

“Dissed” by Dating Violence

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PROBLEM. *This study describes the impact of the experience of dating violence on the daily lives of college women.*

METHODS. *Qualitative content analysis was used to analyze transcribed responses from an open-ended question about the impact of dating violence.*

FINDINGS. *Eight thematic categories emerged: emotional distress, distrust and using extra precautions, disconnected and distant in relationships, self-discontentment, disclaiming the experience, feeling disenfranchised, life disruption, and turning a situation from disempowering to empowering.*

CONCLUSIONS. *Understanding the perspective of dating violence victims assists the advanced practice psychiatric nurse (APPN) with planning effective care. Routine screening about past and present experiences of violence must occur with all young women. Providers must be knowledgeable about available resources for victims.*

Search terms: *College women, dating violence, qualitative research*

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Violence represents a significant concern in today's American society and is a major healthcare problem, costing society thousands of lives, millions of dollars, and untold physical and psychological morbidity (Valente, 2000). According to the Centers for Disease Control and Prevention (CDC), expenses for intimate partner rape, physical assault, and stalking exceed \$5.8 billion each year, of which nearly \$4.1 billion are costs for direct medical and mental health services (National Center for Injury Prevention and Control, 2003). Although the threat of violence from a stranger is a valid concern, the experience of violence with a known perpetrator is more likely than with a stranger (Rennison & Rand, 2003). Early adulthood (i.e., ages 18–25) represents the life period with the greatest risk of intimate partner violence; however, dating and intimate partner socialization for most people begins in early adolescence (Jackson, 1999; Lewis & Fremouw, 2001). Often, violence begins before marriage and its victims are adolescents and young adults, some as young as middle-school age (i.e., ages 11–14). Reports of dating violence in adolescent and adult populations range from 15–40% and many investigators describe physical or violent acts that are severe enough to result in physical and/or psychological injury (Avery-Leaf, Cascardi, O'Leary, & Cano, 1997; Foshee, Linder, MacDougall, & Bangdiwala, 2001; Jackson, 1999; Lewis & Fremouw, 2001). These estimates point towards the “hidden nature [sic]” of dating violence, suggesting that the total impact of the problem is probably unknown.

Dating violence is a traumatic event that can have devastating consequences for victims. Such an experience may change one's construction of reality, contribute toward deep intrapsychic and emotional wounds, and

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endanger one's beliefs about self, others, and the world. Although many individuals experience a traumatic event without developing psychological problems, trauma increases the likelihood that individuals experience significant psychological and emotional disturbances after exposure (Kessler, Molnar, Feurer, & Appelbaum, 2001; Marx & Sloan, 2003; McQuaid, Pedrelli, McCahill, & Stein, 2001).

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For advanced practice psychiatric nurses (APPNs) to effectively intervene with victims of dating violence, it is essential to understand its impact on their lives. The purpose of this study is to illustrate, from the perspective of college women, how experiencing dating violence affects activities of daily life. In addition, this study explores and identifies important issues related to sensitive nursing assessment, intervention, and guidance for appropriate referral.

Background

Most studies about dating violence within the context of a college or university setting only examined the prevalence and incidence of the problem (Daley & Noland, 2001; Rennison & Rand, 2003; Smith, White, & Holland, 2003); however, these studies did not describe the reactions of victims.

Although there is a paucity of literature addressing the reactions of college women to dating violence, prior research on the reactions of victims to violence and stalking provided a theoretical foundation for the current study. Many victims responded to violence by making changes in routines and activities of daily life. Bjerregaard (2000) described victims' responses

to stalking as changing their phone numbers, jobs, and residences, calling the police, and going to court. Additionally, over a quarter (26%) of the stalking victims in the National Violence Against Women survey reported that victimization resulted in lost time from work (Tjaden & Thoennes, 1998, 2000).

A survey in *The Morbidity and Mortality Weekly Report* (Kohn, Flood, Chase, & McMahon, 2000) found that 75% of the women who were currently being stalked reportedly believed that the stalking was somewhat dangerous or life threatening. Participants described that changing usual behavior (70%), reporting the situation to the police (89%), and moving to a new residence (36%) were measures employed in an attempt to stop the stalking behavior. Women also reported experiencing stress that interfered with their regular activities for greater than 1 month.

In response to the limited information that exists on how physical violence affects the lives of college women, and the general difficulty in discerning information from standardized questionnaires, it was determined that information would be best obtained through the use of open-ended questions. Further investigation will extend the findings associated with stalking to other types of interpersonal violence. Consequently, this will provide guidance for assessment and intervention regarding the impact of dating violence in the lives of victims.

Design and Methods

This study presents qualitative data from a study of college women's experiences of violence while dating. Qualitative content analysis was used to analyze transcribed responses from an open-ended question about the impact of the experience of dating violence.

Setting and Participants

After receiving Institutional Review Board approval, participants in the current study were drawn from two universities in the United States. Participants had the option to respond to the following statement: "If you

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Table 1. “Dissed” by Dating Violence: Major Categories

Category	Description
Emotional <i>distress</i>	Participants reported emotional suffering, mental anguish, and feeling in need of help.
<i>Distrust</i> and using extra precautions	Participants described mental health symptoms and disorders. Lack of confidence in potential dating partners. Participants reported feeling like they needed to take extra precautions to ensure their safety while dating.
<i>Distant/disconnected</i> in relationships	Participants reported feeling remote or separated in relationships. Reported feeling disengaged.
Self- <i>discontent</i>	Participants reported profound discomfort with self and not feeling pleased or satisfied with self.
<i>Disclaiming</i> the experience	Participants wrote comments indicative of low self-esteem. Participants denied any consequences or effects from experiencing violence. Participants attempted to disown the experience and any connection between the experience and any harmful or painful effects.
Feeling <i>disenfranchised</i>	Participants report feeling abandoned by groups or institutions that had previously provided support.
Life <i>disruption</i>	Participants described the myriad ways how violence had influenced their daily lives, routines, and behaviors. Many discussed behavioral accommodations used to distance themselves from perpetrators.
From <i>disempowered</i> to empowered	Participants were able to use sublimation by channeling negative energy or distress into positive actions with adaptive outcomes. Participants reported the experienced of dating violence as a stimulus that helped them to achieve personal growth.

have indicated that you have been physically, sexually, or emotionally victimized or stalked by a dating partner, please tell me, in as much detail as possible, how this experience has affected your life.” Participants who chose to respond to the question ($n = 210$) wrote a narrative note describing the impact of the experience. One hundred twenty students were from a private, historically black college in the South, and 90 students were from a private institution in the Mid-Atlantic. The schools are unidentified and participants did not provide names. Because of the sensitive nature of the topic, steps were implemented in the protocol to decrease potential emotional distress experienced by participants who responded. Participants were invited to discuss negative reactions with the first author via phone, and/or through campus counseling services. In addition, each participant received printed educational materials on intimate partner

violence and a list of campus and community referrals and resources. The campus nurses and counselors were aware of the study and were alerted to the possibility of distressed students. All participants were informed that their participation was voluntary and that they could choose not to respond at any time. No problems with participant emotional distress were reported during or after data collection. Participants signed consent forms using a number so that confidentiality could be assured. The participants did not provide any names on the surveys or narrative notes, thus, each quotation was randomly assigned a pseudonym. Although the participants represented diverse racial and ethnic backgrounds, the pseudonyms were assigned to avoid identification based on participant demographics.

The participants were comprised of young women between the ages of 18 and 25 ($M = 19.3$ years, $SD = 1.46$).

The racial/ethnic backgrounds of the participants were as follows: White = 44 (21%), Black/African American = 139 (66%), Asian/Pacific Islander = 9 (4%), Hispanic = 4 (2%), mixed race/multiracial = 14 (7%). Most of the participants were undergraduates (98%), freshmen (44%), and full-time students (76%). Participants had an average of three boyfriends, with a range of 0–30 boyfriends.

Data Analysis

Data were analyzed using a constant comparative method (Lincoln & Guba, 1985). The following steps guided the analysis. The content of each written narrative was examined to determine themes, patterns, ideas stimulated by the data, and isolated instances that provoked thought. Reading the written narratives provided insight into participant reports. Initially, descriptive codes were used to organize the data indicating the source (survey question, reflexive and theoretical notes), identifying information (pseudonym, locale), and the data collection episode (date and time when data were collected). Second, interpretative codes were established as the data collection progressed. Interpretative codes identified an emergent theme or pattern and served to group units of information into categories.

Constant comparison between the individual units of information and categories across cases was used to confirm the internal homogeneity and external heterogeneity of the categories. Throughout the data collection and analysis period, monthly meetings with a panel of experts were held for the purposes of debriefing, auditing, support, and clarification. Data collection ceased when sources of data became exhausted, categories became saturated in which new sources provided redundant data, and clear patterns regularly emerged (Guba, 1978). Descriptions of the major categories and related content are presented in this analysis.

In qualitative studies, elements of trustworthiness are used to establish the scientific adequacy of the investigation. The four criteria for trustworthiness include credibility, transferability, dependability, and

confirmability (Lincoln & Guba, 1985; Polit & Hungler, 1999). Credibility was attained by using concurrent data collection and analysis. In addition, a panel of experts reviewed the raw data and resulting categories. Transferability refers to the extent to which findings can be transferred to other groups or contexts and is dependent upon the researchers' thick description of the phenomenon under study (Lincoln & Guba, 1985; Polit & Hungler, 1999). Gathering data from a diverse group of individuals helped confer transferability of the findings. Dependability is defined as the stability of data over time and over conditions (Lincoln & Guba, 1985; Polit & Hungler, 1999). Dependability and confirmability were obtained by maintaining an audit trail for review by the panel of experts. The audit trail consisted of the researchers' memos throughout the research process, including raw data, evidence of the analysis and data reduction, reconstruction, and synthesis (Wolf, 2003). Confirmability, the neutrality of the data, was conferred by the panel's review of the audit trail (Lincoln & Guba, 1985; Polit & Hungler, 1999). The discussions with the expert panel regarding coding and categories helped to ensure the confirmability of the findings.

Results

Based on an analysis of the written narratives, participants identified and described myriad ways of how experiencing interpersonal violence had affected their lives. The overarching theme of the narrative notes was " 'dissed' by dating violence." In popular culture, to "dis" someone is to treat them without respect, which means to be purposely rude or inconsiderate (Cambridge University, 2003). Being "dissed" can also mean having been purposefully dismissed or discarded. This definition implies that an individual feels rejection, and many emotions follow. The collective statements of the participants reflected a range of affective responses and significant biobehavioral consequences. All participants reported that someone with whom they had a relationship caused the pain and turmoil. As seen in Table 1, the major thematic

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categories that emerged from data analysis were as follows: emotional *distress*, *distrust* and using extra precautions, *disconnected* and *distant* in relationships, self-*discontentment*, *disclaiming* the experience, feeling *disenfranchised*, life *disruption*, and turning a situation from *disempowering* to *empowering*. Quotes from participants were used to illustrate the research categories. In the interest of confidentiality, participants were assigned pseudonyms. Each name and quote indicates an actual participant.

In popular culture, to “dis” someone is to treat them without respect, which means to be purposely rude or inconsiderate.

Emotional Distress

The most common written theme expressed in the narrative notes depicted emotional distress in response to the experience of violence. Fifty-three narratives discussed emotions such as anger, guilt and self-blame, fear, depression, betrayal, and emotional breakdowns. Participants described symptoms consistent with post-traumatic stress disorder (American Psychiatric Association, 2000). For example, Amanda wrote, “I often have flashbacks and find myself crying. I feel unsafe and scared. I feel weird and guilty about being raped, therefore, I don’t really like telling people about it (i.e., counselors).”

The strong emotional distress in response to experiencing violence was readily apparent. Belinda reported that she “became bulimic for about 6 months.” Candace wrote, “I cry at times and I do not understand why I am crying.” Whereas some participants described hurt and crying episodes, others clearly identified

themselves as having felt depressed or suicidal during and for a time after their experience of violence.

Often the emotional distress took the form of anger and the comments reflected these angry reactions. As Denise expressed, “You never forget. It becomes a part of you. At times, you find yourself lashing out at the people who care most for you. Sooner or later you learn to bury it.” Sometimes the anger was self-directed. For example, Elissa wrote, “I’ve gone through periods of being very angry—mostly with myself for not confronting the issues and getting out when he made me nervous the first time.” Feeling as if a caring person “dissed” you can result in emotional distress. The above comments expressed the emotional distress and anguish felt by participants who experienced violence.

Distrust and Using Extra Precautions

Forty-four participants reported distrust or a lack of trust. These participants described placing their trust in a person and in an intimate relationship and then feeling as though the very person who was supposed to care about them had hurt them. This was apparent in Felicia’s narrative, which read, “Overall, I feel as though I can’t trust what any man tells me about his feelings towards me.” Gloria wrote, “I don’t let many people into my circle because those that I do let in have to prove that they can be trusted with my thoughts and aspirations.”

The experience of abuse within an intimate relationship tended to make relationships feel emotionally unsafe and threatening. Heidi wrote, “It makes me not trust the people I date as much as I probably should.” The same sentiment was echoed in the note of Iris that read, “I haven’t really been able to trust anyone in emotional or sexual situations.”

This distrust can certainly lead to feelings that one must be very careful and take extra precautions. After experiencing such hurt, victims were often fearful that it could happen again. Jackie wrote, “I felt used, and I feel like I could be used again. I am determined not to be used again.” Many participants expressed being extremely cautious about who they dated. Additionally,

they expressed avoiding men with certain personality traits that were similar to a perpetrator.

Frequently, distrust led participants to subsequently meet potential dates in public places. Participants did not meet dates in private places until they knew the other party well, and were mindful of their actions and surroundings. Kim reported, "I began looking over my shoulder a lot, made sure not to say anything encouraging at the time. Now, I am careful to watch out for people with his type of personality and avoid them." Likewise, Lori wrote, "It has made me more cautious of the people I talk to or hang around. I'm also no longer sexually active."

Disconnected or Distant in Relationships

Feelings of distrust and the need to take precautions can lead toward feeling disconnected or distant in interpersonal relationships. Thirty-four participants described feeling emotionally distant within a relationship. Marissa commented, "After my ex-boyfriend hit me, it made me put a shield up. Now I can't get close with my current boyfriend." Similarly, Nina wrote, "I choose not to let myself get close to others." Yet Patricia described it as, "I feel I am relationally 'handicapped' with deep-rooted feelings of isolation that I am meant to be alone." Perhaps this feeling of disconnection and distance was most succinctly expressed by Rita, who wrote, "I am hesitant to open myself up emotionally in dating relationships because that vulnerability has left me open to emotional harm." Rita aptly described her fear of establishing an emotional connection and her need to maintain distance to protect herself.

Self-Discontent

Experiencing victimization can cause an individual to feel self-discontent or to question her self-worth. Seventeen individuals reported discontent with self or low self-esteem. Sharon described this when she wrote, "The experience has basically given me the thought that I'm *nothing!*" The experience of abuse can invade

the core of one's being, causing self-doubt. This was evident in a comment by Rhonda who wrote, "You feel guilty, like you're not a good person if something like that could happen to you." Sylvia wrote, "I'm not happy with myself!" Tammy wrote, "I am extremely insecure about myself and have a poor body image" in response to being raped while under the influence of alcohol.

Disclaiming the Experience

Thirteen participants wrote that the experience of violence had no effect on them or they could not discuss what had happened to them. It was as if they were attempting to disclaim or disconnect the seriousness of their experience. Vicki, while discussing a situation of date rape, illustrated this when she wrote, "Now I tend to think it wasn't a big deal, but at the time I was so upset I kept thinking about killing myself (I never really intended to but I found myself daydreaming about it a lot). . . . Ok, so even writing this makes me think again this was no big deal."

Others seemed to minimize the situation and denied any ill effects. Wanda wrote, "It really hasn't affected me at all." Yvonne wrote, "The experience wasn't that serious. It hasn't affected my life because I don't let it. I don't think about it so it's not there." These narratives demonstrate the profound effect that experiencing violence can have, suggesting that victims may not receive assistance and support.

Feeling Disenfranchised

A few participants described feeling let down or unsupported by individuals in their family, friends, or other members of the community (most notably law enforcement). The narrative of Zelda who wrote about being raped by a date depicts this idea. Her note said, "I felt like people didn't believe me. My father said things that hurt me and made me cry. The policeman said it was my fault. He said if I were your boyfriend I'd beat you up for being at some guy's apartment." Allison also detailed the ways that the police officer,

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who she felt was supposed to be on her side, made things worse. These reactions can make victims feel unsafe and unsure about reporting an incident.

Other participants described instances when friends or family were not supportive. For example, Brittany wrote, "One time I was drunk and I feel that one of my friends took a little too much advantage of me. It's really affected my friendships because it was one of my really good friends and I'm sort of embarrassed to hang out with that group of friends because they all agree with him." Claire questioned the role that her father might have played in preventing her experience. She wrote, "If my father had been more involved in my decisions regarding who I could date, then I feel I may have been able to avoid the pain/depression that I've dealt with. (My parents are married, but my dad took a non-role in this aspect of my life.) So, at times I've also dealt with anger that I feel toward my dad. I wish he had protected me more."

Others felt unprotected by institutions that are in place to help and support individuals. Deborah wrote of how she could not talk about her experience or receive any help because of her religion. She wrote,

I can't talk about it openly with my family or many of my friends because it is against my religion to have premarital sex. When I got checked up after it happened, I still couldn't get myself to tell the doctor that it had been forced sex, even though he tore the inside of my vagina. Basically, I can't do too much about it because there's no way I can come out with it. I try to pretend it didn't happen, and it's starting to work. It may not be the best way to deal with it, but being Muslim and with my situation, not much else can be done.

This question of dating violence brought up memories of violence at other times in the lives of two young women. Both talked of abuse by a male high school teacher. They wrote of these incidents as "relationships." It should be noted that victimization of a student by a high school teacher does not fall into the

category of dating violence. Rather these incidents would fall into the category of "child abuse" or "child sexual abuse." Eve wrote, "Because the offender was a teacher, I don't feel comfortable with male teachers and having private conferences with male teachers." Fran wrote at length about her experience with a high school teacher who was emotionally abusive and who had sexual relationships with many students. This young woman was so affected by the experience that she wrote out his full name on her narrative. Because of issues of anonymity and confidentiality, the participant could not be identified; however, upon reflection this narrative felt like a cry for help or justice. The prior narratives clearly illustrate how an individual or institution should not react to the disclosure of dating violence.

Life Disruption

Besides the emotional distress, participants endured major disruptions to their daily lives. For example, Gina wrote, "I am currently in an emotionally abusive relationship with a man who prevents me from having friends and pursuing my hobbies. It makes me feel very isolated from the people I love." Hannah wrote, "I do not answer phone calls that have no caller ID." India wrote, "I could not bring myself to be sexually active for about 2 years after the incidents with my ex-boyfriend. I do not ever walk home alone late at night, and always lock my doors (including car doors, even for a short ride)."

Others wrote of changes to their daily routines. For instance, Judy wrote, "I also try to take and know different routes to places." Karen wrote,

First, I have to change my daily activities when I need to go to the store; I have to take the long route or try to disguise myself. I don't stay a lot outside in my neighborhood anymore. I'm paranoid when walking the streets because often this person and his friends just came out of nowhere and follow [sic] me.

Perhaps it is summed up by Linda, who wrote, "The experience of being watched or spied on without my knowledge just led me to be a lot more aware of my surroundings and not to be so systematic in my routines."

From Disempowering to Empowering

It was encouraging that 25 participants reported that the abuse had provided a learning experience for them and that the outcome was personal growth. These participants were able to take a disempowering situation and convert it to an empowering event by finding meaning in the experience. Madelyn reported, "I believe that my experience has helped me learn that there is no reason for anyone to harm me. It has made me a stronger person in that I no longer let males take advantage of me." Noreen also reported that her experience "allowed me to change some of the weaker qualities in my life."

Apparently, these participants were able to find meaning in their experience and use it as a catalyst for self-learning and growth. They were able to find something very positive about a very negative situation. Opal described a learning process when she wrote, "I believe that the situation was unhealthy and actively considering why I was there in the first place and for so long, has been empowering, beneficial, and helped me to know myself better and make smarter relationship choices since."

The narrative notes provided many examples of the injurious consequences of interpersonal violence. The emotional distress described was consistent with previous literature on the mental health effects of intimate partner violence. The changes that individuals made in their lives were consistent with the stalking literature describing common lifestyle changes (Bjerregaard, 2000; Kohn et al., 2000).

Discussion and Clinical Implications

The participants wrote narrative notes that described the experience of dating violence relative to physical, sexual, emotional, and/or stalking behaviors. Although similarities existed, individual experiences and the

overall findings were subjective. The manner in which an individual perceived and processed an experience determined the meanings attached to the experience and potentially, the resulting reactions. For example, the young woman who minimized the experience or tried to convince herself that it did not distress her may have subsequent health concerns that seem unrelated but could be triggered or exacerbated by the unresolved issue. Victims of intimate partner violence often have poorer perceived health, have increased health utilization, and multiple stress-related physical conditions (Campbell, Jones, Dienemann et al., 2002; Davidson, King, Garcia, & Marchant, 2001). This highlights the importance of assessing for history of violence and determining how each individual deals with the experience of violence and the meaning it holds.

Individuals reported how distressing the experience of violence was in their lives. This information, coupled with research about physical injury, and mental health symptoms associated with intimate partner violence, supports the need for APPNs and healthcare providers to screen all young women for violence. Recommendations suggest that all adult women and adolescents be routinely screened, whether on admission as a new patient, during yearly visits, and when seeking care for an injury (Groves, Ausustyn, Lee, & Sawirds, 2002). Screening is most effective when behaviorally descriptive items are used. For example, a young woman can be asked, "Has anyone ever hit, slapped, grabbed or shook you, or otherwise physically hurt you?" Further, the APPN can also ask, "Has anyone forced you to have sexual intercourse or activity against your will?" Questions about sexual intercourse or activity when the individual was unable to consent because of the use of drugs or alcohol can also be included. The current analysis further emphasizes the need for programs that identify and support victims of interpersonal violence.

Implications for Advanced Practice Psychiatric Nurses

The narratives of the participants support what is known about screening with adult women and extend

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that knowledge towards adolescent and young adult women. Screening is essential for all women, including adolescents. It is important that APPNs screen every woman on every visit about both past and present experiences of violence. The current study suggests that young women who are screened often report effects that last beyond the termination of a relationship. Furthermore, it is important to remember that violence occurs regardless of race, ethnicity, religious affiliations, sorority membership, and socioeconomic status (Harned, 2002).

Screening has become a controversial issue as a result of the U.S. Preventive Services Task Force concluding that, “insufficient evidence exists to recommend for or against routine screening” of women for intimate partner violence (US Preventive Services Task Force, 2004, p. 156). The findings of the task force have faced scrutiny from researchers who dispute the findings and discuss the limitations of the report. Professional organizations, researchers, and advocacy organizations continue to promote screening for intimate partner violence by all healthcare providers (Soler & Campbell, 2004).

Screening efforts are enhanced through the provision of education and training and the use of standardized protocols. Evidence demonstrates that attendance at educational programs on intimate partner violence positively impacts the attitudes and values of healthcare providers related to screening and intervening with victims of intimate partner violence (Hamberger Guse, Boerger, Minsky, Pape & Folsom, 2004; Schoening, Greenwood, McNichols, Heermann, & Agrawal, 2004). However, research has not documented that education on intimate partner violence increases the likelihood of screening or identifying victims in practice (Hinderliter, Doughty, Delaney, Pitula, & Campbell, 2003). Additionally, the use of standardized protocols has been effective in improving the identification of abused women (Glass, Dearwater, & Campbell, 2001; Ramsden & Bonner, 2002). Common standardized protocols include incorporating items such as chart prompts and questions on assessment forms. Examples of chart prompts include stamps or color codes that indicate reported or suspected violence or abuse.

Incorporating information that identifies the effects of physical, sexual, emotional, and /or stalking violence on the daily lives of victims can expand the nurse’s practice. APPNs and healthcare providers should integrate knowledge about how victims may react to violence into their assessment and screening protocols. Knowledge of the extent and range of the reaction is useful to guide intervention and treatment strategies. APPNs can better help individuals once they understand the experience from the perspective of the victim. This understanding is necessary to plan nursing care, interventions, and referrals. APPNs must always be mindful that young women are reluctant to seek help related to violence. Mental health symptoms may be the only clue to past or present experiences of violence. Through the recognition of symptoms and direct questioning, the APPN can plan interventions to address the consequences of dating violence.

Qualitative data obtained from narrative notes can also help the APPN understand the experience of a young woman who has encountered violence. An APPN can better help an individual when he/she understands the experience from the perspective of the individual. The reported lifestyle changes can seriously affect an individual’s mental health, perception of self, and daily functioning. By understanding the serious impact and devastating consequences of violence in the lives of victims, the APPN can provide support and referrals. It is essential for APPNs and healthcare providers to be knowledgeable of the campus and community resources available to victims of dating violence.

Summary

This study found that young women experienced physical, sexual, emotional, and-or stalking violence within dating experiences. Many of these young women also reported harmful consequences affecting their daily lives, health, and well-being. By understanding the experience of dating violence from the perspective of victims, APPNs can plan and implement more effective care. It is essential that all young women are

screened routinely about past and present experiences of violence, and that providers are knowledgeable about the available resources to assist them.

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