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Chapter

An Integrative Exploration of Sexual, Physical, Psychological, and Cyber-Digital Relationship Abuse in Adolescent and Young Adult Relationships

Hans Saint-Eloi Cadely and Tiffani Kisler

Abstract

Although detrimental for any age group, rates of experiencing sexual assault (SA) are found to be the highest among young adults; with nearly 25% of young adult women indicating to have experienced SA at least once in their romantic relationship. SA is also common among adolescents, as 33% of young women between the ages of 11–17 indicated to have been raped. The effects from SA include depression, trauma, and interpersonal distress, which are similar to the effects of other forms of intimate partner violence (IPV) (i.e., physical and psychological aggression), suggesting a covariation between these various forms of aggression. Additionally, a new form of dating violence has emerged; cyber-digital relationship abuse (CDRA). This behavior is commonly expressed via means of social media (e.g., Facebook, Twitter, & Snapchat) and through digital means (e.g., texting and email) whereby youth and young adults harass, threaten, control, and monitor their partners whereabouts. Recent studies have indicated that CDRA may serve as a precursor to physical violence in dating relationships. The purpose of this chapter is to provide an integrative exploration of sexual, physical, psychological, and CDRA by tracking the progression and concurrence across these various forms of IPV among youth and young adults. Implications for interventions will also be discussed.

Keywords: cyber abuse, intimate partner violence, sexual abuse, sexual assault

1. Introduction

1

"Unhealthy relationships can start early and last a lifetime"

— Centers for Disease Control and Prevention

In the wake of the #MeToo movement, the call for more awareness of sexual abuse and its effects on victims spread across the world. Survivors of sexual assault who were previously silenced have gathered the courage to come forward to tell their stories. Perpetrators of such unspeakable acts are now being held accountable for their heinous deeds. Victims are now being heard and societies are learning of the role they played in their normalization of such behaviors. Despite these positive movements,

more is still needed to learn about the effects of sexual abuse. The most effective way to prevent a behavior is to understand its nature. Therefore, it must be understood that sexual abuse may not necessarily occur in isolation from other acts of violence.

As described by the Centers for Disease Control and Prevention [1, 2], intimate partner violence (IPV; also referred to as dating abuse, dating aggression, or dating violence in the adolescent development literature) consists of aggressive or abusive behaviors expressed or experienced within romantic relationships. Such behaviors can be expressed/experienced through means of psychological (i.e., verbal or emotional), physical, and/or sexual abuse. The co-occurrence and progression of these various forms of abuse is well-documented in the literature [3–11]. Using a biopsychosocial framework (see **Figure 1**), we argue that sexual abuse must be studied as an integration with other forms of abuse (see **Figure 2**) and potentially as a development from other forms of aggression, particularly psychological aggression (see **Figure 3**). Understanding the integration of these behaviors will be beneficial for researchers, practitioners, and interventionists in the attempts to reach survivors of sexual abuse.

Moreover, to prevent a behavior, it is also best to address it during its origin. The CDC quote noted above implies that without intervention or preventive methods, the effects and continuation of unhealthy behaviors can progress over time. Surprisingly, adolescent romantic relationships were once deemed as shallow and frivolous given the transient nature of these relationships, particularly among early adolescents [12]. However, research within the past two decades argue that the formation of romantic relationships is critical to adolescent development [12, 13]. For instance, dating partners become a critical source for identity development during adolescence [14–16]. Data from the National Longitudinal Study of Adolescent Health (Add Health) indicated that 55% of adolescents reported to have been in a romantic relationship. Also, from this dataset, 69% of males and 76% of females indicated to have been romantically involved within the 18 months prior to data collection [17]. Additionally, romantic experiences during adolescence can influence

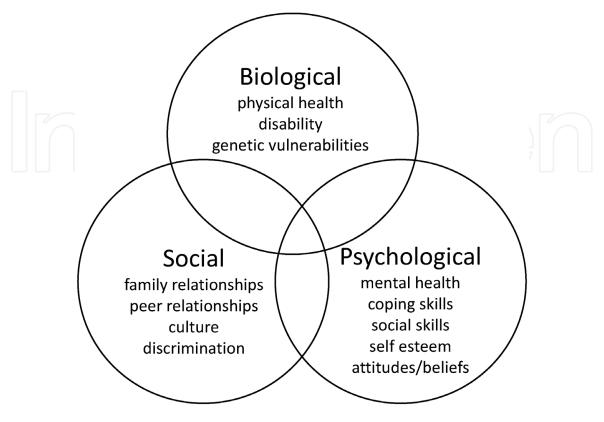


Figure 1.An integration of abuse via a biopsychosocial framework.

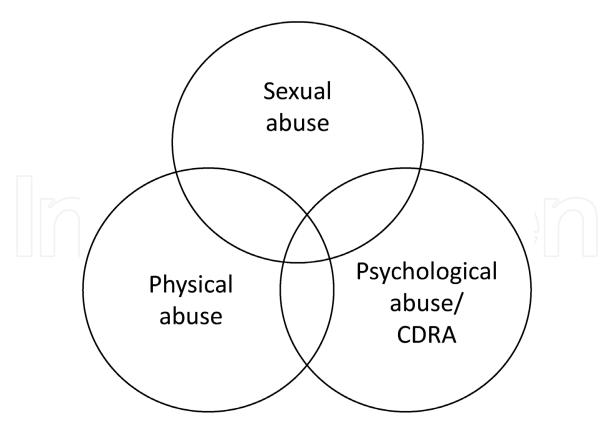


Figure 2.An integrative illustration of sexual, physical, psychological, and cyber abuse in adolescent and young adult relationships.

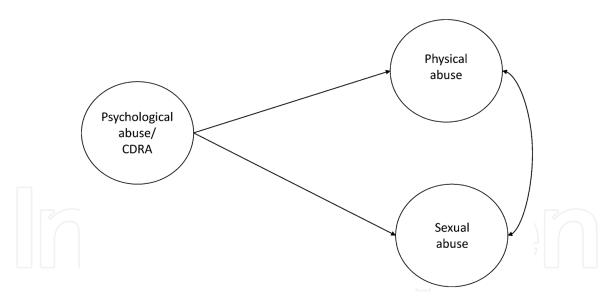


Figure 3. An illustration of the progression from psychological/cyber abuse to physical and sexual abuse.

well-being and later romantic experiences during young adulthood [18–20]. Such is also the case for adolescents who experience some form of dating violence/IPV in their romantic relationships. The view that the formation of romantic relationships plays an insignificant role on adolescent development can be dismissed for the additional reason that many adolescents who are romantically involved experience abuse in their relationships [2]. Notably, many individuals first experiences of dating violence happen before the age of 18 making youth and young adulthood a critical time for addressing and preventing this public health concern [2, 21–23]. Studies have also shown that the perpetration and victimization of IPV behaviors can extend beyond adolescence up until young adulthood [2, 10, 21, 22, 24–26].

Rates of experiencing some form of IPV in the United States (USA) are approximately 25% for women and 10% for men. Also, approximately 11 million women and five million men experienced some type of IPV before the age of 18 [1]. Furthermore, over three million Canadians aged 15 and older reported to have been victimized by psychological, physical, and/or sexual IPV within the past five years [27]. Rates of experiencing and/or perpetrating specific forms of IPV across various parts of the globe are reported below within their respective sections. Consequences from involvement in an abusive relationship among adolescents and young adults include reports of depression, anxiety, suicide ideation, interpersonal problems, and posttraumatic stress disorder [2, 28–32]. Reports of IPV within these populations have also been associated with unhealthy behaviors ranging from substance use, unhealthy weight control behaviors, sexual risk behaviors, and teenage pregnancy [2, 31, 33–37]. Lastly, victimization from teen dating violence is related to antisocial behaviors (e.g., lying, stealing, bullying, hitting, or engaging in criminal activities) [2, 30, 31, 38, 39].

Additionally, the social and digital age of our current times has given rise to a new form of psychological dating aggression expressed/experienced through means of technology. We term such behaviors as cyber-digital relationship abuse (CDRA). CDRA is also considered to be a new form of psychological dating aggression [40] that may also co-occur and even progress to physical and/or sexual abuse [41].

In the present chapter, we argue that sexual abuse ought not to be examined in isolation as such behaviors may intertwine with psychological and physical abuse. We also argue that both sexual and physical abuse can progress from psychological abuse. Additionally, we focus on the prevalence of these behaviors during the period of adolescence and young adulthood as this is when abusive behaviors within romantic relationships may first originate. We later argue on the implications for researchers, practitioners, interventionists, and high school and college counselors for examining these various forms of abuse from an integrative approach.

2. Sexual abuse

Defining sexual abuse has been challenging among researchers. Particularly because such behaviors can be perpetrated by a stranger, acquaintance, or romantic partner [42–45]. For our purpose, sexual abuse is described as forced sexual activities/sexual contact expressed towards a romantic partner. Additionally, sexual abuse has been defined differently throughout the literature. Some researchers have defined such behaviors based on forced penetrative acts (e.g., "Using force (like hitting, holding down, or using a weapon) to make one's partner have sex"; "unwanted penetration when a victim/survivor is unable to consent or is "unaware", i.e., asleep or under the influence of alcohol") ([42], p. 323; [44], p. 309). Non-physical acts expressed with the intention of forcing one's partner to have sex is also a common form of sexual abuse (e.g., "insisting on sex when one's partner doesn't want to without using physical force"; "the use of nonphysical, controlling, degrading, and manipulative tactics to obtain, or attempt to obtain unwanted oral, vaginal, or anal intercourse, including forced penetration and sex with objects") ([42], p. 323; [44]). Sexual abuse has also been defined as non-penetrative sexual acts expressed physically and/or verbally (e.g., kissing or touching one's partner sexually without their approval; "the use of manipulative, psychologically abusive tactics to keep an intimate partner in submissive positions of power; strategies include sexual degradation, non-contact unwanted sexual experiences, and reproductive and sexual control") ([42], p. 323; [46, 47]).

Other forms of sexual abuse include "exposing sexual body parts, being made to look at or participate in sexual photos or movies, harassed in a public place in a way that felt unsafe" ([46], p. 17). In summary, sexual abuse consists of aggressive behaviors expressed either physically and/or psychologically. These behaviors entail more than just rape/forced sexual intercourse and they can be expressed with the intention to control and/or intimidate one's romantic partner. Moreover, the expression of sexual abuse via psychological and physical means further supports the notion of integrating all three types of abuse.

According to findings from the National Intimate Partner and Sexual Violence Survey (NISVS), one out of 10 women indicated to have been sexually assaulted by a romantic partner. Findings from their survey also showed that 19 million women were victimized by some form of psychological and/or physical sexual abuse [46]. Similar rates were also shown outside of the USA. For instance, Painter and Farrington [48] indicated that 13% of participants from 10 regions of Great Britain experienced some form of sexual abuse. Also, Fanslow, Robinson, Crengle, and Perese [49] found that 29.1% of Maori women, 14.9% of Pacific women, 3.8% of Asian women, and 16% of European women in Auckland, New Zealand were sexually abused. Among youth and young adults in the USA, rates of having experienced sexual abuse from a romantic partner have ranged from 4-25% [2, 25, 37, 39, 50]. Rates of adolescents perpetrating some type of sexual abuse towards their romantic partner range from 2–21% [39, 47]. Thompson et al. [26] indicated that 8.6% of undergraduate male students consistently perpetrated sexual abuse towards their sexual partners throughout all four academic years. Furthermore, Brownridge [51] indicated that 36.4% of young adult college women in Manitoba (Canadian province) experienced sexual abuse from a dating partner at least once in their lifetime.

Unlike other types of abuse, there is less co-occurrence between perpetration and victimization in reports of sexual abuse among youth and young adults. Primarily because such behaviors are generally perpetrated by men [52]. However, reports of sexual abuse expressed towards men should not be undermined. NISVS findings indicated that approximately nine million men experienced unwanted sexual contact, nonphysical unwanted sexual experiences, were forced to receive oral sex from a male or female, were forced to engage in sexual intercourse with a woman, and/or were forced to penetrate a male or female anally [46]. Furthermore, 12.5% of high school females and 3.8% of high school males were victimized by some form of sexual abuse [2].

Perpetrators of sexual abuse are more likely to report high engagement in alcohol use, high levels of delinquent behaviors, and to report more sexual partners [11]. Victims of sexual abuse are also likely to engage in risky sexual behaviors, experience teenage pregnancy, engage in risky health behaviors to lose weight (excessive use of diet pills, laxative, and excessive vomiting), and experience suicide ideation [37]. Katz et al. [5] indicated that undergraduate female students who experienced both physical and sexual abuse reported less general and sexual satisfaction in their romantic relationship.

3. Physical abuse

Physical abuse consists of aggressive behaviors perpetrated with the intention to harm one's romantic partner. Rates of experiencing physical abuse from a dating partner have ranged between 7–30% among adolescents and young adults in the USA [2, 37, 53]. Concerns relating to physical abuse are not limited to the USA, as according to the Women's National Institute, 66.5% of Mexican adolescents

reported being victims of some type of physical abuse in their relationships. Moreover, it was found that only 10% of these victims were likely to report the abuse [54]. Data collected from Spain by the Government Delegation of Gender Violence [55] revealed that adolescents under the age of 18 who were victims of physical abuse remained in such relationships for an average of 3.5 years; in some cases, relationship lasted up to eight years. Also, recently Exner-Cortens, Baker, and Craig [56] found that 11.8% of Canadian youth (grades 9 & 10) were victimized by physical aggression and that 7.3% of Canadian youth perpetrated acts of physical aggression. These findings suggest that physical abuse is a worldwide health problem among adolescents and young adults.

Rates of physical abuse among adolescents and young adults can also vary based on the severity of the aggression. Specifically, behaviors deemed as minor or moderate (e.g., throwing, grabbing, slapping, and/or twisting a partner's fingers, arm, or hair) are more likely to be experienced/expressed relative to severe forms of aggression (e.g., choking, beating up, burning, and/or using a knife/gun on one's partner) [44, 57]. For instance, among a sample of rural adolescents in North Carolina (13–19 years old), Foshee et al. [57] found that rates of perpetrating minor/moderate forms of physical abuse ranged between 13-21% whereas rates of perpetrating severe forms of physical abuse ranged between 5–9% across five waves of data. Among a community sample of young adults (18-25 years old), Saint-Eloi Cadely et al. [10] found that across eight waves of data, between 21-65% of participants reported to have perpetrated minor forms of physical abuse, whereas between 3–38% of participants indicated to have perpetrated severe forms of physical abuse. Furthermore, among a sample of Latinx adolescents (12–17 years old) whom all experienced physical abuse, Munoz-Rivas, Ronzon-Tirado, Redondo, & Cassinello [58] indicated that between 24–72% of adolescents were victimized by what was defined as mild forms of physical abuse (i.e., being punched or held tightly by a partner, being kicked or bitten, or having been hit or slapped) whereas only 1-2% of adolescents experienced more severe forms of aggression (i.e., being beaten, strangled, or attacked with a knife or weapon).

Importantly, many adolescents and young adults who are victims of physical abuse also report to have perpetrated such behaviors [7, 56, 59, 60]. The co-occurrence between reports of perpetration and victimization may explain the similarity in the reports of these behaviors across sexes. Although often debated, gender symmetry in physical abuse (similar reports across sexes in the perpetration of physical abuse) is largely supported in the literature [52] and is more commonly found among samples of adolescents and young adults [61]. Studies within these populations also found that at times higher rates of perpetrating physical aggression are reported by females relative to males [61–64]. However, adolescent and young adult women are more likely to be injured by physical aggression [61], partially due to adolescent and young adult males being more likely to engage in more severe forms of physical aggression [29, 57, 65, 66].

The effects of physical abuse among adolescents are detrimental. For instance, adolescents who perpetrate physical abuse are more likely to exhibit externalizing and/or internalizing behaviors [31]. Victims of physical abuse are likely to engage in risky sexual behaviors (e.g., lack of condom use and having sex at a young age) [33], drop out of high school [28], and experience mental health disorders such as dissociation, posttraumatic stress, and depression [28, 29]. Even more troubling, many adolescents have trouble leaving a physically abusive relationship. This was found due to the satisfaction and commitment to the relationship, justification for the aggression as joking/playing around, and psychological coercion (e.g., feeling forced to remain in an abusive relationship) [58].

4. Psychological abuse

Psychological abuse (also referred to as psychological aggression or emotional abuse in the literature) is defined as "the use of verbal and non-verbal communication with the intent to harm a partner mentally or emotionally and/or exert control over a partner" [2]. Psychological abuse is by far the most prevalent form of dating violence and is estimated to effect nearly half of all adults [67] and varies across studies from 20% to over 95% among teens [68–70]. Yahner et al. [39], in a large-scale cross-sectional study of 7-12th graders from 3 states in the Northeast, found that nearly one third of their sample reported experiences of psychological abuse. More alarmingly, rates of perpetration of psychological abuse may be more prevalent at younger ages. For example, in a study of middle schoolers (grades 6–8) from four large high risk urban cities, 77% of youth reported perpetrating psychological dating abuse [71].

Psychological abuse is not only a significant health concern for U.S. youth, but is it also a worldwide problem. In an international review of teen dating violence in North America and Europe, Leen et al. [72] found similar rates of adolescent victimization internationally with reports as high as 77% of teens reporting psychological abuse in dating relationships. Additionally, similar to patterns in the USA, psychological abuse was the most prevalent form of dating violence among teens.

Current findings around gender differences in perpetration and victimization of psychological abuse among teens are mixed. In some cases, females are more likely than males to report perpetrating psychological abuse [73, 74]. These findings appear to align with earlier research that suggest that males are more likely to be victims of psychological abuse than females [44]. However, Hébert, Blais, and Lavoie [75], in a representative sample of Canadian youth, found that girls were more likely to report being victims of all forms of abuse with psychological abuse being the most prevalent. Similarly, in a recent national Canadian study, psychological abuse was more prevalent among adolescent females and non-binary youth relative to their male counterparts [56]. On the contrary, in an international review of teen dating violence Leen et al. [72] found rates of psychological abuse to be similar among boys and girls, there were no gender differences. Thus, it appears while the relationship between gender and psychological abuse remains unclear, this form of dating violence is a serious international public health concern.

There are many significant ramifications of psychological abuse in dating relationships. Consequences of psychological abuse include psychological distress, relationship anxiety, relationship deterioration, symptoms of depression and anxiety, substance use, suicidal ideation, and an increased risk of further victimization and perpetration of dating violence [69, 76–80]. Specifically, those who experience psychological abuse are more likely to be victims of physical abuse [81] thus perpetuating a cycle of violence and further supporting the need to integrate these behaviors.

While much attention in the IPV literature focuses on physical abuse, it is psychological abuse that may be more deleterious to mental health [69, 78]. In an 8-week study of teen dating violence among high school students, Jouriles et al. [78] found that not only does psychological abuse occur in higher frequency than other forms of violence, but it is also viewed as more unpleasant and intentionally hurtful than physical abuse. These findings are consistent with the adult literature which indicates that women view their partners' psychological abuse as more negative and associate their distress more so to psychological abuse than physical abuse [82, 83].

4.1 Cyber-digital relationship abuse

Even prior to the COVID-19 pandemic, teens' lives have been dominated by technology use and since the new millennium cell phones and text messaging have been the primary means of communication and social connectedness for teens and emerging adults [84]. In fact, young adults spend more time with technology than any other daily activity [85] and technology use mediates most young adult romantic relationships. This new means of communication has changed the way young adults interact within romantic relationships and has introduced a new form of psychological dating aggression, cyber-digital relationship abuse (CDRA). CDRA (also referred to as cyber dating abuse) [40, 41] or electronic dating violence [86] or technology assisted dating violence and abuse [87] is conceptualized as behaviors where technology serves as a tool to harass, threaten, control, and/or monitor a partner's whereabouts through use of social media (e.g., Facebook and Twitter) and digital means (e.g., texting and e-mail) [88–90].

Prevalence rates of CDRA range across studies from 10–32% for perpetration and up to 51% for victimization [40, 41, 91]. According to the Research Triangle Institute International [92], 31% of 7th graders were victims of some form of CDRA. Smaller rates were found in a cross-sectional study using an ethnic minority sample of 6th graders, where 15% reported to have perpetrated CDRA [93]. It appears that rates of CDRA are even higher among LGB youth and young adults with 38% reporting psychological abuse via CDRA versus 10% of heterosexual youth and young adults [94]. It is important to note that CDRA is more frequent at younger ages [88] thus demonstrating the need for early prevention and intervention efforts.

As CDRA is a relatively new form of dating violence, gender differences are still being revealed. In a large-scale study of youth in the northeast ages 13–18, females reported more CDRA victimization than males [41]. Similarly, in a separate study of 9th graders, females were more likely to report experiences of CDRA [95]. In contrast, Cutbush [96] in a sample of 7th graders found that males were more likely to experience CDRA. This pattern was also found in a separate study by Cutbush [91] in which victimization was more prevalent for boys (42%) than for girls (31%). Ybarra et al. [94] reported equal rates of CDRA victimization by gender. Still other studies found no gender differences to emerge among young adults [88]. Thus, it appears that gender and age may play a unique role in the expression of CDRA and these dynamics need to be further explored. At this time, little is known about the relation between race and CDRA. In one study race was not associated with CDRA among high school students [41] and in another study, Hispanic race/ethnicity was correlated with perpetration of CDRA among middle school students [96]. Like gender, differences in rates of CDRA across race and ethnicity needs further exploration.

Similar to traditional forms of dating violence, CDRA is associated with a number of negative outcomes. For instance, CDRA was associated with depressive symptoms and anxiety among high school students [41, 97, 98]. Additionally, CDRA has been linked with lowered self-esteem and greater emotional distress [99] and is associated with personal and professional harm [94]. In an ethnically diverse sample of youth, CDRA was associated cross-sectionally with mental health and substance use, whereas longitudinal associations between CDRA and substance use were shown [100]. CDRA also increases likelihood of cyberbullying victimization and perpetration [88]. It is important to consider that comparable to patterns identified in traditional forms of IPV, there is a high rate of mutual engagement in CDRA [40, 56]. Essentially, victims and perpetrators are not always distinct from one another. In fact, findings indicated that the victimized often victimize

via CDRA [87]. Therefore, prevention and intervention must be designed around conceptualizing teens as both perpetrators and victims of CDRA simultaneously.

Interestingly, as compared with other forms of abuse, CDRA may be more difficult to escape due to the permanent presence of technology whether it be the various ways to access the victim or the permanent nature of online posts. Moreover, Borrajo et al. [40] found that victims were repeatably victimized with an average of 23 times in last six months. Given the rise of COVID-19, many more relationships are being formed and maintained through technology, making it all the more imperative that youth and young adults are aware of parameters around healthy technology use and how to use technology to build a foundation of healthy relationship dynamics.

5. An integration of abuse via a biopsychosocial framework

Considering the multifaceted nature of dating abuse, a multidimensional framework is critical for assessment, prevention, and intervention. We argue that the biopsychosocial model should be considered for this purpose (see **Figure 1**). Further we argue that a similar framework can be useful to examine the integration of various forms of abuse (see **Figure 2**) and the progression of abuse over time (see **Figure 3**).

The biopsychosocial model is a theoretical and conceptual framework that elegantly bridges the dichotomy between the social sciences and the medical sciences and considers the role of interpersonal, intrapersonal, and psychological dynamics for an individual's health and well-being. George Engel [101, 102], the originator of the biopsychosocial model, proposes that simultaneous attention to biological, psychological, and social aspects are necessary when considering health and pathology processes (see **Figure 1**). The biopsychosocial model operates by way of a family systems perspective to understand the multiple reciprocal factors from various facets of human experience [103]. The biopsychosocial model can be applied to a variety of contexts without attempting to isolate a specific underlying cause of a problem, which is not only unlikely, but it is also highly improbable that a single factor is to blame. Similar to the biopsychosocial model, the integrative illustration of sexual, physical, psychological, and CDRA in adolescent and young adult relationships can work in similar ways. While sexual, physical, psychological, and CDRA can occur in isolation, as you can see indicated in the figure, they can also co-occur (see Figure 2) and even progress over time (see Figure 3). Assessing for various forms of dating violence can be complex. It is important that our prevention and intervention efforts utilize a multidimensional (biopsychosocial) integrative approach to exploring, treating, and preventing various forms of abuse collectively. Furthermore, considering the many biological (e.g., physical health, disability, and genetic vulnerabilities), psychological (e.g., mental health, coping skills, social skills, self-esteem, and attitudes/beliefs), and social relational factors (e.g., family relationships, peer relationships, culture, and discrimination) that influence or can be influenced by the development and progression of dating abuse further supports the necessity to understand IPV from a biopsychosocial lens.

5.1 Co-occurrence

The argument of examining various forms of IPV from an integrative perspective is supported by the literature indicating concurrent associations between psychological, physical, and sexual IPV. Among a sample of newlywed couples, Hammett et al. [63] found moderate to strong intercorrelations between self-reports

of psychological and physical IPV among husbands and wives. The co-occurrence between psychological and physical IPV is also common among adolescents and young adult couples [7, 59, 66, 99]. Recently, Saint-Eloi Cadely et al. [9] showed concurrent associations between psychological and physical IPV at all five waves of data among a sample of young adults from ages 22–25. Saint-Eloi Cadely et al. [10] also found that young adults who perpetrated both minor and severe forms of psychological abuse over time also reported extensive use of physical IPV over time; these findings coincide with other studies indicating that the frequency and severity of psychological IPV is related to physical IPV [53, 92]. The relationship between psychological and physical abuse is also found based on reports of CDRA. Specifically, Borrajo et al. [40, 88] indicated that self-reports of CDRA victimization and perpetration were related to self-reports of interpersonal forms of psychological and physical IPV. Cohesively, these findings support the notion that physical abuse without psychological abuse is rare (see [104] for a review of the literature) which further supports the need for the integration of both forms of abuse.

White et al. [11] previously called for researchers to investigate the coemergence between physical and sexual abuse. Additionally, Katz et al. [5] argued that the co-victimization of physical and sexual abuse from a dating partner (i.e., "experiencing both physical violence and unwanted sexual contact from one's dating partner, but not necessarily during the same event", p. 963) ought to be treated distinctly from other forms of abuse standing alone. We argue that psychological abuse ought to be included in this co-emergence of abusive behaviors. Although understudied, the literature hints on a co-occurrence across all three forms of abuse. Within the National Violence Against Women Survey (NVAWS) data, Tjaden and Thoennes [105] found that 31% of women who were stalked by their current or former husband or cohabiting partner were also sexually assaulted by that partner. Katz et al. [5] indicated that young college women who were victimized by both physical and sexual IPV were more likely to have experienced psychological abuse from their dating partner. Concurrent associations between sexual abuse and other forms of dating violence among adolescents have also been found. For instance, in a large-scale study of 10 schools in the Northeast of USA (7th-12th graders), victims of CDRA were seven times more likely to have experienced sexual coercion [98]. Additionally, among a sample of adolescents from six high schools in the US Midwest, Saint-Eloi Cadely and Espelage [106] found concurrent associations for the perpetration and victimization of psychological, physical, and sexual abuse at all three waves of data.

Historically, much of the literature has focused on various forms of abuse as if they are truly distinct and occur in isolation from other forms of abuse. However, the research documents that this is not the case and that various forms of abuse often co-occur with other forms of abuse [5, 11, 104]. The co-occurrence literature across these various forms of IPV also hints on a possible progression from psychological to physical and/or sexual IPV.

5.2 Progression

Although the detrimental effects of psychological IPV should not be undermined, such behaviors are often dismissed as normative behaviors among couples (particularly minor forms of psychological IPV) [107]. Thus, it can be found easier for perpetrators to initiate psychological forms of IPV before progressing to other forms of abuse. Previous cross-sectional studies hinted on the possible progression from psychological to physical IPV among adolescents and young adults [3, 4, 59, 66, 99]. Longitudinal studies more strongly support this notion by indicating a relationship between early reports of psychological abuse and

later reports of physical abuse [6–8]. More recently, stronger empirical tests using longitudinal data support the progression from psychological to physical abuse with more confidence. For instance, using cross-lag analysis among a sample of young adults (ages 22–25), Saint-Eloi Cadely et al. [9] compared the associations between early and later reports of psychological and physical IPV in one model across five waves of data. Specifically, the model controlled for the direction of early reports of psychological IPV predicting later reports of physical IPV in addition to early reports of physical IPV predicting later reports of psychological IPV across waves. Results showed that early reports of psychological IPV consistently predicted later reports of physical IPV, whereas the opposite direction either was shown to be non-significant or to work in the opposite direction. Moreover, among a sample of young adult couples (Men, M = 37.56 years old; Women, M = 35.38 years old), it was found that men and women who more frequently perpetrated psychological IPV were more likely to engage in physical IPV one year later [108].

Given the connections between psychological abuse as a segue to later physical abuse among adolescents and young adults, it stands to reason that CDRA may also serve as a pathway to physical forms of abuse should such behaviors be regarded as a new form of psychological abuse. However, this longitudinal pathway along with the longitudinal association from psychological to sexual forms of IPV remains underdeveloped. Similar to physical IPV, sexual IPV is also at times perpetrated with the intention to control one's partner [104]. The use of control in an abusive relationship is a psychologically aggressive act. Abusive partners commonly turn to physical acts of violence as an additional means to control their partner when psychological means are not perceived as enough [82, 109]. Under this notion, it is highly plausible that aggressive partners may turn to sexual abuse for the same purpose. Therefore, it is imperative to further examine the progression from CDRA to physical and sexual aggression and from psychological to sexual abuse. Furthermore, given the evidence supporting the continuation of psychological, physical, and sexual abuse from adolescence to young adulthood [10, 24–26], the progression between these various forms of IPV ought to be examined during this transitional period.

6. Implications and future directions

The foundations for healthy adult romantic relationships begin with a youth's first romantic formation. As we have demonstrated in this chapter, it is clear from the literature that different forms of abuse: sexual, physical, psychological, and CDRA, rarely occur in isolation. Moreover, milder forms of abuse have the potential to develop into more severe forms of abuse over time [66, 99]. Additionally, there is a high likelihood of mutual engagement in the various forms of abuse among teens where there is not always a clear victim and perpetrator but rather both partners have been victimized and perpetrated against [69, 80, 88].

Given the high prevalence of IPV among teens, and the likelihood of mutual engagement, it is all the more imperative that prevention and intervention efforts start early and provide a multidimensional framework inclusive of various forms of dating violence and geared towards both perpetration and victimization in the same curriculum. As we design our prevention and intervention efforts, attitudes towards violence may be an important factor to consider as a potential pathway for prevention and intervention as they have been shown to predict involvement in both victimization and perpetration of dating violence [80, 110]. Moreover, understanding the developmental pathways and integrative nature of dating abuse is crucial as

we work towards preparing and supporting a foundation for healthy adult relationships. Practitioners, interventionists, high school and college counselors, and support staff should provide education around healthy relationship skill building including the development of conflict management/resolution skills, communication training, emotion regulation and de-escalation strategies, and healthy technology use. Assessment of violence should utilize a multidimensional biopsychosocial approach that includes checkups over time to look out for the progression of violence. While a teen may be experiencing only one form of violence at a cross section in time it would be beneficial to be aware of the potential co-occurrence and/or progression of violence over time. Future research must examine the co-occurrence and progression of sexual, psychological, physical, and CDRA longitudinally to better understand the causal nature and interplay among the various forms of aggression in efforts to refine and improve prevention and intervention efforts.

Targeting prevention and intervention efforts towards youth is imperative as IPV is most prevalent among youth and declines with age [111]. As youth and young adults begin to form their patterns of interaction that will then influence their later adult romantic relationships, the development of healthy relationship skills that can potentially prevent experiences of sexual, physical, and psychological abuse, and CDRA in adolescent and young adult romantic relationships is critical.



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