaire	Covered topics including age, ethnicity, employment, monthly

gathering demographic information about participants	income, age at time of abusive relationship, and self-rating of current health status. Questions were either open-ended or provided as continuous variables (i.e. income ranges).
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Table 5
Means, Standard Deviations, and Correlations of CADRI Scores, BDI-II Score, and Self-Reported Health Rating

Measure	<i>M</i>	<i>SD</i>	1	2
1. Health Rating	8.15	1.50	1	-.43**
2. BDI-II Score	17.61	13.15	-.43**	1
CADRI				
Physical-Relationship	2.41	.34	-.12	.39**
Physical-Participant	2.12	.34	-.07	.44**
Physical-Partner	2.69	.45	-.12	.25*
Threatening- Relationship	2.19	.65	-.20*	.34**
Threatening- Participant	1.47	.59	-.15	.36**
Threatening- Partner	2.90	1.00	-.18	.23*
Sexual- Relationship	2.19	.69	-.19	.12
Sexual- Participant	1.57	.63	-.07	.20*
Sexual- Partner	2.81	1.01	-.18	.07
Relational- Relationship	1.84	.55	-.23*	.02
Relational- Participant	1.25	.35	-.08	.09
Relational- Partner	2.43	.99	-.23*	-.02
Emotional/ Verbal- Relationship	1.82	.57	-.08	.27**
Emotional/ Verbal- Participant	1.26	.47	.03	.25*
Emotional/Verbal- Partner	2.38	.98	-.15	.17
Total Score- Relationship	2.76	.45	-.17	.31**
Total Score- Participant	2.34	.60	-.07	.37**
Total Score- Partner	3.17	.57	-.21*	.18

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

Table 6
Codes, Clusters, and Thematic families

Open code tags	Clusters	Thematic family assignment
Number one fear	Feeling afraid	Immediate fear
So scared		
Scared to death		
It just scares me		
Freaks me out		
That was scary		
Scared to lose	Living in fear	
He used to scare [it] out of me		
You're afraid		
Feeling trapped	Managing the situation	Social fear
A very strenuous job		
It's a lot of stress		
Scared to lose	Status changes	
Riding a roller coaster		
Didn't want to lose him		
I still duck	High alert	Fearful expectation
I can't stop worrying		
I got paranoid		
Not knowing what's going to happen	What might happen	
Scared to lose		
Didn't want to lose him		

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