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The relationship between shame and leave-taking behavior duration of violent relationship social support -seeking attributions emotional abuse sexual assault and PTSD symptoms in battered women

Laura A. Taylor
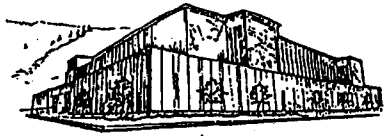*The University of Montana*

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The Relationship Between Shame and Leave-Taking Behavior,

Duration of Violent Relationship, Social Support-Seeking, Attributions, Emotional

Abuse, Sexual Assault, and PTSD Symptoms in Battered Women

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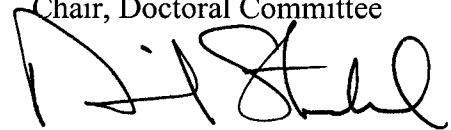
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Abstract

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The Relationship Between Shame and Leave-Taking Behavior, Duration of
Violent Relationship, Social Support-Seeking, Attributions, Emotional Abuse,
Sexual Assault, and PTSD Symptoms in Battered Women

Director: Christine Fiore, Ph.D. $C\!f$

   The present study investigated the impact of shame, social support, and
attributional style on battered women's decision-making processes based upon the
transtheoretical model of behavioral change. The impact of shame was assessed
with respect to the following variables: self-efficacy for leaving, relationship
duration, social support, attributions about violence causation and stability,
emotional abuse, sexual assault history, and PTSD symptomatology.
   Participants included a community sample of 168 women, aged 18 to 66, who
had sustained severe physical violence during current or past romantic
relationships. Participants were grouped according to their relationship status (RS)
upon study participation. They completed an interview and a series of
questionnaires, including measures of shame, guilt, psychological and physical
abuse, attributional style, trauma symptoms, and self-efficacy for leaving.
   The majority of participants reported experiencing shame and guilt regarding
their relationships, with significantly higher levels of shame and guilt during their
relationships than upon study participation. Shame was found to differ
significantly across RS groups, with women in violent relationships reporting
higher levels of shame than those who were out and women who were out longer
periods of time reporting lower levels. Shame and guilt were significantly
correlated with self-efficacy, emotional abuse, trauma symptoms, depression,
anxiety, and social support. Guilt was significantly correlated with relationship
duration. Sexual assault history was associated with higher levels of shame.
Regression analyses reveal that shame is predictive of emotional abuse and
trauma symptoms. MANCOVAs revealed that attribution of causation to the
partner was significantly related to higher levels of social support, while
attribution of violence stability was associated with lower levels of confidence
and higher levels of temptation. Using discriminant function analyses, confidence
for leaving and psychological abuse were found to be the best predictors of RS
group membership (45.2% correctly classified), and psychological abuse and
anxiety were found to be the best predictors of classification based on elevated
levels of shame (71.1% correctly classified).
   These findings provide valuable information about battered women's dynamic
change process. A greater understanding of this process may increase their
intervention effectiveness and help professionals better meet the needs of battered
women in the stay-leave decision-making process.

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Chapter I

Introduction

Domestic violence is an extensive problem which affects large numbers of women. In the United States, it is estimated that a woman is beaten every 15 seconds and that 50% of women will be battered during their lifetime by a male partner (Walker, 1984, 1994a, 1994b). In 1990, Straus and Gelles estimated that more than two to three million women are assaulted by their partners each year. Reports indicate that 20 to 50% of female emergency room patients are battered women and that the leading cause of injuries in women ages 15 to 44 is domestic violence (Campbell & Sheridan, 1989; Novello, Rosenberg, Saltzman, & Shosky, 1992; Walker, 1994b). It is notable that battering occurs across all races, religions, educational levels, and ethnic groups (Pagelow, 1984; Straus, Gelles, & Steinmetz, 1980; Walker, 1984). Although men and women may be battered, research shows that 94% of the victims of domestic violence are women (Schwartz, 1987). For this reason, battered women will be the focus of the proposed study.

Battered women who have recently left an abusive relationship are generally in acute distress (Kemp, Rawlings, & Green, 1991), and research suggests that this distress continues for a minimum of one year after leaving the violent relationship (Kennedy, 1996; Lerner & Kennedy, 1999). These women have also been found to experience many symptoms due to their trauma including the following: PTSD symptoms (Astin, Lawrence, & Foy, 1993; Dutton, 1992; Houskamp & Foy, 1991; Kemp, Green, Hovanitz, & Rawlings, 1995; Kemp, Rawlings, & Green, 1991; Walker, 1985), addictive behaviors (Dutton, 1992), depressive symptoms and/or suicidal ideation (Astin et al., 1993; Dutton,

1992; Kemp et al., 1991), anxiety (Astin et al., 1993; Dutton, 1992; Kemp et al., 1991; Walker, 1985), lowered self-esteem (Dutton, 1992), sleeping and eating problems (Astin et al., 1993; Dutton, 1992; Walker, 1985), somatic complaints (Dutton, 1992); fear or terror (Dutton, 1992; Walker, 1985), concentration problems (Dutton, 1992), changes in cognitive schema (Dutton, 1992), fatigue (Astin et al., 1993), feelings of helplessness (Astin et al., 1993; Dutton, 1992), relational problems (Astin et al., 1993; Dutton, 1992), and a sense of shame (Dutton, 1992; Limandri, 1989; Ochberg, 1988; Walker, 1994; Woelz-Stirling et al., 1998). Walker (1984) suggested that clusters of these symptoms may represent a subcategory of PTSD, called battered women syndrome.

Given the difficulties experienced by battered women, interventions are needed to assist these women in dealing with their distress. The first shelter for battered women was established in California in 1964 through the efforts of Alanon members seeking to provide safety and shelter for families of abusive alcoholics; however, shelters became more common beginning in the early to mid-1970's with the advent of the women's rights movement (Barnett & LaViolette, 1993). The government did not begin to fund these shelters until the 1980's (Berk, Newton, & Berk, 1986); in 1990, the Violence Against Women Act was introduced federally to focus on issues related to domestic violence (Biden, 1993). Aid to women who are battered is necessary given the level of difficulty domestic violence may cause in their lives.

Many researchers report that women often remain in or return to violent relationships due to the lack of access to community resources (Aguirre, 1985; Gondolf, 1988; Hilbert & Hilbert, 1984; Hofeller, 1982; Horton, Simonidis, & Simonidis, 1987; Mitchell & Hodson, 1983; Sidel, 1986; Strube & Barbour, 1983; Sullivan, Basta, Tan, &

Davidson, 1992). Currently, interventions available to assist battered women are intervention-driven, not woman-driven. As Sullivan and colleagues (1992) state, the woman is the "true expert regarding what they need to successfully end the violence perpetrated against them" (p. 273). These authors conducted a needs assessment, asking women what services they needed to successfully leave their violent relationships. The battered women identified needs for the following resources upon leaving their relationship: education, social support, childcare, material goods, transportation, legal assistance, employment, housing, and financial support. These requests highlight the need to consider what battered women identify as necessary to leaving an abusive relationship. The present study seeks to expand upon the work of Kennedy (1996) and Fiore Lerner and Kennedy (2000) to provide a rationale for the need for woman-driven interventions that match the woman's readiness to change.

Given the extensive impact of this social problem and the negative impact it generally has on women, learning how to help battered women is critical. The purpose of this study was to explore the impact of shame on battered women. In particular, the study investigated the impact shame has on women's readiness and confidence to leave a violent relationship, her temptation to return, the duration of the violent relationship, her access of social supports, and extent of trauma symptoms. This paper presents the literature reviewed in each of the following areas: shame, shame and post-traumatic stress disorder, shame and sexual assault/sexual abuse, shame and emotional abuse, shame and domestic violence, social support and domestic violence, attributional style in child sexual abuse survivors and battered women, the stay-leave decision-making process, the

transtheoretical model of behavior change, and battered women's readiness to change.

Following these sections, the hypotheses of this study are presented.

Shame

Shame is a universal, affective experience that can be defined as "the pain associated with some perceived deficiency in the self" (Dunnegan, 1997; Nathanson, 1992) and has the inherent function of modulating social interaction and attachment. The word shame is derived from the Indo-European root *skam* or *skem,* which means "to hide" (Nathanson, 1987). The concept of hiding is central to the notion of shame, as the individual avoids shame by avoiding the exposure of disclosing his/her condition (Wurmser, 1981). Shame occurs in response to exposure of vulnerable, sensitive, or intimate information; thus, disclosure must yield sufficient rewards to make it worthwhile (Jordan, 1997; Limandri, 1989; Nathanson, 1987; Wurmser, 1981).

Shame is said to comprise a range of emotions from embarrassment to humiliation and mortification, and it is generally evidenced by slumped posture, blushing, averted gaze, hiding the face, collapsed neck muscles, and breaking eye contact (Cook, 1994, 1996; Dunnegan, 1997; Lewis, 1971; Nathanson, 1987, 1996; Ochberg, 1988; Stone, 1992). Shame also refers to feelings of inferiority and is related to "disgrace, dishonor, degradation, and debasement" (Jordan, 1997; Kaufman, 1989; Nathanson, 1987; Tomkins, 1987). Shame is further defined as representing the feeling of being defective, being incompetent, or "being diminished in the eyes of others" (Fitts, 1992; Lewis, 1971; Nathanson, 1992) as well as the loss of self-empathy (Jordan, 1997).

Shame has been a focus in the psychological literature for some time. Nathanson (1996) describes the James-Lange instinct theory of emotions and the role of shame in this theory. This theory suggested that visceral cues were perceived, appraised cognitively, and then labeled as emotions. Freud (1961, 1964) expanded on instinct theory. His understanding of emotions was based upon the notion of libido and sexual drives. He proposed that emotions are derivatives of "misdirected drive energy" and indicated that emotions emerge when the drive is prevented from achieving its purpose (Nathanson, 1993).

In contrast, Piers and Singer (1953) described shame as a tension that developed between the ego and the ego-ideal. In this sense, shame was said to be caused by "a discrepancy between expectancy and realization" or between the ego and the ego-ideal (Piers & Singer, 1953; Wurmser, 1987). These discrepancies were reported to result in feelings of self-contempt or inferiority, which are characteristic of shame.

Kohut (1971) rejected the ideas put forward by Piers and Singer (1953; Morrison, 1987). Instead, Kohut (1971) proposed the "vertical split" and saw shame as reflecting "the self being overwhelmed by its infantile and split-off grandiosity". He also related shame to the individual's perceptions of self as defective (Kohut, 1977). In this theory of self psychology, shame serves a restorative function. Following overstimulation by grandiosity, the cohesive self is restored by shame (Goldberg, 1991), similarly Tomkins (1987) view of shame arising to reduce interest-excitement affects.

According to Tomkins' (1962, 1963, 1981, 1987) affect theory, shame-humiliation is one of the nine "innate affects" which are apparent in facial expressions at birth, while the mature emotion of shame is said to result from the individual's various

life experiences. This affect theory proposes that shame is triggered by the need to rapidly decrease the "innate affects" of interest-excitement (reaction to novelty) and enjoyment-joy. Thus, shame's role is to place limits on, inhibit, and interrupt these positive emotions (Cook, 1994; Dunnegan, 1997; Fitts, 1992).

Based upon affect theory, Nathanson (1992, 1996) developed eight categories of life experiences in which shame may be encountered. According to Nathanson (1992, 1996), shame may be triggered by failure or inadequacy in any of these eight categories. These categories include the following: competition; self-concept or sense of self; personal attractiveness; sexuality; issues related to exposure; fears and wishes about interpersonal closeness; dependence or independence issues; and issues related to personal size, strength, skill, or ability. Competition, exposure, betrayal, and sexual failure are the categories, which most commonly trigger shame. Many of these categories apply to the experiences of battered women and other trauma survivors. In the context of trauma, a trigger may include disclosure of abuse or domestic violence, perceived failure in relationships, sense of helplessness or powerlessness, trust and sexual issues, and feelings of being worthless, incapable, or unlovable.

Nathanson (1993, 1996) describes the phases of shame development. The first phase involves the triggering stimulus, which is typically an event in one of the eight categories listed above. Next, the affect of shame is produced, as indicated by physical cues and cognitions of self-derogation. Third, the individual engages in a cognitive scan of similar events and past shaming experiences. Fourth, the decision phase occurs in which the individual must make a decision about how to respond to this trigger and subsequent emotional and cognitive experiences. Finally, the individual reacts. Typical

reactions include withdrawal, attacking self, attacking others, or avoidance. The reactions parallel those exhibited by trauma survivors. For instance, a trauma survivor may engage in substance abuse to avoid or may withdraw from others due to lack of trust in interpersonal relationships. When attacking others, the battered woman may handle feelings of inferiority by reducing someone else's self-esteem, such as verbally denigrating another person when she feels shamed. Upon feeling shamed, the battered woman may demean herself as a way to attack the self.

According to Lewis (1987) and Hoglund and Nicholas (1995), women may be more susceptible to experiencing shame than men. Jordan (1997) highlights three reasons for this increased susceptibility including the facts that: (1) patriarchy is invested in shaming and silencing women; (2) women value interpersonal connection and are vulnerable to the threatened disconnection which comes from shame; and (3) given the value of connection, women tend experience shame when they feel they have let others down. Because women are most commonly the victims of domestic violence and women may be more susceptible to shame, this emotion needs to be considered when examining the experiences of battered women.

Shame versus Guilt

Lewis (1971) and Tangney (1995) differentiate between subjective experiences of shame and guilt. With shame, the self is the focus, and some aspect of the self has been questioned. Subsequently, feelings of inferiority, helplessness, and being defective often emerge. In addition, there is said to be a feeling of lack of control, a concern about the evaluation of others, a desire to hide, and a sense of exposure. Shame often precipitates

withdrawal from interpersonal relationships. In contrast to shame, guilt centers around an action or behavior for which the self feels responsible and feels remorse; however, with guilt, the self is in control to take action and make amends for the behavior (Cook, 1996; Fitts, 1992; Lewis, 1971, 1987; Lindsay-Hartz, De Rivera, & Mascolo, 1995; Tangney, 1995). Tangney (1995) highlights that shame is generally more painful than guilt. According to Nathanson (1987), complaints about the self are characteristic of shame-loaded depression, while confessions of wrongs are characteristic of guilt-loaded depression. Cook (1996) asserts that shame is more likely to be associated with psychopathology than guilt because there are more direct and available reparative possibilities for guilt than for shame. Cook (1987, 1994) developed the Internalized Shame Scale (ISS), which will be used in this study, based upon the phenomenological descriptions of shame found in the literature (e.g., Lewis, 1971; Wurmser, 1981) to measure trait shame, or internalized shame. Cook (1994) notes that prior research has shown some modest correlations between ISS scores and scores on measures of guilt, suggesting some confounding of shame and guilt on available measures.

Shame may be seen as maladaptive or adaptive (Lindsay-Hartz et al., 1995; McDonald, Moore, O'Connell, & Thorsborne, 1995). Shame may be maladaptive when an individual accepts that a single negative action or characteristic is the whole of his/her identity. This acceptance may cripple the person, making him/her feel helpless and passive (Lindsay-Hartz et al., 1995). In contrast, shame may be adaptive if it pressures an individual to avoid maladaptive behaviors due to the fear of disgrace or social disapproval. Shame may also be adaptive when an individual incorporates his/her fear of

disgrace and social disapproval into his/her "conscience" to distinguish between right and wrong (McDonald et al., 1995).

Given the strong impact that shame has on individual's feelings about themselves, it is apparent that this affect has the potential to have a profound impact on mental health. This may be indicated by Cook's (1987) statement that "too much shame may be emotionally crippling" and by Akashi's (1994) finding that shame and psychopathology are highly correlated. Consistent with the association between shame and psychopathology, it is hypothesized in the proposed study that the intensity of shame will correlate with depressive and anxious symptoms on the Trauma Symptom Checklist (TSC-33; Briere & Runtz, 1989).

In the present study, we investigated the impact of shame and guilt on women's confidence and ability to leave a violent relationship, on their ability to access resources and support, and on the development of trauma symptoms, using Cook's (1987) Internalized Shame Scale (ISS) and other measures of shame and guilt. According to Jordan (1997), shame is global and immobilizing and leads to feelings of disempowerment. Consistent with this statement, it was anticipated that battered women who experience higher levels of shame would be behaviorally immobilized, resulting in lack of progress in the stages of change. In addition, shame is said to result in feelings of interpersonal disconnectedness (Jordan, 1997). We hypothesized that this sense of disconnection may hamper the ability of battered women experiencing shame to access social supports, and the lack of social support may further increase immobilization.

PTSD, Shame, and Guilt

Researchers have consistently reported that battered women tend to experience trauma symptoms as a result of their violent relationships (Astin et al., 1993; Houskamp & Foy, 1991; Kemp et al., 1991; Kemp et al., 1995; Walker, 1985). Furthermore, it has been found that PTSD is diagnosed in samples of battered women at rates ranging from 33 to 88% (Astin, et al., 1993; Houskamp & Foy, 1991; Kemp, et al., 1991; Kemp et al., 1995). In addition, Kemp and colleagues (1995) found that the percentage of battered women diagnosed with PTSD was higher for those women out of the relationship (85.9%) than those still in the relationship (68.6%). Given that traumatic stress impacts the cognitive appraisals, symptom expression, and behaviors of battered women, the treatment of PTSD symptoms is key in the leave-taking process and in the effective treatment of battered women (Arias & Pape, in press; Dutton, 1995; Herman, 1992; Walker, 1991).

Kennedy (1996) and Fiore Lerner and Kennedy (2000) found that the highest level of trauma symptoms was reported by women who recently left a violent relationship within the last six months. The results indicate that these six months after leaving a relationship may be the most psychologically intense and vulnerable for the women. Findings of this study suggest that this group is unique for low confidence about leaving, high temptation to return, large demands on coping resources, and high levels of trauma symptoms. These authors also found that battered women who have left for one or more years demonstrate more signs of recovery.

Given the high rates of PTSD in battered women, it is valuable to consider the relationship between PTSD and shame. The role of shame in PTSD has been described

by Stone (1992). According to this author, his proposal is not meant to substitute existing models of PTSD for a shame-based model, but, rather, it is meant to be applied to existing models. According to Stone (1992), in the case of trauma, shame results from the discrepancy between actions or attitudes and one's self-concept as well as from the disruption of connectedness that emerges with the trauma. In addition, shame and embarrassment may occur in response to situations associated with the exaggerated startle response in PTSD, with lack of control over emotions, with dissociative reexperiencing, and with extreme fear triggered by cues. These factors each speak to the relationship between shame and PTSD in general.

Wong and Cook (1992) empirically assessed the relationship between shame and PTSD in Vietnam veterans. Participants were diagnosed with either PTSD, depression, or substance abuse and were administered measures of shame, depression, and self-esteem. Results indicated that participants suffering from PTSD evidenced significantly higher levels of shame and depression than the substance abuse group. In addition, the PTSD group scored significantly higher on the depression measure than the depression/dysthymia group. These results suggested that shame is a strong factor in PTSD, particularly with regard to alienation and inferiority.

Research indicates that PTSD is the disorder most commonly associated with combat guilt. Henning and Frueh (1997) investigated the relationship between PTSD symptoms and combat guilt and shame in 40 military veterans. In Henning and Frueh's study, the measure of combat guilt combined questions assessing both guilt and shame. Thus, although research supported the relationship between combat guilt, shame, and PTSD, lack of differentiation between guilt and shame limits the interpretation of this

study. The study did illustrate the positive correlation between the severity of combat guilt and shame and overall PTSD, and between combat guilt and shame the reexperiencing and avoidance symptoms of PTSD. Despite this association, because shame and guilt have been described as distinctly different negative emotions (Lewis, 1971), there is some question whether the shame and guilt investigated in this study are similar or distinct.

Research investigating the relationship between shame and PTSD tends to focus on veterans. However, combat veterans are different from battered women in that they have often killed people in battle, an act that may lend itself to feelings of guilt. These veterans are also usually male and differ from battered women in other ways. Little research has been conducted, focusing on shame in battered women. For these reasons, additional research is needed which investigates the relationship between shame and PTSD in a population battered women.

Given the findings of Wong and Cook (1992) and Henning and Frueh (1997), it was anticipated that shame, guilt, and trauma symptoms would be related in a population of battered women. For this reason, we assessed shame using the Internalized Shame Scale (ISS; Cook, 1987, 1994), shame and guilt using the Shame and Guilt Questionnaire, and trauma symptoms using the TSC-33 (Briere and Runtz, 1989) with the expectation that elevations on the ISS and measures of shame and guilt would be associated with increased scores on the TSC-33, particularly on the anxiety and depression scales, given findings reviewed by Cook (1994, 1996) and Lewis (1987).

Shame and Child Sexual Abuse and Sexual Assault

Research has found that child sexual abuse and sexual assault victims experience shame (e.g., Bondeson, 1993; Browne & Finkelhor, 1986a, 1986b; Dahl, 1989; Draucker, 1993; Kendall-Tackett, Williams, & Finkelhor, 1993; Lindberg & Distad, 1985; Mize, Bentley, Helms, Ledbetter, & Neblett, 1995; Nathanson, 1989; Playter, 1990). According to Nathanson (1989), feelings of shame emerge in survivors of sexual assault and childhood sexual abuse in response to an invasion of privacy and exposure, in response to exposure to cruelty and contempt, and in response to being made powerless, helpless, or vulnerable and feeling violated.

Lindberg and Distad (1985) investigated the effects of childhood incest on 17 women. Each of the women interviewed agreed that the incest had been the "most damaging experience in their lives" (p. 329). In addition, the women all reported feelings of guilt or shame regarding their "participation" in the childhood sexual abuse. Playter (1990) conducted research assessing levels of shame in 92 adult women who were survivors of childhood sexual abuse before 14 years of age and were seeking inpatient treatment for chemical dependency. Results indicated that these women obtained significantly higher mean levels of shame on the ISS in comparison to non-abused women, with the mean for the severely abused group significantly higher than the mean for the moderately abused or non-abused groups.

Bondeson (1993) conducted a similar study assessing the level of shame, as measured by the ISS, in 147 male veterans with a history of childhood sexual abuse. Findings illustrated a relationship between the sexual abuse and level of shame. In particular, results indicated that those who were abused by attachment figures endorsed

the highest levels of internalized shame and that oral and anal intercourse were associated with higher levels of shame than touching. In addition, Bondeson found that individuals who did not disclose their abuse endorsed higher levels of internalized shame than those who disclosed the abuse, suggesting that disclosure may ameliorate feelings of shame in abuse survivors. Sinclair and Gold (1997) found that adults with a history of childhood sexual abuse, who wanted to disclose their abuse but did not, experience higher levels of trauma symptoms.

Finkelhor and Browne (1985) proposed the "traumagenic model" of childhood sexual abuse. This model organizes abuse characteristics and effects into four factors, which include the following: (1) powerlessness; (2) betrayal; (3) stigmatization; and (4) traumatic sexualization. Stigmatization refers to the negative communications to the child that become incorporated into the child's self-concept, with feelings of guilt, shame, and badness. These feelings of guilt and shame are said to persist into adulthood for many survivors, and thus impact their adult lives.

In keeping with this model, Draucker (1993) investigated the impact of childhood sexual abuse using a survey of 186 women. The survey was composed of open-ended questions asking about the traumatic experiences of their abuse experience. A content analysis of their responses yielded eight categories of sources of trauma including the following: (1) abandonment; (2) powerlessness; (3) violence; (4) betrayal; (5) guilt and shame; (6) loss of self; (7) loss of childhood; and (8) impact on sexual development. Notably, the guilt and shame category resembles the stigmatization factor described above in the discussion of the traumagenic model. Responses incorporating shame tended to relate to incidents of degradation and humiliation and tended to lead to low self-esteem

and feelings of worthlessness. Mize and colleagues (1995) investigated the impact of disclosure on 21 incest survivors using a semi-structured, five-page questionnaire. Results indicated that 39% of subjects felt ashamed following their self-disclosure to others outside the context of the study, while 73% expressed relief, 68% felt empowered, 42% felt angry, and 36% expressed disappointment. According to the authors, many subjects reported that they experienced subtle punishment, abandonment, and pressure to forget the incest in response to their disclosure.

Similar to what is found with adult survivors of childhood sexual abuse, the literature suggests that survivors of sexual assault also experience shame as a result of their abuse. In a sample of 55 victims of rape or attempted rape, Dahl (1989) found that 33% endorsed moderate levels of shame and 58% endorsed severe shame when they were assessed within two weeks of their assault. This finding supports the notion that feelings of shame are often an acute reaction to rape. Further in their interviews of women who had been raped, Peretti and Cozzens (1979) found that shame is often associated with reporting rape. The women were separated into two groups, including those who had been raped before and not reported it and those who had reported the first and only incidence of rape. In their study, women identified 16 psychosocial variables that were important to them, and these variables were rank-ordered according to frequency. Those women who reported the first incidence of rape considered shame significantly more than non-reporting females, with rankings of 3 and 11.5, respectively. Schultz (1975, as cited in Peretti & Cozzens, 1979) suggested that this may be due to the fact that feelings of self-blame, humiliation, and embarrassment may be lessened by not disclosing or reporting the rape.

Research suggests that victims of child sexual abuse are more likely than nonvictims to be abused or battered by their partners as adults (Briere, 1992; Browne & Finkelhor, 1986b; Fleming, Mullen, Sibthorpe, & Bammer, 1999). For this reason, it is anticipated that rates of child sexual abuse will be high among battered women. Further, research indicates that battered women with a history of child sexual abuse and physical abuse have more sleep and anxiety problems, are more likely to experience spousal rape, are involved in more violent relationships, and experience more severe violence than those without a history of child abuse (Baldwin, Peppenger, & Kennedy, 1998).

Given the association between shame and sexual abuse and the high rates of child abuse in battered women, studying the relationship between the levels of shame in battered women with and without a history of child sexual abuse appears warranted. We anticipated that battered women with a history of child sex abuse, sexual assault, or spousal rape would evidence higher levels of shame than those without such a history. In addition, based upon Feiring and colleagues (1996) model, shame was expected to mediate between sexual abuse or domestic violence and adjustment.

Shame and Emotional Abuse

In violent relationships, emotional abuse may be evidenced by batterers' attempts to control, intimidate, belittle, harass, isolate, or scare their victims, acts which result in an environment characterized by expectations of violence (Walker, 1994b). Psychological abuse is further described by Tolman (1989) as undermining the woman's self-worth, encouraging her to question her own judgment, controlling her contact outside the relationship, demanding subservience and compliance with rigid sex roles,

withholding positive reinforcers, and threatening punishment for noncompliance. Rohner and Rohner (1980) reported that emotional abuse involves criticism and belittling which decreases one's self-worth.

Emotional abuse is reported to affect an individual's self-concept (Hoglund & Nicholas; 1995). Given the relationship between shame and feelings of inferiority and defectiveness (Lewis, 1971), there may be a direct association between shame and emotional abuse. Lewis (1971) suggests that physical abusiveness may not be perceived as an attack on self-concept, but instead, as a punishment. For this reason, shame is less likely to be felt in response to physical abuse than to emotional abuse. Indeed, women in the study conducted by Fiore Lerner and Kennedy (2000) reported that the physical abuse was not most damaging because wounds heal, while emotional abuse felt like open wounds for a long time (C. Fiore Lerner, personal communication, April 23, 1999). Hoglund and Nicholas (1995) conducted research with college students who had been exposed to abusive family environments. Results indicated that those students who were exposed to greater levels of emotional abuse tended to experience increased levels of shame, anger, and overt and covert hostility. In contrast, those exposed to greater levels of physical abuse tended to evidence increased anger and overt hostility without increases in shame.

These results suggest that exposure to emotional abuse in battered women may be associated with higher levels of shame. For this reason, this project assessed emotional abuse as measured by the Psychological Maltreatment of Women Inventory (PMWI; Tolman, 1989) and investigated the relationship between emotional abuse and women's shame ratings on the ISS (Cook, 1987, 1994).

Shame and Domestic Violence

Shame is often discussed in domestic violence literature in reference to the shame of the abuser (Dunnegan, 1997; Lansky, 1987). However, this will not be the focus of this paper. Instead, the focus will be on the shame experienced by the victim. Of note, although shame is mentioned as a sequela of domestic violence, no published empirical studies were found which evaluate the impact of shame on battered women.

Shame is often mentioned as an emotional sequela of domestic or family violence (Dunnegan, 1997; Dutton, 1992; Limandri, 1989; Gortner, Berns, Jacobson, & Gottman, 1997; Ochberg, 1988; Walker, 1994; Woelz-Stirling et al., 1998). The women may feel that they are failures, that they do not deserve help, that they are "damaged goods", that they are responsible for their victimization, and that they are alone in their experience (Gortner et al., 1997; Ochberg, 1988; Walker, 1994b). In addition, Jordan (1997) highlights that shaming others, or disapproving of someone's behaviors for the purpose of invoking shame or remorse (McDonald et al., 1995), may be used as a means of control in unequal power situations, such as in domestic violence.

Many factors may impact a woman's decision to stay in a violent relationship including shame. Woelz-Stirling and colleagues (1998) and Tan and colleagues (1994) conducted research with Filipina women. These researchers found that these women were likely to remain in their violent relationship for many reasons, including commitment, sense of obligation, self-esteem issues, embarrassment, stigma, legal threats, and shame. In particular, these women tended to avoid disclosing information related to the violence due to the shame associated with separation and divorce in their country, and subsequently, they stayed in the violent marriages.

After interviewing of women and service providers in Japan, Kakuchi (1998) reported that the shame and stigma of disclosure are factors, which cause women to remain in violent relationships in Japan. Reports indicate that women in Japan may remain in violent relationships due to fear of societal scorn, concerns about shaming their family, and pressure to remain for their children. Kakuchi noted that counselors are calling for more battered women's shelters, tougher laws, and more informative workshops for counselors and battered women. In addition, requests were made to inform women that there is no shame in seeking freedom from violence.

Jordan (1997) describes the use of shame to isolate and silence people in order to assure that the reality of the dominant individual or social group is accepted as the reality. In violent relationships, shaming may result in immobilization as the battered women cease trusting their own perceptions. Further, isolation increases the sense of self-doubt. These factors may contribute to the difficulty battered women have in leaving their abusive relationships. This study seeks to examine the relationship between shame and leave-taking by victims of domestic violence. The value of learning about this relationship is highlighted by Hayden (1999) who asserts that "as shame is healed, people become empowered to act".

Limandri (1989) reports that family violence is considered a stigmatizing condition, or a condition that arouses disapproval or disgrace from those without the condition. She indicates that, in order for individuals to perceive their experience as stigmatizing, they must also experience feelings of shame. Shame and stigma are frequently associated with decreased disclosure due to the attempts to avoid feelings of shame that may emerge from disclosure (Limandri, 1989; Ochberg, 1988). As mentioned

above, this idea fits with Nathanson's (1992) proposal that failure in any of eight categories of life experiences leads to feelings of shame. Battered women could be said to experience failures or inadequacy in terms of betrayal in interpersonal relationships and disclosure or exposure of their abuse. For these reasons, shame may be a problem for battered women. In particular, battered women need to disclose their abuse in order to receive needed health care and services, but may not because of shame about the abusive relationship. Given the impact of shame on disclosure, it is important to study the impact of shame on battered women, in order to gain greater understanding of its role in disclosure, which is necessary for support-seeking behaviors and potentially for movement out of a violent relationship to safety.

Social Support and Domestic Violence

Given the fact that shame often results in withdrawal from interpersonal relationships, social support seeking behavior may be decreased in individuals who experience shame; for this reason, social support seeking will be a focus of this study. According to Barrera (1986), social support has both a direct and indirect role in the reduction of the effects of stress. Reviews of research on social support (Cohen & Wills, 1985; Kessler & McLeod, 1985) have further indicated a link between social support and psychological health: individuals with informal supports who offer material and emotional support are more healthy than those with limited supports. For this reason, it appears that social support would be likely to mediate the impact of domestic violence on the development of trauma symptoms.

Social support plays a significant role in the battered woman's response to violence and the psychological impact of the violence (Dutton, 1992; Tan et al., 1995). Kemp and colleagues (1995) investigated the mediational effects of perceived social support in a sample of battered women and found that perceived social support was associated with lower levels of PTSD symptoms. Astin and colleagues (1993) examined the effects of perceived and available social support in battered women. They also found that social support is negatively correlated with PTSD symptoms. Further, Peters and colleagues (1998) found that perceived helpfulness of social supports is inversely related to the frequency of trauma symptoms.

Mitchell and Hodson (1983) investigated the effects of social support for women with abusive partners. Their results indicated increased levels of depression and lowered self-esteem in women with less institutional and informal social support. In addition, Tan and colleagues (1995) found that satisfaction with social support correlated positively with the battered women's overall psychological well being and perceived effectiveness in obtaining resources, and correlated negatively with ratings of depression. In addition, the number of close friends correlated positively with overall psychological well being and quality of life. Women were more satisfied with their social supports if they had at least one or two individuals on whom they could rely for material and emotional support.

Social support may be a source of physical resources and emotional resources for the battered woman (Astin et al., 1993; Dutton, 1992). However, batterers frequently use isolation as a form of abuse in an attempt to control their victims. In addition, some social supports may discourage the woman's efforts to seek support to leave their abuser (Dutton, 1992). For example, some social supports may uphold cultural sanctions

requiring women to remain in their marriages, or they may not view violence as inappropriate in relationships; thus, these supports may discourage the women from leaving their violent relationships. For these reasons, women may not be able to access or rely upon social supports to assist them in their decision to leave.

In this study, we assessed women's social support during the course of their abusive relationship to gather information about the quantity and quality of social support. In addition, we gathered information about which resources were helpful to the women and why they were helpful. Given literature that reports that avoidance of disclosure commonly occurs to decrease feelings of shame, it was anticipated that experienced shame would also impact women's access of social supports and resources.

Attributional Style in Child Sexual Abuse Survivors and Battered Women

Attributional style refers to individual differences in the use of attributions about the causes of events (Peterson, Semmel, von Baeyer, Abramson, Metalsky, & Seligman, 1982). The literature suggests that attributional style relates to adjustment. For example, making internal (versus external), stable (versus unstable), and global (versus specific) attributions for negative events has been shown to be related to poor adjustment, including shame, low self-esteem, helplessness, psychological distress, and depression (Bruder-Mattson & Hovanitz, 1990; Kaslow, Rehm, Pollack, & Siegel, 1988; Lewis, 1992; Metalsky, Abramson, Seligman, Semmel, & Peterson, 1982; Peterson & Seligman, 1983; Peterson et al., 1982; Tangney, Wagner, & Gramzow, 1990; Tangney, Wagner, Fletcher, & Gramzow, 1990).

Empirical literature on survivors of child sexual abuse illustrates similar findings about the impact of attributions and subsequent adjustment. Hoagwood (1990) found that higher self-blame, or internal attribution, in adult and child survivors is positively related to depression and negatively related to self-esteem, while blaming the abuser, or external attribution, was related to higher self-esteem and lower levels of depressive symptoms. Similarly, Wyatt and Newcomb (1990) found that self-blame was related to poorer adjustment, while other-blame was associated with better adjustment.

Coffey and colleagues (1996) reported that childhood sexual abuse does not necessarily lead to adult disorders and asserted that internalized thoughts and feelings regarding abuse may play a role in determining adult adjustment, which may or may not include psychological problems. These authors proposed and tested a path model in which feelings of stigma and self-blame mediate between child sexual abuse and psychological distress in adult survivors. Results supported the model. McMillen and Zuravin (1997) investigated the impact of attributions of blame on adult adjustment in survivors of child sexual abuse. Their findings indicate that self-blame is related to poorer adjustment, including self-esteem, relationship anxiety, and comfort with closeness. Wenninger and Ehlers (1998) found that survivors' attributions regarding negative events were more internal, stable, and global than the attributions of nonvictims; however, global attributions were the only attributions which significantly related to severity of long-term symptoms. These authors suggested that internal, stable, global attributions are related to PTSD symptoms in child sexual abuse survivors, and they confirmed that global attributions are related to PTSD.

Feiring and colleagues (1996) propose a model for understanding individuals'

adaptation to sexual abuse, which highlights the role of shame in defining stigmatization.

According to this model, sexual abuse leads to shame through the mediation of cognitive

attributions, and then subsequently leads to poor adjustment. In this model, cognitive

attributions refer specifically to those related to the feelings of shame and the abuse.

Lewis' (1992) asserts that internal, stable, and global attributions are the most likely to

lead to feelings of shame. This assertion suggests that individuals are more likely to

experience shame if they attribute the cause of events to something within themselves

that will occur in all situations all of the time. Lewis' (1992) assertion fits with the notion

that shame is connected to feelings that some aspect of the self is in question as being

defective or inferior (Lewis, 1971; Tangney, 1995). For this reason, Feiring and

colleagues (1996) propose that these internal, stable, and global attributions will mediate

between sexual abuse and feelings of shame. In addition, they propose that social support,

gender, and developmental level moderate the proposed stigmatization process. Based

upon the association between sexual abuse and domestic violence, it is proposed that this

model may be applied to both forms of abuse.

Dutton (1992) describes battered women's cognitions about the violence.

According to Dutton, there are six relevant cognitions including: (1) the woman's

appraisal of the severity of past violence, (2) her expectation of continued abuse, (3) her

expectation about the lethality of the violence, (4) her attribution about the cause of the

violence, (5) her perceptions regarding her self-efficacy regarding her safety, and (6) her

attribution of the responsibility for her own safety. Dutton highlights that these cognitions

determine how the victim ascribes meaning to her experience of the abuse and provides a basis for others to understand the woman's experience.

Dutton and colleagues (1994) examined battered women's cognitive schema regarding the meaning of the violence they experienced. The authors assessed trauma-related beliefs associated to trust, self-esteem, intimacy, and safety; attributions of the causality of the violence; the women's appraisal of the severity of the violence; and PTSD symptoms. They found that cognitive schemata were significantly related to various global and specific measures assessing PTSD symptoms. In particular, results indicated that the expectation of recurrent violence was important for explaining the extent to which battered women trust themselves, while the expectation of the severity of the violence helped to explain the extent to which women trust others and believe in their safety. Self-blame, or internal attribution of blame, was also found to explain the battered woman's difficulty trusting herself, at least when paired with the expectation of recurrent violence. These findings support the notion that the meaning women attribute to the violence influences the psychological impact of the abuse, as well as, possibly, subsequent behavior.

Given the importance of understanding these cognitions, Dutton (1992) developed a measure for assessing battered women's attributions, and the present study assessed participants' attributions about the violence using this measure and another based upon the work of O'Brien and Murdock (1993), in which they assessed shelter workers' perceptions of battered women. Based upon the literature, we anticipated that women, who attributed the cause of the violence to themselves and who saw the violence as

stable, would experience greater levels of shame, access fewer social supports, and evidence more trauma symptoms.

Stay-Leave Decision Making in Battered Women

The dynamics of the stay-leave decision-making process has only recently been investigated (Campbell, Miller, & Cardwell, 1994; Campbell, Sullivan, & Davidson, 1995; Kennedy, 1996; Lerner & Kennedy, 1999). This decision involves the steps in battered women's decision to stay in or leave a violent relationship. In general, this decision is not made at one time, but generally unfolds over time (Barnett & LaViolette, 1993). It is based upon many factors, and many barriers have been identified that prevent women from leaving or staying away from a violent relationship. Grigsby and Hartman (1997) propose a Barrier Model that illuminates factors that may influence the decision-making of battered women. This model proposes four layers of barriers including the following: external environment, family and social role expectations, psychological consequences of relationship violence, and childhood experiences of abuse and neglect. These layers are further illustrated by findings and reports of other researchers.

Many potential barriers to a woman's leaving or staying away from a violent relationship exist including the following: threats or fears of an escalation violence or homicide (Browne, 1987; Hofeller, 1982; Sev'er, 1997; Strube & Barbour, 1984; Sullivan et al., 1992; Walker, 1993); using children and other loved ones (Sev'er, 1997); lack of adequate resources (Aguirre, 1985; Hofeller, 1982; Strube & Barbour, 1983; Sullivan et al., 1992); lack of employment or adequate financial resources to support themselves and their children (Hofeller, 1982; Sev'er, 1997; Strube & Barbour, 1984);

feelings of embarrassment and shame and concern about stigma (Tan & Davidson, 1994; Woelz-Stirling, Kelaher, & Manderson, 1998); feelings of love for the abuser (Strube & Barbour, 1984; Walker, 1993); PTSD symptoms (Walker, 1993); length or relationship or sense of commitment or obligation to the marriage (Strube & Barbour, 1984; Tan et al., 1994; Woelz-Stirling et al., 1998); partner promising to change (Strube & Barbour, 1984); pressure from social supports or lack of social supports (Sullivan et al., 1992; Walker, 1993); expectation of violence given childhood experience with violence (Gelles, 1976; Pfouts, 1978); cultural sanctioning of violence (Gelles, 1974; Pfouts, 1978); and self-esteem issues (Tan et al., 1994; Woelz-Stirling et al., 1998). These factors complicate the decision-making process for battered women who are considering leaving a violent relationship.

Given the extensive list of potential barriers faced by battered women, the reader should not be surprised that the decision to leave is not made rapidly and may not be final. The decision to leave is complex, and includes many factors. For this reason, the transtheoretical model of behavior change provides a valuable framework for investigating the leave-taking process of battered women.

Transtheoretical Model of Behavior Change

The transtheoretical model of behavior change (Prochaska & DiClemente, 1982, 1984, 1992) is an integrative model of behavior change. The model assumes that change occurs in stages that a person progresses through gradually. Prochaska and colleagues (1994) indicate that this model has been applied to many different problem behaviors including smoking cessation, quitting cocaine, weight loss, dieting, adolescent delinquent

behaviors, safe sexual behavior, condom use, sunscreen use, exercise, mammography screening, and limiting radon gas exposure. It is notable that remarkable consistencies in the change process have been found across these behaviors.

The five dynamic stages of change indicate an individual's readiness to change their behavior. They include the following: (1) precontemplation, in which the individual does not consider changing their behavior, is unaware of the problem, feels he or she cannot change their behavior, or is unable to change their behavior; (2) contemplation, in which the individual is aware of the problem and is considering changing it, but is not committed to changing his or her behavior; (3) preparation, in which the individual is planning to change and is taking steps to do so; (4) action, in which the individual engages in changing his or her behavior for a minimum amount of time; and (5) maintenance, in which the individual has engaged in the behavior change for a period of at least six months without relapse (Brown, 1993; Prochaska & DiClemente, 1982, 1984, 1992; Prochaska, DiClemente, & Norcross, 1992).

Individuals are said to move in and out of stages in a cyclical or spiral pattern. Within this model, relapse is recognized as a natural part of change, something that commonly occurs. The individuals may progress through the stages and then relapse, cycling through the stages again. However, the individuals generally do not return to their starting point, but usually learn something and return to a higher stage (Prochaska et al., 1992). Research has indicated that the majority of relapsers, tend to recycle back to the contemplation or preparation stage rather than the precontemplation stage. For example, Prochaska and DiClemente (1984) investigated relapse in smokers and found that 85% of smokers recycled through the contemplation and preparation stages. The research has

also found that a large number of individuals stay in the precontemplation and contemplation stages, but that there is a better prognosis for change if more action has been taken (Prochaska, 1992).

Research indicates that not all individuals are in the action stages. For example, among smokers attempting cessation of the behavior, Prochaska and colleagues (1992) found that only 10 to 15% of individuals are in the action stage, while approximately 50 to 60% are in the precontemplation stage and 30 to 40% are in the contemplation stage. However, treatments are generally directed toward people in the action stage. Prochaska and colleagues (1992) discussed the need to match treatments with the individual's readiness for change in order to better facilitate change.

Additional aspects of the transtheoretical model of behavior change include the processes of change, decisional balance, and self-efficacy. The processes of change refer to techniques and strategies used to bring about change (Prochaska et al., 1992). However, the processes of change will not be assessed in this study; therefore, the reader is referred to the previously mentioned article for additional information.

Decisional balance is based on Janis and Mann's (1977) decision-making model. It refers to the consideration of the pros and cons in deciding to change behavior. Prochaska and colleagues (1991) conducted longitudinal research with smokers and found a pattern in which the pros of behavior change begin to outweigh the cons between contemplation and action. This pattern has been found in research conducted with twelve other problem behaviors (Prochaska et al., 1994). In the proposed study, decisional balance will be assessed in order to evaluate the pattern of decision making of battered women in different stages of change.

According to Bandura (1977, 1982), self-efficacy has been found to mediate between action and knowledge and has been found to be central to action and maintenance (Prochaska et al., 1993; Velicer et al, 1990). In this model, self-efficacy is assessed according to the situational temptations to relapse and confidence in the ability to change behavior (Bandura, 1977, 1982). Research indicates that confidence increases across the stages of change in a linear way and is differentially present at each stage. Prochaska and colleagues (1985) found that confidence predicts movement to the action and maintenance stages in smoking cessation, and Velicer and colleagues (1990) has found that temptation predicts relapse. With self-efficacy, a pattern emerges across the stages of change, which is similar to that with decisional balance. In this pattern, precontemplators tend to experience high levels of temptation and low levels of confidence, while the trend reverses in the movement toward maintenance as temptation decreases and confidence increases (Prochaska et al., 1985).

Battered Women's Readiness to Change

Research has indicated that women often return to their batterers multiple times before permanently leaving their violent relationship. Research has found that a minimum of one third of women who seek shelter from their abusers in battered women's shelters return to their batterer, and that up to 60% may return within two months of leaving the shelter (Labell, 1979; Snyder & Fruchtman, 1981; Strube & Barbour, 1984). According to Walker (1994a), battered women may return to their abusers an average of three to four times; however, other research reports that this average may be as high as 7.13 times (Sullivan, Tan, Basta, Rumptz, & Davidson, 1992).

In a descriptive paper, Brown (1993) highlighted the applicability of the transtheoretical model of behavior change (Prochaska & DiClemente, 1982, 1984) to the experience of battered women. This application may allow for a more realistic and compassionate way to view the change process women go through in leaving a violent relationship (Fiore Lerner & Kennedy, 2000). A more compassionate view of battered women's leave-taking process is needed because these women may be seen as pathological when they do not leave a violent relationship rapidly. Within this model, women's choices to remain in or return to abusive relationships do not represent inactivity, passivity, or psychopathology, but rather represent steps toward action and maintenance in their decision to leave. The model acknowledges cycling through the stages as an acceptable and normal process of change (Prochaska, 1992), thus pointing to the possible benefits of relapse as a learning process. Pagelow (1981) also points out the potential benefits of relapse and suggests a reframing of failures into successes, saying "these women had the courage to leave the first time...they may return to the men that abused them, but they do not return the same women they were when they left" (p. 219). This is in accord with the transtheoretical model's view of relapse.

Application of this model to domestic violence highlights the complex process involved in making the decision to leave violent relationships, rather than implying that the decision is clear-cut. This application would satisfy Schecter's (1988, p. 310) call for research that "documents the complex steps through which women pass as they make positive changes in their lives". The complexity of the decision to leave is impacted by many constraints or barriers, including resources, alternatives, social forces, familial pressures, fear, love for the abuser, and PTSD symptoms (Browne, 1993; Grigsby &

Hartman, 1997; Walker, 1993). In addition, the embedded context of the marriage or relationship increases the complexity of the process (Brown, 1993). This may be illustrated by the potential for threats of harm for staying or leaving, financial limitations, child custody issues, and love for her partner.

Kennedy (1996) and Fiore Lerner and Kennedy (2000) conducted research assessing the transtheoretical model with a sample of 200 battered women who were currently or formerly involved in violent relationships. These women were classified as being in the relationship, out for less than six months, out for six to twelve months, out for one to two years, and out for more than three years. This study assessed self-efficacy, trauma, and coping. Consistent with Hendricks-Matthews' (1982) proposal that self-efficacy is integral to readiness for change, Kennedy (1996) and Fiore Lerner and Kennedy (2000) found that women's confidence for leaving was significantly greater in women who had been out of their violent relationships for more than six months when they were compared with women in violent relationships. In addition, temptation to return was significantly less when women in relationships were compared to women who were out for six months or more. This pattern of findings is consistent with the discussion of self-efficacy above. The pattern indicated a decline in temptation to return when going from being in the relationship to out for more than three years, with the lowest scores on temptation at the more than three-year mark. The opposite pattern was found for confidence to leave, with lowest scores while in the relationship and highest more than three years out. The results of this study suggest that there is a delay in the development of self-efficacy for women after they leave their abusers.

The present study sought to investigate the transtheoretical model of change and self-efficacy in a population of battered women because of the implications for treatment. As noted previously, treatments are frequently designed for individuals in the action stages; however, the majority of individuals are not in the action stage (Prochaska, 1992). A mismatch between the treatment and the individual's readiness for change can impede the change process, rather than facilitate it. For this reason, treatments need to be developed which match the individual's stage of change in order to facilitate change. As illustrated by Brown (1993), it would be inappropriate to tell a woman to "just leave" a violent relationship, because this demonstrates a lack of responsiveness to the woman's needs as well as to her readiness to change, particularly if she were in the precontemplation or contemplation stages. In addition, it is necessary to measure self-efficacy in order to tailor interventions to women's confidence to leave or stay away and to address their vulnerability and temptation to return. The information gained in this study can be applied to the development of treatment programs for battered women, which match their stage of change and their self-efficacy for leaving.

Hypotheses of the Present Study

The present study investigated the impact of shame on victims of domestic violence in relation to their status in the transtheoretical model stages of behavior change, self-efficacy for leaving the relationship, temptation to return, length of time in their violent relationship, social support-seeking behavior, attributions about the violence, levels of emotional abuse, history of sexual assault, and PTSD symptomatology. The following predictions were made.

First, we anticipated that higher levels of shame would be associated with earlier stages on the transtheoretical model stages of change (precontemplation, contemplation, and preparation; Jordan, 1997; Prochaska & DiClemente, 1984; Velicer et al., 1990). This was predicted because it was expected that victims would be less likely to consider change or take action if shame levels are high given their feelings about themselves and their situation. In addition, the women may be immobilized due to their avoidance of disclosure and feelings of shame (Limandri, 1989; Wurmser, 1981).

Second, consistent with findings of Kennedy (1999), we hypothesized that self-efficacy for leaving would be higher for victims who are making the transition out of violent relationships into the action and maintenance stages of the transtheoretical model of change. Furthermore, we anticipated that higher levels of shame and guilt would be associated with lower confidence in the ability to leave and with higher temptation to return to the relationship.

Third, given the expectation that women would be immobilized in the change process due to feelings of shame, we hypothesized that women experiencing higher levels of shame and guilt would remain in violent relationships longer than those with lower levels of shame.

Fourth, we anticipated that women who experienced higher levels of shame and guilt would access fewer social supports than those women who did not. This hypothesis was based upon the literature on shame, which indicates that individuals tend to feel defective and "diminished in the eyes of another" (Fitts, 1992; Lewis, 1971). In addition, women may avoid disclosure of their abuse to avoid feeling shame (Limandri, 1989, Wurmser, 1981). Given that the women may not feel worthy of support from others and

may avoid disclosure, we anticipated that these feelings would decrease the likelihood that women would enlist the support of others and seek needed care and support.

Fifth, given the research described in the social support portion of the paper, we hypothesized that social support would significantly impact the relationship between shame and trauma symptoms, serving as a mediator in the relationship.

Sixth, we hypothesized that women who attributed the cause of the violence to themselves and who saw the violence as stable would experience greater levels of shame and guilt, access fewer social supports, evidence more trauma symptoms, have lower confidence for leaving, and be more tempted to stay or return.

Seventh, both shame and guilt were expected to be higher in women who experienced higher levels of emotional abuse. This hypothesis is consistent with the findings of Hoglund and Nicholas (1995) in their research with college students exposed to familial violence.

Eighth, given the association between shame and sexual abuse discussed in the literature, higher levels of shame were expected in battered women with a history of child sexual abuse, sexual assault, or marital rape than in those who did not have such a history.

Ninth, in keeping with findings of Wong and Cook (1992) with veterans, PTSD and shame were expected to be related in domestic violence victims. We anticipated that higher levels of shame and guilt would be associated with endorsement of more PTSD symptoms on the TSC-33 (Briere & Runtz, 1989). In addition, based upon findings described by Cook (1994, 1996) and Lewis (1987), we hypothesized that shame and guilt would be correlated with depressive and anxious symptoms on the TSC-33.

Tenth, higher scores on the ISS were expected to predict longer duration of violent relationship, less confidence for leaving, less access of social supports, higher levels of emotional abuse, and trauma symptoms.

Finally, relationship status group, as defined by the length of time elapsed since leaving the violent relationship, was expected to be predicted by a combination of the following: internalized shame, trauma symptoms, and confidence for leaving. In addition, we hypothesized that clinically elevated internalized shame scores would be predicted by sexual assault history, higher temptation to return to/stay in violent relationship, higher depressive and anxious symptoms, and higher levels of emotional abuse.

This research seeks to facilitate the development of intervention strategies that match interventions with battered women's readiness for change and that address shame in order to mobilize women within the change process. In addition, this research may provide insight into ways care providers can address feelings of shame, and thus facilitate therapeutic disclosure of abuse. These steps are expected to increase the potential for support-seeking behaviors. If a relationship is found between trauma symptoms and shame, it is expected that this information would permit the development of interventions that address feelings of shame and potentially decrease the level of trauma symptomatology.

Chapter II

Methods

<u>Recruitment</u>

Community members and Introductory Psychology students were recruited from towns across Western Montana. American Indian women were recruited in these communities as well as on reservations in Montana in order to stratify the sample. Community members were recruited using flyers and communication with shelters and support groups for battered women. Flyers and advertisements read: "Relationship Distress; Research volunteers needed. We are looking for <u>women</u> to participate in a study investigating relationship distress. We are interested in talking with women from the community who: Are currently involved in a violent relationship and do not intend to leave, or are currently involved in a violent relationship and are thinking about leaving, or have left a violent relationship within the past year or more than one year ago. Participants will receive $10 for appreciation of their time. All contact will be strictly confidential." As indicated by the advertisement description, all participants were reimbursed with $10 for their participation in the study. Introductory Psychology students received up to eight research credits for their participation in the study.

<u>Inclusion Criteria</u>

Criteria for participation were assessed during the initial telephone contact and confirmed by responses on the Conflict Tactics Scale (CTS; Straus, 1979; Appendix K). The CTS was slightly modified to include a question about sexual assault during the violent relationship. Inclusion was based upon the presence of four or more moderate

incidents of physical violence (i.e., pushing, grabbing, shoving, slapping, kicking, biting, hitting with a fist or object, throwing something at the subject) or one severe incident of physical violence (i.e., being beaten up, threats or injury with a knife or gun, strangulation, forced sexual intercourse) during a 12-month period of the relationship. This method of screening subjects is consistent with other studies of severe violence (Jacobson, Gottman, Waltz, Rushe, Babcock, & Holtworth-Monroe, 1994; Kemp et al., 1995). Data was analyzed only for participants who met the inclusion criteria. Percentages of physical violence met or exceeded those found in prior studies of severe physical violence in relationships (Fiore Lerner & Kennedy, 2000; Kemp et al., 1995; Jacobson et al., 1994).

Participants

The participants in this study were 168 adult women between the ages of 18 and 66 (M = 32.36, SD = 11.76), who reported experiencing moderate to severe physical violence in a current (N = 13, 8%) or past violent relationship (N = 155, 92%). A power analysis was conducted to estimate the needed sample size. Because no effect sizes were available for the dependent variables in the literature, a moderate effect size of 0.25 was selected as was a significance level of 0.05. The analysis indicated that a sample size of 150 would be adequate for this study. Given the research findings showing that 94% of the victims of partner abuse are women (Schwartz, 1987), it was anticipated that the majority of participants who would volunteer for the research would be women, and indeed, only one male volunteered to participate. For this reason, the sample was limited to women. In total, 182 women were recruited to participate. However, data from 12

women were incomplete, and two women were excluded for not meeting entrance criteria (one child sexual abuse only and one emotional abuse only). Data from these 14 women were not included in the analyses.

The sample was composed primarily of Caucasian women (88%). The balance of participants was Native American (7%), African American (0.6%), Hispanic (0.6%), and two or more races or another ethnic category (4%). Although this sample is limited in its ethnic diversity, the sample is representative sample of the population of Montana. All of the participants reported that the violence occurred within the context of heterosexual relationships. Violence occurred within the context of high school relationships for approximately 32% of the sample. Fifty-three percent of participants reported having children, with a range of one to seven children (M = 1.31, SD = 1.60). Fourteen (8%) of participants were residing in battered women's shelters at the time of the interview, while the remainder were living in the community. With regard to education, 0.6% reported achieving an eighth grade education or less, 11% some high school or graduate equivalency degree, 13% high school diploma, 59% some college or vocational-technical education, 10% college degree, 3% some graduate-level education, and 4% a graduate degree.

Mean duration of participants' violent relationships was 5.00 years (SD = 5.64 years, range = 0.08 – 22.00 years). Ninety-four percent of participants reported leaving their violent relationships on at least one occasion. Frequency of temporary departures from the violent relationship ranged from 0 to 100 (M = 3.83, SD = 9.52), with the majority of respondents reporting leaving temporarily on 0 (33%), 1 (18%), 2 (13%), 3 (10%), or 4 (8%) occasions. Of the 56 participants who reported that they never left

temporarily, 50 reported that they had left their violent relationships permanently. The majority of participants indicated that the violence in their relationships took place in a town or city (76%), while 16% reported violence occurred in rural areas and 8% in both rural and urban areas. Approximately 40% (N = 67) of participants reported having continued contact with their violent partners. Frequency of contact ranged from daily to once every two years or less often. Of those continuing contact, 22% (N = 15) indicated that they continued to experience violence in their relationship with their partner. Mean time elapsed since the last violent incident for the entire sample was 5.28 years (SD = 7.07 years, range = 1.00 day to 30.00 years).

At the time of participation, 39% were employed full- or part-time, 19% were students who worked, 19% were full-time students, 4% were full-time homemakers, and 19% were unemployed. During the violent relationship, employment status was as follows: 33% full-time; 14% part-time; 14% working students; 11% full-time students; 7% homemakers; and 13% unemployed. Approximately 13% of the sample was employed in professional positions, 22% in skilled positions, and 33% in unskilled positions. Participants' incomes and family income ranged from $0 to $50,000 or greater. Twenty-two percent of participants reported earning no income, 26% less than $5,000, 24% $5,001 to $10,000, 11% $10,001 to $15,000, 7% $15,001 to $20,000, 4% $20,001 to $25,000, 2% $25,001 to $30,000, and approximately 2% $45,001 or more. Family income was described as follows: 5% none; 11% less than $5,000; 17% $5,001 to $10,000; 4% $10,001 to $15,000; 16% $15,001 to $20,000; 4% $20,001 to $25,000; 10% $25,001 to $30,000; 8% $30,000 to $40,000; and approximately 14% $45,001 or more. When asked who the primary breadwinner in the family was, 36% of participants

identified themselves as primary breadwinner, 38% identified their abusive partner, and the balance noted that another individual was primary breadwinner, typically a parent.

<u>Partners' Demographic Information</u>

Participants also provided information about their partners' race, education level, employment status, and occupation. Similar to participants, partners were predominantly Caucasian (80%), with the remainder classified as Native American (8%), Hispanic (4%), African American (3%), Asian (0.6%), or "other" (4%). With regard to education, 0.6% of partners were reported to have achieved 4% an eighth grade education or less, 24% some high school or graduate equivalency degree, 27% high school diploma, 31% some college or vocational-technical education, 5% college degree, 0.6% some graduate-level education, and 5% a graduate degree. During the violent relationship, 58% of partners were reportedly employed full- or part-time, 8% were students who worked, 9% were full-time students, 0.6% were full-time homemakers, and 23% were unemployed. Occupations during the relationship were described as follows: 11% professional; 26% skilled; and 30% unskilled. At the time of participation, 27% of participants reported being uncertain of their partners' occupational status. Approximately 9% were reported to be working in professional positions, 24% in skilled labor, and 11% in unskilled positions. The remainder of partners was reported to be full-time students (5%), homemakers (0.6%), or unemployed (15%).

<u>Procedures</u>

<u>Initial screening and eligibility</u>. During the initial telephone interview, potential participants were provided with information about the purpose of the project, time

required for project completion, reimbursement, and possible interview sites. If they expressed interest in participating, they were asked if they were currently in or out of a violent relationship, and they were asked about the nature of the physical violence in their relationship. Eligibility was determined using the criteria described in the "Inclusion Criteria" section. Participants who met entry criteria were offered a choice of possible meeting places in their community. Participants in the Missoula area were offered the option of meeting at the Clinical Psychology Center at the University of Montana, a local church, the battered women's shelter, or the YWCA. In other towns, arrangements were made to meet in mental health centers, community centers, college offices, shelters, battered women program offices, or other community facilities seen as convenient and safe. Appointments were scheduled at a time of the participants choosing.

Training of interviewers. Trained research assistants or the principal investigator met with the participants on an individual basis. These researchers were trained to be sensitive to issues of battered women, to present the questionnaires in a standardized fashion, and to conduct the interview. Research assistants were trained in interviewing skills and standardized procedures by observation of the principal investigator, viewing videotapes, transcribing audiotapes, and role-playing interviews with the principal investigator.

Consent and participant reimbursement. Informed consent was obtained from all study participants (Appendix A), and reimbursement was provided following a reassurance that participation may be discontinued at any point during data collection without loss of reimbursement. In addition, women were advised that they were

participating in a study to assess the responses, needs, and beliefs of women who experienced violence in romantic relationships.

Data collection. A structured interview (see Appendix B) was conducted to gather descriptive information about the participants' experiences, to establish rapport, and to collect exploratory information for future research. The interviews took from one to three hours to complete, depending on the participants' experiences and expressiveness. The research assistant interviewing the participant took notes recording what the participant said. If the participant consented, the interview was audiotaped for later transcription to provide a check for note taking.

Following completion of the interview, the participants were asked to complete a series of questionnaires discussed below. A brief, standardized description of each questionnaire was provided. Prior to explaining how to respond to the Shame and Guilt Questionnaire, participants were given a card with standardized definitions of shame and guilt. Shame was defined as follows: "Feelings of disgrace, humiliation, degradation, embarrassment, and defectiveness that is associated with a desire to hide and with a loss of self-esteem." Guilt was defined as a "feeling of blameworthiness for having committed a crime or wrong." The research assistant or principal investigator offered to read the questionnaires to the participants in case of illiteracy or reading or vision problems. Measures took 45 minutes to two hours to complete, depending on each participants' expressiveness. Two different versions of the questionnaires were available, one for those participants who were still in the violent relationships and one for those out of the relationships. The measures contained in the appendices contain composite instructions for those in and out of the violent relationships; however, the measures used

in the study contained directions only for those in or out of the violent relationship. Each

participant's status as in or out of the relationship was established in the initial screening

call or in the interview. An open-ended comments sheet was provided at the end of the

questionnaire packet, which allowed participants to give feedback about their life

experiences and their participation in the research project.

Debriefing. At the end of the interview, participants were debriefed for emotional

distress. Each participant was offered a listing of resources in their home communities,

including social services, psychological counseling, community support, and battered

women's programs. They were also provided with information about possible future

research and ways to obtain the results of the study after its completion.

Group assignment. Despite hopes to assess the stage construct within the

transtheoretical model, few women volunteered for participation who were in the

precontemplation (5%), contemplation (5%), or preparation (3%) stage groups, as

measured using a self-report, forced-choice format (Stages of Change Questionnaire;

Fiore, 1993; see Appendix D). Due to time and funding limitations, the original

groupings within the stages of change were abandoned, and women who were currently

in a violent relationship were collapsed into one group. Participants were assigned to one

of five Relationship Status (RS) groups based upon time elapsed since leaving the violent

relationship, consistent with procedures used by Kennedy (1999) and Fiore Lerner and

Kennedy (2000). The groupings were as follows: (1) women currently in a violent

relationship (*In*, N = 13, 8%); (2) women out of a violent relationship for less than six

months (*Out<6 mo*, N = 28, 17%); (3) women out of a violent relationship for six months

to one year (*Out 6-12 mo*, N = 16, 10%); (4) women out of a violent relationship between

one and three years (*Out 1-3 yrs*, N = 43, 26%); and (5) women out of a violent

relationship for more than three years (*Out>3 yrs*, N = 68, 41%). In the latter group, the

time since the relationship ended ranged from 3.5 to 20 years. One woman described

herself as being currently in the violent relationship despite her residence in a battered

women's shelter. Given that she had been out of her relationship for approximately one

month, her data was included in the *Out<6 mo* group.

Measures

Interview. The 31-item semi-structured interview (Appendix B) is composed of

questions related to the violence which took place in the relationship, leave-taking

behaviors, social and community supports, stressors, risk factors, role of their children,

shame, guilt, substance use, continued contact with their violent partner, current feelings

about their partner, and influence of the experience on their lives. During the interview,

participants were asked if they had experienced shame or guilt with regard to the violent

relationship. If they responded affirmatively, they were asked to rate the level of shame

and/or guilt they experienced during the relationship and at the time of study participation

on a scale from 1 (no shame/guilt) to 10 (complete shame/guilt). Participants were also

asked if they wished to share any other information, if they had questions or concerns,

and how they were feeling at the end of data collection.

Demographic questionnaire. The demographic questionnaire (Appendix C) is

composed of questions regarding general demographic information such as age,

education, occupation, race, and income of victim and abuser. In addition, the following

information was gathered: current and past exposure to violence in romantic

relationships, length of violent relationships, timing and location of last violent incident, current frequency of contact with abuser, fear and stress arising from current contact with abuser, social support-seeking behaviors during the abusive relationship, and information about the victim's children, if any.

Forced-Choice Stages of Change Questionnaire. The Stages of Change Questionnaire (Appendix D) is a 5-item questionnaire assessing the participant's readiness to leave a violent relationship. The statements parallel the stages of change, including the precontemplation, contemplation, preparation, action, and maintenance stages. Participants were asked to select the statement that best reflects their violent relationship. The questionnaire was developed by Fiore (1993).

University of Rhode Island Change Assessment Scale (URICA) for Battered Women. The URICA questionnaire was developed by McConnaughy and colleagues (1983) to provide continuous scores on four stage-of-change scales (precontemplation, contemplation, action, and maintenance). For the purposes to research with battered women, Fiore (1993) developed a 32-item URICA questionnaire (Appendix E) to assess the stages of change regarding the participant's readiness to leave a violent relationship. Participants were asked to rate each statement as it "best describes how you feel about your violent relationship right now" on a scale from 1 (strongly disagree/does not apply) to 5 (strongly agree).

Decisional Balance. The 28-item Decisional Balance questionnaire (Appendix F) was adapted for use with victims of domestic violence by Fiore (1993). The statements represent Janis and Mann's (1977) eight categories of decision-making. These include the following: gains for self and significant others, losses for self and significant others, self-

approval, self-disapproval, and approval and disapproval of others. Participants were asked to rate statements describing their feelings about their decision to leave or stay in their violent relationship on a scale from 1 (not at all) to 5 (very much).

Confidence/Temptation Scales. The Confidence/Temptation Scales (Appendix G) were developed by Kennedy (1996) as a 36-item measure of aspects of efficacy for leaving a violent relationship. Participants are asked to rate their confidence to leave and temptation to stay on two 5-point Likert scales (1 (not at all) to 5 (extremely)) when faced with a variety of feelings, experiences, and thoughts. This measure was developed to reflect the use of self-efficacy within the transtheoretical model of change (Prochaska & DiClemente, 1984). It was developed to assess the five domains of self-efficacy, including autonomy, positive emotions, negative emotions, relational functioning, and help-seeking. However, it appears to be composed of two unidimensional scales of confidence and temptation with high internal consistency of .98 (Kennedy, 1996; Lerner & Kennedy, 1999). For the present sample, Chronbach's *alphas* for the confidence and temptation scales were .976 and .975, respectively (see Table 1).

Internalized Shame Scale. The Internalized Shame Scale (ISS; Cook, 1987, 1994, 1996, 2001) (Appendix H) is a 30-item scale used to measure the intensity of "internalized shame," which reflects feelings of incompetency, inferiority, inadequacy, worthlessness, and alienation. The ISS is composed of two basic scales, Shame (24 items) and Self-Esteem (6 items), as well as two Shame subscales, Failure (15 items) and Alienation (9 items). Questions are responded to on a 5-point scale, ranging from "never" to "almost always." Higher scores (50 or greater) on the Shame Scale signify greater levels of shame, while lower scores ($\leq$ 18) on the Self-Esteem Scale are indicative of low

self-esteem. ISS Shame Scale scores of 50 or higher are associated with frequent experiences of problematic or painful internalized shame levels, while scores of 60 or more reflect high levels of shame, which are associated with multiple symptoms of depression (Cook, 1994, 1996, 2001).

In this study, two versions of the ISS were administered. The published instructions were used to measure current levels of shame. Those participants who were in a violent relationship in the past were asked to complete the measure a second time. The second copy was answered according to the following instructions: "If the violent relationship occurred in the past, please answer the questions according to how you felt during the relationship."

Cook (1994) reports internal consistency *alpha* coefficients for the Shame Scale of .95 for a large nonclinical sample and .96 for a clinical sample and *alpha* coefficients for the Self-Esteem Scale of .90 for the nonclinical sample and .87 for the clinical sample. For those in present sample who responded to the ISS describing their feelings during their violent relationships, Chronbach's *alphas* for the shame and self-esteem scales were .96 and .90, respectively. Chronbach's *alphas* for those who responded to the ISS describing their feelings at the time of study participation were .97 and .91 for the shame and self-esteem scales, respectively (see Table 1).

Cook (1994) reported test-retest reliability correlations of .84 for the same items and .69 for the self-esteem items for a subsample of nonclinical subjects tested over a period of seven weeks. Faulkner and Cogan (1990) found that shame scores on the ISS may be elevated if participants first respond to the Conflict Tactics Scale (CTS; Straus,

1979). Given these results, it was decided that subjects should respond to the ISS before

responding to the CTS.

Shame and Guilt Measure. This measure was developed for the current research

project (Appendix I). The first 13 items are designed to assess guilt and shame

specifically related to the experience of domestic violence. Chronbach's *alphas* for the

shame and guilt scales were .90 and .76, respectively (see Table 1). The two scales were

significantly and positively correlated ($r = .42, p < .01$). In addition, two 13-item scales

assess the degree to which shame (shame impact scale) and guilt (guilt impact scale)

hinder women from seeking resources in their communities and social support from

family and friends. Chronbach's *alpha* was .95 for the shame impact scale and .96 for the

guilt impact scale (see Table 1). The two resource impact scales were significantly and

positively correlated ($r = .79, p < .01$).

Correlational analyses reveal statistically significant positive relationships

between the shame scale and ISS Shame Scale total score ($r = .67, p < .01$) and interview

ratings of shame ($r = .54, p < .01$) as well as a strong negative correlation with the ISS

Self-Esteem Scale ($r = -.55, p < .01$) total score. Statistically significant positive

correlations were also found between the guilt scale and the ISS Shame Scale total score

($r = .41, p < .01$) and interview ratings of guilt ($r = .54, p < .01$), while a significant

negative relationship was observed between the guilt scale and the ISS Self-Esteem Scale

($r = -.29, p < .01$) total score.

Psychological Maltreatment of Women Inventory (PMWI). The PMWI (Tolman,

1989) (Appendix J) is a 58-item inventory developed to assess the psychological

maltreatment of women by their male partners. Participants are asked to rate the

frequency of a series of behaviors over the course of one year on a scale of 0 (does not

apply) to 5 (very frequently). For the purposes of this study, the directions will parallel

those used by Kennedy (1996) which read "If you are currently in a violent relationship,

please indicated how frequently s/he did each during the past year." for those currently in

the relationship and "If you have left the violent relationship, please indicate how

frequently s/he did each during the last year of your relationship." for those who have left

the violent relationship. Factor analysis reveals two factors: (1) dominance-isolation and

(2) emotional-verbal abuse. Internal consistency coefficients are high with *alphas* of .95

for the dominance-isolation subscale and .93 for the emotional-verbal abuse subscale

(Tolman, 1989). For the current sample, Chronbach's *alphas* were .92 for the emotional-

verbal abuse subscale, .95 for the dominance-isolation subscale, and .96 for the total

psychological abuse score (see Table 1).

Conflict Tactics Scale. The Conflict Tactics Scale (CTS; Straus, 1979; Form N;

Appendix K) is a 20-item self-report measure used to assess the frequency of behaviors

used by family members to resolve conflict within the family during the past year,

ranging from "never" to "more than 20 times." For the purposes of this study, the CTS

was modified slightly to include a question about sexual assault during the violent

relationship. The CTS was employed in a manner similar to the way Kennedy (1996)

used it to establish inclusion criteria and define participants as "battered women." In

addition, it was used to assess the extent of violence experienced by the participants.

Three scales were derived based upon factor analysis, including Verbal Reasoning,

Verbal Aggression, and Physical Aggression. Internal consistency reliabilities for these

scales were .50 for husbands and .51 for wives on the Reasoning scale, .80 for husbands

and .79 for wives on Verbal Aggression, and .83 for husbands and .83 for wives on

Physical Aggression (Straus, 1979). Within the present sample, Chronbach's *alphas* were

as follows: .87 for the Minor Violence score; .65 for the Severe Violence score; and .91

for the Total Violence score (see Table 1).

  <u>Trauma Symptom Checklist (TSC-33)</u>. The TSC-33 (Briere & Runtz, 1989)

(Appendix L) is a brief, 33-item symptom inventory, which is used in clinical research. It

was developed to assess the long-term impact of child sexual abuse, but may be used to

assess other trauma. On this measure, women report their experience of given symptoms

over the past two months according to their frequency of occurrence from "never" to

"very often". Scores are obtained on five subscales including the following: (1)

dissociation (e.g., "spacing out"); (2) anxiety (e.g., anxiety attacks); (3) depression (e.g.,

sadness); (4) post-sexual abuse trauma (e.g., sexual problems); and (5) sleep disturbance

(e.g., insomnia). Notably, post-sexual abuse trauma is not composed of items, which are

exclusive to sexual trauma.

  Analyses of internal consistency with a sample of abused women yields high

reliability of the overall scale with an *alpha* of .89 and an average subscale *alpha* of .71.

Reasonable *alphas* are obtained for the subscales, ranging from .66 for sleep problems to

.75 for dissociation. According to Briere and Runtz (1989), the TSC-33 the subscales

(except possibly depression) and the total score discriminate between abused and

nonabused clients well. In their research with a sample of battered women, Lerner and

Kennedy (1999) obtained coefficient *alphas* for the overall scale of .92 and for the

subscales of .70 (anxiety) to .79 (dissociation). In the current sample, the following

Chronbach's *alphas* were obtained: .83 for the dissociation subscale; .84 for the anxiety

subscale; .83 for the depression subscale; .79 for the post-sexual abuse trauma subscale; .82 for the sleep disturbance subscale; and .95 for the total score (see Table 1).

Attributional Style Questionnaire. This questionnaire was developed for the purposes of the current research project based upon the measure used by O'Brien and Murdock (1993) to assess the effects of shelter workers' attributions about battered women (Appendix M). Locus of control for the violence was crossed with stability of the violence to create four sets of statements: external/stable, external/unstable, internal/stable, and internal/unstable attributions about the abusive relationship. The participants were asked to circle the number next to one statement which best describes their violent relationship. Reliability and validity data are unavailable for this measure; the measure was selected for its face validity.

Attribution Questionnaire. The Attribution Questionnaire (Appendix N) was developed by Dutton (1993) and modeled in part after the Attributional Style Questionnaire (Peterson, Semmel, von Baeyer, Abramson, Metalsky, & Seligman, 1982). This measure assesses battered women's attributions about the cause of the violence and abuse in their relationship. In addition, the measure evaluates expectations about the recurrence of violence, the impact of the violence, the attribution of responsibility for changing the behavior, the likelihood the behavior can be stopped, and the ability of the woman to make herself happy. Reliability and validity data are unavailable for this measure. This measure was selected for its face validity.

Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS is a 12-item self-report scale which measures perceived social support in three areas: friends, family, and significant others (Appendix O; Zimet, Dahlem, Zimet, & Farley, 1988).

Participants use a 7-point Likert scale from 1 (very strongly disagree) to 7 (very strongly agree) to rate the degree to which the statement is true for them. Zimet and colleagues (1988) validated the instrument with a sample of college students and confirmed of the existence of the three factors using confirmatory factor analysis. These researchers further found that the overall scale was internally reliable with an *alpha* of .88. Reliability coefficients of .91, .87, and .85 were obtained for the significant other, family, and friends subscales, respectively. In the present sample, the following Chronbach's *alphas* were obtained: .95 for the family subscale; .95 for the friend subscale; .96 for the significant other subscale; and .95 for the total score.

Test-retest reliability coefficients for the overall scale and significant other, family, and friends subscales were .85, .72, .85, and .75, respectively. Moderate construct validity was found, as high levels of perceived social support were associated with low levels of depression and anxiety symptoms. These findings were supported in another sample of college students by Dahlem and colleagues (1991). These researchers found that the MSPSS has good internal reliability and further confirmed the factor structure. Barnett, Martinez, and Keyson (1996) used this measure with a sample of 95 battered and nonbattered women.

Comment sheet. Participants were provided with space to write comments about their experience with the research project or to write about additional thoughts or feelings regarding their violent relationship (Appendix P).

Chapter III

Results

Statistical Analyses

First, descriptive statistics and frequencies were obtained for demographic

variables within the entire sample to develop a better understanding of the specific

population studied. Second, univariate analyses of variance (ANOVA) were conducted

to determine potential RS group differences with respect to demographic variables and

characteristics. Results revealed that age was significantly different across the groups,

and as such, age was included in subsequent analyses as a covariate. Third, descriptive

statistics, including mean, standard deviation, range, and Chronbach's *alphas*, were

calculated for each variable used in the analyses (See Table 1). Fourth, univariate

analyses of variance were performed, assessing differences between RS groups with

respect to self-efficacy for leaving and shame and guilt ratings. Fifth, *Chi Squared*

analyses were implemented to examine differences between RS groups in terms of sexual

abuse history and violence history. Sixth, multivariate analyses of covariance

(MANCOVA) were conducted to assess the relationship between the RS groups and level

of internalized shame, guilt, trauma symptoms, physical abuse, extent of emotional abuse,

and social support-seeking. The MANCOVAs were followed up by univariate ANOVAs

when significant differences were found. Seventh, MANCOVAs were conducted to

assess the relationship between attributions of the cause and stability of violence and

level of internalized shame, guilt, social support-seeking, trauma symptoms, and self-

efficacy for leaving. Eighth, two univariate ANCOVAs were conducted to explore the

relationship between history of sexual assault, including marital rape, rape, and child

sexual abuse, and level of internalized shame. Ninth, for women who were out of their

violent relationships, paired-samples *t*-tests were performed to assess whether ratings of

shame and guilt and reports of internalized shame were significantly different during the

relationship than at the time of study participation. Tenth, correlational analyses were

performed to assess the relationship between level of internalized shame and guilt and

endorsement of depressive and anxious symptoms on the TSC-33. In addition,

correlational analyses were used to evaluate the relationship between the following:

shame, guilt, and self-efficacy for leaving (confidence and temptation scales); shame,

guilt, and relationship duration; shame, guilt, and emotional abuse; and shame, guilt, and

social support seeking. Eleventh, multiple regression models were constructed to

determine whether scores on the ISS predict duration of relationship, self-efficacy for

leaving, social support-seeking behavior, level of emotional abuse, and TSC-33 trauma

symptoms. Several multiple regressions with fewer independent variables, rather than one

with all of them, were conducted to allow for more power. Twelfth, mediational analyses,

as described by Baron and Kenny (1986), were performed to assess the impact of social

support on the relationship between shame and trauma symptoms. Finally, using

discriminant function analyses, the ability of the combination of ISS scores, TSC-33

trauma symptoms, and confidence for leaving to predict relationship status groups was

investigated. In addition, clinically elevated scores on the ISS were examined to see if

they could be predicted by sexual abuse history, higher temptation to return to/stay in

violent relationships, higher levels of TSC-33 depressive and anxious symptoms, and

higher levels of emotional abuse.

Descriptive Information about the Primary Variables for the Entire Sample

Physical Violence and Sexual Abuse. Descriptive data was gathered from

participants on levels of physical violence and sexual assault during the course of their

violent relationships, using the CTS. Results reveal that rates of physical violence were

consistent with those noted in prior studies of severe physical violence in relationships

(Fiore Lerner & Kennedy, 2000; Kemp et al., 1995; Jacobson et al., 1994). The majority

of participants reported experiencing at least one incident of physical violence. Using a 0

(never) to 6 (20 or more times) point scale indicating the frequency of violent acts during

any 12-month period of their violent relationships, the mean frequency of minor physical

violence was 3.43 (SD = 1.78), and the mean frequency of severe physical violence was

1.68 (SD = 1.54). Incidence of physical violence against the participants by their violent

partners was described as follows: pushing, grabbing, or shoving (96%); slapping (68%);

kicking, biting, or hitting with fist (70%); throwing something at the participant (76%);

being beaten up (55%); threats with knife or gun (39%); and injury with knife or gun

(18%). In addition, 35% of participants reported seeking medical attention due to

violence in their relationships.

Forced sexual intercourse during the violent relationship was reported by 59.5%

of the participants. When asked about frequency of forced sexual intercourse during a 12-

month period of the violent relationships, 16% of participants reported experiencing one

incident of forced sexual intercourse (N = 26), 5% two incidents (N = 8), 8% three

incidents (N = 14), 11% six to 10 incidents (N = 19), 5% 11 to 20 incidents (N = 9), and

12% more than 20 incidents (N = 20). In addition, four participants endorsed having been

forced to perform sexually on at least one occasion during the course of the violent

relationship.

Participants were also asked to describe their own violence levels during the

course of the relationships. Incidence of physical violence was as follows: pushing,

grabbing, or shoving (42%); slapping (35%); kicking, biting, or hitting with fist (34%);

throwing something at the participant (37%); being beaten up (23%); threats with knife or

gun (12%); injury with knife or gun (7%); and forced sexual intercourse (5%).

Emotional Abuse. The frequency of psychological abuse was assessed using the

PMWI. As expected, participants within the entire sample reported experiencing high

levels of emotional/verbal abuse (M = 86.59, SD = 18.52), dominance/isolation tactics

(M = 71.83, SD = 30.37), and total psychological abuse (M = 176.04, SD = 53.89) (see

Table 3). Scores for the entire sample were comparable to those reported by Tolman

(1989) for the PMWI development sample. Tolman's development sample endorsed a

mean of 79.4 (SD = 17.9) on the emotional/verbal abuse scale and a mean score of 70.7

(SD = 13.5) on the domination/isolation tactics scales.

Sexual Abuse and Violence History. Sixty-nine percent of participants described a

history of sexual assault either during the course of the violent relationship or prior to

entering the relationship. Child sexual abuse history was reported by 30.4% of

participants, sexual assault by 4.2%, and both by 2.4%. As mentioned previously,

approximately 60% of participants endorsed being forced to perform sexually during the

course of the violent relationship. History of family violence was indicated by 60.1% of

participants. Thirty-nine percent of participants reported history of previous violent

romantic relationships. The number of past violent relationships ranged from 0 to 10 (M = .88, SD = 1.55).

Trauma Symptoms. Frequency of current trauma symptoms was assessed using the TSC-33. Participants reported a mean TSC-33 summation score of 34.38 (SD = 19.25). Mean scores on the subscales are depicted in Table 1.

Shame and Guilt. During the interview, participants were asked whether they experienced shame and guilt with respect to the violent relationship, and if they responded affirmatively, they were asked to rate the level of shame and guilt they experienced during the relationship and at the time of the interview on a 1 (no shame/guilt) to 10 (complete shame/guilt) scale. Approximately 90% of participants reported experiencing shame in regard to their violent relationships, and 83.9% reported experiencing guilt as a result of their violent relationships. Mean ratings of shame and guilt at the time of study participation were 3.03 (SD = 2.82) and 2.71 (SD = 2.50), respectively. Ratings of shame and guilt during the relationship were also obtained. Mean ratings of shame and guilt during the violent relationships were 6.95 (SD = 3.21) and 6.02 (SD = 3.42), respectively. Paired-samples t-tests were conducted among those who were out of their violent relationships and responded to questions about current and past shame (N = 146) and guilt (N = 148). Examination of the results indicated that the mean rating of shame during the relationship (M = 7.03, SD = 3.23) was significantly greater than the mean rating of shame at the time of the interview (M = 3.16, SD = 2.89; t (145)= -13.61, p < .01). Similarly, participants' mean rating of guilt during the relationship (M = 6.16, SD = 3.44) was significantly higher than the mean rating of current guilt (M = 2.81, SD = 2.58; t (147) = -11.84, p < .01).

The Shame and Guilt Questionnaire was constructed for the purposes of the current study and yielded scores for the Shame and Guilt Scales. The mean Shame Scale total score for participants was 9.75 (SD = 7.06, range 0.00 – 24.00), while the mean Guilt Scale total score was 9.17 (SD = 6.68, range 0.00 – 24.00). Approximately half of participants reported feeling at least somewhat ashamed that others might learn about the violence they sustained or feeling ashamed to tell others about the abuse. Sixty percent reported feeling humiliated about violence they experienced, and 42% said they wished they could hide when asked about the violence. Approximately 33% of participants described feeling as though they were less of a person because they could not make the relationship work, and 56% described being concerned about others impressions of them based upon the violence. With respect to guilt, 35.7% reported feeling at least somewhat guilty that their children witnessed the violence, 30.4% that their children learned to act in violence because of the relationship, and 19.7% that their children would not have a father. In addition, 26.8% described feeling at least somewhat guilty for leaving and 36.3% for not being able to make the relationship work.

Participants, who were out of their violent relationships at the time of the study, responded to the ISS twice. The first time, they were asked to respond to the questionnaire based upon how they felt at the time of study participation, and the second time, they were asked to respond according to how they felt during the violent relationship. Those who were still in violent relationships responded according to how they felt at the time of participation. Scores were calculated for two scales, the Shame Scale and the Self-Esteem Scale. At the time of study participation, the mean ISS Shame Scale Total Score was 43.70 (SD = 22.74) and the mean Self-Esteem Scale Total Score

was 15.48 (SD = 5.15). Mean total scores for the Shame and Self-Esteem Scales during

violent relationships were 69.70 (SD = 21.95) and 9.14 (SD = 5.57), respectively.

On the Shame Scale, scores equal to or below 49 are indicative of low shame,

scores between 50 and 59 are indicative of frequent experience of shame, and scores

equal to or greater than 60 are indicative of high shame. Comparisons were made

between Shame Scale scores within the present sample and the cut-off scores. When

reporting levels of shame during their violent relationships, 72.0% (N = 121) of

participants obtained scores in the high shame range and 6.5% (N = 11) scores indicative

of frequent experiences of shame. At the time of study participation, 28.0% (N = 47)

obtained scores within the range of high shame, 13.7% (N = 23) scores suggesting

frequent experiences of shame, and 56.5% (N = 95) scores within the range of low

shame. Scores below 18 on the Self-Esteem score are indicative of low self-esteem, while

scores equal to or above 18 are associated with good self-esteem. Comparisons between

the Self-Esteem Scale cut-off and scale total scores revealed that 89.9% (N = 151) of

participants scored below the cut-off when describing their feelings during the

relationship and 60.7% (N = 102) scored below cut-off when describing their feelings at

the time of the study. Overall, results suggest that the present sample experienced high

levels of shame and low self-esteem in comparison to normative samples both during the

violent relationships and at the time of study participation.

Paired-samples *t*-tests were conducted for participants who were out of their

violent relationships and completed both versions of the ISS (N = 148). Examination of

the results indicated that the mean score on the ISS Shame Scale focusing on the

relationship (M = 71.67, SD = 20.92) was significantly greater than the mean score on the

ISS focusing on current feelings (M = 43.37, SD = 22.80) (t (147)= -16.24, $p < .01$).

Similarly, participants' mean score on the Self-Esteem Scale focusing on the relationship

(M = 8.53, SD = 5.22) was significantly lower than the mean score describing current

feelings (M = 15.52, SD = 5.14) (t (147) = 14.78, $p < .01$).

Social Support. Participants were asked to rate the extent to which they accessed

resources and supports and the extent to which those resources were helpful. The

following percentages of participants reported accessing resources at least somewhat: (1)

friends 60.2% (N = 149); (2) family 44.7% (N = 133); (3) legal services 22.0% (N = 84);

(4) police 17.5% (N = 85); (5) therapy/counseling 38.7% (N = 109); (6) battered

women's shelters 14.4% (N = 54); (7) support groups 13.8% (N = 62); (8) church 26.8%

(N = 84); (9) financial assistance 18.4% (N = 67); (10) medical assistance 18.5% (N =

71); (11) vocational services 12.0% (N = 63); (12) crisis hotlines 9.6% (N = 61); and (13)

neighbors 11.3% (N = 71). Of those who accessed each of the resources, the following

percentages of participants found the resources at least somewhat helpful: (1) friends

66.4%; (2) family 59.4%; (3) legal services 41.7%; (4) police 41.7%; (5)

therapy/counseling 61.4%; (6) battered women's shelters 48.2%; (7) support groups

48.4%; (8) church 50.0%; (9) financial assistance 44.7%; (10) medical assistance 42.3%;

(11) vocational services 36.6%; (12) crisis hotlines 34.5%; and (13) neighbors 36.7%.

Participants also responded to the MSPSS and rated the degree to which they had

access to support from family, friends, and significant others. The mean scores for the

entire sample on each of these scales and for the total score on the measure are presented

in Table 1. The mean score for the Family Scale was 4.60 (SD = 1.87), the Friend Scale

was 5.18 (SD = 1.57), and the Significant Other Scale was 5.46 (SD = 1.65). The mean

total score for the entire sample was 5.09 (SD = 1.43). Since the minimum score was 1

and the maximum score was 7, the results suggest that participants felt they were

supported by family, friends, and significant others.

Attributional Style. The Belief Questionnaire was designed to assess women's

beliefs about locus of control and stability of the violence. Participants circled statements

describing their beliefs about the violence in their relationship. Fifty percent (N = 84) of

participants indicated that they felt the cause of the violence was external to them, but

also stable. Violence was described as external/unstable by 37.7% (N = 63) of

participants, internal/stable by 2.4% (N = 4) of the sample, and internal/unstable by 8.9%

(N = 15) of the sample. Overall, results indicate that the majority of participants (N =

147) attributed the cause of violence to their partners. Among those who attributed the

violence to their partners, 57.1% believed that their partners would never change.

Participants were also asked to respond to the Belief Scale, which assessed their

attributions about the violence and the future. The majority of participants stated the

cause of the violence was totally (25.6%, N = 43) or partially (44.0%, N = 73) due to the

partner. Approximately 51% (N = 85) of participants denied being concerned that

relationship violence would recur in the future with their violent partner. The impact of

the violence was reported to influence most situations in life by 49.1% of the sample (N =

82). Participants varied in whom they felt was responsible for changing the violent

behavior, with 20.2% (N = 34) saying it was totally their partner's job and 14.3% (N =

24) saying it was totally their job. Approximately 27% (N = 45) were undecided about

the person responsible for changing the violence or thought that both parties were equally

responsible. Participants' viewpoints were also mixed about how likely some behavior of

theirs would be effective in stopping future violence with their partner. Fifty-one percent

(N = 85) felt that it was unlikely that their behavior would be effective in stopping future

violence, while 39.4% (N = 66) thought that it was likely. When asked about the extent to

which they felt they could make themselves happy, 67.4% (N = 113) reported that they

felt at least somewhat able to do so.

Differences in Primary Variables Across the Relationship Status Groups

Demographics and Descriptive Characteristics. One-way ANOVAs were

performed on demographic variables to assess for potential differences among the RS

groups. ANOVAs were conducted on age, race, educational level, personal and family

income, number of children, duration of relationship, and temporary departures from the

relationship. The ANOVA for age revealed the only significant difference between RS

groups ($F(4, 167) = 6.62, p < .001$), and thus, age was used as a covariate in all

ANCOVAS and MANCOVAS in the present study. Table 2 presents means and standard

deviations for the RS groups and the entire sample as well as the results of significant

one-way ANOVAs conducted to identify relevant between-group differences.

Physical Violence and Sexual Abuse. Table 3 depicts the mean frequency of

minor, severe, and total physical violence as well as forced sexual intercourse for the five

RS groups and the total sample. A MANCOVA was performed to assess for differences

with respect to violence rates across the five RS groups, using age as a covariate, and the

MANCOVA was found to be statistically significant ($F(12, 418) = 1.92, p < .05$).

Examination of univariate analyses revealed no statistically significant differences

between the groups with respect to frequency of minor violence ($F(4, 162) = 1.12, p =$

.348) or total violence ($F(4, 162) = 1.76$, $p = .139$). A trend toward significance was observed between the five RS groups in terms of frequency of severe violence incidents ($F(4, 162) = 2.39$, $p = .053$). Tukey post-hoc analyses revealed that participants who were in their violent relationships at the time of the study reported significantly fewer incidents of severe violence ($M = 0.63$, $SD = 1.06$) than those who had left their violent relationships within six months of the study ($M = 2.11$, $SD = 1.69$). Univariate analyses revealed no significant differences between the five RS groups with respect to forced sexual intercourse during a 12-month period in the violent relationship.

Emotional Abuse. A MANCOVA was performed to assess for differences between the RS groups with respect to rates of psychological abuse, taking age into account as a covariate. The overall multivariate analysis was not found to be statistically significant ($F(12, 394) = 1.29$, $p = .223$), suggesting there were no significant differences between the groups in terms of reported psychological abuse rates. Table 3 depicts the means and standard deviations for the five RS groups and the entire sample on the PMWI.

Sexual Abuse and Violence History. Table 3 depicts participants' reports of history of sexual assault, family violence, and past violent romantic relationships. Chi Squared analyses conducted on the frequency information revealed no significant differences between the five RS groups with respect to sexual assault (*Chi square* = 4.88, $df = 4$, $p = .30$), family violence (*Chi square* = 3.28, $df = 4$, $p = .51$), and past relationship violence (*Chi square* = 2.93, $df = 4$, $p = .57$) histories.

Trauma Symptoms. The TSC-33 was administered to assess for the presence of PTSD symptoms at the time of study participation. An ANCOVA, covarying for age, was

conducted to assess the difference between total mean score on the TSC-33 and the five

RS groups. The ANCOVA was significant $(F(4, 158) = 6.42, p < .001)$. Results revealed

that participants who were still in violent relationships, out of violent relationships less

than six months, or out for six months to one year reported significantly higher levels of

trauma symptoms than those out for more than three years (see Figure 1).

MANCOVA, covarying for age, was conducted to evaluate the relationship

between the five RS groups and the TSC-33 symptom subscales. Consistent with the

findings of Fiore Lerner and Kennedy (2000), results revealed a significant relationship

between RS and trauma symptoms, when taking the effects of age into account $(F(20,$

$495) = 2.61, p < .001)$. Table 4 illustrates the differences between the groups. Follow-up

univariate analyses of between group differences indicated significant differences

between groups with respect to depression $(F(4, 159) = 6.71, p < .001)$, anxiety $(F(4, 165)$

$= 5.43, p < .001)$, dissociation $(F(4, 160) = 4.48, p < .01)$, post-sexual abuse trauma $(F(4,$

$163) = 4.17, p < .01)$, and sleep disturbance $(F(4, 164) = 2.98, p < .05)$. Tukey's post-hoc

analyses supported the significant differences between groups. Participants who had been

out of there relationships for less than six months consistently reported more symptoms

within each of the subscales than those who had been out longer than three years (See

Figure 2). In addition, participants out less than six months also reported higher levels of

depression than those out one to three years. In comparison to participants who had been

out more than three years, those who were out six months to one year obtained higher

dissociation, depression, and post-sexual abuse trauma.

Shame and Guilt. Table 5 depicts shame and guilt ratings, shame and guilt scores

on the Shame and Guilt Questionnaire, and scores on the ISS for participants in each of

the five RS groups. ANCOVA, using age as a covariate, revealed no statistically

significant differences in shame and guilt ratings across the five RS groups.

A MANCOVA was performed to assess the differences between the five RS

groups with respect to Shame and Guilt Scale total scores. The overall MANCOVA was

significant ($F(8, 320) = 3.03, p < .01$). Follow-up univariate analyses were revealed

significant differences between the groups in terms of both shame ($F(4, 166) = 4.69, p <

.01$) and guilt ($F(4, 167) = 2.47, p < .05$) scores. Tukey post-hoc analyses supported the

differences observed on the Shame Scale. Individuals who had been out of their

relationships less than six months (M = 12.79, SD = 7.55) were found to have

significantly higher Shame Scale scores than those who had been out for longer than

three years (M = 7.88, SD = 6.83). In addition, participants who had been out of their

relationships for six months to one year (M = 14.25, SD = 6.37) were found to have

significantly higher shame levels than those who had been out one to three years (M =

8.84, SD = 5.93) or more than three years (M = 7.88, SD = 6.83) (see Figure 3). Tukey

follow-up tests did not support the significant differences in the Guilt Scale across the

five groups. However, a trend toward significance was observed when comparing those

who had been out of their relationships less than six months (M = 11.86, SD = 8.12) to

those who had been out for longer than three years (M = 8.00, SD = 6.64). Consistent

with results on the Shame Scale, those who had been out for longer periods of time

reported experiencing less guilt than those who had recently left violent relationships (see

Figure 3).

Differences in level of internalized shame (ISS) across the five RS groups were

analyzed using MANCOVA, with age as a covariate. The overall MANCOVA was

statistically significant $(F(16, 462) = 3.36, p < .01)$ for the ISS Shame Scales during the

relationship and at the time of study participation and the ISS Self-Esteem Scale during

the relationship. Examination of univariate analyses revealed statistically significant

difference between the groups with respect to ISS Shame Scale total score during the

relationship $(F(4, 161) = 3.57, p < .01)$, ISS Shame Scale total score at the time of study

participation $(F(4, 164) = 3.84, p < .01)$, and ISS Self-Esteem Scale total score during the

relationship $(F(4, 162) = 3.62, p < .01)$. Tukey HSD post-hoc analysis revealed that

participants who were still in violent relationships reported significantly higher self-

esteem and lower levels of internalized shame than individuals in each of the other four

RS groups. Participants who had been out of violent relationships for less than six months

$(M = 51.68, SD = 22.26)$ or for six months to one year $(M = 56.19, SD = 20.79)$ reported

significantly higher levels of current internalized shame than those who had been out of

their relationships for longer than three years $(M = 37.80, SD = 21.71)$ (see Figure 4).

Self-Efficacy for Leaving. In order to test the hypothesis that self-efficacy for

leaving and temptation to stay/return would be different for participants across the five

RS groups, one-way ANOVAS were performed on the Confidence and Temptation Scale

mean summation scores, consistent with procedures used by Kennedy (1999). Findings

paralleled those of Kennedy (1999) and Fiore Lerner and Kennedy (2000). Univariate

analyses revealed statistically significant differences across RS groups with respect to

confidence for leaving $(F(4, 167) = 19.60, p < .01)$ and temptation to stay/return $(F(4,$

$167) = 16.21, p < .01)$. Tukey's post-hoc analyses supported these results. Women who

were out of violent relationships were found to have significantly higher self-efficacy than women who were still in violent relationships. In addition, those who were out for three years or more also evidenced higher levels of confidence than those who had been out for less than six months and than those who had been out for one to three years. Temptation to stay in or return to a violent relationship was significantly higher for those still in violent relationships than for women who had left violent relationships. Women who were out less than six months evidenced higher temptation levels than those who had been out for three or more years. Table 6 depicts the Confidence and Temptation Scale mean summation scores obtained across the five groups and the entire sample (see Figure 5).

Social Support. A MANCOVA was performed to assess the differences between the five RS groups with respect to social support seeking as measured by the MSPSS, while covarying for the effects of age. The overall MANCOVA was not significant $(F(12, 410) = 1.548, p = .105)$, and thus differences between the groups were not interpreted (see Table 7).

Relationship Between Shame and Self-Efficacy for Leaving

It was hypothesized that higher levels of shame and guilt would be associated with higher temptation to stay in or return to violent relationships and lower levels of confidence for leaving violent relationships. Correlational analyses were conducted to test this assertion, and findings supported the hypothesis (see Table 8). Results revealed that participants' total scores on the ISS Shame Scale (current) were significantly and positively correlated with temptation ratings $(r = 0.443, p < .01)$, while Shame Scale total

score was significantly and negatively correlated with confidence ratings ($r = -0.451, p <$ .01). Temptation Scale scores were also positively correlated with current shame ratings ($r = .244, p < .01$), current guilt ratings ($r = .238, p < .01$), and Shame ($r = .439, p < .01$) and Guilt Scale ($r = .457, p < .01$) scores on the Shame and Guilt Questionnaire. In addition, Confidence Scale scores were negatively correlated with current ratings of shame ($r = -.253, p < .01$) and guilt ($r = -.235, p < .01$) and with scores on the Shame ($r = -.452, p < .01$) and Guilt ($r = -.427, p < .01$) Scales of the Shame and Guilt Questionnaire. Confidence and temptation were not significantly correlated with participants' rating of shame and guilt during the relationship.

Relationship Between Shame, Guilt, and Duration of Relationship

A relationship between shame, guilt, and relationship duration was anticipated such that higher levels of shame and guilt would be associated with longer duration of relationship. Correlational analyses were performed to test this hypothesis (see Table 8). Examination of results revealed no significant relationship between relationship duration and ISS Shame Scale scores obtained at the time of the study ($r = .012, p = .886$) or during the violent relationship ($r = .039, p = .642$). Similarly, relationship duration was not found to be significantly correlated with the Shame Scale on the Shame and Guilt Questionnaire ($r = -.038, p = .647$), the Guilt Scale on the Shame and Guilt Questionnaire ($r = -.010, p = .906$) ratings of shame during the relationship ($r = .073, p = .397$), ratings of shame upon study participation ($r = .129, p = .120$), or ratings of guilt during the relationship ($r = .106, p = .214$). However, relationship duration was significantly and positively correlated with guilt ratings at the time of study participation ($r = .256, p <$

.01). These findings suggest that women who remain in violent relationships for longer periods of time may experience higher levels of guilt. To explore the possible explanation that guilt may be associated with the presence of children, an ANOVA comparing women with and without children on the total Guilt Scale score and the current guilt rating was performed. Analyses revealed that women with children reported significantly higher levels of guilt on the Guilt Scale (M = 11.98, SD = 7.17) than those without children (M = 6.00, SD = 4.28) ($F(1, 167) = 41.65, p < .001$). Similarly, women with children reported significantly higher current guilt ratings (M = 3.17, SD = 2.78) than those without children (M = 2.20, SD = 2.06) ($F(1, 166) = 6.36, p < .05$). These findings lend support to the hypothesis that guilt regarding children may cause women to stay in violent relationships longer. Consistently, an ANOVA comparing relationship duration among women with children to those without was performed, and findings were comparable to those of Fiore Lerner and colleagues (2000). Results indicated a significant difference between groups, such that women with children (M = 82.51 months, SD = 78.65) were found to stay in violent relationships significantly longer than those without (M = 34.82 months, SD = 40.45) ($F(1, 158) = 22.30, p < .001$). Thus, presence of children may cause women to stay in violent relationships longer.

Correlation Between Shame, Guilt, and Emotional Abuse

Shame and guilt were expected to be higher among participants who reported higher levels of emotional abuse. Correlations were conducted to assess this hypothesis. Results are presented in Table 8. The PMWI Emotional/Verbal Abuse Scale scores were positively correlated with each of the shame and guilt measures, while the

Dominance/Isolation Scale scores were positively correlated with all shame and guilt measures except the current ratings of shame and the Shame Scale score on the Shame and Guilt Questionnaire. The PMWI Total Psychological Abuse score was positively correlated with all shame and guilt measures except participants' ratings of shame at the time of study participation.

Correlation Between Shame, Guilt, and Trauma Symptoms

It was hypothesized that shame would be correlated with PTSD symptoms, depression, and anxiety on the TSC-33. Correlational analyses were conducted to test this hypothesis, and are depicted in Table 8. Results revealed that scores on the depression and anxiety scales of the TSC-33 were significantly correlated with shame and guilt at the time of study participation: levels of internalized shame on the ISS (depression: $r = 0.724, p < .01$; anxiety: $r = 0.620, p < .01$); participants' ratings of shame (depression: $r = .346, p < .01$; anxiety: $r = .311, p < .01$); participants' ratings of guilt (depression: $r = .394, p < .01$; anxiety: $r = .261, p < .01$); Shame Scale scores on the Shame and Guilt Questionnaire (depression: $r = .552, p < .01$; anxiety: $r = .474, p < .01$); and Guilt Scale scores on the Shame and Guilt Questionnaire (depression: $r = .393, p < .01$; anxiety: $r = .262, p < .01$).

There was a strong positive correlation between the total score on the TSC-33 and the following: current ISS Shame Scale total score ($r = 0.697, p < .01$); participants' ratings of current shame ($r = .314, p < .01$); participants' ratings of guilt ($r = .315, p < .01$); Shame Scale scores on the Shame and Guilt Questionnaire ($r = .540, p < .01$); and Guilt Scale scores on the Shame and Guilt Questionnaire ($r = .320, p < .01$).

Correlations were not significant between any of the three TSC-33 scores and past ratings of shame and guilt. The lack of significant correlations likely reflect the fact that participants were asked to rate current trauma symptoms, and as such, these symptoms were more likely to be related to current ratings of shame and guilt.

Overall, results suggest that higher levels of shame and guilt are associated with higher levels of trauma symptoms, depression, and anxiety. Findings support the work of Wong and Cook (1992) in their study of PTSD and shame in veterans.

Relationship Between Shame, Guilt, and Social Support-Seeking

The Shame and Guilt Impact Scales provide ratings of the impact of shame and guilt on their ability to access area resources and sources of support. Table 9 depicts the percentages of participants who said shame and guilt impacted their ability to seek help from friends, family, legal services, police, therapists/counselors, battered women's shelters, support groups, churches, financial services, medical services, vocational/job programs, crisis helplines, and neighbors. The majority of participants reported that shame impacted access of friends, family, legal services, police, therapists, church, and neighbors at least somewhat. Guilt impacted access of friends and family at least somewhat for the majority of participants.

It was hypothesized that participants experiencing higher levels of shame would access fewer social supports than those with lower levels of shame. Correlational analyses were performed to test this hypothesis, and results were generally consistent with those anticipated (see Table 8). Significant negative correlations were observed across the MSPSS total score, family scale, friend scale, and significant other scale for

the following measures of shame and guilt at the time of study participation: ISS Shame Scale, Shame and Guilt Scales on the Shame and Guilt Questionnaire, and ratings of current shame and guilt. Correlations were not significant between any of the MSPSS scores and past ratings of shame and guilt.

Attributional Style, Shame, Support Seeking, Trauma Symptoms, and Self-Efficacy

A MANCOVA, covarying for the effects of age, was conducted to assess the hypothesis that attributions of internal causation and stability of violence would be associated with higher shame on the ISS, fewer social supports, higher levels of trauma symptoms, and lower self-efficacy for leaving or staying away. Table 10 depicts the results of the analyses. The overall MANCOVAs were significant for both source of causation (F(6, 139) = 2.22, p < .05) and stability of violence (F(6, 139) = 2.806, p < .05). With respect to source of causation, univariate analyses revealed significant between-group differences for mean total score on the MSPSS (F(1, 161) = 4.45, p < .05), such that individuals who attributed the violence to their partner reported higher levels of support than those who attributed violence to themselves. Differences between the groups with respect to temptation approached significance (F(1, 166) = 2.81, p = .095). No significant differences were observed across measures of internalized shame, trauma symptoms, or confidence for leaving. However, the differences in sample size between the groups need to be taken into account and results interpreted with caution.

Univariate analyses for stability of violence revealed significant between-group differences for total Confidence Scale score (F(1, 166) = 10.62, p = .001). As expected, participants who saw the violence as stable (N = 88) reported lower levels of confidence

for leaving/staying away from violent relationships than individuals who saw the violence as unstable (N = 78). Contrary to predictions, there were no significant differences between the groups with respect to internalized shame, social support, or trauma symptoms (see Table 10).

Shame and Sexual Abuse History

In order to test the hypothesis that participants with a history of sexual assault would experience higher levels of shame, two ANCOVAs were conducted, covarying for the effects of age. Sexual assault was defined as a history of sexual abuse, child sexual abuse, or forced sexual intercourse during the violent relationship. Results revealed a significant relationship between participants' reports of internalized shame on the ISS during the relationship and history of sexual assault (F(1, 160) = 5.43, $p < .05$). Participants with a history of sexual assault (M = 72.27, SD = 21.37) were found to report higher levels of internalized shame during their violent relationship than those without a history of sexual assault (M = 64.24, SD = 22.79). However, there were no significant differences between groups with respect to reports of internalized shame at the time of study participation (F(1, 163) = 2.62, $p = .135$) (see Table 11).

Shame as a Predictor of Relationship Duration, Self-Efficacy for Leaving, Social Support-Seeking, Emotional Abuse Levels, and Trauma Symptoms

Higher scores on the ISS Shame Scale during the relationship were expected to predict longer duration of violent relationship, less confidence for leaving, less access of social supports, higher levels of emotional abuse, and higher levels of trauma symptoms.

To test this hypothesis, a series of simple regressions were conducted (see Table 12). ISS Shame Scale scores were found to be predictive of the total score on the PMWI ($R^2 = .215, p < .001$) and total score on the TSC-33 ($R^2 = .141, p < .001$). Social support-seeking, as measured by the MSPSS mean total score, was not significantly predicted by the ISS Shame Scale score; however, the regression approached significance ($R^2 = .021, p = .073$). ISS Shame Scale scores did not significantly predict relationship duration and total score on the Confidence Scale (see Table 12).

Social Support as a Mediator Between Shame and Trauma Symptoms

In order to explore the potential mediational effects of social support of the relationship between shame and trauma symptoms, a series of simple regression analyses were conducted, as described by Baron and Kenny (1986). Correlations between the variables of current internalized shame on the ISS Shame Scale, total trauma symptoms on the TSC-33, and total social support on the MSPSS were calculated. ISS Shame Scale score was significantly correlated with MSPSS total mean score ($r = -.486, p < .001$) and with total TSC-33 score ($r = .697, p < .001$), satisfying the initial criterion for mediation. Next, the following steps were performed: (1) the mediator (social support) was regressed on the independent variable (shame); (2) the dependent variable (trauma symptoms) was regressed on the independent variable (shame); and (3) the dependent variable (trauma symptoms) was regressed on both the independent variable (shame) and the mediator (social support). Mediation is reportedly indicated when the total amount of variance that is accounted for by the independent variable (shame) is decreased after controlling for the mediator variable's (social support) effects in the third equation (see Table 13). Analyses

revealed that social support being entered with level of internalized shame does not reduce the proportion of variance accounted for by shame alone. As such, social support does not appear to demonstrate a mediational effect on the impact on the relationship between shame and trauma symptoms.

Discriminant Function Analyses

A discriminant function analysis was performed, using ISS Shame Scale score, TSC-33 total score, and Confidence Scale total score as predictors of membership in one of five RS groups. A stepwise process was used for variable entry. The total Confidence Scale and PMWI total scores emerged as the best predictors of RS group membership. The discriminant function analysis had a chi-square value of 74.239 (df $= 8, p < .001$), and the eigenvalue was 0.594. The canonical correlation was 0.610. Standardized canonical discriminant function coefficients were 0.455 and 0.977 for the PMWI total score and the Confidence Scale score, respectively. The overall percentage of cases correctly classified was 45.2%. The following percentages of participants were correctly classified into their respective RS groups: (1) *In* – 81.8% (N = 9/11); (2) *Out < six months* – 37.0% (N = 10/27); (3) *Out six months to one year* – 7.1% (N = 1/14); (4) *Out one to three years* – 35.0% (N = 14/40); and (5) *Out > three years* – 56.9% (N = 37/65). Overall, results suggest that this model is limited in its ability to classify participants into RS groups, particularly for those who have been out of violent relationships six months to one year.

Another discriminant function analysis was performed, using PMWI total score, TSC-33 anxiety scale score, TSC-33 depression scale score, Temptation Scale total score,

and history of sexual assault as predictors of membership in one of ISS groups: (1) ISS

Shame scale score below cut-off (<59), indicating subclinical levels of shame; and (2)

ISS Shame Scale score above cut-off ($\geq$60), indicating high levels of shame. One hundred

and forty six cases were processed. Using a stepwise variable entry process, the total

psychological abuse score on the PMWI and the TSC-33 anxiety scale score emerged as

the best predictors. The discriminant function calculated had a chi-square value of 37.018

(df = 5, p < .001). The eigenvalue was 0.295, and the canonical correlation was 0.478.

The standardized canonical discriminant function coefficients for the PMWI total score

were 0.766 and for the TSC-33 anxiety scale score was 0.533. The overall percentage of

cases correctly classified was 71.1%. Twenty-five of the 36 (69.4%) participants who fell

below the cut-off score were correctly classified, and 83 of the 116 (71.6%) participants

who fell above the cutoff were correctly classified based upon PMWI and TSC-33 scores.

Chapter IV

Discussion

Currently, there is a dearth of empirical research investigating the leave-taking process of battered women, and particularly, the shame that battered women experience during their violent relationships. The present study sought to replicate and expand upon the existing research by investigating a cross-section of battered women who experienced severe physical violence and were at different time points in the leave-taking process. The present findings replicate those of Kennedy (1996, 1999) and Fiore Lerner and Kennedy (2000) with respect to comparisons among RS groups. Consistent with previous findings, participants who were still in violent relationships reported lower confidence for leaving/staying away and higher temptation to stay/return than those who were out of their relationships. Additionally, participants who were out of their relationships for longer than three years reported significantly higher confidence levels and lower temptation levels than those who were out less than six months or one to three years. Similar results were also found with respect to trauma symptoms. Women who were out of violent relationships for less than six months reported experiencing the highest levels of trauma symptoms. These findings support the assertion of Campbell and colleagues (1994) that women who have been out for less than six months are at high risk for returning to violent relationships, and provide further evidence that battered women may be particularly emotionally and psychologically vulnerable early on after leaving violent relationships.

The present study also sought to expand upon prior research by exploring the impact of shame and guilt on the leave-taking process of battered women, the duration of

their violent relationships, their self-efficacy regarding the leave-taking process, their social support-seeking behavior, their exposure to emotional abuse, and their trauma symptoms. In addition, the study also investigated the impact of attributional style and social supports on women's experiences in violent relationships.

The distinction between shame and guilt is difficult to make because the emotions are often used interchangeably. However, they are distinct. Shame has been described as being "self-focused" (Lewis, 1971; Tangney, 1995). With shame, the individual questions something about himself or herself, and subsequently, feelings of inferiority, helplessness, and defectiveness often emerge. Additionally, shame is often accompanied by concern about the evaluation of others, desire to hide, and sense of exposure. In contrast to shame, guilt is more focused on actions or behaviors for which one feels responsible and remorseful. With guilt, the self is in control to take action and make amends for the behavior (Cook, 1996; Fitts, 1992; Lewis, 1971, 1987; Lindsay-Hartz, De Rivera, & Mascolo, 1995; Tangney, 1995).

As expected, findings across various measures of shame and guilt revealed that a great majority of participants in the present sample reported experiencing these emotions during their violent relationships and at the time of study participation. Comparison of shame and guilt ratings across the two time periods revealed that women reported experiencing significantly higher levels of shame and guilt during their violent relationships than at the time of study participation. In addition, comparison of responses on the Self-Esteem Scale of the ISS revealed that women endorsed significantly higher levels of self-esteem at the time of study participation than during their violent relationships. Notably, on the ISS Shame Scale, the vast majority of women, who

described their emotional experience during the violent relationship, reported

experiencing levels of shame and self-esteem, which exceeded the clinical cut-off scores

for high shame and low self-esteem (Cook, 2001).

Although the transtheoretical model stages were not used in this study due to

limited distribution of participants across the stages, investigation of the relationship

between shame, guilt, and RS groups yielded results, which were basically consistent

with expectations. Findings revealed that levels of shame were highest among those who

were still in violent relationships or had been out of violent relationships for shorter

periods of time (less than 12 months) than among those who were out for longer periods

of time. Consistent with present and previous findings (Fiore Lerner & Kennedy, 2000;

Kennedy, 1996, 1999) regarding trauma symptoms, this pattern was particularly true of

those women who had been out of their relationships for less than six months, lending

support to the theory that this time marks the greatest emotional risk period.

A similar pattern of results did not emerge with respect to guilt and RS grouping.

The lack of consistent findings is not surprising given Tangney's (1995) finding that

shame is generally more painful than guilt and Cook's (1996) assertion that shame is

more likely to be associated with psychopathology than guilt because there are more

direct and available reparative possibilities for guilt than for shame. In the present study,

women often reported feeling ashamed and embarrassed that they endured the abuse, and

subsequently, did not tell anyone about their abuse or seek help due to these feelings. For

example, during the interview, one woman stated, "I should have known better...I'm

college-educated and worked at a shelter...I think shame has played a big role. It was a

big part of why I didn't talk to anyone or enlist anyone's help." In contrast, women cited

feeling guilty about leaving their husbands alone (e.g., "I felt guilt I mean in leaving

him."), taking away financial support, and taking their children away from their fathers

(e.g., "I felt guilty for taking his daughter away and pulling financial support I guess.").

Although both emotions may lead women to avoid leaving their violent relationships,

shame appears to be internally and personally focused, while the focus of guilt on an

action or behavior, which the self feels responsible for and remorseful about (Lewis,

1971; Tangney, 1995). Given women's descriptions of why they felt guilty, it would

seem likely that guilt would be easier to address by making amends for past behavior

eliciting feelings of remorse, while feelings of shame would be more difficult to address.

As such, it would not be surprising that shame would more characteristic of early stages

in the leave-taking process than guilt and that shame may be more likely to lead to

immobilization in the change process than guilt.

However, we also explored the association between relationship duration and the

emotions of shame and guilt. It was anticipated that shame and guilt would both be

associated with longer duration of relationship. Interestingly, shame was not significantly

related to relationship duration, while higher levels of guilt were associated with longer

relationship duration. This finding is puzzling as we expected women to remain in

relationships longer if they reported higher levels of shame. It may be that women who

experience high levels of guilt and remain in relationships for longer periods of time have

children whom they would feel guilty to separate from their fathers. To explore this

possible explanation, an ANOVA comparing women with and without children on the

total Guilt Scale score and the current guilt rating was performed. Analyses revealed that

women with children reported significantly higher levels of guilt than those without

children. Findings lend support to the hypothesis that guilt regarding children may cause women to stay in violent relationships longer. Consistently, an ANOVA comparing relationship duration among women with children to those without was performed, and findings were comparable to those of Fiore Lerner and colleagues (1999). Results indicated a significant difference between groups, such that women with children were found to stay in violent relationships significantly longer than those without. Thus, presence of children may cause women to stay in violent relationships longer. During the interview, participants with children often described feeling ambivalent about the leave-taking process because of their children. Many women cited their children as the reason they wanted to leave, but also noted that they stayed because they did not want their children to grow up without a father. Both sides of the decision-making process brought on feelings of guilt. For example, women would note feeling guilty that their children were learning to be violent from observing their father's violence, yet they did not want their children to lose their relationship with their father. These feelings of ambivalence may further complicate the decision to leave and cause the women to stay in the violent relationship even longer. Future research should attempt to further clarify the relationship between guilt, presence of children, and relationship duration and attempt to elucidate the meaning of this association. Special attention should focus on additional reasons why women feel guilty. Interventions with battered women who have children should address the ambivalence and resulting guilt feelings.

We also hypothesized that women with higher levels of shame and guilt would experience lower levels of confidence for leaving/staying away from violent relationships and higher temptation to return/stay, and this hypothesis was supported in the present

study. The findings have significant implications for interventions with battered women. Not only is it be critical to address shame and guilt because the emotions themselves cause significant pain and discomfort, but it is also critical because the emotions have a significant and negative impact on women's self-efficacy for leaving and may result in women remaining in dangerous situations for longer periods of time.

Consistent with the findings of Street and Alias (2001), shame and guilt were found to be significantly correlated with scores on the Emotional/Verbal Abuse Scale of the PMWI, such that higher levels of emotional/verbal abuse are associated with higher levels of shame and guilt. In contrast to their findings, the current results also indicated a positive, significant relationship between these emotions and total score on the Dominance/ Isolation Scale and the total Psychological Abuse score. Street and Alias (2001) explained their findings by suggesting that emotional/verbal abuse is more direct than dominance/isolation, and thus may have potential to have a greater impact of women's emotional experiences. However, the current findings suggest that dominance/isolation may have sufficient power to impact battered women's emotional functioning. Future research would be helpful to replicate these studies and further clarify the relationship between shame, guilt, and psychological abuse.

History of child sexual abuse and sexual assault has been shown to be related to internalized shame in prior research (e.g., Bondeson, 1993; Browne & Finkelhor, 1986a, 1986b; Dahl, 1989; Draucker, 1993; Kendall-Tackett, Williams, & Finkelhor, 1993; Lindberg & Distad, 1985; Mize, Bentley, Helms, Ledbetter, & Neblett, 1995; Nathanson, 1989; Playter, 1990). The current study sought to replicate this finding in a population of battered women. Results revealed that women's retrospective reports of internalized

shame during their relationship were significantly associated with history of sexual assault, including child sexual abuse, sexual assault, and rape during the violent relationship. However, ratings of shame at the time of study participation were not significantly related to sexual assault history. This finding may reflect that relationship violence compounded the shame experienced as a result of the sexual assault history, and women who leave the relationship have lower shame levels.

The current study also explored the relationship between shame, guilt, and trauma symptoms. It was expected that findings would be consistent with the work of Wong and Cook (1992), which found PTSD and shame to be related in veterans, and with the work of Cook (1994, 1996) and Lewis (1987), which suggested shame was related to depressions and anxiety. Results revealed a significant correlation between current shame and guilt ratings and symptoms of trauma, depression, and anxiety endorsed on the TSC-33. The findings regarding shame are in keeping with those of Street and Alias (2001); however, the authors did not find a significant relationship between trauma symptoms and guilt. The differences in findings may be attributable to use of different measures of guilt. The guilt measure in the current study was developed to specifically address guilt feelings related to domestic violence, while the Test of Self-Conscious Affect used by Street and Alias (2001) is a more general measure of guilt and shame that is not specific to domestic violence. Future research exploring the consistency and inconsistency between shame and guilt measures would likely be beneficial to clarify differences in findings.

We anticipated that women who experienced higher levels of shame and guilt would access fewer social supports than those women with lower levels of shame and

guilt. Consistent with this hypothesis, current ratings of shame and guilt were significantly and negatively correlated with women's ratings of social support across all scales on the MSPSS. Furthermore, when asked about the impact of shame and guilt on resource access, a high percentage of participants indicated that shame and guilt negatively impacted their ability to access resources. In addition, consistent with Limandri's (1989) and Wurmser's (1981) statement that women may avoid disclosure of abuse to avoid feeling shame, many women in the current study (83.9%) reported that they kept the violence a secret and did not disclose their abuse to anyone, primarily due to feelings of embarrassment. These findings raise significant concerns about the ability of area resources to meet the needs of battered women if they feel immobilized by shame and guilt when they are considering seeking assistance. Special efforts should be made to educate women about domestic violence in hopes that knowledge may decrease the stigma associated with victimization and allow women to reach out for help.

Research has consistently demonstrated that social support has a significant, positive impact on battered women's psychological health (Astin et al., 1993; Cohen & Willis, 1985; Kessler & McLeod, 1985; Mitchell & Hodson, 1983; Peters et al., 1998; Tan et al., 1995), and Kemp and colleagues (1995) found that perceived social support plays a mediational role among battered women and is associated with lower levels of trauma symptoms. As such, we hypothesized that social support would mediate the relationship between shame and trauma symptoms. Despite the strong association between shame and social support seeking and between shame and trauma symptoms, support was not found for the hypothesis that social support would mediate the relationship between shame and trauma symptoms. The lack of significant findings is

difficult to understand given prior research demonstrating the powerful benefits of social support among violence victims. Future large-scale research exploring the relationship between shame, social support, and trauma symptoms may be warranted to ascertain the reason for the lack of significant findings in this study.

We hypothesized that women with internal attributions about the cause of the violence who also view the violence as stable would experience greater levels of shame, access fewer social supports, have lower self-efficacy for leaving, and evidence more trauma symptoms. Results revealed that participants who viewed themselves as the cause of the violence (N = 19) reported fewer social supports than those who attributed violence causation to their partners (N = 147). No other significant findings with respect to causation were observed, possibly reflecting the large differences between the sample sizes in the two groups. Attributions of violence stability were associated with lower confidence levels and higher temptation for returning to/staying in violent relationships. Results provide preliminary evidence that women's attributions play a role in the leave-taking process and suggest that women with internal attributions about violence causation who see the violence as stable are at the greatest risk emotionally. However, results should be interpreted with caution due to the discrepancies in the sample sizes. Future studies, which include larger samples, are needed.

Higher scores on the ISS Shame Scale were expected to predict longer duration of violent relationship, less confidence for leaving, less access of social supports, higher levels of emotional abuse, and trauma symptoms. As expected, regression analyses revealed that shame was significantly predictive of emotional abuse and trauma symptoms in the expected direction. A trend toward significance was noted for the

predictive ability of the ISS with respect to social support seeking, while the ISS Shame

Scale was not predictive of relationship duration and total confidence.

It was hypothesized that RS group could be predicted by a combination of the

following: internalized shame, trauma symptoms, and confidence for leaving. Using

discriminant function analyses, confidence for leaving and psychological abuse were

found to be the best predictors of RS group membership. The overall rate of correct

classification was somewhat low (45.2%), suggesting that these variables may not be the

best predictors of RS grouping. However, the variables were excellent predictors of

women who were in violent relationships (82% correctly classified) and those who were

out more than three years (57% correctly classified). Those in the middle three groups

were the most difficult to classify, particularly those who were out six months to one

year, suggesting that this group is the least distinct of the five RS groups.

Clinical elevations on the ISS Shame Scale were expected to be predicted by a

combination of sexual assault history, higher temptation to return to/stay in violent

relationship, higher depressive and anxious symptoms, and higher levels of emotional

abuse. Discriminant function analysis revealed that this combination was not the most

effective way to predict ISS elevations. Instead, psychological abuse and anxiety

emerged as the best predictors of classification according to elevated levels of shame

(71.1% correctly classified). Given this relatively high correct classification rate, this

combination of variables would likely be a beneficial source of information about the

potential for clinical elevations on the ISS Shame Scale. Clinically, professionals may

wish to use reports of higher levels of psychological abuse and PTSD symptoms as red

flags that shame may be an issue. If concerns about shame are raised by high scores, the

professional could than administer a standardized measure assessing shame or inquire about shame in a more open-ended format. Once an assessment of shame has been conducted, the clinician could then seek to challenge shame-based cognitions in an effort to better meet the client's needs.

Implications for Treatment and Intervention

Clearly, battered women are significantly, negatively impacted emotionally by the violence they endure, and they experience a great amount of shame and guilt related to their experiences in violent relationships. However, after leaving violent relationships, shame, guilt, and self-esteem have the potential to improve significantly over time. Given that higher levels of shame and guilt are associated with lower confidence for leaving and higher temptation for returning to/staying in violent relationships, there is concern that these feelings may contribute to women's difficulty leaving. Shame and guilt were also associated with higher levels of depression, anxiety, and trauma symptoms as well as with lower levels of social supports. Each of these factors is likely to impact the leave-taking process. Additionally, findings indicate that guilt is associated with longer relationship duration. Thus, professionals working with battered women should be alert to signs of shame and guilt, and they should ask about these feelings in their work with battered women. Furthermore, interventions should be tailored to address shame and guilt in order to facilitate the leave-taking process.

Interventions, and perhaps prevention programs, should also be designed to increase battered women's knowledge about area resources and their access of social supports. The present findings suggest that women's social support seeking was

negatively impacted by increasing levels of shame and guilt. For this reason, it would be important to openly discuss how these feelings impact support seeking and to directly challenge women's cognitions about shame and guilt. Because education challenging feelings of guilt and shame may address women's feelings about the need for secrecy and thus increase the likelihood of support seeking, education campaigns may have great impact on help seeking and ultimately on women's safety.

Findings revealed that attributions about the causality and stability of domestic violence were associated with social-support seeking and self-efficacy for leaving. Women attributing the cause of violence to themselves were less likely to access supports than those attributing violence to their partners, and those viewing the violence as stable reported lower levels of confidence and higher levels of temptation. These faulty attributions are likely to be negative influences within the leave-taking process. Thus, interventions should be designed to challenge faulty attributions about the causality and stability of domestic violence.

Consistent with the findings of Kennedy (1996, 1999) and Fiore Lerner and Kennedy (2000), the present results suggest that women who are currently in violent relationships or have recently left violent relationships report lower confidence for leaving/staying away and higher temptation to stay/return. Higher levels of confidence appear to emerge after women have been out of violent relationships for more than one year, suggesting that those who have been out for less than one year continue to be at high risk for returning to their violent relationships. Although the stages from the transtheoretical model of behavior change could not be used due to recruitment difficulties, the current findings demonstrate the benefits of examining women's

experiences at various points in the leave-taking process and lend support to the application of this readiness model with battered women. Consistent with the transtheoretical model, interventions for battered women may be most valuable if they are matched to women's readiness for change, and professionals working with battered women may wish to regularly assess their readiness, using measures such as the URICA. Furthermore, addressing the barriers to confidence and the role of temptation therapeutically may help to address these issues head on.

Once interventions addressing shame, guilt, attributional style, social support seeking, and readiness for change are developed, it would be worthwhile to conduct research to evaluate the effectiveness of these interventions. Effectiveness research should assess the ability of interventions to mobilize women for seeking safety. This would most effectively be conducted through longitudinal studies, which follow women over time through their relationships after receiving the various interventions. Long-term follow-up of women who leave the targeted relationship would provide valuable information about the change process and better prepare women and helping professionals for return/relapse and other challenges evident when encountering lifestyle changes.

Limitations of the Study and Directions for Future Research

There are several limitations of the present study that must be addressed. First, the sample was limited to Western Montana, and although the sample was comparable to the ethnic make-up of the state of Montana, the state's population is relatively homogeneous. As such, the findings may not generalize to the larger population. Future research will

need to involve more diverse regions and ethnic populations.

Second, the participants in this study volunteered, and there may be a self-selection bias. Given that the majority of participants were highly educated and Caucasian, the self-selection bias may reflect resource levels, which increased fundamental willingness to participate. Women with higher resources may go through a different change process than those with fewer resources and different access to mainstream services. In the future, researchers need to attempt to obtain a less biased population. Kennedy (1999) raised concerns that women with fewer resources and lower education levels may be deterred by advertisements suggesting that the research was conducted in a university setting. In future advertisements, it could be valuable to state that research will be conducted in community or university settings agreed upon by participants.

Third, participants provided retrospective reports of the shame and guilt they experienced during their violent relationships. Retrospective reports are often limited because women may not remember exactly how they felt in the past. In addition, women's reports may also have been jaded based upon their current emotional status. As noted in the current study, women often described fewer emotional difficulties during violent relationships than immediately after leaving. As such, their retrospective reports of shame and guilt may be higher than they actually would have been during the relationship. However, there is some question as to which rating would be more accurate because numbing or denial may be at play while they are still in violent relationships. Longitudinal studies of women's leave-taking experiences would allow for a more accurate assessment of women's experience of shame and guilt over time and for

investigation of women's progression through the various stages of change as they leave their violent partners.

Fourth, consistent with problems experienced by Kennedy (1996, 1999) and Fiore Lerner and Kennedy (2000), participants who were currently in violent relationships were difficult to recruit, limiting comparisons across the five stages of change. Instead, analyses were conducted in the manner of Kennedy (1996, 1999) and Fiore Lerner and Kennedy (2000), dividing women into relationship status groups. In the future, research that includes larger numbers of women currently in violent relationships would be extremely valuable in assessing the applicability of the transtheoretical model of behavior change with this population. Emergency rooms, courts, victims' advocacy programs, and the legal system would likely be valuable resources for recruitment.

Fifth, within the current sample, all participants experienced significant levels of physical and psychological abuse. Future studies should examine the impact of shame, guilt, attributional style, and social support on the leave-taking process of women who experienced emotional abuse without physical abuse. Comparisons between samples experiencing concurrent physical and psychological abuse and psychological abuse alone would be valuable for intervention planning for the two groups.

Sixth, the current study employed several measures, which lack extensive research on their psychometric properties, including the Shame and Guilt Questionnaire and the two attributional style questionnaires. In addition, the ISS is relatively new and has not been researched extensively with this population. Future studies investigating the reliability of these measures would be invaluable. In addition, it would be helpful to

compare existing measures of shame and guilt to ascertain which measures best assess the emotional experiences of battered women.

Finally, although this study expands greatly upon the research evaluating the impact of shame, guilt, attributional style, and social support on battered women's experiences, future large-scale studies are needed to further advance the research in these areas. Interventions are needed which address battered women's shame, guilt, attributions, and access of social supports. Once these interventions are developed, effectiveness research should be carried out to evaluate whether or not programs truly address these problem areas.

Conclusions

The present study expands upon the dearth of research on battered women's shame, guilt, social support, and attributional style. Each of these factors appears to play a significant role in battered women's experiences and potentially negatively impacts the leave-taking process. Clinicians should be alert to the association between shame and guilt and higher levels of emotional abuse, trauma symptoms, depression, anxiety, and temptation for returning/staying in violent relationships, and the association between these emotions and lower confidence for leaving and lower levels of social support. In addition, higher levels of shame and guilt were found among women who were still in violent relationships or had recently left, and guilt was associated with longer relationship duration. Clearly, these emotions play a significant role in battered women's change process. By elucidating the impact of these factors on battered women's experiences, it is hoped that professionals can better understand battered women's change processes and

develop interventions which will better address their needs. Given the negative emotional

impact and danger of sustained violence in romantic relationships, professionals could

better facilitate women's safety by providing education, support, and resource access in

hopes of increasing self-efficacy to their batterers.

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Table 1

Means, Standard Deviations, Ranges, and Chronbach's alphas for the Entire Sample for Variables Used in Analyses

Variable	N	Mean	Standard Deviation	Range	Minimum	Maximum	Reliability α*
CTS-Partner							
Minor Violence Mean Score	167	3.43	1.78	6.00	0.00	6.00	0.87
Severe Violence Mean Score	167	1.68	1.54	6.00	0.00	6.00	0.65
Total Violence Mean Score	167	2.26	1.50	5.78	0.00	5.78	0.91
PMWI							
Emotional/Verbal Abuse	161	86.59	18.52	85.00	30.00	115.00	0.92
Dominance/Isolation	160	71.83	30.37	118.00	12.00	130.00	0.95
Total Psychological Abuse	157	176.04	53.89	238.00	52.00	290.00	0.96
ISS – Now							
Total Shame	165	43.97	22.55	95.00	0.00	95.00	0.97
Total Self-Esteem	164	15.48	5.15	23.00	1.00	24.00	0.91
ISS – During Relationship							
Total Shame	149	69.70	21.95	87.00	9.00	96.00	0.96
Total Self-Esteem	150	9.14	5.57	24.00	0.00	24.00	0.90
Shame and Guilt Questionnaire							
Total Shame	167	9.75	7.06	24.00	0.00	24.00	0.90
Total Guilt	168	9.17	6.68	28.00	0.00	28.00	0.76
Shame Impact on Resources	168	34.75	15.51	52.00	13.00	65.00	0.95
Guilt Impact on Resources	168	30.99	16.13	52.00	13.00	65.00	0.96

Table 1 (continued)

Variable	N	Mean	Standard Deviation	Range	Minimum	Maximum	Reliability α*
MSPSS							
Family Mean Score	164	4.60	1.87	6.00	1.00	7.00	0.95
Friend Mean Score	165	5.18	1.57	6.00	1.00	7.00	0.95
Significant Other Mean Score	166	5.46	1.65	6.00	1.00	7.00	0.96
Total Mean Score	163	5.09	1.43	6.00	1.00	7.00	0.95
TSC-33							
Anxiety Mean Score	166	0.98	0.65	2.89	0.00	2.89	0.84
Depression Mean Score	160	1.17	0.65	2.44	0.11	2.56	0.83
Dissociation Mean Score	165	1.15	0.74	3.00	0.00	3.00	0.83
Post-Sexual Abuse Trauma							
Mean Score	164	1.14	0.72	3.00	0.00	3.00	0.79
Sleep Disturbance Mean Score	165	1.51	0.83	3.00	0.00	3.00	0.82
Total (Sum)	158	34.38	19.25	84.00	1.00	85.00	0.95
Confidence/Temptation Scale							
Confidence Total Score	168	152.93	31.67	139.00	41.00	180.00	0.98
Temptation Total Score	168	60.93	30.31	133.00	36.00	169.00	0.98

*Note Chronbach's *alphas* were computed for the current sample.

Table 2

Age, Educational Level, Income, Number of Children, Relationship Duration, and Temporary Departures from Relationship for the Five Relationship Status Groups and the Total Sample

		Relationship Status Groups				
Variable	In (N=13)	Out <6 mos (N=28)	Out 6-12 mos (N=16)	Out 1-3 yrs (N=43)	Out >3 yrs (N=68)	Total (N=168)
Age						
Mean	31.77	29.89^a	29.94	27.05^b	37.43^{ab}	32.36**
SD	10.37	10.90	9.52	9.58	12.31	11.76
Participants' Education						
Mean	13.31	13.25	12.88	12.88	13.43	13.16
SD	1.93	2.61	1.75	1.48	2.33	2.10
Partners' Education						
Mean	12.69	11.82	12.00	12.10	12.68	12.33
SD	3.64	2.14	1.36	2.02	2.89	2.54

Table 2 (continued)

Relationship Status Groups

Variable	In (N=13)	Out <6 mos (N=28)	Out 6-12 mos (N=16)	Out 1-3 yrs (N=43)	Out >3 yrs (N=68)	Total (N=168)
Personal Income						
Mean	$8333	$10178	$10156	$8255	$6268	$7966
SD	$7857	$13401	$9058	$10301	$8996	$10141
Family Income						
Mean	$23541	$19800	$22500	$23719	$23250	$22761
SD	$16147	$19309	$19707	$19414	$18076	$18476
Number of Children						
Mean	1.38	1.46	0.94	0.95	1.54	1.31
SD	1.33	1.67	1.00	1.59	1.71	1.60
Relationship Duration (months)						
Mean	68.08	63.15	67.36	40.66	67.85	60.02
SD	59.41	71.86	81.31	53.47	72.02	67.72
Temporary Departures						
Mean	2.38	5.46	4.50	3.19	3.68	3.83
SD	1.66	7.84	11.69	4.44	12.47	9.52

** $p < .001$

Table 3

Participants' Reports of Physical (CTS), Sexual (CTS), and Psychological (PMWI) Abuse Sustained During the Violent Relationship and Past History of Sexual Abuse and Violence Across the Five Relationship Status Groups and the Entire Sample

		Relationship Status Groups				
Variable	In	Out <6 mos	Out 6-12 mos	Out 1-3 yrs	Out >3 yrs	Total
CTS-Partner						
Minor Violence Mean Score						
Mean	2.67	3.18	3.25	3.71	3.54	3.43
SD	1.64	1.64	1.86	1.70	1.80	1.78
Severe Violence Mean Score						
Mean	0.63[a]	2.11[a]	1.33	1.72	1.76*	1.68
SD	1.06	1.69	1.76	1.38	1.53	1.54
Total Violence Mean Score						
Mean	1.31	2.46	1.97	2.39	2.35	2.26
SD	1.13	1.61	1.70	1.40	1.49	1.50
Forced Sexual Intercourse						
Mean	0.31	0.64	0.50	0.59	0.68	0.60
SD	0.48	0.49	0.52	0.50	0.47	0.49
PMWI						
Emotional/Verbal Abuse						
Mean	74.09	90.24	92.21	84.93	88.22	86.59
SD	22.30	15.66	20.41	17.10	18.32	18.52
Dominance/Isolation						
Mean	46.55	80.30	78.29	65.83	75.89	71.83
SD	14.00	29.68	37.70	29.89	29.21	30.37

Table 3 (continued)

Relationship Status Groups

Variable	In	Out <6 mos	Out 6-12 mos	Out 1-3 yrs	Out >3 yrs	Total
Total Psychological Abuse						
Mean	132.00	188.89	189.64	162.25	181.86	176.04
SD	33.53	51.41	64.59	50.90	53.41	53.89
History of Sexual Assault/CSA						
Mean	0.50	0.75	0.56	0.69	0.75	0.70
SD	0.52	0.44	0.51	0.47	0.44	0.46
History of Family Violence						
Mean	1.25	1.29	1.44	1.42	1.44	1.40
SD	0.45	0.46	0.51	0.50	0.50	0.49
History of Violent Romantic Relationships						
Mean	1.42	1.54	1.60	1.63	1.65	1.60
SD	0.51	0.51	0.51	0.49	0.48	0.49

*$p = .053$, for RS group differences

Table 4

TSC-33 Scores Across the Five Relationship Status Groups and the Entire Sample

| | | Relationship Status Groups | | | | |
Variable	In	Out <6 mos	Out 6-12 mos	Out 1-3 yrs	Out >3 yrs	Total
Depression Scale						
Mean	1.33	1.55	1.48	1.09	0.91	1.17
SD	0.54	0.66	0.60	0.61	0.57	0.65
Anxiety Scale						
Mean	1.21	1.36	1.13	0.97	0.75	0.98
SD	0.51	0.72	0.62	0.68	0.55	0.65
Dissociation Scale						
Mean	1.38	1.46	1.53	1.17	0.86	1.15
SD	0.70	0.76	0.76	0.80	0.59	0.74
Post-Sexual Abuse Trauma Scale						
Mean	1.27	1.42	1.53	1.15	0.87	1.14
SD	0.63	0.74	0.72	0.73	0.62	0.72
Sleep Disturbance Scale						
Mean	1.35	1.78	1.72	1.63	1.27	1.51
SD	0.74	1.03	0.74	0.75	0.79	0.83
Total Score						
Mean	40.88	44.65	42.63	34.02	26.52	34.38
SD	15.67	19.85	18.01	20.09	16.20	19.25

Table 5

Shame and Guilt Within the Five Relationship Status Groups and the Entire Sample

Variable	Relationship Status Groups					Total
	In	Out <6 mos	Out 6-12 mos	Out 1-3 yrs	Out >3 yrs	
Shame Ratings						
At the time of study participation						
Mean	2.96	3.50	3.50	3.11	2.68	3.03
SD	2.60	2.56	3.71	2.68	2.86	2.84
During the violent relationship						
Mean	5.70	7.88	5.53	7.49	6.77	6.95
SD	2.68	3.25	3.85	2.64	3.32	3.21
Guilt Ratings						
At the time of study participation						
Mean	2.46	3.02	3.66	2.54	2.52	2.71
SD	1.85	2.54	3.09	2.67	2.33	2.50
During the violent relationship						
Mean	4.05	6.04	6.30	5.74	6.45	6.02
SD	2.54	3.55	3.87	3.53	3.28	3.42
Shame and Guilt – Shame Scale						
Mean	10.38	12.79[a]	14.25[bc]	8.84[b]	7.88[ac]*	9.75
SD	7.65	7.55	6.37	5.93	6.83	7.06

Table 5 (continued)

		Relationship Status Groups				
Variable	In	Out <6 mos	Out 6-12 mos	Out 1-3 yrs	Out >3 yrs	Total
Shame and Guilt – Guilt Scale						
Mean	10.38	11.86[a]	11.19	8.14	8.00[a]**	9.17
SD	3.95	8.12	7.21	5.62	6.64	6.68
ISS Shame Scale Total Score						
At the time of study participation						
Mean	50.08	51.68[a]	56.19[b]	40.93	38.38[ab]*	43.97
SD	21.07	22.26	20.79	22.93	21.36	22.55
During the violent relationship						
Mean	48.46[abcd]	72.93[a]	71.27[b]	70.64[c]	71.63[d]*	69.70
SD	23.41	24.68	25.63	19.94	18.93	21.95
ISS Self-Esteem Scale Total Score						
At the time of study participation						
Mean	14.31	14.43	13.63	15.79	16.43	15.48
SD	5.39	5.07	4.65	5.05	5.22	5.15
During the violent relationship						
Mean	14.54[abcd]	8.89[a]	9.25[b]	8.70[c]	8.41[d]*	9.14
SD	5.75	6.47	5.76	4.91	5.03	5.57

*$p < .01$
**$p < .05$, yet Tukey post-hoc analysis did not support significance but instead only a trend toward significance at $p = .068$.

Table 6

Self-Efficacy Mean Summation Scores for the Five Relationship Status Groups and the Entire Sample

	Relationship Status Groups					
Variable	In	Out <6 mos	Out 6-12 mos	Out 1-3 yrs	Out >3 yrs	Total
Temptation for Leaving/Returning						
Mean	105.53^{abcd}	74.79^{ae}	60.13^{b}	60.07^{c}	47.44^{de}*	60.93
SD	26.68	31.82	25.13	28.99	20.84	30.31
Confidence for Leaving/Staying Away						
Mean	103.15^{abcd}	138.07^{ae}	154.38^{b}	152.89^{cf}	168.25^{def}	152.93
SD	28.99	35.39	20.84	28.51	20.63	31.67

*$p < .01$

Table 7

MSPSS Mean Scale and Total Scores for the Five Relationship Status Groups and the Entire Sample

| Variable | Relationship Status Groups | | | | | | Total |
	In	Out <6 mos	Out 6-12 mos	Out 1-3 yrs	Out >3 yrs		
MSPSS – Family Scale							
Mean	4.23	4.13	4.21	5.33	4.44		4.60
SD	1.27	2.00	2.13	1.57	1.93		1.87
MSPSS – Friend Scale							
Mean	4.71	4.85	4.64	5.69	5.27		5.18
SD	1.56	1.45	1.84	1.18	1.66		1.57
MSPSS – Significant Other Scale							
Mean	5.40	4.91	4.70	5.84	5.61		5.46
SD	1.21	1.86	1.97	1.30	1.72		1.65
MSPSS – Total Score							
Mean	4.77	4.63	4.52	5.62	5.11		5.09
SD	1.04	1.40	1.79	1.14	1.50		1.43

Table 8

Correlations Between Shame and Guilt Measures and Key Variables, Including Self-Efficacy, Relationship Duration, Emotional Abuse, Trauma Symptoms, and Social Support-Seeking

Variable	Shame and Guilt Measure							
	ISS Current	ISS Past	Shame Rtg Current	Shame Rtg Past	Guilt Rtg Current	Guilt Rtg Past	Shame Scale	Guilt Scale
Confidence Scale	-.451**	-.044	-.253**	-.057	-.235**	-.058	-.452**	-.427**
Temptation Scale	.443**	.046	.244**	.037	.238**	-.040	.439**	.457**
Relationship Duration	.012	.039	.129	.073	.256**	.106	-.038	-.010
PMWI Emotional/Verbal	.204*	.471**	.161*	.358**	.275**	.352**	.214**	.264**
PMWI Dominance/Isolation	.204**	.447**	.069	.317**	.275**	.326**	.112	.402**
PMWI Total	.240**	.464**	.110	.335**	.332**	.363**	.166*	.425**
TSC Depression	.724**	.349**	.346**	.139	.394**	.063	.552**	.393**
TSC Anxiety	.620**	.390**	.311**	.124	.261**	.059	.474**	.262**
TSC Total	.697**	.376**	.314**	.131	.315**	.053	.540**	.320**

Table 8 (continued)

| | Shame and Guilt Measure | | | | | | | |
Variable	ISS Current	ISS Past	Shame Rtg Current	Shame Rtg Past	Guilt Rtg Current	Guilt Rtg Past	Shame Scale	Guilt Scale
MSPSS Family	-.392**	-.083	-.144	.094	-.119	-.039	-.357**	-.195*
MSPSS Friend	-.387**	-.145	-.198*	-.112	-.311**	-.093	-.386**	-.332**
MSPSS Significant Other	-.431**	-.131	-.276**	-.118	-.273**	-.076	-.441**	-.364**
MSPSS Total	-.486**	-.143	-.232**	-.040	-.261**	-.072	-.468**	-.355**

$* p < .05$
$** p < .01$

Table 9

Percentages of Participants' Reporting that Shame and Guilt Impacted Their Ability to Access Resources and Supports

Resource/Support	% of Participants Reporting Shame Impact	% of Participants Reporting Guilt Impact
Friends		
Not at All	16.7	26.2
Very Little	10.7	13.1
Somewhat	23.2	22.6
A Lot	26.2	19.6
Very Much	23.2	18.5
Family		
Not at All	11.9	20.2
Very Little	9.5	13.7
Somewhat	16.1	16.1
A Lot	19.6	19.6
Very Much	42.9	29.8
Legal Services		
Not at All	39.9	54.2
Very Little	10.1	9.5
Somewhat	20.8	10.7
A Lot	11.9	10.1
Very Much	17.3	15.5

Table 9 (continued)

Resource/Support	% of Participants Reporting Shame Impact	% of Participants Reporting Guilt Impact
Police		
Not at All	35.7	50.0
Very Little	11.9	7.7
Somewhat	17.3	11.3
A Lot	17.3	11.9
Very Much	17.9	19.0
Therapist/Counselor		
Not at All	31.0	42.9
Very Little	14.9	9.5
Somewhat	21.4	18.5
A Lot	19.6	13.1
Very Much	13.1	16.1
Battered Women's Shelter		
Not at All	47.6	56.0
Very Little	15.5	11.9
Somewhat	10.7	8.9
A Lot	11.3	10.1
Very Much	14.9	13.1
Support Group		
Not at All	42.3	56.0
Very Little	15.5	8.3
Somewhat	13.7	10.7
A Lot	11.9	11.9
Very Much	16.7	13.1

Table 9 (continued)

Resource/Support	% of Participants Reporting Shame Impact	% of Participants Reporting Guilt Impact
Church		
Not at All	39.3	47.6
Very Little	10.1	7.7
Somewhat	17.3	11.3
A Lot	11.9	11.9
Very Much	21.4	21.4
Financial Services		
Not at All	48.8	57.1
Very Little	6.5	7.7
Somewhat	12.5	14.3
A Lot	12.5	6.5
Very Much	19.6	14.3
Medical Assistance		
Not at All	51.8	56.0
Very Little	7.1	10.1
Somewhat	10.7	11.9
A Lot	9.5	7.7
Very Much	20.8	14.3
Vocational/Employment Services		
Not at All	52.4	61.9
Very Little	10.1	7.7
Somewhat	12.5	10.7
A Lot	7.1	6.5
Very Much	17.9	13.1

Table 9 (continued)

Resource/Support	% of Participants Reporting Shame Impact	% of Participants Reporting Guilt Impact
Crisis Helpline		
Not at All	52.4	62.5
Very Little	10.7	8.3
Somewhat	14.3	11.3
A Lot	8.3	6.0
Very Much	14.3	11.9
Neighbors		
Not at All	32.7	44.6
Very Little	7.7	8.3
Somewhat	15.5	14.9
A Lot	14.9	7.7
Very Much	29.2	24.4

Table 10

Means and Standard Deviations for Shame, Social-Support Seeking, Trauma Symptoms, and Self-Efficacy Across Groups with Respect to Attributions of Source of Violence and Stability of Violence

Variable	Source of Violence		Stability of Violence	
	Internal Source (N = 16)	External Source (N = 131)	Stable (N = 78)	Unstable (N = 69)
ISS Shame Scale Total – Current				
Mean	52.63	43.09	42.65	45.80
SD	21.78	22.50	22.57	22.57
ISS Shame Scale total – During relationship				
Mean	77.41	69.23	69.69	70.60
SD	15.38	22.89	22.65	22.06
MSPSS – Mean total score				
Mean	4.32	5.20*	5.24	4.95
SD	1.74	1.30	1.30	1.44
Confidence Scale – Total score				
Mean	141.38	153.39	160.75	142.29**
SD	38.50	30.30	25.22	34.77

*p < .05   **p = .001

Table 11

Means and Standard Deviations for Internalized Shame Across Groups with Respect to History of Sexual Abuse

	History of Sexual Abuse	
	No History	Positive History
Variable	(N = 48)	(N = 112)
ISS Shame Scale Total – Current		
Mean	39.46	45.52
SD	20.85	23.47
ISS Shame Scale total – During relationship		
Mean	64.24	72.27
SD	22.79	21.37

Table 12

Regression Analyses: Internalized Shame as a Predictor of Relationship Duration, Self-Efficacy, Social Support-Seeking, Emotional Abuse Levels, and Trauma Symptoms

Independent Variables	R	R^2	Adjusted R^2	F	Significance of F
Relationship Duration in Months	.015	.000	-.006	.036	.849
Confidence Scale – Total Score	.044	.002	-.004	.311	.578
MSPSS – Mean Total Score	.143	.021	.014	3.255	.073
PMWI – Total Score	.464	.215	.210	41.410	.000*
TSC-33 – Total Score	.376	.141	.136	24.681	.000*

*$p < .001$

Table 13

Analysis of the Mediational Effects of Social Support on the Relationship Between Shame and Trauma Symptoms

Equation	DV for Equation	Predictor Entered	R^2	R^2 Change	Beta	Significance Level (p)
1	MSPSS – Mean total score	ISS Shame Scale score (current)	.236		-.486	.000*
2	TSC-33 – Total score	ISS Shame Scale score (current)	.486		.697	.000*
3	TSC-33 – Total score	MSPSS – Mean total score	.000	.000	.017	.801
		ISS Shame Scale score (current)	.491	.491	.701	.000*

*p < .001

Figure Caption

Figure 1. Mean total TSC-33 scores as a function of Relationship Status group.

Bar chart showing TSC-33 Mean Total Score across categories: In, Out < 6 Mos, Out 6 - 12 Mos, Out 1 - 3 Yrs, Out > 3 Yrs. Y-axis: TSC-33 Mean Total Score, scaled 0 to 50.
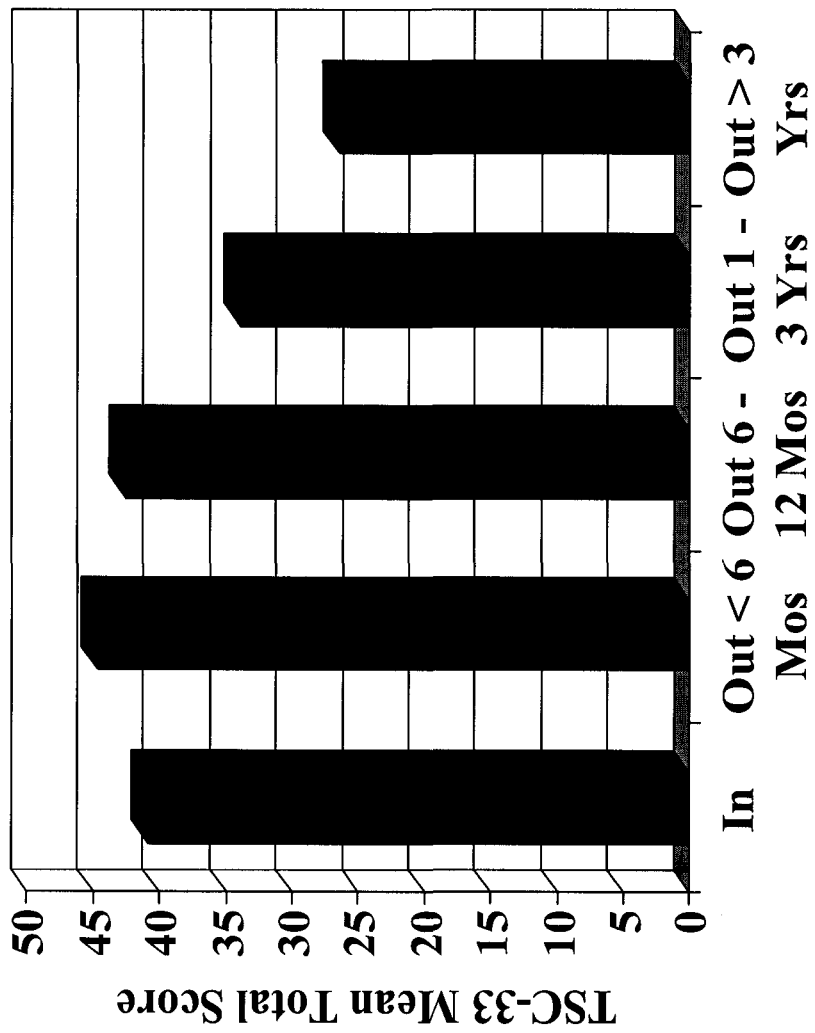
Figure Caption

Figure 2. Mean TSC-33 subscale scores as a function of Relationship Status group.
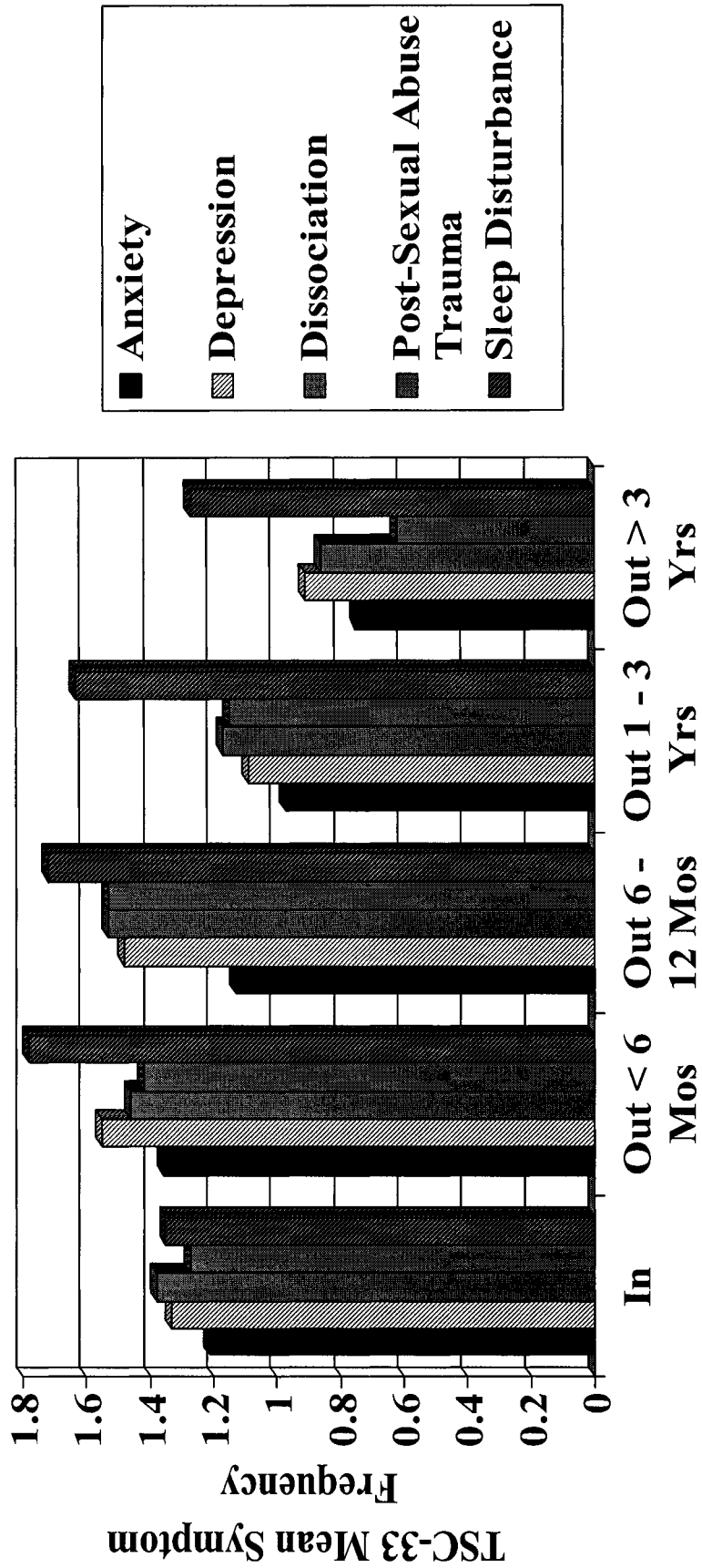
Figure Caption

Figure 3. Mean Shame and Guilt Scale scores from the Shame and Guilt Questionnaire as a function of Relationship Status group.
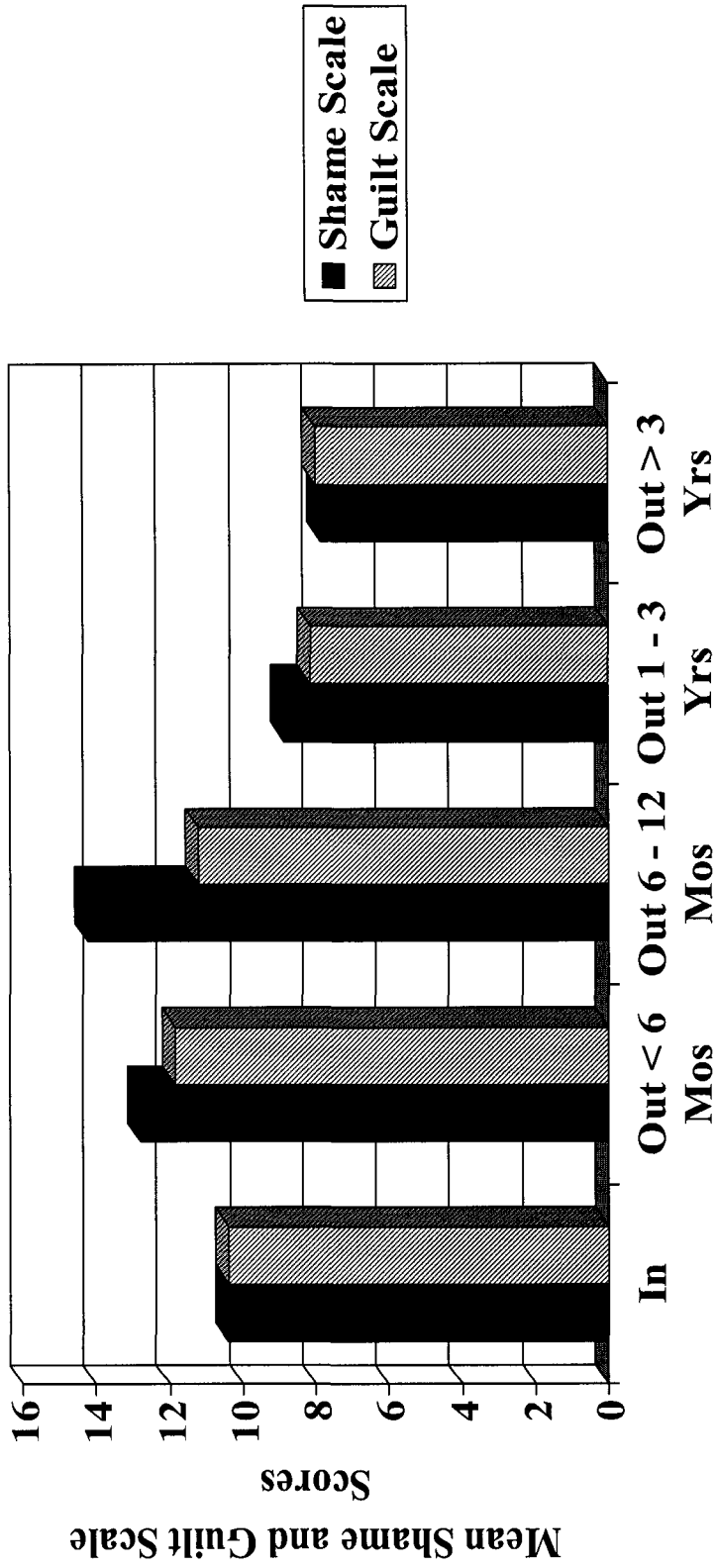
Figure Caption

Figure 4. Mean ISS Shame and Self-Esteem Scale scores at the time of study

participation as a function of Relationship Status group.

Mean ISS Shame and Self-Esteem

Scale Scores

Legend:
- ■ Shame scale – during
- ▨ Shame scale – current
- ▨ Self-esteem – during
- ▥ Self-esteem – current

X-axis: In | Out < 6 Mos | Out 6 - 12 Mos | Out 1 - 3 Yrs | Out > 3 Yrs

Y-axis: 0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75
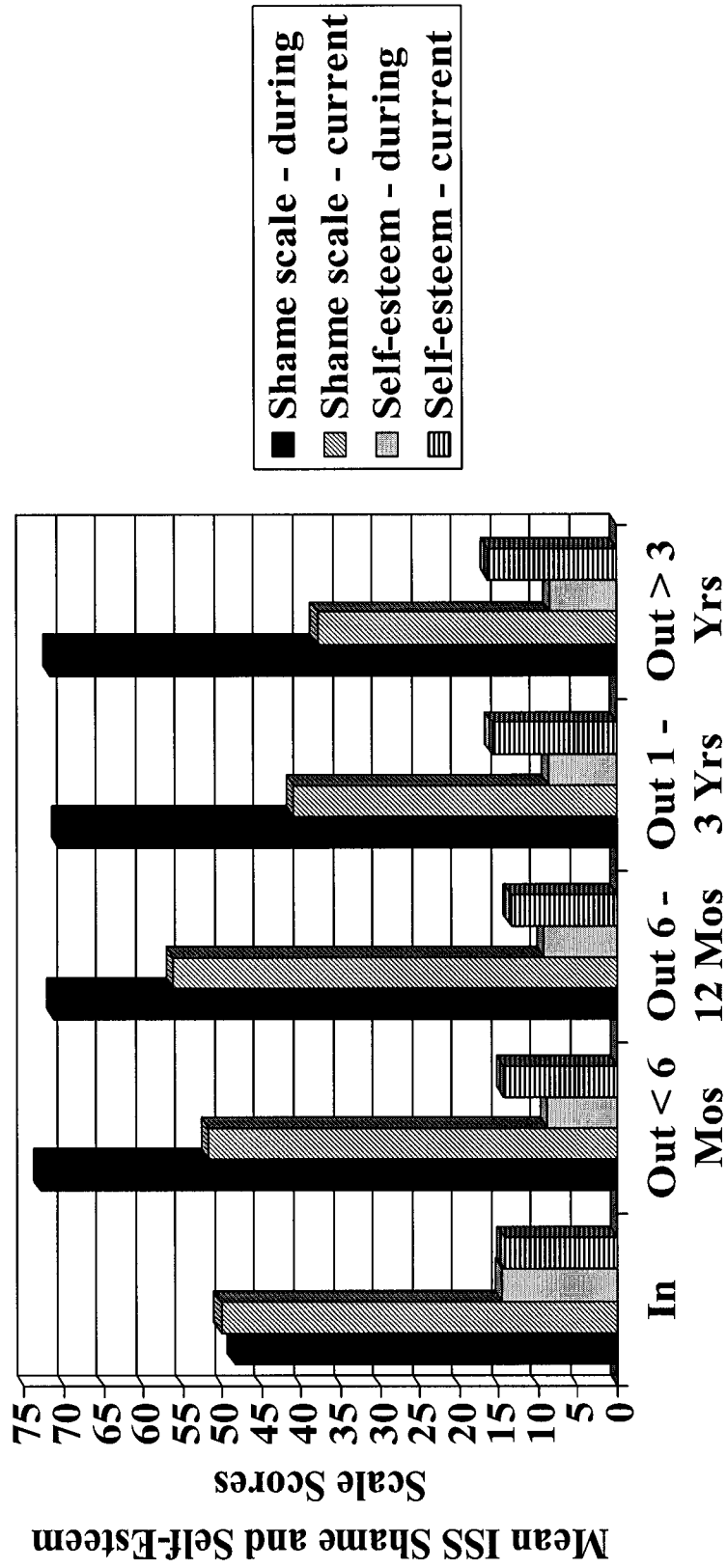
Figure Caption

Figure 5. Mean Confidence and Temptation Scale scores as a function of Relationship Status group.
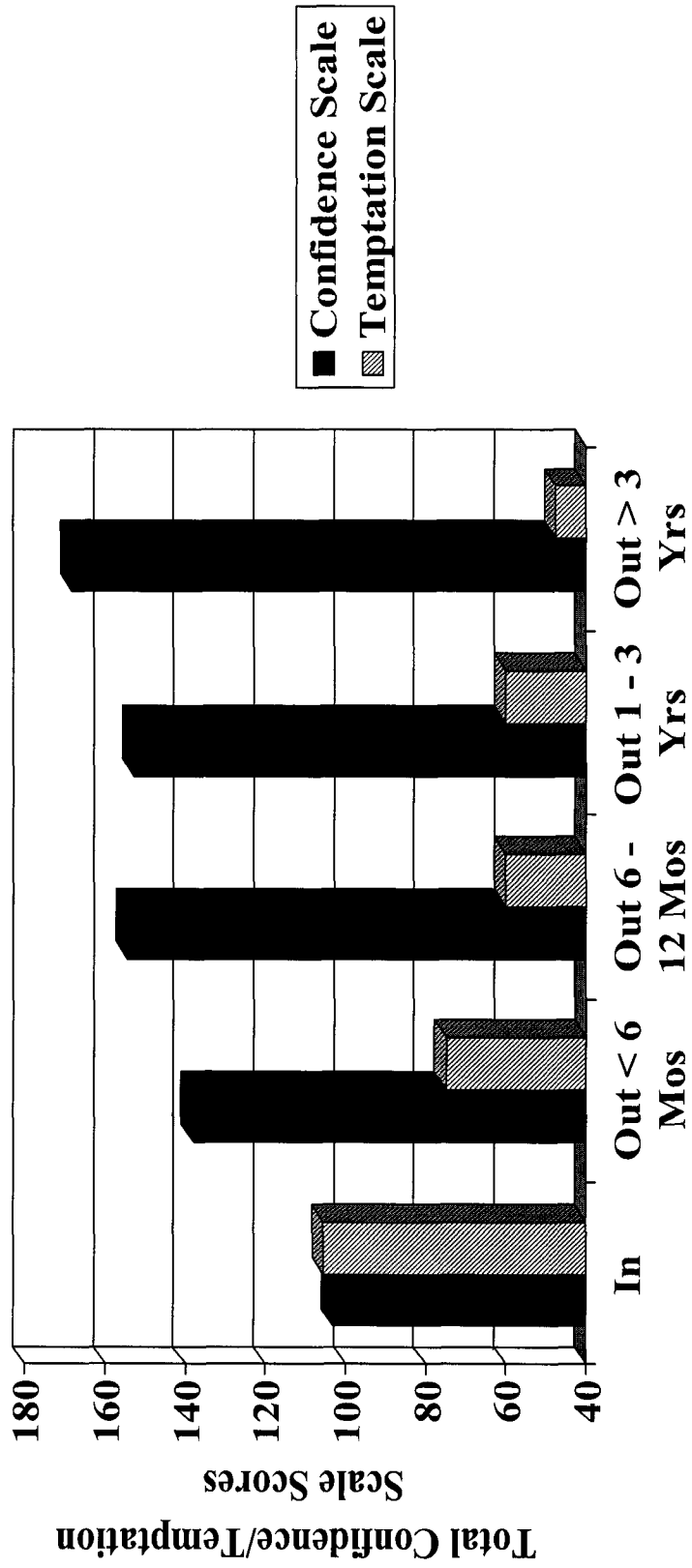
Appendix A
Consent for Participation-Psychology 100 Students

1. The purpose of this project is to investigate the experience of women in violent relationships.

2. You will be asked to respond to a series of questionnaires and an interview regarding your relationship. It typically takes approximately 2 to 3 hours to complete the interview and questionnaires. If you consent, the interviews will be audiotaped to aid in future transcription of the interview by the researcher or trained research assistants. The questionnaires, interview, and audiotape will be reviewed by the researchers and trained research assistants. The questionnaires and interviews will be used to better understand women's experiences in violent relationships.

3. All information gathered for research purposes will be kept confidential. Confidentiality will be maintained throughout this process by assigning a code number to your records. Only the researchers and trained research assistants will have access to the questionnaires, interviews, audiotapes, and consent forms.

4. We expect to have collected and analyzed all data by December 2001. If you wish, you may receive the results of the overall project upon its completion by calling the Psychology Department at the University of Montana in Missoula at 243-4521 or by writing Laura A. Taylor, M.A.. at the following address:
   Department of Psychology
   University of Montana
   Missoula, MT 59812

5. This project aims to better understand the decision-making process around staying in or leaving violent relationships. You may not directly benefit from participation, but your involvement may help in the development of assistance programs for women in such relationships.

6. Your involvement in this project is entirely voluntary. You may withdraw at any time without loss of research credits.

7. If you have any questions about this project, you can speak with Christine Fiore, Ph.D. or Laura A. Taylor, M.A. at 243-4521. You may also contact us by mail at the address listed above in point 4. Upon completion of the interview and questionnaires, a list of area resources will be provided to you.

8. No potential risks and discomforts are expected. However, you may feel some discomfort after talking about the violence you have experienced and after completing the measures. If you experience any discomfort, you may talk with the research assistant who interviewed you or contact Dr. Fiore or Laura A. Taylor, M.A., using the phone number and address provided above in point 4. In addition, you will be given a list of referrals within the community.

Although this research does not entail any physical contact and risk of physical injury is considered minimal, the University of Montana extends to each research participant the following liability information: "In the event that a participant is injured during the course of this research, he or she should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, the participant may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of the Administration under the authority of the M.C.A., Title 2, Chapter 9. In the event of a claim for such personal injury, further documentation may be obtained from University Legal Counsel."

I UNDERSTAND EACH OF THE ABOVE ITEMS AND AGREE TO PARTICIPATE IN THIS PROJECT.

_____   _____
Signature of Participant   Date

I _____ consent to have this interview audiotaped.

_____   _____
Signature of Participant   Date

Consent for Participation-Community Participants

1. The purpose of this project is to investigate the experience of women in violent relationships.

2. You will be asked to respond to a series of questionnaires and an interview regarding your relationship. It typically takes approximately 2 to 3 hours to complete the interview and questionnaires. If you consent, the interviews will be audiotaped to aid in future transcription of the interview by the researcher or trained research assistants. The questionnaires, interview, and audiotape will be reviewed by the researchers and trained research assistants. The questionnaires and interviews will be used to better understand women's experiences in violent relationships.

3. All information gathered for research purposes will be kept confidential. Confidentiality will be maintained throughout this process by assigning a code number to your records. Only the researchers and trained research assistants will have access to the questionnaires, interviews, audiotapes, and consent forms.

4. We expect to have collected and analyzed all data by December 2001. If you wish, you may receive the results of the overall project upon its completion by calling the Psychology Department at the University of Montana in Missoula at 243-4521 or by writing Laura A. Taylor, M.A.. at the following address:
   > Department of Psychology
   > University of Montana
   > Missoula, MT 59812

5. This project aims to better understand the decision-making process around staying in or leaving violent relationships. You may not directly benefit from participation, but your involvement may help in the development of assistance programs for women in such relationships.

6. Your involvement in this project is entirely voluntary. You may withdraw at any time without loss of the $10 monetary reimbursement.

7. If you have any questions about this project, you can speak with Christine Fiore, Ph.D. or Laura A. Taylor, M.A. at 243-4521. You may also contact us by mail at the address listed above in point 4. Upon completion of the interview and questionnaires, a list of area resources will be provided to you.

8. No potential risks and discomforts are expected. However, you may feel some discomfort after talking about the violence you have experienced and after completing the measures. If you experience any discomfort, you may talk with the research assistant who interviewed you or contact Dr. Fiore or Laura A. Taylor, M.A., using the phone number and address provided above in point 4. In addition, you will be given a list of referrals within the community.

Although this research does not entail any physical contact and risk of physical injury is considered minimal, the University of Montana extends to each research participant the following liability information: "In the event that a participant is injured during the course of this research, he or she should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, the participant may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of the Administration under the authority of the M.C.A., Title 2, Chapter 9. In the event of a claim for such personal injury, further documentation may be obtained from University Legal Counsel."

I UNDERSTAND EACH OF THE ABOVE ITEMS AND AGREE TO PARTICIPATE IN THIS PROJECT.

_____   _____

Signature of Participant   Date

I _____ consent to have this interview audiotaped.

_____   _____

Signature of Participant   Date

Appendix B

Interview

Interviewer _____   Location _____   ID#

We are studying women's experience of violent relationships and your responses, needs, and beliefs. We understand that talking about the relationship you are/were in may be difficult for you. Feel free to take your time and to present information as best as you are able. Also know that you can take a break, ask questions, or let us know any particular needs you may experience while being interviewed.

1. Please tell me about the violent relationship you are/were in:

 a. When did the violence begin? (Time)

 b. Have you ever left?   Y   N   (If so, go to 2; if not, go to 3).
    b1. Temporarily or permanently? (Circle).
       _____# of times (if temp) _____# of times (if perm)

2. a. If you ever left your partner who has been violent, where did you go?
   Friend   Relative   Shelter Motel/hotel   Other N/A

 b. If you left more than one time, what would you describe as the reason(s) for returning?
   Love   Fear   Financial   Children   Family
   Religion   Personal beliefs   Other   N/A

 c. If you left permanently, what would you describe as the reason(s) you left for good?
   Love   Fear   Financial   Children   Family
   Religion   Personal beliefs   Other   N/A

d. If you left temporarily, what would you describe as the reason(s) you left?

| Love | Fear | Financial | Children | Family |
| Religion | Personal beliefs | Other | N/A | |

e. Was there a turning point for you in your decision...a specific situation or realization
that might have occurred?   Y   N

What?

3. a. If you are continuing in a violent relationship, what would you describe as your reason(s)
for staying?

| Love | Fear | Financial | Children | Family |
| Religion | Personal beliefs | Other | N/A | |

b. Have you ever threatened to leave?   Never   Once   Sometimes   Often

4. Is there anything that would change your mind about staying/leaving?   Y   N
What?

5. Was there any violence in your family when you were growing up?   Y   N
Did the violence include sexual abuse?   Y   N
Of whom/by whom?   (Include molestation by strangers)

6. Do you have anyone that you seek/sought support from or talk to about the relationship?
Y   N
Who?

| Family | Friend | | Therapist | Religious leader |
| Shelter staff | | Support group | Other | |

7. Has your family been supportive? Y   N
What have they done?

8. Have your friends been supportive?   Y   N
      What have they done?

9. Have you sought any community support specifically in regard to your relationship?
      Y   N
      What?   (Legal, BWS, Counseling, Religious, Financial, etc.)

      Where?

      Whom?

10. If you sought counseling, was it helpful?   Y   N
      Why or why not?

11. Which of the supports have been the most helpful for you?
      Legal, BWS, Counseling, Religious, Financial, Friends, Family

      Why?

12. Is/was there anything or anyone that interfered with or deterred you from accessing
      community resources?
      Who or what?

13. Are there any sources of support that you would not turn to again?   Y   N
      Why?

14. Have you ever felt the need to keep the violence secret from others?   Y   N
      Who?

      Why?

15. Who did you first disclose your abuse to?
      How long after the start of the violence?
      If not immediate, what kept you from telling anyone?

16. a. Did you ever experience a sense of shame due to the violent relationship?   Y
       N
       (If yes, continue. If no, go on to #16f.)

    b. To what would you attribute these feelings of shame?

    c. What role, if any, has shame played in your experience?

       1. In leaving the relationship?

       2. In seeking help from others?

       3. In talking to others?

    d. What could have helped to decrease your feelings of shame?

    e. Are you currently experiencing feelings of shame?   Y   N
       (If no, go on to #16g).
       What level on a scale from 1 to 10 (1=no shame and 10=complete shame)?
       What level of shame did you experience during the relationship on a scale
            from 1 to 10?
       Why do you think you are experiencing shame right now?

    f. What is your definition of shame?

17. a. Did you ever experience guilt due to the violent relationship?   Y   N
       (If yes, continue. If no, go on to #17f.)

    b. To what would you attribute these feelings of guilt?

c. What role, if any, has guilt played in your experience?

    1. In leaving the relationship?

    2. In seeking help from others?

    3. In talking to others?

d. What could have helped to decrease your feelings of guilt?

e. Are you currently experiencing feelings of guilt? Y   N
    (If no, go on to #17g).

    What level on a scale from 1 to 10 (1=no guilt and 10=complete guilt)?
    What level of guilt did you experience during the relationship on a scale
        from 1 to 10?
    Why do you think you are experiencing guilt right now?

f. What is your definition of guilt?

g. In your opinion, do shame and guilt differ?   Y   N
    If yes, how do they differ?

18. We have completed the interview.
    Do you have anything that you would like to add that I did not ask about?

19. If we were to do a follow up study on the effects of DV on children, would you be willing to participate?   Y   N

   In your opinion, what would be the best way to recruit women and their children for that study?

20. Do you have any questions? Concerns? Y   N
   If yes, what questions/concerns do you have?

   How are you feeling right now?

(Give out referral list)

Appendix C

Demographic Questionnaire

ID# _____

We would like some general background information about you and your partner who is/has been violent. If the violence occurred in a past relationship, please provide information about that partner and your relationship.

1. Are you <u>currently</u> married, living as a couple, or dating someone who has shoved, slapped, hit, or kicked you, or physically hurt or threatened you in some other way?   (Check one)
    _____No, not currently   _____Yes, living as a couple
    _____Yes, married   _____Yes, dating

2. a. If yes, how long have you been in this relationship?
    _____Years   Less than a year?_____Months   _____Not applicable

    b. If yes, have you ever left your partner who has been violent?
    ____Yes   ____No
    How many times have you left your partner who has been violent? _____

3. a. <u>In the past</u>, have you ever been married, living as a couple, or dating someone who has shoved, slapped, hit, or kicked you, or physically hurt or threatened you in some other way? **Please refer to the most recent past violent relationship you have been in.**   (Check one)
    _____No, not in the past   _____Yes, was living as a couple
    _____Yes, was married but now separated   _____Yes, dating
    _____Yes, was married but now divorced

    b. If yes, how long were you in this relationship?
    _____Years   Less than a year?_____Months   _____Not applicable

    c. If yes, did you ever leave your partner who has been violent?
    ____Yes ____No
    How many times did you leave your violent partner? _____

    d. Have you been in other violent relationships in the past?
    _____Yes_____No
    If "yes", how many? _____

If the violent relationship you have discussed occurred in the past, and you answered "yes" to Question 3a, please continue. If you are currently in the violent relationship and answered "no" to Question 3a, please skip Questions 4 and 5 and continue with Question 6.

If you have been involved in more than one violent relationship in the past, please refer to the most recent one when answering these questions.

4.   How long were you in that violent relationship?
          _____Years   Less than a year?_____Months

5.   How long ago did that relationship end? (Check one)
          _____Less than 1 month ago   _____1 to 2 years ago
          _____1 month to 6 months ago   _____2 to 3 years ago
          _____6 months to 1 year ago   _____Over 3 years ago

          If over 3 years ago, how many years ago did the relationship end?   _____Years

6.   How long ago did the last violent incident occur? (Please fill in one blank with a number)
          _____Days ago   _____Months ago   _____Years ago

7.   Where were you/are you living at the time of the violence? (Check one)
          _____In a town/city   _____Out in the country   _____Both

8.   a. Do you still have contact with your partner who has been violent?
          _____Yes_____No

If you answered "no" to this question, please skip 8b-f and go on to #9.

      b. If yes, how often do you still have contact? (Check one)
          _____Daily   _____Once every couple of months
          _____4 to 5 days per week   _____Once every 6 months
          _____2 to 3 days per week   _____Once a year
          _____Once a week   _____Once every 2 years
          _____Once a month   _____Less often: Please specify

      c. If yes, how would your rate your level of stress surrounding these meetings?

1	2	3	4	5
Not stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

d. If yes, how would your rate your level of fear surrounding these meetings?

1	2	3	4	5
Not fearful	Somewhat fearful	Moderately fearful	Very fearful	Extremely fearful

e. Is violence still involved? _____Yes   _____No

f. For what reasons do you still have contact with your partner who has been violent? _____

_____

_____

9.   Your age now?

10.   a. Your gender? (Circle one)   M   F
       b. The gender of your partner who has been violent? (Circle one)   M   F

11.   Your education completed? (Check 1)   Your partner's education? (Check 1)
       Eighth grade or less   _____Eighth grade or less
       _____Some high school/GED   _____Some high school/GED
       _____High school graduate   _____High school graduate
       _____Some college/vocational school   _____Some college/vocational school
       _____College graduate   _____College graduate
       _____Some graduate school   _____Some graduate school
       _____Graduate degree   _____Graduate degree

12.   Are you currently employed?   Is/was your partner employed?
       (Check one)   (Check one)
       _____Yes, full-time   _____Yes, full-time
       _____Yes, part-time   _____Yes, part-time
       _____Homemaker   _____Homemaker
       _____No, unemployed   _____No, unemployed
       _____Student only   _____Student only
       _____Student and employed   _____Student and employed

13.   If the violence occurred in the past, were you employed at that time? (Check one)
       _____Yes, full-time _____Yes, part-time   _____Homemaker
       _____ Unemployed _____Student only   _____Student/ employed

14.   What is/was your occupation (at the time of the violence)? _____

15.   What is/was the occupation of your partner who has been violent (at the time of the violence)? _____

16. How many children do you have? _____
     If any, what are their ages/genders? ___/___ ___/___ ___/___ ___/___ ___/___ ___/___

If you do not have any children, please skip to #19.

17. If you do have children, how many are still living with you at home?
     If any, what are their ages/genders? ___/___ ___/___ ___/___ ___/___ ___/___ ___/___

18.   a. If you have children, were they exposed to the violent relationship you
         are/were in?
         _____Yes   _____No

     b. If yes, what do you think are/were the effects of the exposure to the violence
         on your children? _____

         _____

         _____

         _____

     c. If yes, have your children received any services due to the exposure to the
         violence?
         _____None   _____Support groups
         _____Shelter activities   _____Therapy/counseling
         _____Foster care/group home placement _____School counseling
         _____Other: Please specify

     d. If yes, have you talked to your children about the domestic violence?
         _____Yes   _____No   What did you tell them about the violence?

         _____

         _____

         _____

         _____

     e. Do your children still have contact with your partner who has been violent?
         _____Yes   _____No

     If yes, how often do they have contact? (Check one)
     _____Daily   _____Once every couple of months
     _____4 to 5 days per week   _____Once every 6 months
     _____2 to 3 days per week   _____Once a year
     _____Once a week   _____Once every 2 years
     _____Once a month   _____Less often: Please specify

19. What is/was <u>your own</u> annual income before taxes <u>during</u> the violent relationship
     you were/are in?(Check one)
     _____None
     _____$5,000 or less   If you do not know your annual

_____$5,001 to $10,000

_____$10,001 to $15,000

_____$15,001 to $20,000

_____$20,001 to $25,000

_____$25,001 to $30,000

_____$30,001 to $35,000

_____$35,001 to $40,000

_____$40,001 to $45,000

_____$45,001 to $50,000

_____More than $50,000

income, how much do/did you make per hour? _____

How many hours per week do/did you work? _____

20.   What is/was your annual <u>family</u> annual income before taxes <u>during</u> the violent relationship you are/were in? (Check one)

_____None   _____$5,000 or less

_____$5,001 to $10,000   _____$10,001 to $15,000

_____$15,001 to $20,000   _____$20,001 to $25,000

_____$25,001 to $30,000   _____$30,001 to $35,000

_____$35,001 to $40,000   _____$40,001 to $45,000

_____$45,001 to $50,000   _____More than $50,000

21.   Who is/was the primary breadwinner during the violent relationship? (Check one)

_____You   _____Your violent partner   _____Other

22.   Your race? (Check one)

_____White   _____African-American

_____Hispanic   _____Asian

_____American Indian   _____Other

23.   The race of your partner who has been violent? (Check one)

_____White   _____African-American

_____Hispanic   _____Asian

_____American Indian   _____Other

24.   a. To what degree did you access each of these resources? Circle the number that best applies.

1=Not at all
2=Very little
3=Somewhat
4=Often
5=Very much

Friends?	1	2	3	4	5
Family?	1	2	3	4	5
Legal services?	1	2	3	4	5
Police?	1	2	3	4	5
Counseling/therapy?	1	2	3	4	5
Shelter (BWS)?	1	2	3	4	5
Support groups?	1	2	3	4	5
Church?	1	2	3	4	5
Financial?	1	2	3	4	5
Medical?	1	2	3	4	5
Vocational/job-related help?	1	2	3	4	5
Crisis helpline?	1	2	3	4	5
Neighbor?	1	2	3	4	5

b. How helpful were each of these resources? Circle N/A if you did not seek services from this resource. Circle the number that best applies.

1=Not helpful
2=Somewhat helpful
3=Helpful
4=Very helpful
5=Extremely helpful

Friends?	1	2	3	4	5	N/A
Family?	1	2	3	4	5	N/A
Legal services?	1	2	3	4	5	N/A
Police?	1	2	3	4	5	N/A
Counseling/therapy?	1	2	3	4	5	N/A
Shelter (BWS)?	1	2	3	4	5	N/A
Support groups?	1	2	3	4	5	N/A
Church?	1	2	3	4	5	N/A
Financial?	1	2	3	4	5	N/A
Medical?	1	2	3	4	5	N/A
Vocational/job-						

related help?	1	2	3	4	5	N/A
Crisis helpline?	1	2	3	4	5	N/A
Neighbor?	1	2	3	4	5	N/A

c. If you did not access some or all of these supports, please indicate reasons why you did not.

_____

_____

_____

Thank you.

Appendix D

ID#_____

Dear Participant,

Please read each of the following five statements carefully, <u>focusing on the violent relationship you are/were in</u>. Circle <u>one</u> number from "1" to "5" that best describes your situation at this time.

1   I am committed to my relationship and do not intend to leave my partner.

2   I have considered leaving my relationship, but I haven't made a decision yet.

3   I have decided to leave my relationship, and I am preparing to leave for good.

4   I have left my relationship, but I have not been out of it for 6 months.

5   I have left my relationship, and I have been out of it for more than 6 months.

Thank you.

Appendix E

ID# _____

Stages

Please read each item below carefully. Answer each item as it best describes how you FEEL about the violent relationship you are/were in RIGHT NOW. Please indicate the extent to which you agree or disagree with each statement. In each case remember to think about how you feel RIGHT NOW, not how you have felt in the past or how you would like to feel. There are five possible responses. Please CIRCLE the answer that represents how much you agree or disagree with the statement for describing you right now.

1   = strongly disagree/does not apply
2   = disagree
3   = undecided
4   = agree
5   = strongly agree

1. As far as I'm concerned,
     leaving my relationship is not an option.   1   2   3   4   5

2. I think about leaving, but haven't made any moves yet. 1   2   3   4   5

3. I am doing something to prepare to leave my
     relationship.   1   2   3   4   5

4. I think it might be good for me to leave.   1   2   3   4   5

5. I am not the one who should leave. It doesn't
     make sense for me.   1   2   3   4   5

6. Since I've left, I have concerns about returning. 1   2   3   4   5

7. I am relieved to have left my relationship.   1   2   3   4   5

8. I have been thinking about what I need to do to be able
     to leave my relationship.   1   2   3   4   5

9. I have been successful at leaving my relations-hip and
     don't believe I will return.   1   2   3   4   5

NEXT PAGE

1 = strongly disagree/does not apply
2 = disagree
3 = undecided
4 = agree
5 = strongly agree

10. At times I struggle with the thought of returning
     but I have stayed out this time.   1   2   3   4   5

11. Leaving my relationship is not realistic at this time. 1   2   3   4   5

12. I guess I could leave, but I don't believe I can
     follow through with it.   1   2   3   4   5

13. I am really working hard to stay out of this
     relationship.   1   2   3   4   5

14. I need to leave and I really am thinking seriously
     about how to do it.   1   2   3   4   5

15. I have left my relationship and don't feel I will
     return.   1   2   3   4   5

16. I have not been able to stay away from my partner
     as I had hoped, but I am working hard to end
     the relationship.   1   2   3   4   5

17. Even though it has been hard for me to leave, I am
     continuing to stay out of my relationship. 1   2   3   4   5

18. I thought once I left I would be done with my
     relationship, but I sometimes still find myself
     struggling with my decision.   1   2   3   4   5

19. I wish I had more ideas about how I could leave. 1   2   3   4   5

20. I have started to consider leaving, but I would
     like help.   1   2   3   4   5

21. Maybe others will be able to help me with leaving. 1   2   3   4   5

NEXT PAGE

1 = strongly disagree/does not apply
2 = disagree
3 = undecided
4 = agree
5 = strongly agree

22. I may need support right now so that I can stay out
of my relationship.   1   2   3   4   5

23. I may be a part of the problem in my relationship,
but I don't think that I am.   1   2   3   4   5

24. I hope that someone will be able to provide me with
good advice about how to leave.   1   2   3   4   5

25. Anyone can talk about leaving. I have actually
done it.   1   2   3   4   5

26. All the talk about leaving is unnecessary. I am not
considering it.   1   2   3   4   5

27. I am working to stay out of violent relationships.   1   2   3   4   5

28. It is frustrating, but I feel I might be in another
violent relationship.   1   2   3   4   5

29. I worry about my relationship, but others worry
about theirs too. I prefer not to think about it.   1   2   3   4   5

30. I am actively staying out of my relationship.   1   2   3   4   5

31. After having done everything to leave my relationship,
every now and then it comes back to haunt me.   1   2   3   4   5

32. I'd rather learn how to cope with my partner than to
leave my relationship.   1   2   3   4   5

THANK YOU.

Appendix F

ID# _____

DECISION-MAKING

Each sentence below is a description of how you may think or feel about the decision to leave or stay in the violent relationship you are/were in. Look at each question carefully and select the number that best describes your thoughts or ideas about your situation and how you feel right now. This includes thoughts and feelings you may have if you have already left your relationship. If you have left, think about these items as if you are currently making a decision about leaving a violent relationship. There are five answers to choose from:

1 = Not at All
2 = Just a Little
3 = Somewhat
4 = A Lot
5 = Very Much

1. I would feel better about myself if I left.   1   2   3   4   5

2. People who are important to me would want to see me
    leave.   1   2   3   4   5

3. It would be hard for my children/family if I left.   1   2   3   4   5

4. My friends think I should stay and work things out.   1   2   3   4   5

5. My life would be better if I left.   1   2   3   4   5

6. It would be difficult for me to leave.   1   2   3   4   5

7. Leaving the relationship would be better for my
    children.   1   2   3   4   5

8. Members of my family would want me to stay.   1   2   3   4   5

9. Leaving would be hard for me emotionally.   1   2   3   4   5

10. I feel as though I would be a failure if my
     relationship ended.   1   2   3   4   5

NEXT PAGE

1 = Not at All
2 = Just a Little
3 = Somewhat
4 = A Lot
5 = Very Much

11. Leaving would help me to feel I was a stronger
person.   1   2   3   4   5

12. I enjoy many aspects of my relationship.   1   2   3   4   5

13. Leaving would be hard for me financially.   1   2   3   4   5

14. If I left, I would have to worry about my safety.   1   2   3   4   5

15. Leaving would be the best way to deal with my
relationship.   1   2   3   4   5

16. If I left I would be ending relationships with other
valued friends or family.   1   2   3   4   5

17. Most people think it would be good for me to leave.   1   2   3   4   5

18. Leaving the relationship would be worse for my
children.   1   2   3   4   5

19. If I left it would be better for me emotionally.   1   2   3   4   5

20. Leaving would reduce the stress in my life.   1   2   3   4   5

21. Leaving would protect me from further harm.   1   2   3   4   5

22. If I left, it would mean I was giving up on my
relationship.   1   2   3   4   5

23. I think I could get myself on my feet pretty quickly
after leaving.   1   2   3   4   5

24. Even though it might take me a while to get over it,
I think it would be best for me to leave.   1   2   3   4   5

25. I am afraid that I won't fare any better if I left.   1   2   3   4   5

1 = Not at All
2 = Just a Little
3 = Somewhat
4 = A Lot
5 = Very Much

26. If I left, I would lose many things I worked hard for.   1   2   3   4   5

27. If I left, I would be able to pursue things I have always
      wanted.   1   2   3   4   5

28. In leaving I would have more personal freedom.   1   2   3   4   5

THANK YOU

Appendix G

ID# _____

CONFIDENCE/TEMPTATION SCALE

Listed below are some thoughts, feelings, and situations experienced by women as they consider staying with or leaving their partners who have been violent. We would like to know how confident you are <u>at this time</u> that you can leave the violent relationship you are/were in permanently, and how tempted you are to stay or return if you have left, when you think about these situations.

Please consider each of the following statements and pick the number from "1" (Not at All) to "5" (Extremely) <u>on each side</u> that best represents "how <u>tempted you are to stay"</u> and "<u>how confident you feel</u> about leaving or staying away" at this time. <u>Circle one number in both columns, the column on the right and the one an the left, focusing on how you feel RIGHT NOW</u>.

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

How TEMPTED are you to stay with or return to your partner in this situation?

How CONFIDENT are you that you can leave your partner permanently in this situation?

Tempted to Stay or Return

Confident about Leaving or Staying Away

<u>Not at all > Extremely</u>

<u>Not at all > Extremely</u>

1	2	3	4	5	When I think about making new friends.	1	2	3	4	5
1	2	3	4	5	When my partner asks me to stay and promises to change.	1	2	3	4	5
1	2	3	4	5	When I think of starting over in a new relationship.	1	2	3	4	5
1	2	3	4	5	When my partner threatens me and demands that I stay.	1	2	3	4	5
1	2	3	4	5	When I feel happy.	1	2	3	4	5
1	2	3	4	5	When there is a woman's support group or religious organization available for assistance.	1	2	3	4	5

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

How TEMPTED are you to stay with or return to your partner in this situation?

How CONFIDENT are you that you can leave your partner permanently in this situation?

Tempted to Stay or Return

Confident about Leaving or Staying Away

Not at all > Extremely

Not at all > Extremely

1 2 3 4 5	When I feel that I am in control of my life.	1 2 3 4 5
1 2 3 4 5	When I feel sad or depressed.	1 2 3 4 5
1 2 3 4 5	When I think that I may need to call the police or a lawyer to assist legally.	1 2 3 4 5
1 2 3 4 5	When I feel powerless.	1 2 3 4 5
1 2 3 4 5	When I feel alone or isolated.	1 2 3 4 5
1 2 3 4 5	When I feel that God is with me.	1 2 3 4 5
1 2 3 4 5	When I am angry about having to make changes in my life.	1 2 3 4 5
1 2 3 4 5	When my friends and relatives tell me to stay with my partner.	1 2 3 4 5
1 2 3 4 5	When I think about sleeping alone.	1 2 3 4 5
1 2 3 4 5	When I am not angry with my partner.	1 2 3 4 5
1 2 3 4 5	When I feel anxious and stressed.	1 2 3 4 5
1 2 3 4 5	When I think about my job skills.	1 2 3 4 5
1 2 3 4 5	When I think about being lonely.	1 2 3 4 5

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

How TEMPTED are you to stay with or return to your partner in this situation?

How CONFIDENT are you that you can leave your partner permanently in this situation?

Tempted to Stay or Return

Confident about Leaving or Staying Away

Not at all > Extremely

Not at all > Extremely

1 2 3 4 5	When I know I can contact a battered women's shelter for support and safety if I need to.	1 2 3 4 5
1 2 3 4 5	When I wonder if I'll be able to follow through with my plans for the future.	1 2 3 4 5
1 2 3 4 5	When I think about having to handle problems without my partner around the house.	1 2 3 4 5
1 2 3 4 5	When I feel that my relatives support my decisions.	1 2 3 4 5
1 2 3 4 5	When I think about the love my partner and I have had between us.	1 2 3 4 5
1 2 3 4 5	When I think about making decisions for myself.	1 2 3 4 5
1 2 3 4 5	When I think about making it on my own.	1 2 3 4 5
1 2 3 4 5	When I think about the commitment I made to my relationship.	1 2 3 4 5
1 2 3 4 5	When I think about my children not having a father.	1 2 3 4 5
1 2 3 4 5	When I feel I have no one to share my feelings with.	1 2 3 4 5

Not at all	Not very	Moderately	Very	Extremely
1	2	3	4	5

How TEMPTED are you to
stay with or return to your
partner in this situation?

How CONFIDENT are you
that you can leave your
partner permanently in
this situation?

Tempted to Stay or Return

Confident about Leaving
or Staying Away

Not at all > Extremely

Not at all > Extremely

1 2 3 4 5	When I realize that other women have experienced the same problems I have.	1 2 3 4 5
1 2 3 4 5	When I feel frustrated because things are not going right.	1 2 3 4 5
1 2 3 4 5	When I think about the work required to set up a new household in a house or apartment.	1 2 3 4 5
1 2 3 4 5	When I have friends who support my decisions.	1 2 3 4 5
1 2 3 4 5	When I think about financially supporting myself (and my children) alone.	1 2 3 4 5
1 2 3 4 5	When I wonder if I will be happy.	1 2 3 4 5
1 2 3 4 5	When I feel good about myself.	1 2 3 4 5

For the next two questions, please circle the <u>one number for each question</u> that best describes you:

How confident are you right now that you can leave or stay away from your abusive relationship and not return?

      Not at all>>Extremely

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

How tempted are you right now to stay with your partner or return to your abusive relationship if you have left?

      Not at all>>Extremely

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

Thank you.

Appendix H

ISS

NAME:_____ DATE: _____

DIRECTIONS: Below is a list of statements describing feelings or experiences that you may have from time to time or that are familiar to you because you have had these feelings and experiences for a long time. Most of these statements describe feelings and experiences that are generally painful or negative in some way. Some people will seldom or never have had many of these feelings. Everyone has had some of these feelings at some time, but if you find that these statements describe the way you feel a good deal of the time, it can be painful just reading them. Try to be as honest as you can in responding.

Read each statement carefully and circle the number to the left of the item that indicates the frequency with which you find yourself feeling or experiencing what is described in the statement. Use the scale below. DO NOT OMIT ANY ITEM.

SCALE

0	1	2	3	4
NEVER	SELDOM	SOMETIMES	OFTEN	ALMOST ALWAYS

SCALE

0 1 2 3 4   1. I feel like I am never quite good enough.

0 1 2 3 4   2. I feel somehow left out.

0 1 2 3 4   3. I think that people look down on me.

0 1 2 3 4   4. All in all, I am inclined to feel that I am a success.

0 1 2 3 4   5. I scold myself and put myself down.

0 1 2 3 4   6. I feel insecure about others opinions of me.

0 1 2 3 4   7. Compared to other people, I feel like I somehow never measure up.

0 1 2 3 4   8. I see myself as being very small and insignificant.

0 1 2 3 4   9. I feel I have much to be proud of.

0 1 2 3 4   10. I feel intensely inadequate and full of self doubt.

0 1 2 3 4   11. I feel as if I am somehow defective as a person, like there is something basically wrong with me.

SCALE

0	1	2	3	4
NEVER	SELDOM	SOMETIMES	OFTEN	ALMOST ALWAYS

SCALE

0 1 2 3 4   12. When I compare myself to others I am just not as important.

0 1 2 3 4   13. I have an overpowering dread that my faults will be revealed in front of others.

0 1 2 3 4   14. I feel I have a number of good qualities.

0 1 2 3 4   15. I see myself striving for perfection only to continually fall short.

0 1 2 3 4   16. I think others are able to see my defects.

0 1 2 3 4   17. I could beat myself over the head with a club when I make a mistake.

0 1 2 3 4   18. On the whole, I am satisfied with myself.

0 1 2 3 4   19. I would like to shrink away when I make a mistake.

0 1 2 3 4   20. I replay painful events over and over in my mind until I am overwhelmed.

0 1 2 3 4   21. I feel I am a person of worth at least on an equal plane with others.

0 1 2 3 4   22. At times I feel like I will break into a thousand pieces.

0 1 2 3 4   23. I feel as if I have lost control over my body functions and my feelings.

0 1 2 3 4   24. Sometimes I feel no bigger than a pea.

0 1 2 3 4   25. At times I feel so exposed that I wish the earth would open up and swallow me.

0 1 2 3 4   26. I have this painful gap within me that I have not been able to fill.

0 1 2 3 4   27. I feel empty and unfulfilled.

0 1 2 3 4   28. I take a positive attitude toward myself.

0 1 2 3 4   29. My loneliness is more like emptiness.

0 1 2 3 4   30. I feel like there is something missing.

Appendix I

Shame and Guilt Measure

ID#_____

**Please answer the following questions as to how you feel RIGHT NOW. For
questions 1 through 10, please use the following scale:**

    0=Never
    1=Seldom
    2=Sometimes
    3=Often
    4=Almost always
    N/A=Not applicable

0 1 2 3 4 N/A   1. I feel guilty that my child(ren) witnessed the violence in my

0 1 2 3 4 N/A   2. I feel that I need to make amends for my role in the violent

0 1 2 3 4 N/A   3. I feel guilty that I have remained/did remain in the violent
        relationship I am/was in as long as I have/did.

0 1 2 3 4 N/A   4. Sometimes I wish I could hide when I am asked about the abuse
        I sustained in the violent relationship I am/was in.

0 1 2 3 4 N/A   5. I feel guilty that my child(ren) may have learned violence from
        my partner who was abusive to me.

0 1 2 3 4 N/A   6. I feel guilty that I could not make this marriage/relationship
        work.

0 1 2 3 4 N/A   7. I would feel guilty leaving my partner.

0 1 2 3 4 N/A   8. I feel guilty that my child(ren) will not/do not have a father.

0 1 2 3 4 N/A   9. I feel insecure that other people may have a bad impression of
        me because I am/was involved in a violent relationship.

0 1 2 3 4 N/A   10. I feel humiliated about the violence I sustained in my
        relationship.

0 1 2 3 4 N/A   11. I feel less of a person because I could not make this
        marriage/relationship work.

0 1 2 3 4 N/A   12. I am ashamed to tell people about the violence I am/was
                           exposed to in my relationship.

0 1 2 3 4 N/A   13. I would be/am ashamed for others to know of the violence in
                           my relationship.

Please respond to the remaining questions using the directions provided in each one.

11.   To what degree did feelings of shame impact your ability to access support from
       the following resources during the course of the violent relationship you were/are
       in? Circle the number that best applies.

                              1=Not at all
                              2=Very little
                              3=Somewhat
                              4=A lot
                              5=Very much

Friends?	1	2	3	4	5
Family?	1	2	3	4	5
Legal services?	1	2	3	4	5
Police?	1	2	3	4	5
Counseling/therapy?	1	2	3	4	5
Battered Women's Shelter?	1	2	3	4	5
Support groups?	1	2	3	4	5
Church?	1	2	3	4	5
Financial assistance?	1	2	3	4	5
Medical assistance?	1	2	3	4	5
Vocational/job-related help?	1	2	3	4	5
Crisis help line?	1	2	3	4	5
Neighbor(s)?	1	2	3	4	5

12.   To what degree did feelings of guilt impact your ability to access support from the following resources during the course of the violent relationship you were/are in? Circle the number that best applies.

1=Not at all
2=Very little
3=Somewhat
4=A lot
5=Very much

Friends?	1	2	3	4	5
Family?	1	2	3	4	5
Legal services?	1	2	3	4	5
Police?	1	2	3	4	5
Counseling/therapy?	1	2	3	4	5
Battered Women's Shelter?	1	2	3	4	5
Support groups?	1	2	3	4	5
Church?	1	2	3	4	5
Financial assistance?	1	2	3	4	5
Medical assistance?	1	2	3	4	5
Vocational/job-related help?	1	2	3	4	5
Crisis help line?	1	2	3	4	5
Neighbor(s)?	1	2	3	4	5

Appendix J

Relationship Qualities Scale

ID# _____

Please indicate, by circling the appropriate number, how frequently your partner did each of the following to you. If you are currently in the violent relationship, please indicate how frequently s/he did each during this past year. If you have left the violent relationship, please indicate how frequently s/he did each during the last year of your relationship. Your choices are:

0	1	2	3		4	5
does not apply	never	rarely	occasionally		frequently	very frequently

1. My partner put down my physical appearance.   0   1   2   3   4   5

2. My partner insulted me or shamed me in front of
        others.   0   1   2   3   4   5

3. My partner treated me like I was stupid.   0   1   2   3   4   5

4. My partner was insensitive to my feelings.   0   1   2   3   4   5

5. My partner told me I couldn't manage or take care
        of myself without him/her.   0   1   2   3   4   5

6. My partner put down my care of the children.   0   1   2   3   4   5

7. My partner criticized the way I took care of the
        house.   0   1   2   3   4   5

8. My partner said something to spite me.   0   1   2   3   4   5

9. My partner brought up something from the
        past to hurt me.   0   1   2   3   4   5

10. My partner called me names.   0   1   2   3   4   5

11. My partner swore at me.   0   1   2   3   4   5

12. My partner yelled and screamed at me.   0   1   2   3   4   5

13. My partner treated me like an inferior.   0   1   2   3   4   5

14. My partner sulked or refused to talk about
        problem.   0   1   2   3   4   5

0 does not apply	1 never	2 rarely	3 occasionally		4 frequently	5 very frequently	

15. My partner stomped out of the house or the
    yard during a disagreement.   0   1   2   3   4   5

16. My partner gave me the silent treatment, or
    acted as if I wasn't there.   0   1   2   3   4   5

17. My partner withheld affection from me.   0   1   2   3   4   5

18. My partner did not talk to me about his/
    her feelings.   0   1   2   3   4   5

19. My partner was insensitive to my sexual
    needs and desires.   0   1   2   3   4   5

20. My partner demanded obedience to his/her
    whims.   0   1   2   3   4   5

21. My partner became upset if household work was
    not done when s/he thought it should be.   0   1   2   3   4   5

22. My partner acted like I was his/her personal
    servant.   0   1   2   3   4   5

23. My partner did not do a fair share of
    household tasks.   0   1   2   3   4   5

24. My partner did not do a fair share of child care. 0   1   2   3   4   5

25. My partner ordered me around.   0   1   2   3   4   5

26. My partner monitored my time and made me
    account for where I was.   0   1   2   3   4   5

27. My partner was stingy about giving me money. 0   1   2   3   4   5

28. My partner acted irresponsibly with our
    financial resources.   0   1   2   3   4   5

29. My partner did not contribute enough to
    supporting our family.   0   1   2   3   4   5

0	1	2	3		4	5
does not apply	never	rarely	occasionally		frequently	very frequently

30. My partner used our money or made important
    financial decisions without talking to me
    about it.   0   1   2   3   4   5

31. My partner kept me from getting medical
    care that I needed.   0   1   2   3   4   5

32. My partner was jealous or suspicious of
    my friends.   0   1   2   3   4   5

33. My partner was jealous of friends who were
    of his/her sex.   0   1   2   3   4   5

34. My partner did not want me to go to school
    or other self-improvement activities.   0   1   2   3   4   5

35. My partner did not want me to socialize with
    my same sex friends.   0   1   2   3   4   5

36. My partner accused me of having an affair
    with another man/woman.   0   1   2   3   4   5

37. My partner demanded that I stay home and
    take care of the children.   0   1   2   3   4   5

38. My partner tried to keep me from seeing or
    talking to my family.   0   1   2   3   4   5

39. My partner interfered in my relationships
    with other family members.   0   1   2   3   4   5

40. My partner tried to keep me from doing
    things to help myself.   0   1   2   3   4   5

41. My partner restricted my use of the car.   0   1   2   3   4   5

42. My partner restricted my use of the
    telephone.   0   1   2   3   4   5

Shame and Battered Women   180

0 does not apply	1 never	2 rarely	3 occasionally		4 frequently	5 very frequently	

43. My partner did not allow me to go out of
    the house when I wanted to go.   0   1   2   3   4   5

44. My partner refused to let me work outside
    the home.   0   1   2   3   4   5

45. My partner told me my feelings were
    irrational or crazy.   0   1   2   3   4   5

46. My partner blamed me for his/her problems.   0   1   2   3   4   5

47. My partner tried to turn our family, friends,
    and/or children against me.   0   1   2   3   4   5

48. My partner blamed me for causing his/her
    violent behavior.   0   1   2   3   4   5

49. My partner tried to make me feel like I
    was crazy.   0   1   2   3   4   5

50. My partner's moods changed radically, from
    very calm to very angry, or vice versa.   0   1   2   3   4   5

51. My partner blamed me when s/he was upset
    about something, even when it had nothing
    to do with me.   0   1   2   3   4   5

52. My partner tried to convince my friends,
    family, or children that I was crazy.   0   1   2   3   4   5

53. My partner threatened to hurt himself/
    herself if I left.   0   1   2   3   4   5

54. My partner threatened to hurt himself/herself
    if I didn't do what s/he wanted me to.   0   1   2   3   4   5

55. My partner threatened to have an affair
    with someone else.   0   1   2   3   4   5

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0	1	2	3	4	5
does not apply	never	rarely	occasionally	frequently	very frequently

56. My partner threatened to leave the
    relationship.   0   1   2   3   4   5

57. My partner threatened to take the children
    away from me.   0   1   2   3   4   5

58. My partner threatened to have me committed
    to a mental institution.   0   1   2   3   4   5

59. Other: My partner

    _____   0   1   2   3   4   5

60. Other: My partner

    _____   0   1   2   3   4   5

61. Other: My partner

    _____   0   1   2   3   4   5

Thank you.

Appendix K

Conflict Tactics Scale

ID#_____

No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights because they're in a bad mood or tired or for some other reasons. They also use different ways of trying to settle their differences. Please read the list below of some things that you and your spouse/partner might have done when you had a dispute.

If you are in a violent relationship, Please circle the number of times you or your partner did the following during the past year. If you have left your relationship, please circle how often you or your partner did the following during any one year of your relationship. Circle "Ever?" if it did not happen during that year but happened at any time prior to or after the year you are describing.

1. Discussed the issue calmly.
   YOU: Never   1   2   3-5   6-10   11-20   20+   Ever?
   PARTNER: Never   1   2   3-5   6-10   11-20   20+   Ever?

2. Got information to back up (your/his/her) side of things.
   YOU: Never   1   2   3-5   6-10   11-20   20+   Ever?
   PARTNER: Never   1   2   3-5   6-10   11-20   20+   Ever?

3. Brought in or tried to bring in someone to help settle things.
   YOU: Never   1   2   3-5   6-10   11-20   20+   Ever?
   PARTNER: Never   1   2   3-5   6-10   11-20   20+   Ever?

4. Argued heatedly, but short of yelling.
   YOU: Never   1   2   3-5   6-10   11-20   20+   Ever?
   PARTNER: Never   1   2   3-5   6-10   11-20   20+   Ever?

5. Insulted, yelled, or swore at each other.
   YOU: Never   1   2   3-5   6-10   11-20   20+   Ever?
   PARTNER: Never   1   2   3-5   6-10   11-20   20+   Ever?

6. Sulked and/or refused to talk about it.
   YOU: Never   1   2   3-5   6-10   11-20   20+   Ever?
   PARTNER: Never   1   2   3-5   6-10   11-20   20+   Ever?

7. Stomped out of the room or house (or yard).
   YOU: Never   1   2   3-5   6-10   11-20   20+   Ever?
   PARTNER: Never   1   2   3-5   6-10   11-20   20+   Ever?

8. Cried.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

9. Did or said something to spite the other one.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

10. Threatened to hit or throw something at the other one.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

11. Threw or smashed or hit or kicked something.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

12. Threw something at the other one.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

13. Pushed, grabbed, or shoved the other one.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

14. Slapped the other one.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

15. Kicked, bit, or hit with a fist.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

16. Hit or tried to hit with something.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

17. Beat up the other one.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

18. Threatened with a knife or gun.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

19. Used a knife or gun.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

20. Forced the other one to perform sexually against his or her will.

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

21. Other:

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

22. Other:

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

23. Other:

YOU:	Never	1	2	3-5	6-10	11-20	20+	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	20+	Ever?

Thank you.

Appendix L

Trauma Symptom Checklist (TSC-33)

ID# _____

How often have you experienced each of the following in the last two months? Please circle the appropriate number.

	Never	Occasionally	Fairly often	Very often
1. Insomnia (trouble getting to sleep)	0	1	2	3
2. Restless sleep	0	1	2	3
3. Nightmares	0	1	2	3
4. Waking up early in the morning and can't get back to sleep.	0	1	2	3
5. Weight loss (without dieting)	0	1	2	3
6. Feeling isolated from others	0	1	2	3
7. Loneliness	0	1	2	3
8. Low sex drive	0	1	2	3
9. Sadness	0	1	2	3
10. "Flashbacks" (sudden, vivid, distracting memories)	0	1	2	3
11. "Spacing out" (going away in your mind)	0	1	2	3
12. Headaches	0	1	2	3
13. Stomach problems	0	1	2	3
14. Uncontrollable crying	0	1	2	3
15. Anxiety attacks	0	1	2	3
16. Trouble controlling temper	0	1	2	3

17. Trouble getting along with others	0	1	2	3
18. Dizziness	0	1	2	3
19. Passing out	0	1	2	3
20. Desire to physically hurt yourself	0	1	2	3
21. Desire to physically hurt others	0	1	2	3
22. Sexual problems	0	1	2	3
23. Sexual overactivity	0	1	2	3
24. Fear of men	0	1	2	3
25. Fear of women	0	1	2	3
26. Unnecessary or over-frequent washing	0	1	2	3
27. Feelings of inferiority	0	1	2	3
28. Feelings of guilt	0	1	2	3
29. Feelings that things are "unreal"	0	1	2	3
30. Memory problems	0	1	2	3
31. Feelings that you are not always in your body	0	1	2	3
32. Feeling tense at all time	0	1	2	3
33. Having trouble with breathing	0	1	2	3

Thank you.

Appendix M

Attributional Style

ID# _____

Please circle the number next <u>one</u> sentence that best describes the violent relationship you are/were in.

External/stable:
1. **If you are still in your violent relationship:** I believe that my partner is abusive to me because of something related to him/her. I believe he/she will never change.
    OR
    If you are no longer in your violent relationship: I believe that my partner was abusive to me because of something related to him/her. I believed he/she would never change.

External/unstable:
2. **If you are still in your violent relationship:** I believe that my partner is abusive to me because of something related to him/her. I believe he/she will change his/her abusive behavior.
    OR
    If you are no longer in your violent relationship: I believe that my partner was abusive to me because of something related to him/her. I believed he/she would change his/her abusive behavior.

Internal/stable:
3. **If you are still in your violent relationship:** I believe the abuse is my fault. I believe the battering situation will never change.
    OR
    If you are no longer in your violent relationship: I believe the abuse was my fault. I believed the battering situation would never change.

Internal/unstable:
4. **If you are still in your violent relationship:** I believe the abuse is my fault. I believe the battering situation will change.
    OR
    If you are no longer in your violent relationship: I believe the abuse was my fault. I believed the battering situation would change.

Thanks.

Appendix N

Attribution Questionnaire

Please read each item carefully. Write your answer in the space provided for #1 and #9. For each question make a mark on the line closest to the answer that most fits you or your circumstances. Please respond according to the violent relationship you are in currently or in which you were involved in the past.

1. What is/was the major cause of the violence, abuse, and control in the violent relationship you are/were in?

    _____

    _____

2. Is/was the cause of the violence due to something about you or something about your

    partner? (Circle one)

    Totally due to partner   Totally due to me
    1------------2----------------3----------------4----------------5--------------6--------------7

3. In the future, will this cause continue to be present? (Circle one)

    Never again be present   Always will be present
    1------------2----------------3----------------4----------------5------------6---------------7

4. Does/did the cause of the violence just influence the occurrence of the violence or does/did it also influence other areas of your life? (Circle one)

    Just the violence   All situations
    1------------2----------------3----------------4----------------5----------------6------------7

5. Is/was changing the violent or abusive behavior something which is/was: (Circle one)

    Totally my partner's job   Totally my job
    1------------2----------------3----------------4----------------5----------------6------------7

6. How likely do you believe that some behavior of yours will be effective in stopping future violence with your partner? (Circle one)

    Not at all likely   Totally likely
    1------------2----------------3----------------4----------------5----------------6------------7

7. How likely do you think it is that the violence with <u>this</u> partner will occur again at any point in the future? (Circle one)

Not at all likely   Totally likely
1-------------2----------------3-----------------4----------------5----------------6------------7

8. How able do you feel to make yourself happy?

Not at all able   Totally able
1-------------2----------------3-----------------4----------------5----------------6------------7

9. What could you do to make yourself happy?

_____

_____

_____

Thank you.

Appendix O

Multidimensional Scale of Perceived Social Support

Please circle the number that best fits for your current situation using the scale below.

1=Very strongly disagree	5=Agree
2=Strongly disagree	6=Strongly agree
3=Disagree	7=Very strongly agree
4= Neutral	

1. There is a special person who is around
    when I am in need.   1   2   3   4   5   6   7

2. There is a special person with whom I
    can share my joys and sorrows.   1   2   3   4   5   6   7

3. My family really tries to help me.   1   2   3   4   5   6   7

4. I get the emotional help and support I
    need from my family.   1   2   3   4   5   6   7

5. I have a special person who is a real
    source of comfort to me.   1   2   3   4   5   6   7

6. My friends really try to help me.   1   2   3   4   5   6   7

7. I can count on my friends when things
    go wrong.   1   2   3   4   5   6   7

8. I can talk about my problems with my
    family.   1   2   3   4   5   6   7

9. I have friends with whom I can share
    my joys and sorrows.   1   2   3   4   5   6   7

10. There is a special person in my life who
    cares about my feelings.   1   2   3   4   5   6   7

11. My family is willing to help me make
    decisions.   1   2   3   4   5   6   7

12. I can talk about my problems with my
    friends.   1   2   3   4   5   6   7

Appendix P

ID#_____

Your participation in our research project is greatly appreciated. We have attached this last sheet in order to provide you with some space for thoughts or feelings about the violence or your relationship that you might like to add, or for any comments you might have about this study.

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Thank you!