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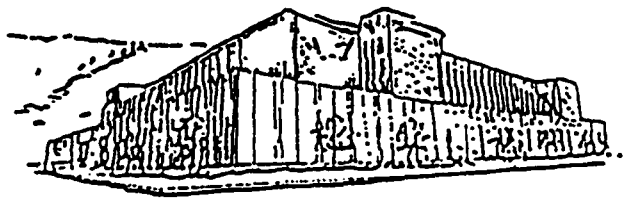
Battered women's dynamic change process: Examining self-efficacy trauma symptoms anger and coping in relationship status groups

Linda Thomas Kennedy
The University of Montana



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BATTERED WOMEN'S DYNAMIC CHANGE PROCESS: EXAMINING SELF-EFFICACY, TRAUMA SYMPTOMS, ANGER, AND COPING IN RELATIONSHIP STATUS GROUPS

by

Linda Thomas Kennedy

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ABSTRACT

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The purpose of this study was to increase our understanding of variables relevant to battered women's stay-leave decision making process and readiness for behavioral change. With a research design drawn from the transtheoretical model stage construct of readiness for change (Prochaska & DiClemente, 1984), participants' data were grouped according to their relationship status at the time of the study and measured for differences in self-reports of trauma symptoms, anger, coping, and self-efficacy for leaving a violent relationship. Self-efficacy (Bandura, 1997a), an important component of behavior change, was further submitted to regression analyses to examine the predictive value of trauma, coping, abuse and demographics variables.

The participants were a community sample of 191 women, 18 to 58 years of age, experiencing severe physical violence in a current or past marital, cohabitating, or dating relationship. Each woman completed an individually scheduled interview and ten measures including the Trauma Symptom Checklist (Briere & Runtz, 1989), a measure of anger at their partners (brief, project measure), the Ways of Coping Questionnaire (Folkman & Lazarus, 1985, 1988), and the Confidence/Temptation Scales measuring self-efficacy for leaving (Kennedy, 1996).

The results of one-way ANOVAs indicated that women out of their relationships less than six months reported greater dissociation, similar high levels of emotion-focused coping and low levels of confidence for leaving, but less temptation to stay with their partners than women currently in violent relationships. In stepwise regressions, variables predicting women's temptation to stay or return were emotion-focused coping, adult sexual abuse, and education. Emotion-focused coping remained as a unique predictor. Confidence for leaving was predicted by emotion-focused coping, depression, adult sexual and psychological abuse, and post-sexual abuse trauma--accounting for 37% of the shared variance, with emotion-focused coping and depression remaining as unique predictors.

These results add to the developing picture of battered women's dynamic change process. A greater understanding of this process may assist professionals to systematically direct interventions for their most effectiveness.

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CHAPTER I

Introduction

Purpose

The purpose of the present study was twofold. First, its purpose was to examine variables relevant to the dynamic behavioral change process of battered women as they transition from a violent intimate relationship to independent living status. Whereas much of our current knowledge of battered women's experience is based on the measurement of variables at a single point in time, this study sought to understand the experience of groups of women representing different points in the stay-leave decision making process.

Many of the measures currently applied in studies of domestic violence focus on its frequency and intensity as well as its causes and effects. Little systematic and quantifiable information is available that addresses the complex cognitive and emotional changes women experience and the behavioral steps they take in overcoming the violence or in leaving violent relationships. Basic and applied research investigating the incremental and measurable processes of women's dynamic experience may assist professionals to tailor interventions to battered women's readiness for change and assess their subsequent progress.

Thus, one objective of the study was to frame women's experience in dynamic rather than static terms. The design was based on a stage-like conceptualization of behavioral change, such as that proposed in the transtheoretical model, and change points were operationalized as relationship status groups. The transtheoretical model (Prochaska & DiClemente, 1984) proposes that behavioral change is a dynamic process and that individuals progress through stages as they modify their behavior. This model--an empirically-based, integrative, framework for understanding the self- and professionally-facilitated modification of behavior--provides a systematic guide for tailoring an eclectic set of therapeutic interventions to an individual's readiness for behavioral change.

In addition to investigating women's behavioral change at different points in the change process, the second purpose was to identify significant predictors of battered women's self-efficacy for leaving a violent relationship. As a psychological resource, self-efficacy is proposed to be the most potent predictor of behavior change (Bandura, 1977, 1982, 1997a). This construct is an integral component of the transtheoretical model and has been found to predict movement across the stages. Knowledge of variables that contribute to or detract from women's self-efficacy could enhance our ability to assist women achieve their goals based on their readiness for behavioral change.

Battered Women and Stay-Leave Decision Making

Despite more than two decades of social action (Roche & Sadoski, 1996), legal reform (Browne, 1993; Roberts, 1996a), increased funding (Biden, 1993), psychological research (e.g., Barnett & LaViolette, 1993; Family Research Laboratory, 1998; Holtzworth-Monroe, Bates, Smutzler, & Sandin, 1997), and other activities directed at addressing the prevalent problem of domestic violence (Straus & Gelles, 1990), a frequently asked question about battered women among both professionals and the lay public continues to be, "Why do they stay?" (Gelles, 1976, p. 659; also, see Jacobson & Gottman, 1998, p. 136). An elementary assumption is that anyone who has been beaten and abused would naturally, and without question, seek to avoid the perpetrator and further risk of injury or even death by leaving the abusive relationship. Although much research has clarified our understanding of why severely battered women stay (e.g., Barnett & LaViolette, 1993) or experience ambivalence or internal and external barriers to leaving (e.g., Dutton, 1992a; Grigsby & Hartman, 1997; Walker, 1979, 1984), mounting evidence is beginning to present a divergent picture of battered women: Many women do leave very violent relationships (Campbell, Miller, Cardwell, & Belknap, 1994; Gortner, Berns, Jacobson, & Gottman, 1997; Jacobson, Gottman, Gortner, Berns, & Shortt, 1996; Schwartz, 1988), but ending

them permanently often involves an "heroic struggle" (Jacobson & Gottman, 1998, p. 287) to overcome major concrete obstacles and entails a process of psychological transformation.

A growing body of empirically and theoretically based literature reflects that decisions faced by severely battered women are often difficult and frequently impacted by complex variables. The most fundamental and the most difficult may be the decision to stay or leave (Barnett & LaViolette, 1993; Dutton, 1992b). Most often, the decision to stay or leave is not made at a single point in time with finality, but unfolds over time and is often characterized by ambivalence as a result of a variety of forces including practical barriers, sociocultural roles, batterers' tactics, availability and access of support systems, cognitive and emotional factors, the psychological consequences of battering, and relationship dynamics and attributes. These forces often interact in an infinite number of combinations and may be differentially relevant to each woman's decision making and ability to develop and maintain safety.

Empirical evidence suggests that women intending to end their relationships leave and return between five and seven times prior to leaving permanently (Ferraro, 1997), even in the face of ongoing violence (Giles-Sims, 1983; Snyder & Scheer, 1981). Labell (1979) found that 74% of 512 women staying at a shelter had previously separated from their

partners at least once, and many had separated more than ten times. Further, reported rates of return to battering relationships have ranged from 60% within six to ten weeks post-separation (Synder & Fruchtman, 1981) to 42% at six months (Giles-Sims, 1983). Some women who are committed to their relationships leave temporarily to seek safety and assistance from outside resources in attempts to end the violence (Giles-Sims, 1983; Labell, 1979; Strube, 1988; Walker, 1979). Yet, many women decide to remain with their partners and never seek assistance or outside intervention for the physical assaults (Gelles, 1976; Rounsaville, 1978).

Although empirically validated evidence delineating battered women's stay-leave decision making process is largely unavailable (Strube, 1988), a sizable body of literature has examined factors likely to be highly relevant to that process. Grigsby and Hartman (1997), based on over two decades of direct work with battered women, propose a Barriers Model to illuminate many of the factors in the external environment and battered women's life experiences that are influential in their decision making. Their model summarizes these proposed factors within four ordered layers of understanding and intervention, from external to internal and personally historical. First, <u>barriers in the environment</u>, such as economic limitations (Aguirre, 1985; Gelles, 1976; Jacobson & Gottman, 1998; Johnson, 1988;

Kalmuss & Straus, 1982; Pagelow, 1981; Strube & Barbour, 1983, 1984), unemployment (Frisch & MacKenzie, 1991; Strube & Barbour, 1983, 1984), and other issues such as transportation and child care (Grigsby & Hartman, 1997); batterers' power and control tactics (Pence & Paymar, 1986), emotional abuse (Jacobson & Gottman, 1998), manipulations (Schutte, Malouf, & Doyle, 1988) and promises to change (Walker, 1979); and legal system (Roberts, 1996a), police (Roberts, 1996b), and other institutional responses (Bowker, 1988; Stark & Flitcraft, 1988) are external influences on battered women's decision making. These influences and obstacles are often addressed by intervention through advocacy, case management, and social action.

Next, family and social role expectations guided by patriarchal (Bograd, 1984, 1992; Dobash & Dobash, 1979) and feminine sex role socialization (Walker, 1978, 1979, 1984; Walker & Browne, 1985), including beliefs about family, relationships, divorce (Barnett & Lopez-Real, 1985, cited in Barnett & LaViolette, 1993), and religious ideals (Alsdurf, 1985) are belief systems that may influence women's decisions. As an assistance to women with these issues, consciousness raising often occurs in support groups and informal support systems.

Third, the psychological consequences of relationship violence tend to be most effectively alleviated through the

support of a skillful therapist. These consequences range from fear (Gottman, Jacobson, Rushe, Shortt, Babcock, LaTaillade, & Waltz, 1995; Painter & Dutton, 1985) and anger (Dutton, 1992a; Jacobson & Gottman, 1998) to loneliness (Turner & Shapiro, 1986), low self-esteem and reduced self-efficacy (Dutton, 1992b; Jacobson & Gottman, 1998), ambivalence (Ferraro, 1997), learned helplessness (Campbell, Miller, Cardwell, & Belknap, 1994; Walker, 1984), disengagement coping (Kemp, Green, Hovanitz, & Rawlings, 1995), depression (Campbell, Sullivan, & Davidson, 1995; Hamberger, Saunders, & Hovey, 1993) and posttraumatic stress disorder (PTSD) (Browne, 1993; Kemp et al., 1995; Kemp, Rawlings, & Green, 1991). In addition to individual consequences, relationship dynamics such as the cycle of violence (Walker, 1979) and traumatic bonding (Dutton & Painter, 1981) often influence battered women's decisions.

Fourth, <u>childhood abuse and neglect experiences</u> of battered women (Astin, Ogland-Hand, Coleman, & Foy, 1995; Hilberman & Munson, 1977-1978; Kemp et al., 1995) often impair their skills at self-protection in adult relationships (Herman, 1992), reduce their sense of worth and personal boundaries (Walker & Browne, 1985), increase the probability of revictimization (Chu, 1998; Herman, 1992; Dutton, 1992a), and enhance the power of the other decision-making influences and barriers (Grigsby & Hartman, 1997). Assisting with this

level of influence often requires a broad support system involving an advocate, therapist, a child abuse survivor therapy group, and other professionals.

In addition to these four types of barriers, women's decision making is influenced by the positive aspects of the relationship, including love (Frisch & MacKenzie, 1991; Jacobson & Gottman, 1998; Strube & Barbour, 1983), hope (Barnett & Lopez-Real, 1985, cited in Barnett & LaViolette, 1993; Painter & Dutton, 1985), and attachment (Goldner, Penn, Sheinberg, & Walker, 1990). The "honeymoon" period between violent incidents (Walker, 1979, 1984), when the batterer shows contrition and when a battered woman enjoys a renewed sense of "the man she fell in love with" (Barnett & LaViolette, 1993, p. xxiii), can be very pleasant, rewarding, and influential in her decision making.

These positive aspects occur, however, within a context of intimate violence characterized by a complex mix of physical, emotional, and sexual abuse (Browne, 1987, 1993; Pagelow, 1992; Walker, 1979) that may be differentially influential in battered women's decisions. Historically, physical assault has been the defining and most studied factor in domestic violence (Gelles & Straus, 1988; Browne, 1993), yet the relationship between batterers' use of physical assault--i.e., pushing, punching, kicking, choking, threatening with or using a knife or gun--and women's decisions to stay or leave their partners is unclear.

Investigators report that battered women are more likely to leave severely violent relationships but remain when the violence is less frequent and severe (Frisch & MacKenzie, 1991; Gelles, 1976; Gondolf, 1988). Others report that severely injured women are more likely to stay with their partners (Pagelow, 1981). Indeed, the latter finding may be correct. Women tend to fearfully remain with batterers whose severe relationship violence is characterized by the use (not just threat) of knives and guns, severe beatings with fists, and attempts to choke them (Gottman et al., 1995). Many women stay due to the real possibility that their partners will kill them if they leave (Bowker, 1988; Browne, 1997).

More recently, the incidence and effects of emotional and psychological abuse in violent relationships have been the focus of empirical investigations (Gottman et al., 1995; Jacobson, Gottman, Waltz, Rushe, Babcock, & Holtzworth-Monroe, 1994; Kemp et al., 1995; Tolman, 1989). Following the introduction of physical violence into the relationship, emotional abuse can act as a frightening and controlling proxy for physical abuse by reminding battered women that assault may be imminent (Jacobson & Gottman, 1998; Pence & Paymar, 1993). Batterers attack their partners self-esteem through emotional abuse such as humiliation, criticism, and name calling; and they use varied tactics involving threats, intimidation, and control of resources to dominate and isolate their partners (Pence & Paymar, 1993). Rather than

the frequency of physical abuse, emotional abuse in a violent relationship, in particular batterers' attempts to isolate their partners, may be a greater predictor of women's leaving the relationship permanently (Jacobson et al., 1996).

Sexual abuse often accompanies physical violence in intimate relationships and can take many forms, including violently forced rape, sexual humiliation, and threats of promiscuity (Pence & Paymar, 1993). Empirical studies document that most sexual assault of women is perpetrated by male intimates, almost twice as often as sexual assault by strangers (Finkelhor & Yllo, 1985; Russell, 1982). Coerced sex often follows assaultive incidents, creating contradictory messages such as the batterer's intimate apology that increases the woman's hope that he will change along with further degradation that solidifies his power (Pence & Paymar, 1993). Although research is beginning to examine the effects of physical and emotional abuse on battered women's stay-leave decision making, little is known about the effects of sexual abuse. However, the presence of concomitant sexual abuse in a physically violent relationship is associated with a high risk of future lethal violence (Aldarondo & Straus, 1994; Holtzworth-Monroe, Beatty & Anglin, 1995).

The complex forces impinging on battered women's health, safety, and decision-making present a challenge to professionals and advocates engaged in such activities as

social action, legal reform, empirical research, and the development and provision of effective interventions. In response to these complex forces, personal and institutional philosophies about how to assist battered women are diverse.

For example, over the past two decades, the political movement advocating for battered women's rights and safety has resulted in the development of many legal-system options to stop the violence and many concrete services to protect and assist women and children (Roche & Sadoski, 1996). Service-defined intervention strategies often incorporate an institution-based focus in their work with battered women, first addressing the need for social services to eliminate practical barriers and legal services to increase safety and prevent batterer access, with later attention to psychological barriers (Constantino, 1981; Grigsby & Hartman, 1997). However, among numerous and varied characteristics, women are likely to differ in their self-definitions as battered or abused, their interest in pursuing legal sanctions against their partner, their need for temporary residence in a shelter for safety, even their fundamental intention to end or leave the relationship. With these differences in mind, some professionals advocate a woman-defined philosophy that focuses on providing support and intervention that is empowering and based on each woman's desires, decisions, and prioritization of the risks involved in staying or leaving (McCloskey & Fraser, 1997).

Complementing both service-oriented and woman-oriented strategies, Dutton (1992a, 1992b) and Walker (1991, 1994) propose an empowerment model of intervention that focuses on offering protective services for safety and providing information while psychologically enhancing women's decision-making capabilities. In particular, these intervention models recognize the effects of traumatic stress on battered women's experience.

It has been suggested that service-defined advocacy, which emphasizes leaving the relationship, has become more prevalent than woman-defined advocacy (Davies, 1994). In emphasizing leaving the relationship, service-oriented professionals may unintentionally seek to fit women to the services available--based on the professionals' definition of the woman's needs--rather than fitting the services to an individual woman's self-identified needs, desires, resources, and goals (McCloskey & Fraser, 1997; Neidig, 1984). This mismatch may lead to untimely, unwanted, or failed interventions; result in ineffective assistance for women not ready to utilize them; and leave professional helpers feeling cynical, frustrated, exasperated, and angry with battered women's apparent ambivalence (Hendricks-Matthews, 1982; Labell, 1979; Neidig, 1984; Walker, 1978).

Although multiple influences have been identified and varied points of intervention have developed to address these complex influences on battered women, little is understood

about women's dynamic process of change. Reports of longitudinal investigations of battered women's experience are minimal (see Campbell et al., 1994; Campbell et al., 1995; Jacobson, et al., 1996; Gortner, et al., 1997; and O'Leary et al., 1989, for some exceptions). Further, few interventions have been empirically tested for efficacy in assisting battered women to achieve safety and health, largely due to safety issues and the requirements of complex research designs (Campbell & Lewandowski, 1997). However, these research obstacles are being defined and approached with success (Rumptz, Sullivan, Davidson, & Basta, 1991; Gortner et al., 1997), paving the way for more complex, longitudinal designs. Ultimately, a greater emphasis on understanding battered women's process of change, their experiences at different points in the decision making process, and variables impacting their readiness to utilize assistance may enhance the development and provision of timely and effective interventions.

Battered Women's Psychological Experience: Trauma, Anger, Coping, and Self-Efficacy

Professionals advocating for and treating battered women (Dutton, 1992b; Goodman & Fallon, 1995; Herman, 1992; Walker, 1994), suggest common affective, behavioral, and cognitive components of battered women's experience that are likely to

impact their decision making process and are important targets of psychological intervention. Among these components, trauma symptoms, anger, coping, and self-efficacy have been identified as integral to battered women's experience and are likely to interact to influence their survivor capacities, decisions, and recovery. Little is known empirically about dynamic changes in these variables as women experience relationship violence, engage in a decision-making process, or progress to a safe and healthy lifestyle independent of battering. An in-depth focus on these four influential factors and investigation of women's experience of them at different points in time may provide utility for designing sensitive, competent, individualized interventions based on each woman's unique degree of readiness for change.

Trauma Symptoms. The impact of trauma, acute or chronic, often has a profound effect on numerous areas of individual functioning. It is now well established that injurious and life-threatening events are frequently experienced by battered women (Dutton, 1992a), leaving little doubt that male-to-female violence that occurs in intimate relationships often constitutes a "traumatic event" within the current diagnostic nosology (American Psychiatric Association [APA], 1994, p. 427). Further, the psychological reactions of abused women have been found to closely parallel the general reactions of survivors across a variety of

traumatic events (Browne, 1993). As a result of this conceptualization, clinical interventions are beginning to accommodate women's trauma-related psychological reactions to battering (Dutton, 1992b; Enns, Campbell, & Courtois, 1997; Herman, 1992; Walker, 1991, 1994).

Central to the experience of trauma are helplessness, powerlessness, and threat to one's life, as well as disruption in one's sense of self and the predictability of the world (McFarlane & de Girolamo, 1996). The psychological effects of trauma, both short- and long-term, may range from an acute stress reaction with full recovery to the development of a more circumscribed but long-term PTSD (Solomon, Laror, & McFarlane, 1996). Further, long-term exposure to domestic violence may result in chronic, complex adaptations to prolonged trauma that may involve PTSD and/or disturbed psychosocial functioning in many areas (Herman, 1992).

The dynamic processes of adaptation to and recovery from trauma are beginning to be identified. In addressing the immediate effects of relationship violence on women, Miller, Veltkamp, and Kraus (1997) proposed a stage-like model of "accommodation" to the trauma of battering which describes women's process of cognitive and affective adaptation to the threat and presence of violence in their ongoing intimate relationships. The stages involve victimization; cognitive disorganization and confusion; denial, avoidance, or

inhibition of thoughts and feelings related to the trauma; therapeutic reevaluation and disclosure; and, finally, coping and/or resolution.

Beyond women's adaptation to the acute stress of battering, empirical evidence is accruing that their posttraumatic responses to relationship violence involve a broad range of symptoms in which PTSD may or may not be embedded. The four main diagnostic elements of PTSD (APA, 1994) include (1) exposure to threatened or actual death or injury and a subsequent response of fear, helplessness, or horror; (2) intrusive reexperiencing of the traumatic event(s) through distressing mental images, nightmares, dissociative experiences, and affective responses to cues resembling the original trauma; (3) avoidance and emotional numbing including constriction of affect, detachment, and memory disturbance related to the event(s); and (4) symptoms of hyperarousal such as hypervigilance, sleep disturbance, anger, and difficulty concentrating.

Although the magnitude of the stressor is a risk factor for the development of long-term PTSD (March, 1993), the longitudinal course of maladaptation may be predicted less by the qualities of the traumatic event than by the individual's stage-like process of responding to the initial acute distress. These stages have been found to proceed from an acute stress reaction to a response involving posttraumatic

symptoms and, finally, to a chronic response pattern. Research suggests that a pattern identified by acute dissociation, later difficulties with hyperarousal and, finally, avoidance of intrusive memories and distress has been found to indicate a prolonged or chronic PTSD response (MacFarlane & Yehuda, 1996).

First, and integral to this pattern of vulnerability, an acute stress reaction involving dissociation during the actual traumatic event, that is, peritraumatic dissociation, may have the most significant long-term consequences (Marmar et al., 1994; Spiegel & Cardena, 1991). Dissociation, "a disruption in the usually integrated functions of consciousness, memory, identity, or perceptions of the environment" (APA, 1994, p. 477), represents the compartmentalization of experience in a manner isolated from the encoded narrative of autobiographical memory (van der Kolk, van der Hart, & Marmar, 1996). In its current use, the term dissociation has been used to describe distinct but interrelated phenomena including sensory and emotional fragmentation of memory, depersonalization and derealization at the moment of a traumatic event (peritraumatic dissociation), ongoing depersonalization and spacing out in everyday life, and the encoding of traumatic memories in separate ego states (van der Kolk & Fisler, 1995). Acute dissociation of a traumatic event can preclude the integration of narrative, somatosensory, and affective

components of the experience—into the normal stream of consciousness.

Next, the stabilization of arousal symptoms, such as sleep disturbance and anger or irritability, differentiates individuals who do not develop PTSD from those who are more likely to develop a more chronic symptom picture (McFarlane, 1992; Weisaeth, 1989). Hyperarousal is triggered by the constant replaying of traumatic memories through intrusive and distressing recollections, which is a normal part of the early integrative process of recovery and reappraisal. The inability to modulate the arousal that accompanies these intrusions may be the critical risk factor in a chronic maladaptive response (McFarlane & Yehuda, 1996).

Finally, individuals unable to tolerate the discomfort of intrusive memories, affect, and arousal, develop an avoidance pattern of responding, which indicates development of chronic PTSD (McFarlane & Yehuda, 1996). Thus, the ability to cope with subsequent posttraumatic distress is a critical determinant of positive adjustment to trauma.

Diagnosable levels of PTSD are frequently reported by women who seek services for physical violence in their relationships, with varying rates ranging from 33% to 84% depending on the methodology utilized for assessment (Astin, Lawrence, & Foy, 1993; Gleason, 1993; Housekamp & Foy, 1991; Kemp et al., 1991). Further, 30 of 48 (62.5%) women experiencing emotional abuse only have been found to meet

criteria for PTSD (Kemp et al., 1995). Data from this body of research suggest that many women tend to endorse symptoms (in order of frequency and intensity) of hyperarousal, avoidance, and re-experiencing (Kemp et al., 1991); trauma symptoms may not begin to decline with the ending of the relationship but may actually increase after separation (Kemp et al., 1995); symptoms may endure at full intensity for at least six months (Dutton & Painter, 1993); yet, in general, battered women's trauma symptoms have been found to subside as time passes since the last violent incident (Astin et al., 1993). The experience of previous trauma, however, may complicate this picture: battered women with child abuse histories have been found to experience domestic violence-related trauma symptoms differently than battered women without an abuse history (Baldwin, Peppenger, & Kennedy, 1998). Although the two groups of battered women reported no difference in their levels of dissociation and post-sexual abuse trauma, women abused as children reported experiencing significantly greater depression, anxiety, and sleep disturbance.

PTSD is often accompanied by a wide range of psychological responses (Blank, 1993), and women survivors of violence by intimate partners, like survivors of other traumas, have been found to respond over the long term with varied cognitive, affective, and behavioral symptoms. Additional diagnostic categories used to describe subsets of

symptoms of woman battering include depression and other affective disorders, dissociative disorders, and anxiety disorders (American Psychological Association, 1996). Depression is so prevalent in a traumatic response pattern, in general, that the term "posttraumatic depression" has been suggested as an appropriate differentiation from a major depressive disorder (Davidson & Fairbanks, 1993). In particular, depression accompanying PTSD in trauma survivors has been found to be more severe than the depression in trauma survivors who do not develop PTSD and may involve a different biological pathway (Yehuda, 1993, 1994, 1999).

Herman (1992) suggests that the complexity of adaptation to trauma involving prolonged, repeated interpersonal violence is not adequately described in the current criteria enumerated for PTSD. She has proposed a dimensional diagnostic category, Disorders of Extreme Stress Not Otherwise Specified (DESNOS; Herman, 1992), that is supported by other trauma specialists (Chu, 1998; van der Kolk, 1996). Not unlike captive victims of childhood sexual abuse, prisoners of war, and survivors of concentration camps, battered women often exhibit a multiplicity of posttraumatic symptoms including somatization (Hilberman, 1980), dissociation (Walker, 1991, 1994), and depression (Campbell et al., 1995; Riggs, Kilpatrick, & Resick, 1992; Rounsaville, 1978; Walker, 1979, 1984); changes in identity (Cascardi & O'Leary, 1992; Russell, Lipov, Phillips, & White, 1989) and

relational capacities (Dutton & Painter, 1981); and vulnerability to revictimization and self-harm (Gayford, 1975; Russell, 1988). Herman (1992) suggests that the symptom configuration of individuals experiencing complex posttraumatic stress disorder may involve alterations in affect regulation, consciousness, self-perception, perceptions of the perpetrator, relations with others, and systems of meaning--all based in a history of subjection to totalitarian control over a prolonged period of time.

Dutton (1992a, 1992b) has proposed a model of battered women's posttraumatic stress reactions that accounts for the wide range of these responses--not only to the acute episodes of physical, psychological, and sexual abuse that occur in their violent relationships but also to the "stage of siege" (p. 72) that describes the tension-building phase in the cycle of violence (Dutton, 1992a) and the isolation and captivity that has been likened to a prisoner-of-war experience (Romero, 1985). According to this model, battered women's posttraumatic reactions represent three interrelated aspects: (1) PTSD and associated psychological sequelae, (2) cognitive changes, and (3) relational disturbances that influence and are influenced by attempts to escape or avoid the violence.

First, women survivors of assaults by male partners often exhibit varied posttraumatic and psychological sequelae representing a trauma response including shock, denial,

withdrawal, psychic numbing, fear, flashbacks, denial and avoidance of reminders, constricted affect, chronic anxiety, and confusion (Browne, 1987; Dutton, 1992a, 1992b); chronic fatigue, heightened startle reactions, disturbed sleep and eating patterns, and nightmares (Herman, 1992); and high levels of depression, suicidal ideation, and suicide attempts (McGrath, Keita, Strickland, & Russo, 1990; Stark & Flitcraft, 1988). Additional responses include grief (Campbell, 1989; Turner & Shapiro, 1986) and alcohol and other substance use (Stark & Flitcraft, 1981, cited in Stark & Flitcraft, 1988).

Next, posttraumatic cognitive changes may affect battered women's perceptions, attributions, expectations, self-efficacy, self-esteem, and schemas about the world, oneself, and others (Dutton, 1992b). McCann and Pearlman (1990) suggest that the experience of trauma disrupts, alters, or disconfirms individuals' schemas about central needs for a frame of reference, safety, trust, dependence and independence, power, self-esteem, and intimacy. Janoff-Bulman (1985, 1995) proposes a cognitive breakdown of individual's assumptive world following victimization. As a traumatic experience, victimization can not be readily assimilated into an individual's conceptual system and causes intense feelings of vulnerability, cognitive disorganization, and anxiety. With violent victimization, individuals' beliefs about invulnerability are often shattered in relation

to (1) the world as benevolent; (2) events in the world as meaningful; and (3) oneself as positive and worthy. For a battered woman, since the violence she experiences occurs in an intimate relationship in her own home, typically presumed to be a safe environment, her sense of vulnerability is likely to extend to any areas accessible to the batterer (Dutton, 1992a). Further, assumptions of safety do not resume with separation, divorce, or location change since these separations often signal an increase in violence, sometimes to the point of lethality (Browne, 1987).

In addition to psychological sequelae and cognitive changes, battered women often experience posttraumatic relational disturbances involving attachment and dependency issues. These dynamics may include traumatic bonding with the batterer (Dutton & Painter, 1981), an inability to trust that they will not be physically or emotionally hurt in another relationship, difficulties with assertiveness and setting appropriate boundaries (Graham, Rawlings, & Rimini, 1988), and sexual inhibition and reduced capacity for intimacy (Dutton, 1992b).

Walker (1991) believes that there is almost always some permanent damage from living with domestic violence over time, damage which she labeled "a loss of resiliency to stress" (p. 28). Her belief reflects recent research on traumatic stress suggesting that not only may PTSD symptoms persist for years in some individuals (Blank, 1993; Kulka et

al., 1990; MacFarlane, 1988) but posttraumatic reactions may involve permanent psychological and neurological changes (van der Kolk, Greenberg, Boyd, & Krystal, 1985) that modify some individuals' vulnerability to later psychiatric disorders.

In response to the prevalence of this disorder in this population, treatment of trauma symptoms is a primary focus of therapy with battered women (see Dutton, 1992a, 1992b; Enns et al., 1997; Herman, 1992; Walker, 1994). The most effective trauma treatment is proposed to occur in a long-term, sequenced, progressive manner that first addresses issues of safety, education, symptom stabilization, and ego building; then resolution of the trauma; and, finally, reintegration (Dutton, 1987; Herman, 1992; van der Kolk, McFarlane, & van der Hart, 1996). Yet, while clinicians propose a stage-like model of trauma treatment (Enns et al., 1997; Herman, 1992; van der Kolk, et al., 1996), battered women's experience is often complex and idiosyncratic, calling also for flexible and individually tailored interventions (Dutton, 1992a).

Battered women may seek assistance at different stages of trauma development or healing and present with varied individual and interpersonal experiences. An understanding of the dynamic processes that are involved in the adaptation to immediate trauma, the development of a posttraumatic response, and the effective sequencing of treatment to

promote healing may enhance the design of individualized interventions to assist battered women.

Anger. Anger, a common reaction to abuse and victimization (Ochberg, 1989), has been recognized as a frequent response of women to violence in their intimate relationships (Douglas, 1987; Dutton, 1992a; Goodman & Fallon, 1995; Langhinrichsen-Rohling & Vivian, 1994; Pape & Arias, 1995; Russell et al., 1989; Walker, 1991). Walker (1991, 1994) suggested that most battered women accumulate a great deal of anger, even rage, over time. Many bottle up their anger out of fear of unleashing it or out of fear of the batterer's retaliation, but many others have difficulty containing it. Yet, others fail to identify or name any feelings of anger (Dutton, 1992a; Goodman & Fallon, 1995), perhaps a result of feminine ideals that denounce the expression of anger by women (Miller, 1991); an attachment style involving avoidance of emotional experience (Mikulincer, 1998); or batterers who block their partners' anger because of its underlying power (Pence & Paymar, 1993). According to Walker (1994), an important facet of therapy, then, is validating and legitimizing battered women's anger and rage and assisting them to express it in appropriate, focused, constructive, and self-affirming ways.

Anger--which can be experienced as a transient emotional state or expressed as a stable trait (Deffenbacher, 1992;

Deffenbacher et al., 1996; Spielberger, 1988)--is associated with cognitive appraisals of threat (Lazarus, 1991), physiological changes in the sympathetic nervous system and endocrine functioning (Deffenbacher et al., 1996), variable behavioral responses and styles (Spielberger, 1988), interpersonal and sociocultural aspects (Averill, 1982, 1983), and negative consequences for oneself and others (Deffenberger et al., 1996). Anger is a common response to divorce (Fisher, 1992; Wallerstein, 1991) and is theorized to be a component of grief (Kubler-Ross, 1969). Anger has also been implicated as a risk factor in the development of coronary heart disease (Dembroski, McDougall, Williams, & Haney, 1984; Suarez & Williams, 1989) and hypertension (Diamond, 1982; Harburg, Gleiberman, Russell, & Cooper, 1991). Suppressed anger, specifically, has been linked to the development of breast cancer in women (Greer & Morris, 1975) and chronic pain (Kinder, Curtis, & Kalichman, 1986; Pilowsky & Spence, 1976).

Novaco (1976) recognized both the adaptive and maladaptive functional roles of anger in affecting behavior. As a constructive force, anger acts as a discriminative cue that stimulates coping strategies, and its energizing and expressive effects allow individuals to assertively confront provocation or injustice. As impression management, a demonstration of anger sends a message of potency and determination. As a defensive function, anger occurs as a

protective reaction to anxious feelings of vulnerability. Thus, in some cases, anger externalizes feelings of personal inadequacy and projects them onto a ready source. In other cases, it potentiates a sense of personal control by preventing or reducing feelings of insecurity or helplessness.

As a disruptive response, anger can disorganize cognitive processing, interrupt the efficiency of task performance, and weaken impulse control (Novaco, 1976). The probability that anger reaches dysfunctional levels increases with its frequency, intensity, or duration, and when it leads to more severe and frequent consequences (Novaco, 1979). Negative consequences often involve drug and alcohol use, physical and verbal assaults on other adults and children, being physically hurt oneself or becoming ill, embarrassment and loss of social respect, damaged interpersonal relationships, and legal or employment difficulties (Deffenbacher et al., 1996; Deffenbacher, Demm, & Brandon, 1986).

Anger, then, has positive and negative aspects. Experiencing and assertively expressing anger may be a motivating factor for some women who eventually leave their violent partners. A recent investigation (Gottman et al., 1995; Jacobson et al., 1994) of the affect, psychophysiology, and verbal content of arguments in couples with a violent husband found that one group of wives of batterers was

overtly angry and defensively assertive during laboratory problem discussions, whereas a second group exhibited more sadness and suppressed anger. In a follow-up study of the same couples (Gortner et al., 1997; Jacobson et al., 1996), it was found that those same wives' assertive anger at the time of the initial study was a significant predictor of their self-initiated separation or divorce two years later. This team of investigators speculated that the women's defensive anger--reflected in a quick, assertive, and nonhumorous response to abuse--may have been a motivating force for the women leaving their abusers.

However, these women's differing anger expression styles were not independent of their batterers' aggressive behavior and physiological responses to the same nonviolent discussions. Batterers who exhibited rapid, intense emotional aggression while simultaneously decreasing their heart rate appeared to instill fear (Jacobson et al., 1994) and anger suppression (Gottman et al., 1995) in their wives and, ultimately, increased the wives' perceptions that leaving would be very dangerous. In situations of extreme helplessness such as concentration camps, surprisingly little anger is shown toward the captors, which may be a measure of the captors' perceived or demonstrated ability to control and to harm (Romero, 1985). Thus, the style of dyadic interactions may, in part, determine battered women's

experienced and expressed anger and decisions to stay or leave violent relationships.

Some feminists support a motivational view of battered women's anger. Bernardez (1982) talks of "anger which liberates," anger which can be uncovered in therapy and utilized in a positive, energizing move toward empowerment. Individuals who recognize that social status is shaped by oppressive forces rather than personal or moral weakness may be well served by transforming their alienation into anger; most social movements have anger as a driving force for efforts at social change (Novaco, 1976).

Although anger is an important component of battered women's experience, for example, irritability and anger outbursts are defining criteria of hyperarousal in PTSD (APA, 1994), little research has examined the relevance of this emotion to their decision making or behavioral change. Understanding the adaptive and maladaptive expression and management of this emotion and the course of recovery from the related distress, then, may be important in assisting battered women to achieve health and safety.

Coping. A growing body of research has addressed the coping styles and strategies of battered women. Divergent evidence of battered women's styles of response to violence--for example, passive (Finn, 1985; Walker, 1979, 1984) versus active (Gondolf, 1988; Walker, 1994) styles--have resulted in

mixed conceptualizations of battered women's coping skills. Further complicating our understanding of battered women's coping is the potential overlap of emotion-focused strategies and a posttraumatic response to relationship violence (Kemp et al., 1995). Recognizing that coping may be intricately tied to trauma symptoms, on one hand, and perceptions of self-efficacy, on the other, understanding the effects of coping in facilitating or impeding behavioral change and decision making is likely to be integral to understanding the factors involved in battered women's decision making process.

Coping is viewed as cognitive, emotional, and behavioral efforts that assist individuals in managing stressful periods (Folkman & Lazarus, 1985). Most approaches to classifying coping responses generally distinguish between active, problem-focused strategies oriented externally toward confronting the problem--and less direct, emotion-focused strategies aimed internally at regulating cognitive appraisals of the stress and reducing tension.

Folkman and Lazarus (1985) proposed that individuals use problem-focused strategies to directly modify the source of their stress when they feel that something constructive can be done about a problem. On the other hand, individuals use emotion-focused strategies to regulate the emotional distress caused by the stressor, viewing the problem as one that must be endured. However, because stress-related arousal can interfere with cognitive activity, the effectiveness of

problem-focused coping strategies depends on the effectiveness of emotion-focused strategies. Thus, both are likely to be used during stressful situations (Folkman, 1984). In essence, the dynamic interplay of both types of coping strategies may better describe individuals' functioning than coping categories that become tied to specific outcomes (Bandura, 1997a). Utilizing this approach to understanding coping, some investigators have used a measure of the ratio of problem-focused strategies to emotion-focused strategies to observe individual's coping patterns (Forsythe & Compas, 1987), including those of women experiencing violence in their relationships (Pape & Arias, 1995).

The measurement of problem-focused and emotion-focused strategies has been a focus of several objective self-report coping inventories developed during the previous decade (Parker & Endler, 1992). For example, Folkman and Lazarus (1988) measure varied problem- and emotion-focused coping processes that individual's use in response to specific stressful situations, rather than measuring coping dispositions and styles across many stressors. These researchers have identified problem-focused processes involving confrontive coping, seeking social support, and planful problem solving. They suggest that in confronting a stressor one may use aggressive strategies to change a

stressful situation that may involve some hostility and risk-taking; or one may take an active but less aggressive approach and seek social, emotional, or tangible support or information to assist in altering the situation. Deliberate problem-focused efforts and analysis of the stressor characterize those likely to engage in planful problem solving.

Emotion-focused coping processes include distancing, escape-avoidance, self-controlling, accepting responsibility, and positive reappraisal. When faced with a stressful situation, one may choose to cognitively distance oneself or minimize the significance of the situation, engage in wishful thinking and behaviors that tend to avoid or escape dealing with the stressor directly, or attempt to regulate or control one's feelings and actions. In accepting responsibility, one may acknowledge one's role in the problem and engage in subsequent efforts to correct it. There may be a religious aspect to positive reappraisal, a coping strategy which involves finding positive meaning in the situation and focuses on personal growth (Folkman & Lazarus, 1988).

Investigations of coping in battered women suggest that battered women often use emotion-focused strategies to deal with their violent situations. Finn (1985) reported that women tend to utilize passive coping strategies which, he suggested, are likely to be least effective in altering their

situations yet most likely to lead to additional stress due to the unremitting relationship problems. Early in her research, Walker (1984) theorized that battered women tend to be passive and fail to use effective coping strategies because they are experiencing learned helplessness and believe that any coping strategy will be ineffective in altering their situation. Later (Walker, 1994), she explained this passivity as the use of fewer and fewer behavioral alternatives to cope as battered women narrow their options to the few they perceive to be effective (Walker, 1994).

Other investigators (Mitchell & Hodson, 1983) recognize, however, that a lack of social and institutional support may be a major factor in women's use of avoidance coping; when these external supports increase, battered women tend to use more problem-focused coping. Perhaps an increase in advocacy for battered women over the past decade explains recent research portraying their resiliency. While in violent relationships, battered women engage increasingly in both problem- and emotion-focused coping as their emotional distress increases (Pape & Arias, 1995), use more problem-focused coping than distressed-but-nonbattered women (Pape & Arias, 1995), and have been found to use confrontive and problem solving strategies to deal with their partners' violence (Kennedy, 1996). Further, their overall use of

coping strategies declines significantly as they separate and maintain independence from their partners (Kennedy, 1996).

Emotion-focused coping may overlap with trauma symptoms associated with avoidance and emotional numbing. Indeed, the most significant predictor of the occurrence and extent of PTSD in battered women has been found to be disengagement coping, in particular the use of strategies involving wishful thinking, social withdrawal, problem avoidance, and self-criticism (Kemp et al., 1995). Related to treatment of trauma, coping efforts are proposed to be an important part of the posttrauma recovery environment (Douglas, 1987; Green, Wilson, & Lindy, 1985). Thus, increasing battered women's coping skills may be necessary to protect them from a debilitating trauma response and to promote healthy decision making.

Self-Efficacy. Self-efficacy is proposed to be an important factor in battered women's psychological readiness for change (Hendricks-Matthews, 1982; Kennedy, 1996) and an integral component of therapeutic interventions designed to assist women in recovery from a relationship violence (Dutton, 1992a; Walker, 1994). In fact, perceived self-efficacy is suggested to be the most potent predictor of behavioral change (Bandura, 1982, 1997a). However, little research has investigated this variable in battered women's experience.

Perceived self-efficacy refers to a "belief in one's capabilities to organize and execute the courses of action required to produce given attainments" (Bandura, 1997a, p. 3). Given adequate skills and incentive, efficacy expectations are a major determinant of an individual's choice of activities and the amount of effort and persistence he or she exhibits in dealing with stressful situations. Further, according to Bandura (1977, 1982), individuals have specific expectations about their ability to cope effectively in a given situation. They undertake activities and attempt changes that they feel confident they can manage but avoid those they believe exceed their coping abilities.

Perceived self-efficacy regulates human functioning through four major mechanisms--cognitions, motivation, mood or affect, and selection--that may be drawn on for different types of activities (Bandura, 1997a). Through cognitions, individuals with high self-efficacy are more likely to set high aspirations, perceive the big picture, think soundly, formulate difficult challenges, and commit themselves to meeting those challenges. Motivation enhances functioning as individuals form beliefs about their capabilities, anticipate positive outcomes, set goals, and plan courses of action. Emotionally, individuals with high self-efficacy believe they can cope effectively with threats and are less distressed by them; have better control of disturbing thoughts that negatively influence their mood and affect; and are able to

relax and calm themselves, divert their attention, and seek support from others. Underlying the cognitive, motivational, and affective aspects of self-efficacy, selection processes of individuals with high self-efficacy result in choices about life courses that positively influence the types of activities and environments they choose as well as the types of environments they produce.

Self-appraisals of efficacy, whether accurate or faulty, assume a major role in an individual's responses to demanding situations (Bandura, 1982). In particular, perceptions of inefficacy often lead an individual to dwell on personal deficiencies, exaggerate difficulties, and divert their attention away from efficient problem-solving to potential failures. With perceptions of low self-efficacy, individuals often behave ineffectively, even though they know how to perform effective behaviors. Ultimately, an inability to influence events that affect one's life can lead to feelings of futility, despondency, depression and anxiety.

According to Bandura (1997a), a low sense of efficacy operates cognitively on depression in several ways: it creates negative biases in how personally relevant experiences are comprehended, organized, and recalled; it often leads to unfulfilled aspirations due to a mismatch between efficacy beliefs and lofty goals or standards; it limits one's ability to control ruminations and negative thoughts under episodic depressive mood states; and it

reduces social efficacy for developing satisfying interpersonal relationships that enhance coping skills and cushion the adverse effects of stress. In general, high self-efficacious individuals are less vulnerable to depression because perceived abilities to master stressful events foster an optimistic outlook on future outcomes.

Whereas low self-efficacy increases vulnerability to depression, it also heightens vulnerability to posttraumatic symptoms in the aftermath of disasters (Murphy, 1987) and predicts the severity of distress initially and, more so, in the long-term aftermath. However, the relationship may be reciprocal: trauma may lower self-efficacy which, in turn, lowers resilience to later posttraumatic reactions. Combat trauma, for example, has been found to undermine soldier's perceived efficacy for coping directly with combat situations. In later years, that same low self-efficacy was associated with greater intrusive thoughts and avoidance behaviors (Solomon, Benbenishty, & Mikulincer, 1991; Solomon, Weisenberg, Schwarzwald, & Mikulincer, 1988).

Investigation of variables representing battered women's self-efficacy are minimal but present a complex picture of their cognitive experience. A study of young women in low-level violent dating relationships (Pape & Arias, 1995) found support for the protective aspect of self-efficacy, in that appraisals of control served as buffers from anxiety and depression. However, Arias, Lyons, and Street (1997) found

that women currently in a violent marriage who reported high levels of relationship efficacy--expectations for resolving marital problems--experienced more depressive symptoms relative to women reporting less relationship efficacy, a finding contrary to their predictions. Self-efficacy was not a protective factor for these women. The authors speculated that women who believe they can control the course of their marriages may respond with depression when they are unable to control the physical violence. Thus, perceptions of efficacy may vary in response to characteristics of the individual and of the violent relationship.

A study of battered women's self-efficacy (Kennedy, 1996)--their confidence for leaving and temptation to stay or return, as operationalized in the transtheoretical model--suggested that women's perceived efficacy for autonomous functioning, when help and support seeking, involving relationship issues, and when emotionally influenced tends to increase for those who transition to independence, but not until six months after leaving their partners. This community sample of women reported the same lower confidence for leaving their partners and higher temptation to stay or return as women currently in violent relationships. Thus, self-efficacy may vary with circumstances and challenges and, in the case of battered women, may vary at different points in the stay-leave experience.

As psychological resources for dealing with stress, self-efficacy and coping appear to be intricately related. Bandura (1977, 1982, 1997a) proposed that an individual's sense of self-efficacy determines whether active coping behaviors will be initiated, sustained, and effortful. As he would propose, high self-efficacy has been positively associated with active, problem-focused coping in stressful situations (Chwalisz, Altmaier, & Russell, 1992; MacNair & Elliott, 1992). Further, high self-efficacy may serve to buffer the negative effects of chronic stress on the feelings of mastery that underlie situational self-efficacy (Pearlin & Schooler, 1978).

Emotion-focused and avoidance coping, on the other hand, have been found to be related to lower self-efficacy, in general (Chwalisz et al., 1992), and lower feelings of mastery in battered women (Mitchell & Hodson, 1983). Indeed, emotion-focused coping, in general, and specific strategies involving self-controlling one's feelings and actions, escape-avoidance, and acceptance of responsibility were found to be inversely related to battered women's self-efficacy for remaining independent from violent partners (Kennedy, 1996).

Thus, research to date suggests that trauma, coping, and perhaps anger, are related to self-efficacy and may serve as predictors of battered women's confidence for leaving their violent relationships and their temptation to stay or return. Knowledge of the psychological resources and limitations that

influence or predict women's perceptions of self-efficacy could be integral to assisting them in the course of their decision making and behavioral change.

Conceptualizing Battered Women's Process of Change

Although a small body of research is beginning to describe the longitudinal course of a battering relationship (Jacobson et al., 1996), little is known about the dynamic course of behavioral change and decision making in battered women or their course of healing from a violent relationship. Much of the empirical evidence on battered women's trauma symptoms, anger, coping strategies, and self-efficacy focuses on static variables measured at a single point in time to describe the characteristics of women's experience. Yet, little research places those variables at different points in what can be a lengthy and challenging process of decision-making and healing.

A focus on battered women's change process is emerging. For example, based on years of research investigating male batterers and their female partners--including measurement of physiological reactivity (Gottman et al., 1995), observational coding of partners' facial expressions during arguments in their research laboratory (Jacobson et al., 1994), and longitudinal follow-up of such attributes as violence levels and marital status (Gortner et al., 1997;

Jacobson et al., 1996)--Jacobson and Gottman (1998) have summarized their conceptualization of the processes of decision-making, leaving, and healing of battered women who end their violent relationships. They propose that underlying such factors as fear, economic dependency, decreased self-esteem and self-efficacy, trauma effects, and acceptance of a culture of violence, battered women often stay with their batterers out of love, commitment, attachment, and sympathy for them. In particular, they "dream" (p. 51), of having a normal relationship with their husbands, view their marriages through the script of that dream, and point out their husbands' virtues in order to put the violence in perspective. However, they don't like the violence and wish it would stop.

These investigators suggest that, typically, a turning point occurs involving one or several closely occurring incidents--perhaps a black eye, broken furniture, a joking threat of death, physical abuse of their children, physical abuse of pets, broken promises to change--that prompts them to give up their dream and cast off the rationalizations that kept them loyal to their husbands and the rational persuasion that founded their communication. Women now change from feeling fearful and sad to expressing anger and contempt.

Often, there is an interval between the decision to leave and actually leaving, and women begin to prepare for their departure by such activities as focusing on self-work

and breaking their isolation; effecting safety planning through legal recourse, if necessary, and economic planning; and getting used to the idea of leaving (Jacobson & Gottman, 1998). These investigators emphasize women's often arduous process of leaving a violent relationship: "The intent to leave a relationship is not the same as the ability to leave the relationship. Leaving takes a lot of courage and planning. It is a long, hard road from wanting to leave to actual leaving" (p. 146).

When ready, women move out, file for divorce, and mobilize institutional resources. In the aftermath, they are often depressed, struggling financially, mistrustful of men, and cautious about future marriage; but they are safe, healing from the trauma of abuse, and have transitioned to a new life. Frequently, they return to school to complete or enhance their education (Jacobson & Gottman, 1998).

Although this conceptualization has not been empirically validated, it offers material for developing hypotheses about the dynamic and common steps involved in battered women's decision-making process. Edification of steps or stages in a dynamic process and recognition of the multiple influences that may impact each woman idiosyncratically, such as her perceived efficacy, can provide a model for the timing of interventions that promote battered women's movement toward safety and behavioral change. A recently developed integrative stage theory of behavioral change--the

transtheoretical model--may provide a foundation for systematically evaluating and facilitating battered women's change.

The Transtheoretical Model of Change

The transtheoretical model of behavior change (Prochaska & DiClemente, 1984), the most widely used stage model in health psychology (Weinstein et al., 1998), was developed to delineate the structure of self- and professionally-facilitated behavioral change in numerous areas of individual functioning. The concept of tailoring interventions to an individual's readiness for behavioral change, either independently or with professional assistance, underlies the model, which is an approach to understanding how people intentionally make desired changes in problematic behaviors (Prochaska & DiClemente, 1984). This model of behavior change has been applied to facilitate the process of recovery from addictive disorders (DiClemente & Hughes, 1990), the adoption of health-related behaviors (Prochaska et al., 1994), and psychotherapy effectiveness (Prochaska, Rossi, & Wilcox, 1991). Years of research applying the model to various behaviors implicated in mental and physical health suggest that the transtheoretical model is an empirically sound approach to investigating behavior change (Lambert, 1992; Morera et al., 1998; Prochaska, DiClemente, & Norcross,

1992; Prochaska et al., 1994; Velicer, Hughes, Fava, Prochaska, & DiClemente, 1995; Velicer, Prochaska, Fava, Laforge, & Rossi, 1999).

The transtheoretical model evolved with the movement in psychotherapy toward synthesis and integration of the major systems of therapy. It was initially developed to provide guidelines for the systematic application of an eclectic set of interventions (Prochaska & DiClemente, 1984) and incorporated new concepts and operational procedures into a broad, multidimensional theory of behavioral change. The model's central constructs include stages of change, processes of change, levels of change, decisional balance, and self-efficacy.

Prior to development of the transtheoretical model, no explicit framework was available to enhance efficient, integrative, and prescriptive treatment planning for eclectic therapy; and the processes utilized by self-changers in the natural environment lacked explication in any conscious and meaningful manner. Now, a large body of research provides evidence that behavioral change progresses through stages, that there are an identifiable number of processes used by individuals as they progress through those stages (Prochaska DiClemente, & Norcross, 1992), and that perceived self-efficacy may predict readiness for change (DiClemente, 1986).

Stages of Change. Fundamental to the concept of readiness, the transtheoretical model proposes that individuals move in a somewhat linear, if not cyclical, progression through five primary stages of change--precontemplation, contemplation, preparation, action, and maintenance--each defining a motivational posture that reflects a level commitment to change (Prochaska, DiClemente, & Norcross, 1992). The construct of stages provides a temporal dimension reflecting the reality that change is dynamic and often unfolds across time. Further, it provides a template for understanding when shifts in intentions, behaviors, and attitudes occur.

According to this model (Prochaska & DiClemente, 1984; Prochaska, DiClemente, & Norcross, 1992), individuals in the precontemplation stage have no intention of changing their behaviors in the foreseeable future. They are frequently unaware of a problem that is easily observable to others. Resistance to recognizing or modifying a problem behavior is the hallmark of precontemplation.

Individuals who reach the contemplation stage recognize a need to change but have not committed to taking action. Contemplators can remain stuck in this stage for long periods of time, weighing pros and cons of the problem and its solution. Contemplators often struggle with positive evaluations of the problem behavior or situation and negative

evaluations of the amount of effort, energy, and loss it will cost to overcome the problem. The central element in contemplation is the serious consideration of problem resolution.

During preparation, individuals begin to take small steps towards action, based on the commitment to change made at the end of the contemplation stage. Individuals in this stage are intending to take action in the next month and may have unsuccessfully taken some action to change a problem behavior in the past year. Preparation combines intention and some attempt at behavioral change.

Individuals in the action stage have invested much energy and made some observable changes in their behavior, experiences, or environment in order to overcome their problems. They are classified as being in the action stage if they have successfully altered a problem behavior for a period of one day to six months. Significant overt efforts toward change are the hallmarks of this stage.

In maintenance, individuals are continuing to consolidate change in their behavior and prevent relapse. Maintenance represents continuous change that, for some chronic behaviors, can require a lifetime of effort. Avoiding relapse and stabilizing behavior are hallmarks of maintenance.

Individuals who achieve termination are no longer recovering--they have recovered. They have no urges to engage in the old pattern or behavior and report 100% confidence in their maintenance of change under all circumstances.

Applications of the transtheoretical model to addictive behaviors have found that individuals in the action and maintenance stages often find it difficult to avoid relapse (Prochaska, DiClemente, & Norcross, 1992). In particular, individuals who jump from the precontemplation stage to action without adequate contemplation and preparation are predicted to relapse (Prochaska, DiClemente, Velicer, & Rossi, 1992). Most regress to an earlier stage or relapse and recycle in an upward spiral-like pattern through the five stages several times prior to terminating the problematic behavior. Relapse is expected in this model. However, individuals do not forfeit all their progress with each relapse but learn from their mistakes and build on their successes until maintenance of change is achieved.

The constructs of stages of change and relapse may be highly applicable to understanding battered women's process of change. The notion of relapse, and its conceptualization in the transtheoretical model as a step toward success rather than a failure, provides a basis for reframing battered women's negatively viewed change process in a positive light.

Professional helpers often view a battered woman's return to her abusive partner as a failure, but research would suggest the opposite. Just as relapse in addictive behaviors is often a step toward success (Prochaska, DiClemente, & Norcross, 1992), each time a battered woman leaves her partner she becomes more and more likely to leave her partner permanently (Loseke, 1992). Therapeutic interventions which provide timely successes based on each woman's increasing strengths and progress may assist her to more effectively and more safely achieve permanent separation.

The transtheoretical model of stages may provide a systematic approach to better understanding the stay-leave decision-making process in battered women and tailoring interventions to promote each woman's desired change (Brown, 1993, 1997). Recently, the model has been applied empirically (Fiore & Kennedy, 1997; Kennedy, 1996) and theoretically (Brown, 1993, 1997) in research on battered women in an effort to improve our understanding of the various cognitive, affective, and behavioral processes in which these women engage as they negotiate the complex and difficult challenge of achieving independence.

Processes of change. The processes of change construct is a second major dimension of the transtheoretical model. These processes--consciousness raising, dramatic relief, environmental reevaluation, self-reevaluation, self-

liberation, social liberation, reinforcement management, helping relationships, counterconditioning, and stimulus control--are overt and covert activities in which individuals engage to alter behavior, cognitions, affect, or relationships associated with their problem or lifestyle (Prochaska, Velicer, DiClemente, & Fava, 1988). These processes were initially selected from a review of recommended change techniques identified across different theories of therapy and were later discovered to reflect the same basic activities used by self-changers (Prochaska & DiClemente, 1983). Principal components analyses have consistently identified the use of these core processes across diverse samples (for example, Prochaska & DiClemente, 1983; Prochaska et al., 1988).

The model predicts that the processes of change are differentially emphasized during particular stages, as illustrated in Table 1, providing a guide for professionals in applying interventions tailored to individuals' readiness for change and to assist them to progress to the next stage (Prochaska & DiClemente, 1983, 1984). Consciousness raising, utilized as individuals begin their change process, involves increasing information about oneself and the problem and frequently occurs through observations, confrontations and interpretations in the therapeutic setting, and bibliotherapy and other informational media. Dramatic relief, or

catharsis, involves experiencing and expressing feelings and emotions about one's problems and solutions. For self-changers, evocative messages in the media and other environmental stimuli tend to facilitate this process. In self-reevaluation, individuals appraise how they think and feel about themselves in relation to the problem behavior, including an emotional and rational appraisal of the pros and cons of attempting to overcome a significant problem. The more central individuals' problems are to their sense of identity, the more reevaluation involves altering their sense of self. Experiences involving values clarification, the challenge of beliefs and expectations, affective experiencing, and imagery assist in the process of self-reevaluation. Additionally, assessment of the effects of one's problems on others as well as the physical environment defines the process of social/environmental reevaluation, which may be enhanced through empathy training. Processes of reevaluation are most influential in moving individuals from the contemplation to preparation stage of change (Prochaska & DiClemente, 1984).

During the action stage, individuals report greater self-liberation and willpower. Self-liberation reflects the process of choosing and committing to act and involves believing that one has the ability to change. Social liberation reflects empowerment and involves the process of

changing the environment to enhance alternatives for oneself and others, including advocating for one's own rights as well as the rights of others.

The action stage is a particularly stressful stage and the potential for relapse is everpresent, so individuals tend to rely heavily on supportive others during this time period and into the maintenance stage. Helping relationships such as social support and self-help groups, as well as a therapeutic alliance with professional helpers, indicate that an individual is open and trusting about addressing problems with other caring individuals.

In addition to the support of helping relationships, individuals entering and achieving maintenance of change utilize multiple behavioral strategies. Reinforcement management involves overt or covert self-reward or reward from others for making behavioral changes. In counterconditioning their behaviors, individuals make changes in the conditioned stimuli that trigger or control their responses in order to learn neutral or positive rather than anxiety-provoking responses. Techniques that assist with the process of counterconditioning include relaxation and assertiveness training, systematic desensitization, and positive self-statements. Finally, individuals engage in the process of stimulus control, avoiding or countering stimuli that elicit problem behaviors by actively restructuring their

environment and avoiding high-risk cues. In general, progressive self-changers report a pattern over time that involves a shift from cognitive strategies in contemplation to greater use of behavioral processes during action

Self-Efficacy. Measurement of self-efficacy is an integral component of the transtheoretical model in investigations of behavioral change, including cessation of smoking (DiClemente, 1981; Prochaska, Crimi, Lapsanski, Martel, & Reid, 1982), weight management (Clark et al., 1991; Prochaska et al., 1992), and adolescent delinquent behaviors (Fiore-Lerner, 1990). Common to this research is the finding that self-efficacy is a significant predictor of the maintenance of behavior change for these samples.

In the transtheoretical model, self-efficacy is operationalized as one's level of confidence that behavioral change can be achieved versus one's temptation to engage in behaviors that potentially lead to relapse (Prochaska, 1985; Velicer, DiClemente, Rossi, & Prochaska, 1990). Most self-efficacy scales have been scored as a single summation score across a variety of situations, and most principal components analyses yield a powerful first component responsible for most of the variance accounted for by the scales (Condiotte & Lichtenstein, 1981; DiClemente, Prochaska, & Gibertini, 1985; DiClemente, 1986). Research suggests that an overall self-

efficacy score is appropriate to determine an individual's level of readiness for change.

In general, confidence (efficacy) and temptation (cue strength) tend to covary in different ways for individuals in different stages of change (DiClemente et al., 1985). For example, in measures of smoking cessation, the relationship between confidence and temptation is stronger for individuals who have not yet attempted to quit than for individuals in the process of quitting smoking or maintaining nonsmoking, typically because confidence is falsely exaggerated. Those in the maintenance stage often report greater temptation than confidence and more change-oriented activity (DiClemente et al., 1985). In measures of change in addictive behaviors, temptation scales have been conceptualized as a fundamental measure of habit strength (Velicer et al., 1995) whereas confidence scores tend to predict the initiation and maintenance of behavior change, supporting the proposal that efficacy mediates behavioral change (DiClemente et al., 1985).

According to the transtheoretical model, self-efficacy is predicted to increase across the stages of change. As operationalized, confidence increases in a somewhat linear manner as individual's progress through the stages, and temptation similarly decreases. The crossover of confidence and temptation is proposed to occur prior to individuals

taking action to modify their behavior, as illustrated in Figure 1.

Self-efficacy is likely to be enhanced or negatively impacted by varied personal and interpersonal experiences. Although many of the barriers and obstacles that influence battered women have been identified, no empirical evidence provides information about which ones are most likely to predict their confidence for leaving and their temptation to stay or return. The literature suggests that coping, trauma, and anger may be related to women's self-efficacy. Further, levels of physical, emotional and, perhaps, sexual abuse may be associated with women's self-efficacy for leaving their relationships. Knowledge of these predictors of self-efficacy may provide a pathway to focusing or developing interventions for the most effectiveness.

As no single theory of psychotherapy provides an adequate breadth of interventions to address the varied needs of the battered woman, an eclectic approach to treatment best provides the clinician with an array of therapeutic techniques for application to issues of safety and protection, decision-making, and posttraumtic healing (Douglas, 1987; Dutton, 1992a). A stage approach, such as that conceptualized in the transtheoretical model, may be instrumental in delineating systematic processes in battered women's stay-leave decision making and behavioral change. Further, an ability to assess self-efficacy may assist

professional helpers to evaluate women's readiness to engage in and maintain change. In this respect, interventions might be individually tailored to women's readiness for new tasks as they proceed from early decisions about leaving, to leaving and returning, to their final achievement of independence.

The Present Study

The vast literature on battered women's experience suggests that they undergo a complex decision making process. Further, they are likely to experience dynamic cognitive, affective, and behavioral change during their "heroic struggle" to leave severely violent partners and establish independence. Despite this vast literature, little is known empirically about this process of change and severely battered women's experience at different points in time. The present study sought to investigate that process.

The focus of this study of dynamic change evolved from findings that battered women's self-efficacy increases for groups of women in successive stages of their transition to independence (Kennedy, 1996) but that measured changes in their confidence for leaving and temptation to stay or return vary according to differing operationalizations of their relationship status. That is, exploratory six-month post-relationship intervals more clearly demonstrated differences

in participants' self-efficacy than a one-year interval. Thus, a segment of this study further explored the concept of intervals by redefining relationship status groups to better discriminate differences in self-efficacy and other variables.

First, with continuing interest in exploring the utility of the transtheoretical model for treatment of battered women, this study was designed to explore group differences in women's experience of four dynamic psychological variables--trauma symptoms, anger, coping, and self-efficacy --across five relationship status groups. Group differences in the variables were expected to reveal the presence of a dynamic process as well as illuminate possible transition points for therapeutic intervention. Ultimately, based on the identification of stage-like group differences, application of the transtheoretical stages-of-change construct could provide utility for individualizing interventions based on each woman's readiness for change.

Second, reflecting the proposed model of barriers influencing battered women's stay-leave decision making (Grigsby & Hartman, 1987), a specific investigation of the contribution of the psychological variables of trauma symptoms, coping, childhood abuse, adult relationship abuse and environmental barriers to the prediction of women's perceived self-efficacy for leaving was proposed to provide further insight into battered women's process of change.

Self-efficacy is suggested to be the greatest predictor of behavior change. In work with battered women, this variable may represent a component of their psychological resources for achieving independence and, when low, their vulnerability to return to their abusers. Ultimately, an understanding of variables contributing to women's self-efficacy may assist professionals in directing interventions and resources for their most effectiveness.

Thus, the present study addressed two fundamental questions. First, do battered women report significant differences in their experience of trauma symptoms, anger, use of coping strategies, and perceived self-efficacy at different points in their transition to independence; and, how do the results of the current between-groups tests of self-efficacy relate to the stage and self-efficacy constructs of the transtheoretical model as a framework for understanding of battered women's change process? Second, based on the proposal that self-efficacy predicts the initiation and maintenance of behavior change, which variables relevant to battered women's experience predict their self-efficacy for leaving a violent relationship?

In addressing the first question, results of univariate tests of relationship status group differences in trauma symptoms, anger, coping, and self-efficacy were expected to demonstrate the presence of a dynamic process. Further, differences in self-efficacy were proposed to provide an

exploratory look at the relevance of the transtheoretical model to understanding battered women's change and, potentially, to the application of well-timed and effective interventions based on their psychological readiness. In addressing the second research question, a series of regression analyses of predictors of self-efficacy examined variables thought to support or limit women's perceptions of efficacy for leaving.

Hypotheses

Specifically, it was hypothesized that participants would report:

(1) significantly different frequencies of overall trauma symptoms across the five relationship status groups as well as different frequencies of the symptom clusters of depression, anxiety, sleep disturbance, post-sexual abuse trauma, and dissociation;

(2) significantly different ratings of anger at their violent partners--in general, about the physical violence, and about the emotional abuse they experienced--across the five relationship status groups;

(3) significantly different frequencies in their use of overall, problem-focused, and emotion-focused coping strategies as well as a different ratio of problem-to-

emotion-focused strategies across the five relationship status groups; and

(4) significantly different levels of self-efficacy across the five relationship status groups.

Further, it was hypothesized that:

(5) trauma symptoms, coping, childhood abuse experiences, adult relationship abuse, and influences involving income, education, and children would be significant predictors of self-efficacy for leaving a violent relationship and contribute a significant proportion of the variance to predicting its strength.

CHAPTER II

Method

Participants

The participants were 191 adult women between the ages of 18 and 58 years (M = 30.21, SD = 10.42), representing predominantly the Caucasian race (92.1%). All were currently experiencing physically violent relationships (n = 21) or had in the past (n = 170). In total, 200 women were recruited to participate, but data from nine women were either incomplete or unreliable and were not included in the analyses.

The women were recruited through newspaper advertisements, flyers, and communication with shelters and support groups for battered women in a rurally located community of approximately 70,000 people. The flyers and ads stated, "Violence in relationships. Research volunteers needed. We are looking for women to participate in a study investigating violence in relationships. We are interested in talking with women from the community who: are currently involved in a violent relationship and do not intend to leave; are currently involved in a violent relationship and are thinking about leaving; have left a violent relationship within the past year; or, left a violent relationship more than 1 year ago. Participants will receive $10 in appreciation of their time. All contact will be strictly

confidential." Phone contact, office locations, and confidential notes were offered as options for initiating contact. Participants were paid $10 for their participation (or variable experimental credits if a student of an introductory psychology course).

The presence of violent assault in participants' current or past relationships was identified during an initial phone contact and interviews conducted at a university-based clinical psychology center and confirmed through their responses to the Conflict Tactics Scale, Form N (CTS; Straus, 1979; see Appendix A). Similar to recent studies of severe domestic violence (e.g., Jacobson et al., 1994), criteria for inclusion in this study was a report of four or more minor to severe incidents of physical violence (items m, n, o, or p of the scale) or one extremely severe incident of violence (items q, r, s, or t of the scale; t was added for this specific research project as an exploratory measure of sexual abuse) in a 12-month period of the participant's violent relationship. All participants were reporting on their current or most recent physically violent relationship.

For data analysis, participants were assigned to one of five Relationship Status (RS) groups--currently In (n = 21), Out < 6 Months (n = 26), Out 6-12 Months (n = 17), Out 1-3 Years (n = 67), Out > 3 Years (n = 60)--based on their self-reports on demographics questionnaire items (see Appendix C)

about current or past relationship status and the length of time they have been independent of their relationships, if appropriate.

Procedure

Data was collected during individually scheduled interviews at a university-based clinical psychology center and various confidential sites throughout the community that were safe and accessible to participants. Participants were assured, both verbally and in an informed consent form (see Appendix B), of their anonymity and the confidentiality of their disclosures and assessment responses. They were advised that they were participating in a study of the responses, needs, and beliefs of women who have experienced violence in their relationships. Women were paid prior to beginning the interview and assured that they were free to discontinue participation without loss of that payment if they became uncomfortable or distressed.

The participants first participated in a 35-item, semistructured interview that addressed some characteristics of their violent relationships including the progression of the relationship, experiences with leaving, social and community support, relationship details, stresses and risk factors, current feelings for their partners, and influence of the experience on their lives. The interview was designed

to provide a vehicle for the women to express themselves, to build interviewer-participant rapport, and to provide validation and qualitative information to supplement the paper-and-pencil measures. The interviews took an average of one to three hours to complete, depending on the experiences and expressiveness of the participant.

Following the interview, a brief standardized description of each questionnaire was given by the interviewer which introduced and oriented participants to a packet of ten paper-and-pencil research instruments. Each participant was left to complete the packet in the same room, with the interviewer returning intermittently to answer questions and assess the comfort of the participant. As part of the larger investigation, the ten-instrument packet included the following seven measures for this study, in order of administration: (1) a demographics questionnaire (see Appendix C); (2) the Confidence/Temptation Scale developed specifically for this project (Kennedy, 1996; see Appendix D); (3) the Ways of Coping Questionnaire (Folkman & Lazarus, 1988; copyright precludes addition as an appendix); (4) the Relationship Qualities Scale (unpublished, Fiore, 1995; see Appendix E); (5) the Psychological Maltreatment of Women Inventory (Tolman, 1989; see Appendix F); (6) the Conflict Tactics Scales (Straus, 1979; see Appendix A); (6) a brief anger questionnaire developed for this study (see Appendix G); and (7) the Trauma Symptom Checklist (TSC-33;

Briere & Runtz, 1989; see Appendix H). Four of the seven measures inquired about each woman's experience at the present time, and four inquired about experiences in and characteristics of their most recent violent relationship. In addition, an open-ended Comments sheet was provided as the last page of the packet which allowed participants to provide feedback about their experiences with relationship violence, participation in the research project, or other relevant topics of their choice. The average completion time of the assessment component was approximately one hour.

The interviews and assessments were conducted by researchers and their assistants sensitive to the issues of female survivors of domestic violence and who were trained in interviewing skills through videotaped and actual observations and in presenting standardized descriptions of the assessment instruments. At the end of the interview and assessment session, participants were debriefed for psychological distress and offered information on social services, psychological counseling, and community support. They were also informed of possible future research and how they may obtain the results of the present study when complete.

Measures

Confidence/Temptation Scales (Kennedy, 1996). Two complementary 35-item measures of confidence for leaving a violent relationship (Confidence Scale) and temptation to stay or return (Temptation Scale) were developed for a larger project exploring the application of the transtheoretical model to understanding battered women's change process. These self-efficacy scales represent five domains proposed by the author to be prominent in battered women's experience of leaving a violent relationship: (1) autonomy, (2) negative affect, (3) positive affect, (4) relational functioning, and (5) help and support seeking. Participants are asked to rate the strength of their confidence about leaving and their temptation to stay or return when experiencing a variety of thoughts, feelings, and situations related to the five domains. Items are rated for the strength of confidence and temptation on 5-point Likert-type scales ranging from "1" (Not at All) to "5" (Extremely), allowing participants to express the strength of their efficacy expectations in the two different formats. Principal components analyses of the structure of an initial 36 items during questionnaire development suggested that the Confidence and Temptation Scales both tap one general dimension operationalizing self-efficacy for leaving a violent relationship. All items except one which was deleted from both scales--"When my

partner threatens me and demands that I stay"--loaded on one subgeneral factor for each scale. With the current sample, internal consistency reliabilities were found to be .98 for both scales.

Ways of Coping Questionnaire (WOC; Folkman & Lazarus, 1988). This 66-item questionnaire measures a range of behavioral, affective, and cognitive strategies employed by individuals in a specific stressful situation. The problem-focused items describe strategies for changing or managing the source of the problem. The emotion-focused items describe strategies aimed at reducing or managing emotional distress caused by the problem. Analysis of the structure of the items during questionnaire development resulted in eight factors: confrontive coping, seeking social support, planful problem solving (three problem-focused coping factors); and distancing, self-controlling, accepting responsibility, escape-avoidance, and positive reappraisal (five emotion-focused coping factors). Items are rated for frequency of use on a 4-point Likert-type scale from 0 "Does not apply or do not use" to 3 "Use a great deal." Participants were presented with a written situational scenario to assess their context-specific coping: "Take a few moments to think carefully about the violence that occurs now in your relationship or that occurred at some other time during your relationship. When you think about that violence and about

your relationship, what have you done or thought to remedy the problem or make yourself feel better about the situation? Think about the ways you dealt with the problem. Rate each of the following thoughts or behaviors on a scale from '0' (does not apply or not used) to '3' (use a great deal) according to how often you used each strategy in dealing with the problem." Women who had left violent relationships were asked to rate the strategies they use as they "continue to deal with the experience." Only 50 of the 66 items are scored. Coefficient alphas calculated by Folkman and Lazarus (1988) for the eight factors of the questionnaire range from .68 to .76 for the problem-focused factors and .61 to .79 for the emotion-focused factors. For current sample, Cronbach's alphas were .83 for the 18-item problem-focused subscale, .89 for the 32-item emotion-focused subscale, and .91 for the total 50-item scale. (Copyright regulations preclude the addition of this questionnaire in the appendices of this manuscript.)

Relationship Qualities Scale (Fiore, 1995; unpublished instrument). This 17-item measure (see Appendix E) extends the work of Schutte, Malouf, and Doyle (1988) in investigating the batterer coercive and persuasive tactics that women have reported to be influential in their decision making. An 11-item subscale, Negative Qualities, measures negative coercive tactics and a 5-item subscale, Positive

Qualities, measures positively influential characteristics. A final, single item allows participants to identify a personally influential tactic not included in the scale. The 16 items contain a frequency measure of the participants' reports of her violent partner's use of tactics, providing for responses on a 5-point, Likert-type verbal scale ranging from "Not at All" to "Very Often." The 16 items also contain an influence measure that asks participants to rate on a numerical scale from "1" (None) to "10" (Very) the influential strength of the tactic on their decision making. The Negative Qualities frequency scale was utilized in this study as a measure of psychological abuse, since it correlates highly with the PWMI (r = .82) and was completed by all 191 participants (the PWMI was completed by the last 126 participants only). For the current sample, Cronbach's alphas were .82 for the overall Relationship Qualities frequency scale and .89 for the ratings scale. Coefficient alphas were .85 for the Negative Qualities frequency subscale and .88 for the Negative Ratings subscale. For the 5-item Positive Qualities frequency subscale, Cronbach's alpha was .47, and for the Positive Ratings subscale it was .67.

Psychological Maltreatment of Women Inventory (PMWI; Tolman, 1989). This 58-item self-report inventory (see Appendix F) measures the extent of psychological abuse of women by their partners. The scale includes two empirically

derived factors: the Dominance-Isolation subscale includes items dealing with isolation of the woman from various resources, demands for her subservience, and rigid observance of traditional sex roles; and the Emotional-Verbal abuse subscale includes items related to verbal attack, behavior meant to demean the woman, and the withholding of emotional resources by the partner. Items are rated by the participant for general frequency of the abusive behavior by her partner on a 5-point, Likert-type scale, ranging from "1" (Never) to "5" (Very Frequently) and including the option "0" (Does Not Apply). For this study, the wording of items was altered to produce a gender-neutral instrument. The instrument was administered in the current study beginning with the 76th participant, based on the stated importance of this variable to the initial 75 participants during their interview. Internal consistency of the subscales is high, with Cronbach's alphas of .95 and .93 reported for the Dominance-Isolation and Emotional-Verbal subscales, respectively. For the current sample, Cronbach's alpha was .96 for the overall scale, .94 for the Dominance-Isolation subscale, and .93 for the Emotional-Verbal subscale.

Conflict Tactics Scales (CTS; Straus, 1979). This widely used scale (Form N; see Appendix A) was designed to measure different behaviors used by family members to resolve intrafamily conflict. In this study, it was used to define

participants as "battered women" and to assess the level of violence experienced by them. The items range from "discussed the issue calmly" to "used a knife or gun." The response categories solicit the number of times each of 19 actions occurred during the past year (for women currently in relationships) or during one year of their relationship (for women out of their relationships), ranging from "never" to "more than 20 times." Three factor analytically derived scales reflect the dimensions of Reasoning, Verbal Aggression, and Physical Violence. Separate indices of minor (less dangerous, items k, l, and m) and severe (more likely to cause injury, items n, o, p, q, r, and s) violence were reported by Straus and Gelles (1990) based on consistent findings of epidemiological studies utilizing the scales. Internal consistency reliabilities were reported by the author to be .50 for husbands and .51 for wives on the Reasoning subscale, .80 for husbands and .79 for wives on the Verbal Aggression subscale, and .83 for husbands and .82 for wives on the Physical Aggression subscale (Straus, 1979). For the current sample, coefficient alpha was .89 for the participants' reports of partners' Physical Aggression and .86 for participants' reports of their own Physical Aggression.

Anger questionnaire. This is a brief, 3-item questionnaire (see Appendix G) developed for this study based

on common reports of anger during the interviews of the initial 75 participants. It was administered beginning with the 76th participant to explore battered women's ratings of anger at their partners at different points in time in the stay-leave decision making process. Participants are asked to rate their current level of anger at their violent partner on three dimensions: in general, about the physical abuse they experienced, and about the emotional abuse they experienced. Items are rated on a 7-point Likert-type scale, ranging from "1" (Not at All) to "7" (Extremely). Cronbach's alpha for this 3-item scale was .87 for the current sample.

Trauma Symptom Checklist (TSC-33; Briere & Runtz, 1989). This is a brief, symptom-oriented instrument (see Appendix H) used in clinical research as a measure of traumatic impact, most notably (but not exclusively) of long-term child sexual abuse, that provides a broader perspective on posttrauma symptoms than a pure measure of PTSD. The 33 symptom items are rated for frequency of occurrence in the preceding 2 months on a 4-point Likert-type scale from "0" (Never) to "3" (Very Often). Specified combinations of the 33 items may be summed to produce five subscales of trauma symptoms: dissociation, anxiety, depression, post-sexual abuse trauma (PSAT), and sleep disturbance. Based on the scale development sample, the mean symptom score for a clinical sample of child sexually abused women was 40 and nonabused

women was 27.3. Analyses of internal consistency conducted on the responses of this clinical sample of abused women suggested high reliability of the overall scale, alpha of .89, and reasonable reliability of the subscales, averaging an alpha of .71. For the current sample, Cronbach's alpha was .92 for the total scale and averaged .75 for the subscales--specifically, .80 for dissociation, .79 for depression, .75 for sleep disturbance, .73 for PSAT, and .70 for anxiety.

CHAPTER III

Results

Assignment of Participants to Relationship Status Groups

Totals were computed on items 1, 3, and 5 of the demographics questionnaire to identify the five Relationship Status (RS) groups representing women's experience at different points in the stay-leave decision making process. RS groups were defined by women's current involvement in a violent relationship or the elapsed time since women had left their relationships. Although the study was initially designed to investigate the applicability of the transtheoretical stage construct to this population, only a small number of women currently in violent relationships responded to advertisements for the study. As a result, separate data analyses examining the responses of women in the precontemplation (n = 4), contemplation (n = 9), and preparation (n = 11) stages of leaving were precluded. To allow a similar investigation of women's experience at different points in the stay-leave decision process, data from these pre-action stages were collapsed into one group representing women "currently in" a violent relationship, and data from women formerly in violent relationships were assigned differentially to four other groups based on elapsed time away from the relationship. The resulting five RS

groups represented (1) women currently in a violent relationship, In (RS1; n = 21); (2) women out of a violent relationship for less than six months, Out < 6 Months (RS2; n = 26); (3) women out of a violent relationship for six months to one year, Out 6-12 Months (RS3; n = 17); (4) women out of a violent relationship for one to three years, Out 1-3 Years (RS4; n = 67); and (5) women out of a violent relationship for more than three years, Out > 3 Years (RS5; n = 60). Three women residing in a shelter described themselves as in the preparation stage of leaving, which typically describes women still "in" a violent relationship; but in this changed conceptualization of groups, their data is included with the relationship status group of women out less than six months.

The elapsed time since the ending of the women's most recent violent relationship to participation in the current study ranged from 1 month to 25 years. Mean relationship duration for the five RS groups, the number of leave-return incidents, as well as elapsed time since the end of the relationship, are reported in Table 2. Proportions of the overall sample reporting these relationship characteristics are provided in Table 3.

Demographics and Descriptive Characteristics of the Groups

A variety of demographic and descriptive information was collected for all participants, including their age, number

of children, education level, personal and family income during the violent relationship, and race. The age of participants averaged approximately 30 years (M = 30.2, SD = 10.4) and ranged, in years, from 18 to 58. Across the sample, 50.3% of participants reported having children, numbering from one to eight (M = 2.4, SD = 1.4), and 81% of those women had children during their violent relationship (though housing status of the children at that time is unknown). The vast majority of women reported having graduated from high school (94.6%) and some of these women had completed a college education (17.3%), including obtaining a graduate degree (4.7%). Overall, participants reported a mean annual personal income of $9,100 during the relationship and an annual family income between $15,000 and $20,000 at the time. Of the 191 participants, 176 participants were Caucasian (92.1%). Two participants (1%) reported about their experience in a lesbian relationship. The average duration of the participants' violent relationships was approximately 5 years (M = 5.21, SD = 5.79).

Table 4 presents means and standard deviations for major demographic variables, as well as the results of one-way ANOVAs conducted to identify relevant between-group differences. These results indicated that women in RS3 and RS5 were significantly older than women in RS2, $F(4, 184)$ =

4.97, $p < .001$. Also, women in RS3 reported significantly greater personal income during their violent relationship than women in RS1, RS4 and RS5, $F(4, 181) = 3.56$, $p = .008$. Women in RS2, those out of their relationships less than six months, reported that they had completed significantly fewer years of education than women in RS5, women who had been independent of their relationships for more than three years, $F(4, 184) = 3.85$, $p = .005$. Thus, RS groups differed in the participants' age, current educational attainment, and personal income during the violent relationship.

Additional demographic information included participants' employment status and occupation at the time of participation in the study and during the violent relationship. At the time of participation, 56.6% of the women were employed full-time or part-time (50.9% of those women were also attending school); and 69.6% reported their occupation to be nonprofessional (including student status), 17.3% reported a semi-professional occupation, and 8.9% were professionals. During their violent relationship, 68.6% of participants were employed full-time or part-time (28.5% were also attending school). During the violent relationship, 74.3% reported that they had been living in a town or city, rather than rurally. Percentages of participants representing varied demographic categories are summarized in Table 5.

Participants also provided demographic information about their violent partners' employment status and education level at the time of the relationship as well as their race. Table 6 presents a summary of this demographic information. At the time of the relationship, 74.3% of the participant's violent partners had graduated from high school, 14.1% of those graduates had completed a college education, and 2.6% had earned a graduate degree. Participants also reported that 42.4% of their violent partners were employed full-time or part-time (32.9% of these working partners also attending school), and 54.5% of partners' were involved in nonprofessional occupations. Similar to participants, their partner sample was predominantly Caucasian (n = 156, 81.7%).

Violence Levels in Relationships

Descriptive data were also gathered from participants on the levels of physical, psychological, and sexual abuse in their index violent relationship as well as participants' use of therapy and medical treatment for relationship violence. Results of frequency analyses confirmed that this sample of battered women is representative of a severely battered population, as expected by the recruitment criteria for the study and comparable to other published samples of severely battered women (for example, Jacobson et al., 1994; Kemp et al., 1995). Table 7 summarizes the frequency of minor,

severely, and extremely violent incidents perpetrated in a 12-month period by both participants and their partners. One-way ANOVAs conducted on the mean group scores indicated that there were no significant differences for partners or participants in reported levels of physical violence, psychological abuse, or sexual abuse between the five RS groups.

For the overall sample, 94.8% of the women reported being pushed, grabbed, or shoved by their partners; 70.2% reported being kicked, bit, or hit with a fist; 58.1% reported being beaten up; and 18.8% of the women reported that their partners had used a knife or gun on them. On average, participants reported being beaten up or threatened or injured with a knife or gun over three times in a year.

Participants also reported their own violence levels. Overall, 47.6% of the women reported pushing, grabbing, or shoving their partners; 40.8% reported kicking, biting, or hitting with a fist; 11.0% reported beating their partners up; 4.2% of the women reported that they used a knife or gun on their partners; and they beat up or threatened or injured their partners with a knife or gun once in approximately two years.

The estimated frequency of psychological, emotional, and sexual abuse experienced by participants was also reported. Overall, women reported occasional (M = 2.91, SD = .89)

psychological maltreatment by their partners, with scores similar to the PWMI scale development sample (Tolman, 1989) for dominance-isolation tactics (M = 67.6, SD = 28.2; Tolman's M = 70.7, SD = 13.5) and emotional-verbal abuse (M = 85.4, SD = 18.8; Tolman's M = 79.4, SD = 17.9).

Of the overall sample, 60.2% of the participants reported being sexually abused by their violent partners. Women's responses suggested that, on average, they were forced to perform sexually against their will approximately two times a year (M = 2.03, SD = 1.42). In response to the violence, 33% of the women reported seeking medical care for injuries resulting from the violence, and 75.8% reported participating in counseling or therapy to address issues involving the violence in their relationships.

Participants' Childhood Abuse Histories

Participants also shared information about their childhood experience of familial physical violence (whether direct or witnessed), child sexual abuse, or both. These three variables were dummy coded according to the participants' responses during the interview indicating previous or no previous experience. A summary of this data is presented in Table 8. Chi squared analyses conducted on the frequency information for the three variables for the five RS groups were not statistically significant.

Whereas 59.7% of the women reported experiencing physical or sexual childhood abuse, in general, over half the sample reported specifically experiencing or witnessing familial physical violence (54.5%). Of these participants, 81.3% reported witnessing between-parent violence (35.4%) or experiencing parental violence directed at them (45.8%). Approximately 31% of the women reported experiencing sexual abuse as a child, with the most common perpetrators reported to be fathers (27.1%) and other relatives (25.4%) not including stepfathers (8.5%) and siblings (5.1%).

Testing the Main Hypotheses

Several hypotheses were tested in this study. In an exploratory analysis of battered women's experience at different points in the stay-leave decision making process, it was predicted that participants would report significant differences between Relationship Status (RS) groups in reported levels of trauma symptoms, anger, use of coping strategies, and self-efficacy. To test these predictions, a series of one-way analyses of variance was conducted on the means of each overall scale and subscale representing these four dependent variables.

It was also hypothesized that significant predictors of women's self-efficacy--their confidence for leaving and temptation to stay or return--would be identified in multiple

regression analyses of their reported levels of trauma and coping, abuse history, and demographics. In a model-building, model-testing exploration of variables contributing to the prediction of self-efficacy, a series of standard multiple reqression analyses was conducted on both the Confidence and Temptation scores, utilizing both stepwise and enter procedures in the process.

Prior to analysis, all scales and subscales were submitted to an analysis of their internal consistency. Cronbach's alpha for all scales and subscales are summarized in Table 9. Most were found to be adequately reliable for research purposes (desired alpha $\geq$ .80; J. Walsh, personal communication, April 7, 1998) and ranged from .70 for the anxiety subscale of the TSC-33 (which was found in this study to contain the least reliable subscales, average alpha = .75) to .98 for both the Confidence and Temptation Scales.

One-Way ANOVAs Investigating RS Group Differences

A series of 13 one-way ANOVAs was calculated to test the first four main hypotheses of between-groups differences, with RS group as the independent variable and the scale and subscale scores for the TSC-33, WOC, Anger Questionnaire, and Confidence and Temptation Scales as dependent variables. All computations were based on the harmonic mean for all the groups to account for the unequal group ns, and Tukey's HSD

post hoc multiple comparisons were employed to clarify significant omnibus tests, with rejection levels set at $p \leq .05$, two-tailed. A Bonferroni correction was not applied to control for family-wise error rate because of the exploratory nature of the study and, thus, the desire to apply a more liberal criterion.

Trauma Symptoms. Frequencies of symptoms calculated for the overall sample indicated that participants reported a mean TSC-33 summation score of 29.8 (*SD* = 16.2), and that trauma symptoms were experienced occasionally by the women during the two months prior to participation (*M* = .91, *SD* = .49). A Pearson product-moment correlation conducted between participant's elapsed time away from their relationships and their total TSC-33 and subscales scores revealed a significant inverse relationship between the elapsed time away and the frequency of overall trauma symptoms, $r = -.15$, $p = .049$. No association was indicated between trauma subscales and elapsed time away. Higher scores represent a more frequent experience of trauma symptoms.

To test the hypothesis that women would report differing levels of overall trauma symptoms between the RS groups, one-way ANOVAs were conducted on the summation scores of the TSC-33 and mean frequency scores of five symptom subscales. Given a significant omnibus test, Tukey's HSD post hoc multiple comparisons were computed to identify between-group

differences. Overall sample and RS group mean trauma scores and standard deviations are reported in Table 10, and total TSC-33 and subscale score comparisons for the five groups are depicted in Figures 2 and 3, respectively.

First, a one-way ANOVA conducted on the total summation scores of the TSC-33 for the five RS groups was not significant. Participants' reported no difference in their experience of overall trauma symptoms across the five RS groups.

Next, one-way ANOVAs were conducted on the TSC-33 subscale scores. The one-way ANOVA conducted on the mean frequency scores for the dissociation subscale was statistically significant, $F(4, 180) = 3.55$, $p = .008$ (effect size = .08). For this subscale, Tukey's HSD post hoc multiple comparisons indicated that mean dissociation scores for RS2 were significantly greater than those for RS1 and RS5, although these latter two groups did not differ significantly. That is, the group of women out of their relationships for less than six months reported experiencing more frequent dissociative symptoms than women currently in their violent relationships and women who had been independent for more than three years.

One-way ANOVAs conducted on the mean frequency scores for the depression subscale, $F(4, 180) = 2.50$, $p = .04$, and the sleep disturbance subscale, $F(4, 180) = 2.60$, $p = .04$,

were significant at the omnibus test level (effect size = .06 for both tests). However, Tukey's multiple post hoc comparisons indicated that there were no significant between-group differences. One-way ANOVAs conducted on the mean frequency scores for the anxiety and PSAT subscales for the five RS groups were not significant.

Thus, although levels of overall trauma symptoms did not differ, the subset of dissociative symptoms differed for this sample of women at different points in the stay-leave decision making process, though the magnitude of group differences was small. The group of women out of their relationships less than six months experienced more frequent trauma symptoms than women currently in a violent relationship and those out for three years. Symptom clusters of depression, anxiety, PSAT, and sleep disturbance did not differ for the groups of women at different points in the behavioral change process.

Anger. Mean anger ratings were calculated from participant's ratings of anger at their partners in general, about the psychological abuse, and about the physical abuse, resulting in a mean anger score of 4.6 (SD = 1.8). A Pearson product-moment correlation between mean anger ratings and elapsed time away from the relationship was not statistically significant. Higher scores indicate more intense anger ratings.

To test the hypothesis that women would report significantly different ratings of anger across the five RS groups, a one-way ANOVA was conducted on the overall mean anger ratings for the five groups. Results indicated no significant between-group differences in participant's anger. Women in the five groups representing different points in the stay-leave process reported moderate levels of anger at their partners. Participants' anger ratings for the five groups are reported in Table 11, and depicted in Figure 4.

Coping. To test the hypothesis that participants would report significantly different use of overall coping, problem-focused, and emotion-focused strategies across the five RS groups, one-way ANOVAs were conducted on the mean scores for the overall WOC scale and two subscales. Raw scores were transformed to T-scores (M = 50, SD = 10) for ease of comparison. A Pearson product-moment correlation computed between the elapsed time away from the relationship and the total WOC scores and subscales was not statistically significant. Higher scores indicate more frequent use of strategies.

A one-way ANOVA conducted on the mean overall WOC scores indicated a statistically significant difference between the five groups in the reported frequency of their use of coping strategies, $F(4, 185) = 4.89$, $p = .001$ (effect size = .11). Although a small effect, subsequent Tukey's post hoc

comparisons revealed that RS2 reported the use of significantly more coping strategies than RS4 and RS5, but the two latter groups did not differ. Women independent of their violent relationships less than 6 months, although they did not differ in their overall coping from the group of women currently in violent relationships or those out from 6 to 12 months, reported more frequent use of coping strategies than women out of their relationships for one or more years.

A one-way ANOVA conducted on the mean emotion-focused coping scores also indicated a statistically significant difference, though a small effect, for the five groups, $F(4, 185) = 4.73$, $p = .001$ (effect size = .10). Subsequent Tukey's post hoc comparisons revealed that, similar to overall coping, RS2 reported using significantly more coping strategies than RS4 and RS5. A one-way ANOVA conducted on the mean problem-focused coping scores for the five groups was not significant. Overall sample and RS group coping scores are reported in Table 12, and the total coping and the mean subscale scores are depicted in Figures 5 and 6, respectively.

To test the hypothesis that participants would report different relative use of coping strategies across the groups, the ratio of problem-to-emotion-focused strategies (sum of weighted T-scores for problem-focused coping/sum of weighted T-scores for emotion-focused coping) was calculated

for each participant. A ratio greater than 1.0 reflects the use of relatively more problem focused coping, and a ratio less than 1.0 reflects the use of relatively more emotion-focused coping. A one-way ANOVA conducted on the mean ratio of problem-focused to emotion-focused strategies across the five RS groups was not significant.

These analyses indicate that women's use of coping strategies, and specifically emotion-focused strategies, was similar for the group of women currently in violent relationships and the group in the first six months after leaving a violent relationship. However, for the groups of women out of their violent relationships for one or more years, the use of coping strategies, in general, and specific emotion-focused coping strategies was significantly less.

Self-Efficacy. To test the hypothesis that women would report significantly different levels of self-efficacy between the five RS groups, one-way ANOVAs were conducted on the Confidence Scale and Temptation Scale mean summation scores. Raw scores were transformed to T-scores (M = 50, SD = 10) for ease of comparison. The complementarity of the two scales was evident in a statistically significant Pearson product-moment correlation conducted between the two scales, $r(191) = -.92$, $p = .000$. Pearson correlations conducted between the participant's reported elapsed time away from the relationship and Confidence and Temptation scores were both

statistically significant. Confidence was positively related to elapsed time, $r(171) = .25$, $p = .001$; and Temptation was inversely related, $r(171) = -.25$, $p = .001$. Higher scores on the Confidence Scale and lower scores on the Temptation Scale indicate greater self-efficacy.

A one-way ANOVA conducted on the mean summation scores of the Confidence Scale for the five RS groups was statistically significant, with a medium to large effect for the test, $F(4, 186) = 15.27$, $p < .000$ (effect size = .32). Tukey's post hoc multiple comparisons indicated that confidence scores for RS1 did not differ from those of RS2. However, confidence scores of RS1 were lower than RS3, RS4, and RS5, which did not differ; and confidence scores for RS2, which did not differ from RS3 were significantly lower than RS4 and RS5. That is, the two groups of women currently in a violent relationship and out for less than 6 months did not differ in their confidence scores, but women currently in a violent relationship reported significantly less confidence than women out for 6-12 months, 1-3 years, and more than 3 years. Similarly, confidence was significantly lower for the group of women out of their relationships for less than 6 months than for the groups of women out 1-3 years and more than 3 years.

A one-way ANOVA conducted on the mean summation scores of the Temptation Scale for the five RS groups was also

significant, $F(4, 186) = 19.21$, $p < .000$ (effect size = .40). Tukey's post hoc multiple comparisons indicated that temptation scores were significantly for RS1 than for RS2, RS3, RS4, and RS5, with the latter three not differing in temptation to return; and temptation to stay or return was significantly greater for RS2 than RS4 and RS5. Unlike the similar low levels of confidence reported by RS1 and RS2, RS2 reported significantly lower temptation to stay or return than RS1. Means and standard deviations for Confidence and Temptation Scale scores of the RS groups are reported in Table 13, and the results of both analyses are compared in Figure 7.

Summary of RS Group Differences. A series of one-way analyses of variance identified RS group differences in trauma symptoms, coping, and self-efficacy. Of the 13 one-way ANOVAs conducted on the four main variables, 5 tests were statistically significant.

To summarize, no statistically significant group differences were identified in overall trauma symptoms. Participants in the five RS groups differed only in their reports of dissociative symptoms, and that effect was small. The group of women out of their violent relationships for less than six months reported more dissociative symptoms than women currently in violent relationships or out for three years or more.

Results of tests of women's use of coping strategies also indicated group differences but, again, with only a small effect. The group of women out of their violent relationships less than six months reported using significantly more coping strategies--in particular, emotion-focused strategies--than the two groups of women out for one to three years and out for more than three years.

Participants also reported different levels of self-efficacy at varied points in the stay-leave decision-making process, depending on whether they were reporting their confidence for leaving or their temptation to stay or return. Confidence levels did not differ for the groups of women currently in their relationships or independent for less than six months, but the three groups of women out of their relationships for six or more months reported greater confidence than women still with their partners. Temptation to stay with violent partners or return, on the other hand, was significantly less for women newly independent of their relationships than for women still with their partners. Further, temptation to return was significantly less in the three groups of women independent for six or more months than for women out less than six months. The tests of group differences in self-efficacy exhibited medium to large effect sizes.

Women's ratings of anger at their partners--a composite score of their anger in general, about the physical abuse,

and about the psychological abuse--did not differ between the five RS groups, from the group of women currently in a violent relationship to the group of women independent for more than three years. Moderate levels of anger at their partners were reported by women in all five groups.

Standard Multiple Regressions Predicting Self-Efficacy

The literature suggests that battered women's experience of trauma symptoms, their use of coping strategies, the types and levels of relationship abuse experienced, abuse history, and some demographic characteristics represent barriers or influences in their decision making and may be related to their perceived self-efficacy for leaving a violent relationship. To explore these relationships, a series of standard multiple regression analyses were conducted on subsets of selected variables proposed to predict women's confidence for leaving their violent relationships and their temptation to stay or return. The design involved utilizing a random sample of data from two-thirds of the participants in each RS group (n = 129, 68.6%) to build a model of women's self-efficacy and utilizing the remaining one-third sample (n = 61; 32.4%) to cross-validate that model.

For each dependent variable (DV)--total confidence and total temptation scores--four regression analyses were conducted utilizing a stepwise procedure to identify

significant predictors among each of four subsets of independent variables (IVs)--trauma symptoms, coping and relationship violence, abuse history, and demographics. (The investigation of anger as a contributor to self-efficacy was precluded due a smaller sample of women completing the anger measure.) A fifth standard multiple regression, again using a stepwise procedure, was conducted on the identified set of variables for each DV to build a model of the most contributive but least redundant predictors. Last, this set of significant predictors was submitted to a cross-validation test using an enter procedure to identify significant unique variance contributed by variables to the prediction of each self-efficacy variable.

Prior to the analyses, self-efficacy, trauma, coping, violence, abuse history, and demographics variables were examined for missing values and tests of assumptions. The number of missing values across the confidence, temptation, trauma, and coping variables was minimal (for example, 2.6% of Confidence Scale cases), thus those missing values were replaced with the variable's mean value of the RS group to which the respondent was assigned. A histogram of distributions of the confidence and temptation scores, in addition to statistical analysis of their skewness (Kennedy, 1996), indicated that the distributions were severely negatively and positively skewed, respectively. Attempts were made to transform the data, ranging from appropriate

square root and logarithmic transformations to a more extreme computation (1/[K - X], K = largest score + 1, Tabachnick & Fidell, 1989), but none were effective in transforming the distributions into a normal shape. (Further, regression analyses conducted on these transformed distributions resulted in findings not significantly different from those conducted on the original data.) Thus, the data were analyzed in their original form. Residuals scatterplots were examined to test the assumptions of linearity, normality, and homoscedasticity of the variables. No gross curvilinear relationships were observed, residuals were distributed within a normal range, and variances appeared to be somewhat equal in the partial plots. However, heteroscedasticity was observable in the residuals scatterplot of standardized predicted-to-residual values of the dependent variables. The effect of this violation of the assumptions is to weaken the relationships, thus the findings. Outliers consistently observed in casewise plots (one for confidence and two for temptation) were removed from the data set after examination of the participant's responses indicated multiply discrepant data points or large amounts of missing data for important variables. Multicollinearity, which was significant both within and between subsets of variables, was generally monitored by the stepwise regression procedure but was expected to contribute to the instability of the results.

Confidence Regression Model. Tables 14 through 25 present the summary statistics and correlation matrices for the six standard multiple regression analyses conducted to identify the significant predictors of women's confidence for leaving. The first four analyses utilized a stepwise procedure to investigate the contributions of 1) the TSC-33 subsets of trauma symptoms; 2) Ways of Coping problem- and emotion-focused strategies and severe violence, psychological abuse, and adult sexual abuse; 3) child abuse and the experience of previous violent relationships; and 4) the number of children in the violent household, participant's age and education, and personal income to predicting confidence for leaving a violent relationship.

First, a standard multiple regression using a stepwise procedure, (probability of F-to-enter, PIN = .05; probability of F-to-remove, POUT = .10) was performed between the total confidence scores as the DV and the TSC-33 subscales of anxiety, depression, dissociation, PSAT, and sleep disturbance as IVs. As indicated in Table 14, the multiple regression was significantly different from zero, $R = .42$, $F(2,126) = 13.75$, $p = .000$. Two IV's were identified as significant contributors to the prediction of confidence: depression, R^2 Chg = .14, F(Ch) = 20.85, p = .000, ß = -.60; and PSAT, R^2 Chg = .04, F(Ch) = 13.75, p = .000, ß = .28--the combination of which accounted for 18% of the shared variance

(17% adjusted). The correlation matrix for all variables entered into this regression is presented in Table 15.

A second standard multiple regression (stepwise procedure) was performed between the total confidence scores as DV and coping and relationship violence variables as IVs. Specifically, the IVs were the WOC subscales of emotion-focused coping and problem-focused coping, the Severe Violence subscale of the CTS, the Negative Qualities subscale of the Relationship Qualities Scale measuring psychological abuse, and the single sexual abuse item. As indicated in Table 16, the multiple regression was significantly different from zero, R = .53, $F(3, 120) = 15.91$, p = .000. Three IV's from this subset were identified as significant contributors to the prediction of confidence--emotion-focused coping, R^2 Chg = .14, $F(Ch)$ = 19.53, p = .000, ß = -.65; adult sexual abuse, R^2 Chg = .12, $F(Ch)$ = 20.77, p = .000, ß = .58; and psychological abuse, R^2 Chg = .03, $F(Ch)$ = 15.91, p = .000, ß = .18. Combined, these variables accounted for 28% of the shared variance (27% adjusted). The correlation matrix for all variables entered into this regression is presented in Table 17.

Next, a standard multiple regression was performed between the total Confidence scores as DV and abuse history variables as IVs. Specifically, the three IVs were an indicator variable determining the presence or absence of a

history of child sexual abuse, a similar indicator variable determining the experience of direct or witnessed parental physical violence, and the number of violent relationships experienced by the participant prior to the index relationship. As indicated in Table 17, the multiple regression was significantly different from zero, R = .19, $F(1, 126) = 4.95$, p = .028. One IV from this subset was identified as a small but significant contributor to the prediction of confidence--child sexual abuse, R^2 = .04 (3% adjusted) , ß = .19. The correlation matrix for all variables entered into this regression is presented in Table 18.

The fourth primary model-building test involved a standard multiple regression (stepwise procedure) performed between the total confidence scores as DV and select demographics variables as IVs. Specifically, the four IVs included the number of children present in the household during the violent relationship, the participant's age, her years of education completed, and her personal income during the violent relationship. As indicated in Table 20, the multiple regression was significantly different from zero, R = .24, $F(1, 120) = 7.30$, p = .008. Again, one IV from this subset was identified as a small but significant contributor to the prediction of confidence--the participant's education level, R^2 = .06 (5% adjusted), ß = .24. The correlation

matrix for all variables entered into this regression is presented in Table 21.

To determine which of these variables would remain in the set of significant contributors to the prediction of confidence and which would be removed from the equation due to redundant information, a final standard multiple regression analysis utilizing a stepwise procedure was performed on the model-building sample. This newly created set of IVs--depression, PSAT, emotion-focused coping, adult sexual abuse, psychological abuse, child sexual abuse, and education--was regressed on the DV, total confidence. As indicated in Table 22, the multiple regression was significantly different from zero, $R = .63$, $F(7, 119) = 11.43$, $p = .000$. All IVs from this subset entered the equation as significant contributors to the prediction of confidence at $p = .000$: depression, R^2 Chg = .15, F(Ch) = 22.11, ß = -.41; adult sexual abuse, R^2 Chg = .10, F(Ch) = 20.40, ß = .21; emotion-focused coping, R^2 Chg = .06, F(Ch) = 18.02, ß = -.36; child sexual abuse, R^2 Chg = .03, F(Ch) = 15.52, ß = .15; education, R^2 Chg = .03, F(Ch) = 13.64, ß = .14; PSAT, R^2 Chg = .02, F(Ch) = 12.32, ß = .23; and psychological abuse, R^2 Chg = .02, F(Ch) = 11.43, ß = .16. In combination, these variables accounted for 40% of the variance in confidence (37% adjusted). In this regression model, increases in depression and emotion-focused coping

predicted decreases in confidence; and the experience of child sexual abuse and increases in adult sexual and psychological abuse, post-sexual abuse trauma, and education predicted increased confidence. The correlation matrix for all variables entered into this regression is presented in Table 23.

However, the coefficients for two variables in this final stepwise regression--child sexual abuse (t = 1.94, p = .055) and education (t = 1.973, p = .051)--were not significantly different from zero, resulting in some ambiguity in approaching the cross-validation analysis. Because these variables were weak contributors to predicting confidence and would weaken the test by removing degrees of freedom, they were not submitted with the other five variables in the cross-validation test.

The sixth model-testing analysis, then, involved a standard multiple regression of the five significant variables on confidence to cross-validate the model developed in the previous regression analyses. The enter procedure was utilized to determine the unique contribution of the identified predictors of confidence. The IVs entered were emotion-focused coping, depression, psychological abuse, PSAT, and adult sexual abuse. Tables 24 and 25 provide a summary of this final analysis and the correlation matrix for the variables entered into this analysis, respectively. The

results indicated that multiple regression was significantly different from zero, R = .56, $F(5, 52)$ = 4.88, p = .001. Two IVs were identified as significant contributors to the prediction of confidence: emotion-focused coping (R^2 unique = .09, p = .01, ß = -.37) and depression (R^2 unique = .07, p = .02, ß = -.41), with increasing scores for each of these independent variables predicting a decrease in confidence scores. Whereas the shared variance between the five variables accounted for 32% of change in confidence scores, these two variables contributed 16% uniquely.

Temptation Regression Model. Tables 26 through 37 present the summary statistics and correlation matrices for the six standard multiple regression analyses conducted to identify the significant predictors of women's temptation to stay or return. The first four analyses utilized a stepwise procedure to investigate the contributions of 1) the TSC-33 subsets of trauma symptoms; 2) Ways of Coping problem- and emotion-focused strategies and severe violence, psychological abuse, and adult sexual abuse; 3) child abuse and the experience of previous violent relationships; and 4) the number of children in the violent household, participant's age and education, and personal income to predicting temptation to stay or return.

First, a standard multiple regression using a stepwise procedure, (probability of F-to-enter, PIN = .05; probability

of F-to-remove, POUT = .10) was performed between the total temptation scores as the DV and the TSC-33 subscales of anxiety, depression, dissociation, PSAT, and sleep disturbance as IVs. As indicated in Table 26, the multiple regression was significantly different from zero, $R = .34$, $F(2, 126) = 7.98$, $p = .001$. Two IV's were identified as significant contributors to the prediction of temptation: depression, R^2 Chg = .08, $F(Ch) = 10.64$, $p = .001$, $\beta = .47$; and PSAT, R^2 Chg = .04, $F(Ch) = 7.98$, $p = .001$, $\beta = -.21$--the combination of which accounted for 11% of the shared variance (10% adjusted). The correlation matrix for all variables entered into this regression is presented in Table 27.

A second standard multiple regression (stepwise procedure) was performed between the total temptation scores as DV and coping and relationship violence variables as IVs. Specifically, the IVs were the WOC subscales of emotion-focused coping and problem-focused coping, the Severe Violence subscale of the CTS, the Negative Qualities subscale of the Relationship Qualities Scale measuring psychological abuse, and the single sexual abuse item. As indicated in Table 28, the multiple regression was significantly different from zero, $R = .49$, $F(2, 121) = 19.10$, $p = .000$. Whereas, a set of three IVs predicted confidence, two IVs from this subset were identified as significant contributors to the prediction of temptation--emotion-focused coping, R^2 Chg =

.12, F(Ch) = 17.39, p = .000, ß = .42; and adult sexual abuse, R^2 Chg = .12, F(Ch) = 19.10, p = .000, ß = -.35. Combined, these variables accounted for 24% of the shared variance (23% adjusted). The correlation matrix for all variables entered into this regression is presented in Table 29.

Next, a standard multiple regression was performed between the total temptation scores as DV and abuse history variables as IVs. Specifically, the three IVs were an indicator variable determining the presence of absence of a history of child sexual abuse, a similar indicator variable determining the experience of direct or witnessed parental physical violence, and the number of violent relationships experienced by the participant prior to the index relationship. As indicated in Table 30, the multiple regression was significantly different from zero, R = .20, F(1, 126) = 5.08, p = .026. One IV from this subset was identified as a small but significant contributor to the prediction of temptation--child sexual abuse, R^2 = .04 (3% adjusted), ß = -.20. The correlation matrix for all variables entered into this regression is presented in Table 31.

The fourth primary model-building test involved a standard multiple regression (stepwise procedure) performed between the total Temptation scores as DV and select

demographics variables as IVs. Specifically, the four IVs included the number of children present in the household during the violent relationship, the participant's age, her years of education completed, and her personal income during the violent relationship. As indicated in Table 32, the multiple regression was significantly different from zero, R = .26, $F(1, 120) = 8.69$, p = .004. Again, one IV from this subset was identified as a small but significant contributor to the prediction of temptation--the participant's education level, R^2 = .07 (6% adjusted), β = -.26. The correlation matrix for all variables entered into this regression is presented in Table 33.

To determine which of these variables would remain in the set of significant contributors to the prediction of temptation and which would be removed from the equation due to redundant information, a final standard multiple regression analysis utilizing a stepwise procedure was performed on the model-building sample. This newly created set of IVs--depression, PSAT, emotion-focused coping, adult sexual abuse, child sexual abuse, and education--was regressed on the DV, total Temptation. As indicated in Table 34, the multiple regression was significantly different from zero, R = .53, $F(3, 123) = 16.30$, p = .000. Three IVs from this subset entered the equation as significant contributors to the prediction of temptation at p = .000: emotion-focused

coping, R^2 Chg = .12, F(Ch) = 17.82, ß = .42; adult sexual abuse, R^2 Chg = .12, F(Ch) = 19.57, ß = -.31; and education, R^2 Chg = .04, F(Ch) = 16.30, ß = -.21. In combination, these variables accounted for 28% of the variance in Temptation (27% adjusted). Increases in emotion-focused coping predicted increased temptation to stay or return, and increases in adult sexual abuse and education predicted decreased temptation to stay or return. The correlation matrix for all variables entered into this regression is presented in Table 35.

The sixth model-testing analysis involved a standard multiple regression analysis of the three significant variables to cross-validate the model developed in the previous regression analyses. The enter procedure was utilized to determine the unique contribution of the identified contributors to temptation. The IVs entered were emotion-focused coping, adult sexual abuse, and education. Table 36 provides a summary of this final analysis and Table 37 presents the correlation matrix of the variables entered. The results indicated that the multiple regression was significantly different from zero, R = .46, F(3, 55) = 5.02, p = .004. Whereas two IVs were identified as significant unique contributors to the prediction of confidence, depression and emotion-focused coping, only emotion-focused coping (R^2 unique = .19, p < .001, ß = .44) contributed

uniquely to temptation, with increases in emotion-focused coping predicting an increase in temptation scores. The shared variance between the three variables accounted for 21% of change in temptation scores; yet, this single variable contributed 19% uniquely.

Summary of Multiple Regression Analyses Predicting Self-Efficacy. Significant predictors of self-efficacy were identified in a model-building, model-testing multiple regression analysis procedure. Stepwise procedures identified two different sets of significant predictors of confidence and temptation. For the confidence variable, a combination of depression, post-sexual abuse trauma, emotion-focused coping, adult sexual abuse, and psychological abuse were found to contribute 40% (37% adjusted) of the shared variance. Increases in post-sexual abuse trauma, adult sexual abuse, and psychological abuse predicted an increase in confidence for leaving; increases in depression and emotion-focused coping predicted a decrease in confidence. For temptation, a different set of variables--emotion-focused coping, adult sexual abuse, and education--combined to predict 28% (27% adjusted) of the shared variance. Increases in adult sexual abuse and education predicted decreases in temptation to stay or return, and increases in emotion-focused coping predicted an increase in temptation.

In cross-validation studies to test the models, significant unique predictors of confidence and temptation were further identified. Based on an enter procedure analyzing the five confidence model variables, emotion-focused coping uniquely contributed 9% and depression 7% of the overall 32% of variance to predicting confidence, with increasing scores on both predicting a decrease in confidence. On the other hand, emotion-focused coping was the singular predictor of temptation among the stepwise model variables--with an increase in emotion-focused coping predicting an increase in temptation, uniquely predicting 19% of the 21% of the variance in temptation. Thus, with this sample and this set of variables, confidence for leaving a violent relationship was predicted by decreases in both depression and emotion-focused coping strategies, and temptation to stay or return was predicted solely by the increased use of emotion-focused coping.

CHAPTER IV

Discussion

This study was designed to investigate severely battered women's experience of trauma symptoms, anger, coping, and self-efficacy at different points in the stay-leave decision making process, with the goal of examining facets of behavioral change in this population. One objective of the study was to frame women's experience in dynamic rather than static terms. Thus, the design was based on a stage-like conceptualization of behavioral change, such as that proposed in the transtheoretical model, and change points were operationalized as relationship status groups.

In addition to measuring between-group differences in the reports of women at different points in the change process, this study sought to further understand how relevant variables contribute to predicting battered women's self-efficacy for leaving a violent relationship. Self-efficacy has been proposed to be the most potent predictor of behavioral change. Further, it is a key construct in the transtheoretical model and believed to predict progress through stages of change. Drawing from this conceptualization, it was thought that perceptions of self-efficacy may be a prominent factor in battered women's decision making and change process. If so, understanding the factors that influence women's self-efficacy may assist in

the design and application of interventions tailored to enhance each women's readiness for change.

The sample of women who volunteered to participate in the study represented the population of women currently or formerly experiencing severe physical battering by their partners and, as a group, they reported levels of physical violence similar to samples of women recruited for other studies of severely battered women. Recently, researchers K. Daniel O'Leary and Dina Vivian pointed out that low-level violence is a common experience in couples, and many maintain their relationships despite experiencing intermittent or noninjurious physical incidents (Sleek, 1998); however, the focus of this study was understanding the experiences of a sample of women derived from the population of battered women in which relationship violence is often injurious, if not life threatening or lethal, and has a profound negative impact on their health and psychosocial functioning. Most psychological, social, and legal interventions are directed at this population of women. The results of this research, then, are meant to contribute to the knowledge base about the psychological processes involved in the decision making and behavior change of women for whom relationship violence poses a severe threat to their lives and well-being.

Examining the Change Process: Trauma Symptoms, Anger, Coping, and Self-Efficacy

The results of statistical analyses provided mixed support for the hypotheses of group differences in battered women's experience of trauma symptoms, anger, coping, and self-efficacy. In general, women in groups identified differentially by their relationship status, ranging from current involvement in a violent relationship to several years of independence, reported significant differences in their current experience of three of the four measured psychological variables. Yet, those group differences, in some cases, were further reflected in commonalties within some RS groups across the dependent measures.

Trauma. Specifically, the first hypothesis was only minimally supported. Women in the five relationship status groups reported no significant differences in their experience of overall trauma symptoms during the two months prior to participation. Each group reported similar levels of trauma symptoms--with total scores ranging from approximately 37 to 26 (compared to average scores of 40 and 27 reported by clinical samples of child sexually abused women and nonabused women, respectively)--whether they represented women currently in violent relationships or women who had been independent of their relationships for more than three years. The current finding of no decrease in trauma

symptoms across the four emancipated groups supports and perhaps extends the previous work of Dutton and Painter (1993), who reported that the trauma symptoms (measured with the TSC-33) of battered women who left their relationships within the six months prior to testing experienced the same level of symptoms for at least six more months.

Even though the between-groups tests of trauma symptoms reached only near significance, the correlational analysis between symptom reports and time away from the relationship indicated a significant decrease, albeit marginal, in women's trauma symptoms over time. This more direct linear relationship provides a different perspective on the pattern of group differences in a way that the groupings may have slightly obscured. An individualized perspective may clarify or extend the picture of women's posttrauma experience of symptoms of depression, dissociation, anxiety, sleep disturbance, and post-sexual abuse trauma across time. Nonetheless, even with the marginal difference in symptoms associated with time away from the relationship, women's overall trauma symptoms were not significantly less in the different relationship status groups.

Varied results were obtained for the tests of TSC-33 subscale differences. Only one subtype of symptoms, dissociation, was found to be statistically different between the groups, and this test exhibited little power to detect

true differences. The separate analysis of dissociative symptoms suggested that the newly independent group of women --those out of their relationships for less than six months-- experienced greater frequency of flashbacks, spacing out, dizziness, feelings of unreality, memory problems, and out of body experiences than women who were currently in violent relationships or those who had been independent of their relationships for more than three years. Further, the experience of dissociative symptoms was not different for the groups of women who were independent of violent partners for 6 to 12 months and even for those independent for 1 to 3 years. This is an important finding requiring further investigation given that dissociation has been identified as the initial predictor of the development of a long-term PTSD response. This high rate of dissociative symptoms in women identifying themselves as recently independent of violent partners parallels the previous work of Kemp et al. (1995), who found higher rates of PTSD in battered women who had recently left their relationships.

Statistical analyses did not indicate groups differences in reports of depression, anxiety, post-sexual abuse trauma, or sleep disturbance. In particular, symptom levels of anxiety and post-sexual abuse trauma were similar across the groups. However, the analyses of group differences in depression and sleep disturbance were unclear. The omnibus tests of group differences indicated that women reported

varying levels of these types of symptoms, but subsequent multiple comparisons did not support significant group differences.

Several factors may contribute to the significant group differences in specific symptoms of dissociation. Dissociation occurs on a continuum of intensity for individuals in response to a psychologically overwhelming experience and is the hallmark of an acute stress response (APA, 1994). Symptoms may involve feelings of detachment, numbing, lack of emotional responsiveness, decreased awareness of surroundings, derealization, depersonalization, or an inability to recall a significant aspect of the acutely stressful event. At its most fundamental level, dissociation is a response to perceived uncontrollable and unpredictable stress and insecurity (van der Kolk, van der Hart, & Marmar, 1996). Given this description, it is not surprising that battered women who recently left violent partners would report more dissociative symptoms.

First, it is now well established that leaving a violent relationship is perhaps the most dangerous time for battered women. Previous research has confirmed that batterers often stalk their partners after separation (National Institute of Justice, cited in Tjaden & Thoennes, 1998) and commonly perpetrate "separation assault" in attempts to block their partner's from leaving (Mahoney, 1991, cited in Ptacek, 1997). Further, battered women are often killed by intimates

when they are living separately from their partners (Browne, 1997). As a result of continued, escalated, or more extreme violence upon emancipation or attempts at emancipation, battered women may experience symptoms of overwhelm after leaving in direct response to assaults or threats. In particular, women are likely to experience a loss of controllability or predictability of their partner's violence outside the home setting.

A similar explanation arises from possible differences in the levels of violence experienced by women out for less than six months immediately prior to leaving their violent relationships. Although the groups of women in this study reported no significant differences in the levels of violence experienced during the 12 months prior to participation or during a 12-month period of their relationships, the women recently out of their relationships may have experienced an increase in violence as they left or that prompted them to leave. Clear and reliable data were not available from the current sample of women to address this possibility, and reports of violence for a general 12-month period preclude a more precise observation of changes in violence levels over that time period. An increase from low levels of violence to severe levels over the 12-month period that may have finally prompted women to leave the relationship could result in a group of recently emancipated women characterized by high rates of dissociative symptoms.

A slightly different explanation also involves a lack of group differences in relationship violence levels. Women reported no statistical difference in the rates or frequency of physical, psychological, or sexual abuse they experienced in their violent relationships; however, there may have been characteristic differences in the types of batterers or battering the women experienced. Jacobson and Gottman (1998) compared the personality, physiology, and battering styles of "Cobras" and "Pit Bulls"--identified empirically in their research as Type I and Type II batterers, respectively (Gottman et al., 1995)--and suggested that women are more fearful of Type I batterers and tend to leave them less frequently (Jacobson et al., 1996), but they do leave (Gortner et al., 1997). The higher dissociation scores in the current sample of recently emancipated battered women may be an effect of more frightening perpetrators or more injurious assault, a characteristic of women's experience that was not examined in this study.

An increasingly recognized component of battered women's change process, the "heroic struggle" (Jacobson & Gottman, 1998) involved in ending a violent relationship involves, for many women, enduring changes and obstacles related to such basic needs as financial security and housing, which may be traumatic for women in the early months of independence. Although a common assumption is that "just leaving" resolves the experience of domestic violence for battered women,

leaving is a complex and strenuous process that often entails grief and loss, fear and anxiety, depression, economic hardship, involvement with the legal system, and relinquishing years of varied investments. Rather than comparing differences in the groups, this explanation infers an increase in dissociative symptoms for women leaving violent relationships based on increased varieties of stress, emotional turmoil, and unpredictability in the transition to independence. The interventions that assist individuals with dissociation--grounding techniques, relaxation, and self-care practices (Chu, 1998)--may not only assist women with symptom stabilization but also put them in active control of their experience and potentially increase early experiences of accomplishment.

Although the one-way ANOVAs did not indicate statistical differences in the RS groups for five out of the six tests of trauma symptoms, and this series of analyses does not allow a test of subscale differences within groups, the graph in Figure 3 depicts the participants' differential experience of trauma symptoms at different points in the behavioral change process, based on relationship status groups. Clarifying this illustration, an earlier multivariate investigation (Baldwin, Peppenger, & Kennedy, 1997) of trauma symptoms reported by the women from the current sample (assigned to groups for analysis by their reports of physical, sexual, or no abuse as children) indicated a main effect for symptom

subtype across the sample. In that study, the women reported significantly more frequent sleep disturbance than depression, dissociation, and post-sexual abuse trauma, which did not differ in frequency but were experienced significantly more frequently than symptoms of anxiety. The graphic illustration of the women's experience of symptom clusters appears to parallel the findings of Baldwin and her colleagues. Across the RS status groups in the current study, however, the relative frequencies of these different types of symptoms appear to fluctuate. Women in all five groups reported greater sleep disturbance--a primary symptom of hyperarousal in PTSD--and lower levels of general anxiety. Depression appeared to be a second dominant symptom, remaining at relatively high levels in the five groups. However, levels of dissociative symptoms, which appeared low for women currently in battering relationships, were reported as a significantly more frequent experience by women in the first six months after leaving. Although symptoms of post-sexual abuse trauma did not differ across the groups, they appear to covary with dissociation and may be found to be related.

Anger. The second hypothesis predicting between-group differences in women's ratings of anger at their violent partners was not supported. Unexpectedly, women in the five groups reported similar, moderate levels of anger--in general

and about the abuse they experienced--even after three or more years of independence. This lack of group differences is important, however, since anger has been implicated in the development of physiological disorders and may present a health risk for battered women.

Little is known about battered women's anger, except that they experience it at higher levels than nonabused women and that it is an important component of psychotherapy. Recent research suggests, too, that anger may be a motivating factor in women leaving violent partners. In a different light, suppressed anger and low assertiveness are a large component of a structured group treatment for battered women (Goodman & Fallon, 1995), suggesting that this is a salient variable in battered women's experience. The brief measure included in the current study of women's dynamic change process is an early but limited exploration of this variable at different points in the process of change.

Anger, as previously described, is a multidimensional experience involving individual differences in such realms as anger expression, control, and suppression; adaptive and maladaptive effects; motivational aspects; its inclusion as a hyperarousal symptom of PTSD; and state and trait differences. The current results of no differences across RS groups may merely reflect the average of all these individual differences in the women or a characteristic of the self-selected volunteers for the study, and they may reflect less

the measurable differences in their experience of anger at their violent partners. However, a finding of continuing moderate anger in women independent of the partners for more than three years (and ranging to 25 years out) is intriguing and suggests, perhaps, an important avenue for more in-depth research.

Coping. The third hypothesis, predicting that the five groups of women would report differential use of coping strategies to deal with the experience of relationship violence, was partially supported. However, the magnitude of the differences found for the groups was small and will require a stronger test of effects to warrant an assumption of true group differences.

The test of overall coping indicated that women out of their violent relationships for less than six months did not differ in the extent of their coping from women currently in violent relationships, but they reported a significantly greater use of coping strategies--in particular, emotion-focused strategies--than the two groups of women out for one or more years.

Not surprisingly--given the challenges of coping with the experience of domestic violence, the occurrence of separation assault and possibility of lethal threats, and the challenges of establishing independence--women in and recently out of violent relationships reported using a high

level of coping involving such strategies as cognitive distancing and minimization, behavioral and emotional self-control, growth-enhancing positive reappraisal, escape-avoidance tactics and, for some, accepting responsibility for the relationship problems.

The high rates of coping reported by women currently in and recently emancipated from violent relationships suggests that, similar to battered women in previous studies, severely battered women are likely to utilize intense coping to manage the highly stressful experience of relationship violence and establishing independence. This finding is consistent with survivor theory: battered women utilize extensive cognitive, behavioral, and emotional resources in dealing with their partners and the relationship violence. This response contradicts the vision of battered women as passive or immobilized, as suggested by learned helplessness theory. Brekke (1990) proposes the term "violence norming" to describe battered women's cognitively influenced use of both active problem solving and active behavioral monitoring for safety purposes in concert with emotion curbing strategies that assist women to remain alert, safe, and problem-oriented. With violence norming, women do not exhibit a crisis response but appear to integrate the violence into their daily, though challenging, problem solving activity. In emphasizing the coping capacities of battered women, Walker (1994) applauds the effectiveness of their coping and

endurance that allows a transformation from victim to survivor. The less intense coping effort reported by the two groups of women representing one or more years of independence may indicate a decrease in coping requirements, in their distress, and emotional involvement with the violent relationship.

Previous research addressing coping in battered women (Finn, 1985) has framed battered women's use of "passive," emotion-focused coping as unhelpful in remediating their situations (Finn, 1985). Recent research, however, has begun to point to the overlap in emotion-focused coping and the experience of trauma symptoms. For example, Kemp and her colleagues (1995) found disengagement coping to be the greatest predictor of PTSD in battered women and speculated about the potential commonalties in coping and symptoms. Based on this growing awareness, what appears to be passive coping in some battered women may actually be their active experience of trauma symptoms, including avoidance and emotional numbing and more intrusive dissociative symptoms. Differentiating the symptoms of trauma from coping strategies is likely to allow for the application of more effective interventions to assist women struggling with the experience of violence. Further, this differentiation will serve to validate our growing recognition that post-violence behaviors often thought of as stable personality functioning are more aptly the effects of relationship violence.

Contrary to the prediction, problem-focused coping was not found to differ for women in the five relationship status groups, although one might expect it to increase in groups of women addressing issues of establishing independence. Yet, the women currently in violent relationships reported high levels of active, problem-focused coping--and that high level of coping did not decrease, suggesting that women continue to actively plan and problem solve, access needed support systems, and confront stressors. What is unclear in this study is the target of the women's coping efforts. A focus on emancipation issues might predict an increase in problem-oriented strategies, and different instructions may highlight these changes. However, in the current study, if women did consider the experience of both relationship violence issues and independence-building issues, problem-oriented coping could decrease and increase, respectively; the net result would be no difference in problem-focused coping across the five relationship status groups, as was found in this study.

One interpretation of this lack of clarity is related to the instructions given to participants completing the questionnaire to focus on coping with the experience of violence in their relationship. Once women have left their relationships, the focus of problems shifts from those involving the violence and the relationship to those involving establishing an independent life; therefore, the

endorsement of problem-focused coping directed at issues of relationship violence would be expected to decrease.

This interpretation points to the difficulties of design in this project and the measurement of a construct that is situationally defined, in this case coping with a violent relationship. Instructions developed for application of the Ways of Coping Questionnaire in this study requested women out of their relationships to focus on strategies used as they continue to deal with their experience of relationship violence, in line with the coping focus of women currently in violent relationships, rather than strategies used to cope with the challenges of establishing and maintaining independence. An assessment of women's coping strategies with instructions to focus on stressful situations or the challenges of establishing independence, in general, may have elicited a different pattern of coping and, perhaps, more problem-focused responses.

On the other hand, problem-focused coping has been found to vary with the availability of resources such as education and financial security (Billings & Moos, 1981). Mitchell and Hodson (1983) demonstrated that battered women with lower educational attainment and income were significantly more likely than women with these personal resources to use avoidance in coping with problems. Similarly, battered women lacking these same instrumental resources often exhibit limited cognitive, emotional, and behavioral coping

responses; and, when combined with impaired interpersonal supports and intrapersonal resources, are at risk of unsuccessful or distorted coping efforts (Nurius, Furrey, & Berliner, 1992). Further analyses of the relationship between the demographic resources of women in the current sample and their use of coping strategies may explain the results of these statistical tests of battered women's coping.

Self-Efficacy. The hypothesis predicting different levels of confidence for leaving a violent relationship and temptation to stay or return was supported, and both tests revealed a medium to strong effect. Women in the five groups reported differences in their perceptions of self-efficacy. However, analyses of these two complementary scales revealed slightly different patterns of results. Battered women's self-efficacy, measured as confidence, was reported to be at a low point for the groups of women currently in relationships as well as those independent for less than six months. Greater perceived confidence was first evidenced by the group of women who had experienced at least six months of independence. Again, in comparison to the group of women out of their relationships for less than six months, women out for one to three years exhibited greater confidence for staying away. Extrapolating from these between-group tests examining women's self-efficacy at different points in time,

this parallel pattern suggests that measurable increases in women's self-efficacy during the behavioral change process may involve the development of positive perceptions over a time period spanning at least six or more months.

The five groups of women reported a different pattern of scores involving temptation to stay or return. Whereas, there was no difference in the perceived confidence of women currently in violent relationships and those out for less than six months, the latter group reported being significantly less tempted to stay or return than the women currently in violent relationships. Thus, the group of women who had recently left violent partners were not as tempted to stay or return as the group of women still with their partners, yet they reported no greater confidence for facing the varied tasks, emotions, and thoughts involved in leaving. Confidence and temptation, then, are likely to be tapping slightly different facets of women's experience of self-efficacy, as it is defined and measured in this study. Here, temptation is not simply the inverse of confidence. Women may express a lack of confidence about meeting the challenges of leaving but may simultaneously be motivated by internal or external factors unrelated to confidence, for example, and experience little temptation to stay or return. For some women, the opposite may be true: they may be very confident that they can successfully accomplish the tasks of

establishing independence but be tempted to stay with their violent partners or return regardless of their confidence.

For both the confidence and temptation variables, self-efficacy was significantly greater for the three groups representing women out of their relationships for six or more months. Although each group's scores did not differ significantly, each reported greater self-efficacy in line with the contiguity of their relationship status. This pattern is reflected in the results of the correlational analyses conducted between elapsed time away from the relationship and the two complementary variables. These results indicated a statistically significant linear relationship involving an increase in women's self-efficacy with increased time away from the violence. These correlational analyses provide support for the overall patterning of the data identified in the one-way analyses--battered women's self-efficacy for leaving is likely to increase with time away from the relationship.

Conclusions. The series of univariate analyses provided an answer to the first research question: battered women do report significant differences in their experience of trauma symptoms, coping, and self-efficacy at different points in their decision making process and transition to independence. However, the groups of women evidenced few differences in some important areas of behavioral change. Ranging from

women currently with violent partners to those independent for several years, the groups of battered women did not differ in their total trauma symptoms or their specific symptoms of anxiety, depression, sleep disturbance, and post-sexual abuse trauma.

The traumatic impact of domestic violence has been increasingly recognized in both the progression of our understanding of battered women's experience and in therapeutic work with them. The results of these data analyses point to the long-term and extensive impact of relationship violence on women. Relative to the group of women currently experiencing the trauma of violence as well as women challenged by the obstacles facing them in the first few months of independence, women independent of their relationships for one to three years continued to report a broad spectrum of posttraumatic symptoms involving anxiety, depression, sleep disturbance, and the cluster of symptoms hypothesized to represent post-sexual abuse trauma. This latter group of women reported levels of symptoms similar to Briere's sample of women accessing clinical services but not reporting histories of child sexual abuse. The group of battered women independent of their relationships for more than three years was the only group to report a symptom frequency less than Briere's clinical sample.

The women also reported similar, moderate levels of anger at their violent partners, even after many years of

independence. This was a particularly unexpected finding: women out of their relationships over three years (averaging eight to nine years in the group) reported moderate levels of anger at their partners. Reports of less anger might be expected from women away from their partners for many years. Further, lower anger ratings might be expected from women living independently for many years relative to women independent for only six months. However, this expected difference was not observable in the current data. Accordingly, Walker (1991) suggests that anger is a prominent focus of intervention with battered women, and Goodman and Fallon (1995) incorporate anger and assertiveness into multiple-session components of their structured group treatment for battered women. Yet, as indicated earlier, little is known empirically about battered women's anger. Because of the significant health risks, psychological impact, and interpersonal difficulties associated with anger, further research is needed to clarify the results of this brief investigation.

Finally, women did not report differences in their use of problem-focused coping, either in a direct measure or relative to their use of emotion-focused strategies. On the surface, this lack of change may seem problematic, since one would expect women to increase their active coping during the challenge of breaking relationship ties and establishing independence. Yet, women currently in a violent relationship

report high levels of problem-focused coping; thus, one might interpret the current results as indicative of a transfer of a high level of problem-focused coping with violence and relationship issues to the same level of coping with the tasks of independence.

While this sample of women reported no differences in their experience of important areas of behavioral change, they reported significant differences in other important areas involving symptoms of dissociation, use of coping, and their perceived self-efficacy for leaving. The most notable differences were reported by the groups facing the imminent issues of relationship violence and stay-leave decision making.

The two groups of battered women likely to be confronted with the most challenging cognitive, emotional, and behavioral experiences of domestic violence--women currently in and women recently out of violent relationships --reported two differences and two similarities in their experience of the change process. First, women out of their violent relationships for less than six months reported greater symptoms of dissociation than women still with their violent partners. Based on our understanding of severely battered women, they are likely to experience increased assault and the possibility of lethal outcomes with attempts at separation, they may have experienced an increase in violence or fear that prompted them to leave, or they may

lack resources and/or feel overwhelmed by the tasks of establishing independence. The current results suggest that battered women involved in the early stage of their "heroic struggle" for independence and safety are faced with the highest amount of stress and demands when their psychological resources may be at their lowest. As suggested by Lenore Walker (1991, 1994), knowledge of the treatment of dissociative symptoms is important for therapists and other professionals working with battered women to assist them in coping with the stressful demands they face. Trauma research would also propose the early treatment of dissociation to prevent the development of long-term PTSD.

Next, women in these two groups reported no difference in their overall coping levels, reflected most in emotion-focused coping, or their confidence for leaving. This lack of differences may be partially reflected in the women's greater experience of dissociative symptoms during this time, signaled by an imbalance of great demands and weakened psychological resources, their uncertainty and fragile self-efficacy, and common pressures from batterers and others for return to the relationship. Self-efficacy perceptions involve individuals' beliefs that they can organize and execute the courses of action required to reach chosen goals. Battered women's organizational and executive capacities are likely to be severely compromised in the presence of dissociative experiences, and vice versa, limiting their

sense of self-efficacy and perhaps increasing their reliance on emotion-focused coping. Supporting the results of previous studies, emotion-focused coping was associated with lowered self-efficacy; here, the direction of causality is also unknown. Finally, the traumatic experience of relationship violence is likely to negatively impact the cognitive and emotional mechanisms underlying confidence.

Yet, even with a level of stress that triggers dissociative responses, challenges confidence, and requires intense coping resources and efforts, the women out for less than six months reported significantly less temptation to stay with their partners or return to their relationship than women currently in a violent relationship. The term temptation refers to the persuasive aspects of an external object or agent (Webster's Ninth New Collegiate Dictionary, 1987) that, or who, is appealing, enticing, attractive, or seductive (Bartlett's Roget's Thesaurus, 1996). This closer look at the terminology suggests that this sample of battered women in the early weeks of establishing independence may not find the qualities of their relationships to be as appealing or their partners as persuasive as the women currently in violent relationships. These women may be on the other side of the "turning point" or may have tipped the scales in their contemplation of the pros and cons of staying or leaving.

They may be exercising the motivational and selection mechanisms of self-efficacy that Bandura proposes.

An ability to monitor changes in women's self-efficacy for leaving can assist in the timing and intensity of interventions based on this important component of readiness for change. Consistent with previous applications of the construct of self-efficacy for assessing and predicting behavior change, these results suggest that summation scores of the self-efficacy scales may provide an assessment of battered women's behavioral progress and an indication of their overall readiness for change. Further research, however, will be required to identify cut-off points predictive of relapse or categories that identify task-oriented factors or components of women's self-efficacy for intervention purposes.

Relevance of the Transtheoretical Model

The self-efficacy construct is an integral component of the transtheoretical model due to its measurable capacity to predict the initiation and maintenance of behavior change. This construct has been found to provide important information about individuals' movement through the transtheoretical stages. Drawing from the utility of this conceptualization, measurable levels of battered women's self-efficacy may provide information for assisting women in

the process of behavior change at different points in their decision making process.

Analysis of self-efficacy across RS groups allows an exploratory comparison with the self-efficacy construct of the transtheoretical model. Specifically, the current results of tests of the confidence and temptation variables provide support for the two operationalizations of self-efficacy outlined in the transtheoretical model. As illustrated in Figure 1--the traditional line graph utilized in studies involving the model's stage construct--confidence is predicted to increase across the stages of change and temptation is predicted to decrease. Figure 7 depicts the results from the current study which show a similar pattern of increasing confidence and decreasing temptation across the RS groups. The significance of these results may provide a preliminary glance at the relevance of the transtheoretical model for understanding battered women's change process and assisting them with interventions tailored to their readiness for change.

As operationalized, confidence increases in a somewhat linear manner as individuals progress through the stages, and temptation similarly decreases. The crossover of confidence and temptation is proposed to occur prior to individuals taking action to modify their behavior, typically in the preparation stage. Based on an extrapolation of the current

between-groups analyses to an assumption of change across time, the results suggest that, in a pattern similar to previous model applications, women experience more positive perceptions of self-efficacy across the successive RS groups. However, the hypothetical crossover does not occur with the onset of action but occurs at the six-month point of independence, and confidence for leaving does not come to outweigh temptation until a later point in their change process.

Thus, for several months after initiating independent living, the women in this sample who recently left their relationships were more tempted to return than they were confident about staying away. In typical applications of the model, the first six months mark the action stage of change and the second six months mark the beginning of the maintenance stage, and stronger confidence is reported prior to the action stage. In other words, the perceived self-efficacy of this sample of recently emancipated battered women, who would be in the action stage of change in a full application of the model, reflects the uncertainty of individuals in the contemplation and preparation stages of addictive and health behavior change and may represent individuals in the action stage vulnerable to relapse.

The notion of relapse, however, and its conceptualization in the transtheoretical model as a step toward success rather than a failure provides a basis for

reframing battered women's negatively viewed change process in a positive light. As noted earlier, professional helpers report frustration and helplessness and often view a battered woman's return to her abusive partner as a failure, but research would suggest the opposite. Just as relapse in addictive behaviors is often a step toward success (Prochaska et al., 1992), each time a battered woman leaves her partner she becomes more and more likely to leave her partner permanently (Loseke, 1992). Therapeutic interventions which provide timely successes based on each woman's increasing strengths and progress may assist her to more effectively and more safely achieve permanent separation. Thus, a focus on more individualized interventions that promote smaller but more effective behavioral change at each juncture may be more effective and efficient. Accordingly, an ability to assess battered women's self-efficacy at different points in time may provide clinical utility for professional helpers in developing treatment interventions tailored to women's unique needs.

This study provided little information about changes in the perceived self-efficacy of women currently in violent relationships. These 21 women represent a heterogeneous sample of participants not intending, contemplating, and preparing to leave their partners. The model predicts that self-efficacy levels would increase linearly for these three groups of women, but this study was unable to assess these

changes due to the limited number of currently battered women who came forward to participate, despite recruitment efforts. However, the perceived self-efficacy construct is likely to be important in assisting women currently experiencing domestic violence who are faced with safety issues, decision making processes, and concerns involving preparation for independent living. Further research is indicated to elucidate the experience and change processes of these women. Given a greater delineation of the stay-leave decision process in currently battered women, application of the transtheoretical constructs involving processes, decisional balance, and self-efficacy in individual therapeutic or broad community interventions may assist women contemplating and preparing for change.

Predictors of Self-Efficacy

In essence, the confidence and temptation constructs may represent the skills and incentive, respectively, that underly self-efficacy expectations and battered women's stay-leave decisions, effort, and persistence in dealing with the stress of leaving a violent relationship. The fifth hypothesis--which founded the second primary research question--was supported: a series of model-building, model-testing regression analyses identified variables relevant to

battered women's experience that serve to predict their self-efficacy for leaving a violent relationship.

Confidence and temptation were predicted by different sets of contributors and, finally, by different single measures. Stepwise regression identified a set of five variables that predicted confidence for leaving, with emotion-focused coping and depression inversely associated with confidence and strongest of the predictors, and with psychological and sexual abuse and symptoms of post-sexual abuse trauma positively predicting confidence.

Stepwise regression identified a set of three variables that predicted temptation to stay or return. As with confidence for leaving, emotion-focused coping predicted temptation to return but, as expected with these complementary measures of self-efficacy, emotion-focused coping was positively associated with temptation. An equally strong predictor, adult sexual abuse was inversely associated with temptation, as was the third and less potent predictor, women's educational attainment.

Thus, several variables salient to battered women's decision making process were identified as significant predictors of their self-efficacy for leaving a violent relationship. Lower levels of emotion-focused coping and more frequent sexual abuse in the relationship were common to both sets of variables predicting increasing self-efficacy for leaving a violent relationship. As suggested in previous

research, battered women's decision making is influenced not only by their internal and external resources but also by the characteristics of the batterer and their relationship.

Previous research has identified the relationship between the use of emotion-focused coping strategies and lower perceived self-efficacy in battered women. An earlier study (Kennedy, 1996) indicated that individual components of emotion-focused coping may be differentially related to lower self-efficacy. It was found that, even after a significant amount of independent living, women who used escape-avoidance and self-controlling strategies and who continued to accept responsibility for the relationship problems reported greater temptation to return to their partners. The growth promoting aspects of positive reappraisal and related cognitive distancing strategies were not related to self-efficacy. Folkman and Lazarus (1988) abandoned the idea of separating emotion- and problem-focused coping because they envisioned many of the strategies serving both types of coping functions, although many other researchers find the investigation of these separate constructs informative. A more instrumental study might utilize these researchers' concept of eight types of strategies rather than the two primary components to further delineate the contributors and detractors from women's self-efficacy.

Depression scores were also significantly associated with lower confidence for leaving and maintaining

independence. As Bandura would propose, beliefs of inefficacy may underly battered women's vulnerability to depression. Not surprisingly, women are likely to become depressed when they find they are unable to control or change their partners' violence and abuse, feel overwhelmed by obstacles and difficulties, and are distracted from efficient problem solving by failing confidence.

Whereas emotion-focused coping and depression are related to lower self-efficacy for leaving, symptoms of post-sexual abuse trauma and the distressing experience of psychological and sexual abuse that accompanies physical relationship violence may be aversive, thus motivating, factors that naturally enhance women's confidence for addressing the necessary tasks of establishing independence. The effect of psychological abuse, in particular, is accruing recognition as an aversive and motivating force in battered women's decision making (Jacobson & Gottman, 1998). However, little is known about the effect of adult sexual abuse that often accompanies violence. These results suggest that this experience may also impact the course of battered women's decision making and change process.

Finally, the demographic variable of educational attainment was positively associated with battered women's self-efficacy for leaving. The broad range of skills, resources, and experiences associated with educational opportunities may promote women's self-efficacy in very

general ways. For example, education and financial security are positively associated with problem-focused coping (Billings & Moos, 1981); and battered women with lower educational attainment have been found to use avoidance-type coping strategies (Mitchell & Hodson, 1983), which in the current study are related to lower self-efficacy.

When these variables were submitted to regression analyses to identify unique predictors of confidence and temptation, emotion-focused coping was retained as a predictor of self-efficacy scores. Among the psychological variables entered into the regression analyses, almost 20% of the variance in temptation to stay or return was accounted for by emotion-focused coping. The variance in confidence was also uniquely accounted for by emotion-focused coping, but it was also by predicted by depression scores. Thus, from women's scores on instruments assessing these variables, one should be able to partially predict a battered woman's self-efficacy for leaving. Yet, much of the variance in self-efficacy was not accounted for by the variables entered into these models. The small relationships between the emotion-focused coping and depression variables and self-efficacy support our recognition that women's decisions and process of leaving a violent relationship are complex and that there are likely to be numerous barriers, influences, and contributing factors to women's self-efficacy. Further, emotion-focused coping is not only a multidimensional

construct in itself, but some specific strategies, such as escape-avoidance, may represent trauma symptoms or be situationally influenced by them. Further research is indicated to delineate these effects. These first tests of the Confidence and Temptation Scales suggest that they may be valuable research tools for disentangling these effects and, ultimately, for identifying the most salient factors in battered women's decision making process and their initiation and maintenance of behavioral change.

General Discussion

This investigation of women's experience of trauma, anger, coping, and self-efficacy provides some input into our understanding of battered women's dynamic change process. Generally, the findings support the more prominent approaches to treatment of battered women advocated by Dutton (1992a) and Walker (1991, 1994), who focus interventions on trauma symptoms and dissociation, coping skills, anger, and suggest that self-efficacy and empowerment are essential healing components. The results also point to the long-term effects of the experience of domestic violence on women and the subsequent, lengthy healing process.

Most importantly, the results support the general hypothesis of this study that battered women's behavioral change involves a process. Depending on the status of their

stay-leave decision making, the women in this study reported different types and levels of distress, trauma symptoms, and psychological responses. In this respect, the measurement of variables at single points in time with samples of women who are likely to be at different points in their decision making and change process may obscure women's differential experience of those variables and behavioral change.

A greater understanding of battered women's change process and variables implicated in their stay-leave decisions may assist professionals to apply interventions systematically for their most effectiveness based on women's readiness to utilize them. Further, understanding the specifics of this process can provide material for the development of measures to evaluate their incremental progress at different points in time.

With further delineation of women's decision and change process, professionals utilizing service-defined, woman-defined, and therapeutic models of assistance in work with battered women may have a greater understanding of the effects of barriers and influences that facilitate or impede their progress toward health and independent living status. The current study demonstrated women's differential experience of psychological variables integral to their experience. Further, it illuminated the relationship of "barriers" in the environment including batterer behaviors, the psychological consequences of domestic violence, and the

influence of previous child abuse to women's self-efficacy for leaving.

The Confidence and Temptation Scales show promise as reliable measures of women belief's about their ability to perform the tasks, cope with the challenges, and decide rationally about the attractiveness of their relationships. However, without formal tests of construct validity and longitudinal analyses of women's movement from violent relationships to independence, conclusions about the appropriateness of the scales as validly measuring what they are purported to measure in battered women's change process remain uncertain.

In addition to limited knowledge of the psychometric properties of the Confidence and Temptation Scales, there are weaknesses in this study involving sampling and data considerations; thus, the results should be viewed cautiously. In particular, the tests of effects for the group differences in dissociation and coping were weak and require replication. Although attempts were made to recruit a representative sample of severely battered women, some characteristics of the sample limit the generalizability of the results. First, women in this sample represented a predominantly Caucasian, high-school or better educated group of participants. This subject selection bias based on resource levels may have increased their fundamental willingness to participate and may represent a different

process of change than that experienced by women with fewer resources and different access to mainstream services. It might be argued that women lacking educational and related resources may have been deterred from participating because the advertisements suggested the study was being conducted in a university setting, perhaps intimidating to women without educational attainment. Considering alternative recruitment practices and increasing the sample size of women lacking educational and related resources may improve the generalizability of the current results. Further, it would provide an opportunity to better understand the change process of women with fewer resources and how professionals can be most helpful to women with diverse needs. Finally, it may provide an adequate sample of women for a full test of the transtheoretical model. At present, the results of this study may not be generalizable to all severely battered women.

Second, a minor but influential proportion of the sample represented individuals who were reporting their experience of dating violence. The meaning of an intimate relationship is likely to differ for young women in dating relationships with little experience of self-sufficiency and for mature women in marital relationships with a legal commitment, shared resources, and perhaps children. Women representing these two different levels of relationship commitment may endorse the Confidence and Temptation scales differently, and

interventions would likely be different in assisting them. This difference in meaning and life experience further illustrates the multidimensional picture of violence in relationships and the potential need for separate measures and alternatively-focused treatment planning.

One fundamental weakness in the data involves the response set observable in the two groups representing women out of their relationships more than one year (RS4 and RS5). Not unexpectedly, many women reported absolute confidence for maintaining independence and no temptation to return to their violent relationships. Compounded by the larger sample sizes in those groups, the data for the self-efficacy variables is heavily weighted toward extreme responses. As a result of highly skewed distributions in these confidence and temptation variables, heteroscedasticity violated the assumption of normality in the multiple regression analyses. Although this violation did not invalidate the results, it likely weakened them. The ceiling effect observable in confidence scores and complementary floor effect in temptation scores for women out of their relationships longer than three years (and for many of the women out for one to three years) likely restricted the range of the self-efficacy variables and limited the measures' ability to capture true relationships that would occur with more normally distributed independent variables. All analyses in this study require replication to confirm the soundness of the results.

While the response set of women independent of their relationships for more than three years may have limited the strength of statistical analyses, it identifies a group of women whose self-efficacy beliefs and violence-free lifestyle set them apart from women in the other four groups. Little is known about women's self, relationship, and life experience as they struggle with the often long-term, deleterious effects of relationship violence. Further investigation of the experiences of this population of women may provide fruitful information about their process and success at achieving psychological well-being and healthy relationships in the aftermath of a battering relationship.

This study has identified the important factors of trauma symptoms, coping, anger, and self-efficacy only as correlates of battered women's change process; they might not function as causative factors. While path analytic studies may begin to illuminate the prior variables in the course of battered women's decision making and behavioral change, longitudinal data are clearly needed to delineate causative factors and provide stronger implications for therapeutic work with battered women.

Attention to the process variables of battered women's experience, for example utilizing transtheoretical model or relationship status constructs, provides for the evolution of a broad array of research foci. From the current study alone, investigations might pursue a more in-depth

understanding of the adaptive and maladaptive effects of battered women's anger; examine the differential experience and decision-making process of battered women who experienced child abuse or who have been involved in multiple violent relationships; explore the relationship between dissociation and the potential for women returning to a violent relationship or entering a new one; study the effects of children on women's stay-leave decision making; gain a greater understanding of the change process and development of healthy relationships for women independent of battering and remarried or re-partnered; or investigate the behavioral change process of women representing different ethnic groups in which domestic violence is prevalent. The Confidence and Temptation Scales may help to further our understanding of the predictive relationship of social and institutional support, adult attachment styles, anger expression styles, or the experience of psychotherapy on women's self-efficacy. Fundamentally, the Confidence and Temptation Scales can be retained as an important measure in any study of battered women involving the transtheoretical model.

Although only limited conclusions can be drawn from this study about the application of the transtheoretical model with severely battered women, the results support further investigation of the model as a valuable framework for observing the dynamics of the change process in this population. Much of the value of this framework may come not

only from the basic measures of the model constructs but also from the measure of additional dependent variables that relate the primary constructs to behavioral change. The measurement of trauma, anger, and coping and their relationship to the self-efficacy construct is one such application. The assessment of multiple variables within a dynamic model of change could markedly enhance our understanding of the multidimensional nature of violence in relationships and the complexities of assisting battered women achieve safety and independence.

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Table 1

The Transtheoretical Model: Stages of Change in Which Particular Process of Change Are Emphasized

Precontemplation	Contemplation	Preparation	Action	Maintenance
Consciousness Raising				
Dramatic Relief				
Environmental Reevaluation				
	Self-Reevalution			
		Self-Liberation		
		Social Liberation		
			Contingency Control	
			Helping Relationships	
			Counter-Conditioning	
			Stimulus Control	

Table 2

Relationship Characteristics: Length, Number of Stay-Leave Indicents, and Elapsed Time Since End of Relationship (in years) for the Five RS Groups

Variable	Relationship Status: In (n=21)	Out < 6 Mos (n=26)	Out 6-12 Mos (n=17)	Out 1-3 Yrs (n=67)	Out > 3 Yrs (n=60)	Total (n=191)
Relationship Duration						
Median	3.50	2.50	4.50	3.00	3.50	3.00
M	6.87	3.41	7.67	4.92	5.71	5.21
SD	8.41	2.75	6.72	5.91	6.24	5.79
Number of Leave-Return Incidents						
Median	1.00	1.50	1.00	2.00	2.00	2.00
M	2.50	4.58	2.25	3.75	3.69	3.70
SD	2.60	5.65	3.59	4.69	4.89	4.84
Elapsed Time Since End of Relationship						
Median	--	.25	.75	2.50	6.00	2.50
M	--	.19	.75	2.05	8.75	4.00
SD	--	.08	.00	.54	5.95	5.01

Table 3

Relationship Characteristics: Length, Number of Stay-Leave Incidents, and Elapsed Time Since End of Relationship for Overall Sample

Characteristic	Category	n	Percent
Relationship Length (in years)	< 1.00 Yr	28	14.6
	1 - 1.75 Yrs	27	14.1
	2 - 2.75 Yrs	29	15.2
	3 - 4.75 Yrs	34	17.8
	5 - 9.00 Yrs	38	20.4
	10 - 19.00 Yrs	26	13.6
	20 - 39.00 Yrs	8	4.2
Number of Stay-Leave Incidents	0	27	14.1
	1	56	29.3
	2	29	15.2
	3	14	7.3
	4	7	3.7
	5	4	2.1
	6 - 10	11	5.8
	11 - 20	5	2.6
	"Too Many to Count"	18	9.4
Elapsed Time Away From Relationship (RS2 - RS4, in years)	< 1.00 Yr	43	14.6
	1 - 1.75 Yrs	31	14.1
	2 - 2.75 Yrs	36	15.2
	3 - 4.75 Yrs	15	17.8
	5 - 9.00 Yrs	29	20.4
	10 - 19.00 Yrs	11	13.6
	20 - 25.00 Yrs	7	

Table 4

Demographics for Five Relationship Status Groups and Total Sample[a]

Variable	Relationship Status: In (n=21)	Out < 6 Mos (n=26)	Out 6-12 Mos (n=17)	Out 1-3 Yrs (n=67)	Out > 3 Yrs (n=60)	Total (n=191)
Age						
M	29.55_{ab}	26.19_{a}	33.75_{b}	27.63_{ab}	34.10_{b}	30.21***
SD	10.30	9.12	10.71	9.52	10.55	10.42
Median	25.50	23.00	34.00	24.00	33.50	28.00
Children						
M	2.42	2.42	1.91	2.41	2.56	2.40
SD	1.68	1.98	.94	1.37	1.28	1.42
Median	2.00	2.00	2.00	2.00	2.00	2.00
Education (in years to date)						
M	13.67_{ab}	13.35_{a}	13.63_{ab}	13.93_{ab}	14.73_{b}	14.04***
SD	1.60	2.06	1.67	1.55	2.00	1.84
Median	14.00	14.00	14.00	14.00	14.00	14.00

Table 4 (cont.)

Demographics for Five Relationship Status Groups and Total Sample[a] (cont.)

Variable	Relationship Status: In (n=21)	Out < 6 Mos (n=26)	Out 6-12 Mos (n=17)	Out 1-3 Yrs (n=67)	Out > 3 Yrs (n=60)	Total (n=191)
Partner Education (in years at time of relationship)						
M	13.15	12.19	13.69	13.03	12.80	12.91
SD	1.98	2.40	1.92	2.35	2.41	2.31
Median	14.00	12.00	14.00	14.00	12.00	14.00
Personal Annual Income in Violent Relationship						
M	$ 7,800$_a$	$ 9,700$_ab$	$16,000$_b$	$ 7,700$_a$	$ 8,800$_a$	$ 9,100**
SD	$ 5,500	$ 8,300	$10,500	$ 9,300	$10,700	$ 9,600
Median	$12,500	$12,500	$12,500	$ 2,500	$ 2,500	$12,500
Family Annual Income in Violent Relationship						
M	$17,030	$18,600	$30,000	$21,575	$20,300	$21,500
SD	$13,000	$12,800	$20,400	$17,000	$17,500	$16,800
Median	$12,500	$12,500	$30,000	$15,000	$17,500	$15,000

Table 4 (cont.)

Demographics for Five Relationship Status Groups and Total Sample[a] (cont.)

Note. Means having the same subscript are not significantly different at $p < .05$ in a Tukey honestly significant difference post hoc test.
[a] Race: Participants, 92.1% Causcasian; Partners, 81.7% Caucasian.
** $p < .01$. *** $p < .001$.

Table 5

Participant Demographic Information (in Percent of Total Sample, n = 191)

Variable	At Time of Participation	During Violent Relationship
Education (cumulative categories)		
High School Graduation	93.8	
College Graduation	17.3	
Graduate Degree	4.7	
Employment Status		
Employed Full-Time or Part-Time	56.6	68.6
Unemployed or Homemakers	16.7	17.8
Student Only	26.7	11.5
Occupational Level		
Non-Professional (includes students)	69.6	
Semi-Professional	17.3	
Professional	8.9	
Residence		
In a Town or City		74.3
Rural		14.7
Both		10.5
Race		
Caucasian	92.1	
American Indian	3.7	
Hispanic	1.6	
African-American	1.0	
Other (Non-Asian)	1.0	

Table 6

Partner Demographic Information (in Percent of Total Sample, n = 191)

Variable	During Violent Relationship
Education	
High School Graduation	74.3
College Graduation	14.1
Graduate Degree	2.6
Employment Status	
Employed Full-Time or Part-Time	52.4
Unemployed (fully or temporarily)	36.7
Student Only	8.4
Occupational Level	
Non-Professional (includes students)	54.5
Semi-Professional	14.7
Professional	11.5
Race	
Caucasian	81.6
Hispanic	5.8
American Indian	5.2
African-American	3.1
Asian	1.0
Other	2.1

Table 7

Physical, Psychological, and Sexual Abuse Scores of Participants and Partners (Participant's Report)

	Participants			Partners		
Abuse Type	M	SD	Med	M	SD	Med
Conflict Tactics Scales (CTS; Straus, 1979)[e]						
Minor Violence[a]	3.96	4.60	2.00	11.83	5.11	13.00
Severe Violence[a]	3.36	4.72	1.00	11.83	9.18	11.00
Extreme Violence[b]	.47	1.48	.00	3.59	3.98	3.00
Total Violence[c]	7.34	8.79	4.00	23.64	13.52	23.50
Psychological Maltreatment of Women Inventory (Tolman, 1989)						
Dominance-Isolation				67.64	28.17	67.00
Emotional-Verbal				85.36	18.81	85.50
Total Psychological Abuse				155.79	48.20	156.00
Mean Frequency[d]				2.91	.89	2.86
Sexual Abuse (single-item)[e]	.02	.16	.00	2.03	1.42	1.00

[a] Subscales of the CTS as defined by Straus (1979).
[b] Subset of severe violence items involving beating the partner up or threatening with or using a knife or gun.
[c] Total of minor and severe violence.
[d] Six-point Likert-type rating (0 = does not apply, 1 = never, 2 = rarely, 3 = occasionally, 4 = frequently, 5 = very frequently; mean of ratings 1-5).
[e] Number of incidents in a 12-month period.

Table 8

Abuse History for Five Relationship Status Groups and Total Sample (in Percentages of Group)[a]

Variable	Relationship Status: In (n=21)	Out < 6 Mos (n=26)	Out 6-12 Mos (n=17)	Out 1-3 Yrs (n=67)	Out > 3 Yrs (n=60)	Total (n=191)
Child Sexual Abuse	11.8	30.8	31.3	37.1	37.5	30.9
Family Physical Violence[b]	47.6	65.4	29.4	62.7	50.0	54.5
Previous Violent Relationship[c]	23.8	46.2	18.8	34.3	27.1	30.9

[a] Percent of group reporting abuse prior to most recent violent relationship.
[b] Family of origin, including blended family.
[c] One or more adult or dating relationships.

Table 9

Summary of Coefficient Alphas for Scales and Subscales

Scale	Number of Items	Alpha
Self-Efficacy Scale		
Confidence Scale	35	.98
Temptation Scale	35	.98
Ways of Coping Questionnaire	50	.91
Emotion-Focused Coping Subscale	32	.89
Problem-Focused Coping Subscale	18	.83
Relationship Qualities Scale (Frequency)	16	.82
Negative Qualities (Frequency) Subscale	11	.85
Psychological Maltreatment of Women Inventory	58	.96
Dominance-Isolation Subscale	26	.94
Emotional-Verbal Abuse Subscale	23	.93
Conflict Tactics Scale (Participants' Reports)		
Physical Aggression (by Partner)	9	.89
Physical Aggression (by Participant)	9	.86
Anger Questionnaire	3	.87
Trauma Symptom Checklist	33	.92
Dissociation Subscale	6	.80
Depression Subscale	9	.79
Sleep Disturbance Subscale	4	.75
Post-Sexual Abuse Trauma Subscale	6	.73
Anxiety Subscale	9	.70

Table 10

Trauma Symptom Checklist (TSC-33) Mean Frequency[a] and Total Scale Scores for Five Relationship Status Groups and Total Sample

		Relationship Status						
TSC-33 Scale		In (n=21)	Out < 6 Mos (n=26)	Out 6-12 Mos (n=17)	Out 1-3 Yrs (n=67)	Out > 3 Yrs (n=60)	Total (n=191)	p
Mean Symptom Frequency								
Anxiety	M	.75	.96	.84	.82	.74	.81	.196
	SD	.36	.33	.41	.40	.45	.41	
	SE	.08	.07	.10	.05	.06	.03	
Depression	M	1.19	1.28	1.23	1.02	.91	1.06	.045
	SD	.55	.48	.53	.59	.64	.60	
	SE	.12	.10	.13	.07	.09	.04	
Dissociation	M	$.78_{c}$	1.35_{d}	1.09_{cd}	$.90_{cd}$	$.85_{c}$	.95	.008
	SD	.59	.55	.70	.63	.66	.65	
	SE	.13	.11	.17	.08	.09	.05	
PSAT[b]	M	.81	1.23	1.14	.96	.86	.97	.073
	SD	.54	.47	.63	.66	.66	.63	
	SE	.12	.09	.16	.08	.09	.05	

Table 10 (cont.)

Trauma Symptom Checklist (TSC-33) Mean Frequency[a] and Total Scale Scores for Five Relationship Status Groups and Total Sample (cont.)

		Relationship Status						
TSC-33 Scale		In (n=21)	Out < 6 Mos (n=26)	Out 6-12 Mos (n=17)	Out 1-3 Yrs (n=67)	Out > 3 Yrs (n=60)	Total (n=191)	p
Sleep Disturbance	M	1.43	1.69	1.44	1.20	1.20	1.31	.038
	SD	.59	.68	.66	.73	.84	.75	
	SE	.13	.14	.16	.09	.11	.06	
Total Scale Score	M	30.74	37.03	33.63	29.02	26.20	29.83	.062
	SD	12.57	10.14	16.38	16.46	18.31	16.21	
	SE	2.74	2.03	4.10	2.03	2.43	1.19	

Note. Means having the same subscript are not significantly different at $p < .05$ in a Tukey honestly significant difference post hoc test.

[a] Frequency ratings are for two months prior to participation (0 = Never, 1 = Occasionally, 2 = Fairly Often, and 3 = Very Often).

[b] PSAT = Post-Sexual Abuse Hypothesized.

Table 11

Mean Anger Ratings[a] for Five Relationship Status Groups and Total Sample

		Relationship Status						
		In (n=12)	Out < 6 Mos (n=17)	Out 6-12 Mos (n=4)	Out 1-3 Yrs (n=50)	Out > 3 Yrs (n=37)	Total (n=120)	p
Anger at Partner	M	4.44	5.18	4.67	4.55	4.58	4.64	.78
	SD	1.53	1.49	1.25	1.93	1.93	1.81	
	SE	.44	.36	.62	.27	.32	.17	

[a] Mean ratings are of participants' anger at their partners in general, about the physical abuse, and about the psychological abuse on a 7-point Likert-type scale (1 = Not at All, 4 = Moderately, 7 = Extremely).

Table 12

Problem-Focused and Emotion-Focused Coping T-Scores (M = 50, SD = 10) for Five Relationship Status Groups and Total Sample

		Relationship Status						
		In (n=21)	Out < 6 Mos (n=26)	Out 6-12 Mos (n=17)	Out 1-3 Yrs (n=67)	Out > 3 Yrs (n=60)	Total (n=191)	p
Total Coping	M	54.54_{cd}	55.14_{d}	53.01_{cd}	48.04_{c}	47.96_{c}		.001
	SD	9.39	7.25	6.72	9.93	10.44		
	SE	2.05	1.42	1.68	1.21	1.35		
Strategies								
Problem-Focused	M	52.69	52.92	52.33	49.36	48.12		.074
	SD	8.88	7.88	4.84	9.43	9.87		
	SE	1.94	1.54	1.17	1.15	1.27		
Emotion-Focused	M	53.58_{cd}	55.61_{d}	53.00_{cd}	48.32_{c}	47.81_{c}		.001
	SD	8.93	7.47	7.08	10.02	10.33		
	SE	1.95	1.47	1.77	1.22	1.34		
Ratio of Strategies (in raw frequency scores)								
Problem\Emotion Focused	M	.64	.55	.59	.65	.65	.63	.537
	SD	.16	.16	.18	.33	.28	.27	
	SE	.03	.03	.04	.04	.04	.04	

Note. Means having the same subscript are not significantly different at $p < .05$ in a Tukey honestly significant difference post hoc test.

Table 13

Self-Efficacy T-Scores (M = 50, SD = 10) for Five Relationship Status Groups

Variable		Relationship Status: In (n=21)	Out < 6 Mos (n=26)	Out 6-12 Mos (n=17)	Out 1-3 Yrs (n=67)	Out > 3 Yrs (n=60)	p
Confidence	M	39.42_a	44.04_{ab}	49.88_{bc}	51.55_c	54.57_c	.000
	SD	11.03	9.14	8.50	9.32	7.00	
	SE	2.41	1.79	2.06	1.14	.90	
Temptation	M	62.19_a	55.65_b	50.25_{bc}	47.83_c	45.64_c	.000
	SD	11.32	10.03	9.36	7.88	6.53	
	SE	2.47	1.97	2.27	.96	.84	

Note. Means having the same subscript are not significantly different at $p < .05$ in a Tukey honestly significant difference post hoc test.

Table 14

Summary of Standard Multiple Regression Analysis[a] for Trauma Symptom Checklist (TSC) Variables Predicting Total Confidence Scores (n = 129)

Variables	B	SE B	ß[b]	t	Sig t	R^2 Chg
TSC Depression	-9.232	1.86	-.60	-4.963	.000	.14***
TSC PSAT[c]	4.253	1.76	.28	2.419	.017	.04***
TSC Dissociation			.26	-1.570	.119	
TSC Sleep Disturbance			.05	0.439	.661	
TSC Anxiety			-.01	-0.102	.919	
Intercept	56.097					

R = .42***
R^2 = .18
Adj R^2 = .17

[a] Stepwise procedure.
[b] Nonsignificant B coefficients are reported in ß as Beta In.
[c] Post-Sexual Abuse Trauma.
***$p < .001$.

Table 15

Intercorrelations Between Total Confidence (Dependent Variable) and Trauma Symptom Checklist (TSC) Variables (Independent Variables)

Variable	Confidence	TSC Depression	TSC PSAT[a]	TSC Dissociation	TSC Sleep Disturbance	TSC Anxiety
Confidence	--					
TSC Depression	-.38***	--				
TSC PSAT[a]	-.14	.72***	--			
TSC Dissociation	-.18*	.63***	.87***	--		
TSC Sleep Disturbance	-.25**	.75***	.59***	.48***	--	
TSC Anxiety	-.23**	.75***	.74***	.68***	.61***	--

[a] Post-Sexual Abuse Trauma.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table 16

Summary of Standard Multiple Regression Analysis[a] for Coping and Relationship Abuse Variables Predicting Total Confidence Scores (n = 129)

Variables	B	SE B	ß[b]	t	Sig t	R^2 Chg
Emotion-Focused Coping	-0.494	0.083	-.65	-5.949	.000	.14***
Sexual Abuse[c]	1.272	0.351	.58	3.621	.000	.12***
Psychological Abuse[cd]	2.440	1.111	.18	2.207	.029	.03***
Problem-Focused Coping			.15	1.638	.104	
Severe Violence[c]			.06	.636	.526	
Intercept	65.637					

R = .53***
R^2 = .28
Adj R^2 = .27

[a] Stepwise procedure.
[b] Nonsignificant B coefficients are reported in ß as Beta In.
[c] By partner toward participant.
[d] As measured by Negative subscale of Relationship Qualities Scale.
***p < .001.

Table 17

Intercorrelations Between Total Confidence (Dependent Variable) and Coping and Relationship Abuse Variables (Independent Variables)

Variable	Confidence	E-Focused[a] Coping	P-Focused[b] Coping	Severe Violence	Psychological Abuse	Sexual Abuse
Confidence	--					
E-Focused Coping[a]	-.37***	--				
P-Focused Coping[b]	-.06	.53***	--			
Severe Violence[c]	.17*	.20**	.18**	--		
Psychological Abuse[d]	.15*	.26**	.30***	.49***	--	
Sexual Abuse[e]	.26**	.20*	.12	.47***	.32***	--

[a] Emotion-focused coping strategies.
[b] Problem-focused coping strategies.
[c] By partner toward participant.
[d] As measured by Negative subscale of Relationship Qualities Scale.
[e] By partner toward participant.
*p < .05. **p < .01. ***p < .001.

Table 18

Summary of Standard Multiple Regression Analysis[a] for Abuse History Variables Predicting Total Confidence Scores (n = 129)

Variables	B	SE B	ß[b]	t	Sig t	R^2 Chg
Child Sexual Abuse[c]	4.172	1.88	.19	2.224	.028	.04**
Family Violence[d]			-.07	-0.793	.429	
Violent Relationships[e]			-.09	-1.052		
Intercept	49.304					

R = .19*
R^2 = .04
Adj R^2 = .03

[a] Stepwise procedure.
[b] Nonsignificant B coefficients are reported in ß as Beta In.
[c] Indicator variable, experienced personally, yes or no.
[d] Indicator variable, family of origin physical violence, experienced personally and/or witnessed parental violence, yes or no.
[e] Number previous to index adult violent relationship.
*$p < .05$. **$p < .01$.

Table 19

Intercorrelations Between Total Confidence (Dependent Variable) and Abuse History Variables (Independent Variables)

Variable	Confidence	CSA[a]	Violent Relationships[b]	Family Violence[c]
Confidence	--			
Child Sexual Abuse[a]	.19*	--		
Violent Relationships[b]	-.06	.18*	--	
Family Violence[c]	.00	.35***	.13	--

[a] Indicator variable, personal experience, yes or no.
[b] Number prior to index violent relationship.
[c] Indicator variable, family of origen physical violence directly experienced and/or witnessed parental violence.
*p < .05. ***p < .001.

Table 20

Summary of Standard Multiple Regression Analysis[a] for Demographics Variables Predicting Total Confidence Scores (n = 128)

Variables	B	SE B	ß[b]	t	Sig t	R^2 Chg
Education[c]	1.237	.46	.24	2.702	.008	.06**
Age			.10	0.962	.338	
Number of Children[d]			-.01	-0.107	.915	
Personal Income[e]			.01	0.071	.944	
Intercept	32.935					

R = .24**
R^2 = .06
Adj R^2 = .05

[a] Stepwise procedure.
[b] Nonsignificant B coefficients are reported in ß as Beta In.
[c] Participant's, in years.
[d] Number in household during the index violent relationship.
[e] In violent relationship.
**p < .01.

Table 21

Intercorrelations Between Total Confidence (Dependent Variable) and Demographics Variables (Independent Variables)

Variable	Confidence	Education[a]	Age	Children[b]	Personal Income[c]
Confidence	--				
Education[a]	.24***	--			
Age	.18*	.45***	--		
Children[b]	.00	.05	.60***	--	
Personal Income[c]	.06	.23**	.25**	.02	--

[a] Participant's in years.
[b] Number in the household during violent relationship.
[c] In violent relationship.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table 22

Summary of Standard Multiple Regression Analysis[a] for Significant Trauma, Coping, Relationship Abuse, Child Sexual Abuse, and Education Variables Predicting Total Confidence Scores (n = 129)

Variables	B	SE B	ß[b]	t	Sig t	R^2 Chg
TSC Depression[c]	-6.515	1.75	-.41	-3.731	.000	.15***
Sexual Abuse[d]	.895	0.34	.21	2.632	.010	.10***
Emotion-Focused Coping	-0.374	0.09	-.36	-4.054	.000	.06***
Child Sexual Abuse[e]	3.147	1.60	.15	1.973	.051	.03***
Education[f]	.732	0.38	.14	1.940	.055	.03***
TSC PSAT[cg]	3.142	1.64	.23	2.084	.039	.02***
Psychological Abuse[h]	2.090	1.03	.16	2.033	.044	.02***
Intercept	66.333					

$R = .63***$
$R^2 = .40$
Adj $R^2 = .37$

[a] Stepwise procedure.
[b] Nonsignificant B coefficients are reported in ß as Beta In.
[c] TSC = Trauma Symptom Checklist.
[d] By partner toward participant.
[e] Indicator variable, personally experienced, yes or no.
[f] Participant's, in years.
[g] PSAT = Post-Sexual Abuse Trauma.
[h] As measured by Negative Qualities subscale of the Relationship Qualities Scale.
***p < .001.

Table 23

Intercorrelations Between Total Confidence (Dependent Variable) and Regression Model Variables[a] (Independent Variables)

Variables	Confidence	TSC-D[b]	Sexual Abuse[c]	EF[d] Coping	CSA[e]	Education[f]	TSC-PSAT[g]	Psych Abuse[h]
Confidence	--							
TSC-D[b]	.39***	--						
Sexual Abuse[c]	.26**	.28***	--					
EF[d] Coping	.37***	.56***	.20**	--				
CSA[e]	.19*	.14	.23**	.08	--			
Education[f]	.24**	.56***	.18*	.03	.18*	--		
TSC-PSAT[g]	-.15*	.72***	.28***	.53***	.28***	.02	--	
Psych Abuse[ch]	.15	.16*	.32***	.26***	.32***	.11	.18*	--

[a] See Table for regression analysis summary.
[b] Trauma Symptom Checklist, Depression subscale.
[c] By partner toward participant.
[d] Emotion-focused coping strategies.
[e] Child Sexual Abuse, personally experienced, yes or no.
[f] Participant's, in years.
[g] Trauma Symptom Checklist, Post-Sexual Abuse Trauma subscale.
[h] As measured in Negative Qualities subscale of Relationship Qualities Scale.
*p <.05 **p < .01. ***p < .001.

Table 24

Summary of Standard Multiple Regression Analysis[a] for Cross-Validation of Model Variables Predicting Total Confidence Scores (n = 60)

Variables	B	SE B	ß	t	Sig t	R^2 Unique
Emotion-Focused Coping	-0.352	0.13	-.37	-2.669	.010	.09
TSC[b] Depression	-7.497	3.19	-.41	-2.353	.022	.07
Psychological Abuse[c]	3.045	1.86	.20	1.638	.107	.03
TSC[b] PSAT[d]	4.800	3.09	.27	1.555	.126	.03
Sexual Abuse[e]	-0.654	0.64	-.12	-1.019	.313	.01
Intercept	63.275					

$R = .56^{***}$
$R^2 = .32$
Adj $R^2 = .26$

[a] Enter procedure.
[b] Trauma Symptom Checklist.
[c] As measured by Negative Qualities subscale of Relationship Qualities Scale.
[d] Post-Sexual Abuse Trauma.
[e] By partner toward participant.
***$p < .001$.

Table 25

Intercorrelations Between Total Confidence (Dependent Variable) and Cross-Validation Regression Analysis Variables[a] (Independent Variables)

Variables	Confidence	TSC-D[b]	Sexual Abuse[c]	EF[d] Coping	CSA[e]	Education[f]	TSC-PSAT[g]	Psych Abuse[h]
Confidence	--							
TSC-D[b]	.39***	--						
Sexual Abuse[c]	.26**	.28***	--					
EF[d] Coping	.37***	.56***	.20**	--				
CSA[e]	.19*	.14	.23**	.08	--			
Education[f]	.24**	.56***	.18*	.03	.18*	--		
TSC-PSAT[g]	-.15*	.72***	.28***	.53***	.28***	.02	--	
Psych Abuse[ch]	.15	.16*	.32***	.26***	.32***	.11	.18*	--

[a] See Table for regression analysis summary.
[b] Trauma Symptom Checklist, Depression subscale.
[c] By partner toward participant.
[d] Emotion-focused coping strategies.
[e] Child Sexual Abuse, personally experienced, yes or no.
[f] Participant's, in years.
[g] Trauma Symptom Checklist, Post-Sexual Abuse Trauma subscale.
[h] As measured in Negative Qualities subscale of Relationship Qualities Scale.
*p <.05 **p < .01. ***p < .001.

Table 26

Summary of Standard Multiple Regression Analysis[a] for Trauma Symptom Checklist (TSC) Variables Predicting Total Temptation Scores (n = 129)

Variables	B	SE B	ß[b]	t	Sig t	R^2 Chg
TSC Depression	7.910	2.03	.47	3.902	.000	.08**
TSC PSAT[c]	-4.276	1.92	-.21	-2.231	.027	.04**
TSC Dissociation			.22	1.286	.201	
TSC Sleep Disturbance			-.10	-0.761	.448	
TSC Anxiety			-.00	-0.017	.919	
Intercept	45.898					

R = .36***
R^2 = .11
Adj R^2 = .10

[a] Stepwise procedure.
[b] Nonsignificant B coefficients are reported in ß as Beta In.
[c] Post-Sexual Abuse Trauma.
**p < .05. ***p < .001.

Table 27

Intercorrelations Between Total Temptation (Dependent Variable) and Trauma Symptom Checklist (TSC) Variables (Independent Variables)

Variable	Temptation	TSC Depression	TSC PSAT[a]	TSC Dissociation	TSC Sleep Disturbance	TSC Anxiety
Temptation	--					
TSC Depression	.28**	--				
TSC PSAT[a]	.07	.72***	--			
TSC Dissociation	.12	.63***	.87***	--		
TSC Sleep Disturbance	.15*	.75***	.59***	.48***	--	
TSC Anxiety	.16*	.75***	.74***	.68***	.61***	--

[a] Post-Sexual Abuse Trauma.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table 28

Summary of Standard Multiple Regression Analysis[a] for Coping and Relationship Abuse Variables Predicting Total Temptation Scores (n = 129)

Variables	B	SE B	ß[b]	t	Sig t	R^2 Chg
Emotion-Focused Coping	0.445	.085	.42	5.227	.000	.12***
Sexual Abuse[c]	-1.512	.353	-.35	-4.283	.000	.12***
Psychological Abuse[cd]			-.16	1.891	.061	
Severe Violence[c]			-.15	-1.730	.086	
Problem-Focused Coping			-.08	-0.902	.369	
Intercept	30.710					

R = .49***
R^2 = .24
Adj R^2 = .23

[a] Stepwise procedure.
[b] Nonsignificant B coefficients are reported in ß as Beta In.
[c] By partner toward participant.
[d] As measured by Negative subscale of Relationship Qualities Scale.
***p < .001.

Table 29

Intercorrelations Between Total Temptation (Dependent Variable) and Coping and Relationship Abuse Variables (Independent Variables)

Variable	Temptation	E-Focused[a] Coping	P-Focused[b] Coping	Severe Violence	Psychological Abuse	Sexual Abuse
Temptation	--					
E-Focused Coping[a]	-.35***	--				
P-Focused Coping[b]	-.12	.53***	--			
Severe Violence[c]	.20*	.20**	.18**	--		
Psychological Abuse[cd]	.14*	.26**	.30***	.49***	--	
Sexual Abuse[c]	.26**	.20*	.12	.47***	.32***	--

[a] Emotion-focused coping strategies.
[b] Problem-focused coping strategies.
[c] By partner toward participant.
[d] As measured by Negative Qualities subscale of Relationship Qualities Scale.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table 30

Summary of Standard Multiple Regression Analysis[a] for Abuse History Variables Predicting Total Temptation Scores (n = 128)

Variables	B	SE B	ß[b]	t	Sig t	R^2 Chg
Child Sexual Abuse[c]	-4.283	1.90	-.20	-2.254	.026	.04**
Family Violence[d]			.06	0.691	.491	
Violent Relationships[e]			.05	- .601		
Intercept	51.117					

R = .20*
R^2 = .04
Adj R^2 = .03

[a] Stepwise procedure.
[b] Nonsignificant B coefficients are reported in ß as Beta In.
[c] Indicator variable, experienced personally, yes or no.
[d] Indicator variable, family of origin physical violence, experienced personally and/or witnessed parental violence, yes or no.
[e] Number previous to index adult violent relationship.
*$p < .05$. **$p < .01$.

Table 31

Intercorrelations Between Total Temptation (Dependent Variable) and Abuse History Variables (Independent Variables)

Variable	Temptation	CSA[a]	Violent Relationships[b]	Family Violence[c]
Temptation	--			
Child Sexual Abuse[a]	.20*	--		
Violent Relationships[b]	.02	.18*	--	
Family Violence[c]	-.01	.35***	.13	--

[a] Indicator variable, personal experience, yes or no.
[b] Number prior to index violent relationship.
[c] Indicator variable, family of origen physical violence directly experienced and/or witnessed parental violence.
*$p < .05$. ***$p < .001$.

Table 32

Summary of Standard Multiple Regression Analysis[a] for Demographics Variables Predicting Total Temptation Scores (n = 123)

Variables	B	SE B	ß[b]	t	Sig t	R^2 Chg
Education[c]	-1.372	.47	-.26	-2.948	.004	.07**
Age			-.11	-1.095	.256	
Number of Children[d]			-.02	-0.254	.800	
Personal Income[e]			-.01	-0.109	.913	
Intercept	69.350					

R = .26**
R^2 = .07
Adj R^2 = .06

[a] Stepwise procedure.
[b] Nonsignificant B coefficients are reported in ß as Beta In.
[c] Participant's, in years.
[d] Number in household during the index violent relationship.
[e] In violent relationship.
**p < .01.

Table 33

Intercorrelations Between Total Temptation (Dependent Variable) and Demographics Variables (Independent Variables)

Variable	Temptation	Education[a]	Age	Children[b]	Personal Income[c]
Temptation	--				
Education[a]	.26***	--			
Age	-.20*	.45***	--		
Children[b]	.04	.05	.60***	--	
Personal Income[c]	.07	.23**	.25**	.02	--

[a] Participant's in years.
[b] Number in the household during violent relationship.
[c] In violent relationship.
*p < .05. **p < .01. ***p < .001.

Table 34

Summary of Standard Multiple Regression Analysis[a] for Significant Trauma, Coping, Relationship Abuse, Child Sexual Abuse, and Education Variables Predicting Total Temptation Scores (n = 127)

Variables	B	SE B	ß[b]	t	Sig t	R^2 Chg
Emotion-Focused Coping	0.443	0.08	.42	5.400	.000	.12***
Sexual Abuse[c]	-1.338	0.35	-.31	-3.874	.000	.12***
Education[d]	-1.134	0.41	-.21	-2.766	.007	.04***
TSC Depression[e]			.15	1.671	.097	
Child Sexual Abuse[f]			-.13	-1.654	.101	
TSC PSAT[eg]			.05	- .497	.620	
Intercept	46.567				R = .53***	
					R^2 = .28	
					Adj R^2 = .27	

[a] Stepwise procedure.
[b] Nonsignificant B coefficients are reported in ß as Beta In.
[c] By partner toward participant.
[d] Participants' in years.
[e] TSC = Trauma Symptom Checklist.
[f] Indicator variable, personally experienced, yes or no.
[g] PSAT = Post-Sexual Abuse Trauma.
***p < .001.

Table 35

Intercorrelations Between Total Temptation (Dependent Variable) and Regression Model Variables[a] (Independent Variables)

Variables	Temptation	EF[b] Coping	Sexual Abuse[c]	Education[d]	TSC-D[e]	CSA[f]	TSC-PSAT[g]
Temptation	--						
EF[b] Coping	.35***	--					
Sexual Abuse[c]	-.26**	.20*	--				
Education[d]	-.26**	.03	.18*	--			
TSC-D[e]	.32***	.56***	.13	-.08	--		
CSA[f]	-.18*	.08	.23**	.10	.14	--	
TSC-PSAT[g]	.10	.53***	.28**	.02	.72***	.16*	--

[a] See Table for regression analysis summary.
[b] Emotion-Focused coping strategies.
[c] By partner toward participant.
[d] Participant's, in years.
[e] Trauma Symptom Checklist, Depression subscale.
[f] Child Sexual Abuse, personally experienced, yes or no.
[g] Trauma Symptom Checklist, Post-Sexual Abuse Trauma subscale.
*p <.05 **p < .01. ***p < .001.

Table 36

Summary of Standard Multiple Regression Analysis[a] for Cross-Validation of Model Variables Predicting Total Temptation Scores (n = 59)

Variables	B	SE B	ß	t	Sig t	R^2 Unique
Emotion-Focused Coping	0.387	0.11	.44	3.609	.000	.19
Education[b]	-0.436	0.68	-.08	-0.631	.524	.00
Sexual Abuse[c]	0.374	0.59	.08	0.636	.527	.00
Intercept	35.738					

R = .46**
R^2 = .21
Adj R^2 = .17

[a] Enter procedure.
[b] Participant's, in years.
[b] By partner toward participant.
**$p < .01$.

Table 37

Intercorrelations Between Total Temptation (Dependent Variable) and Cross-Validation Regression Analysis Variables[a] (Independent Variables)

Variable	Temptation	Emotion-Focused Coping	Education[b]	Sexual Abuse[c]
Temptation	--			
Emotion-Focused Coping	.45***	--		
Education[b]	-.16	-.22*	--	
Sexual Abuse[c]	.03	-.09	.15	--

[a] See Table for summary of cross-validation regression analysis.
[b] Participant's, in years.
[c] By partner toward participant.
*$p < .05$. ***$p < .001$.

Figure Caption

Figure 1. Predicted Confidence and Temptation as a function of the transtheoretical stages of change.

PC = precontemplation stage; C = contemplation stage; P = preparation stage; A = action stage; and M = maintenance stage.

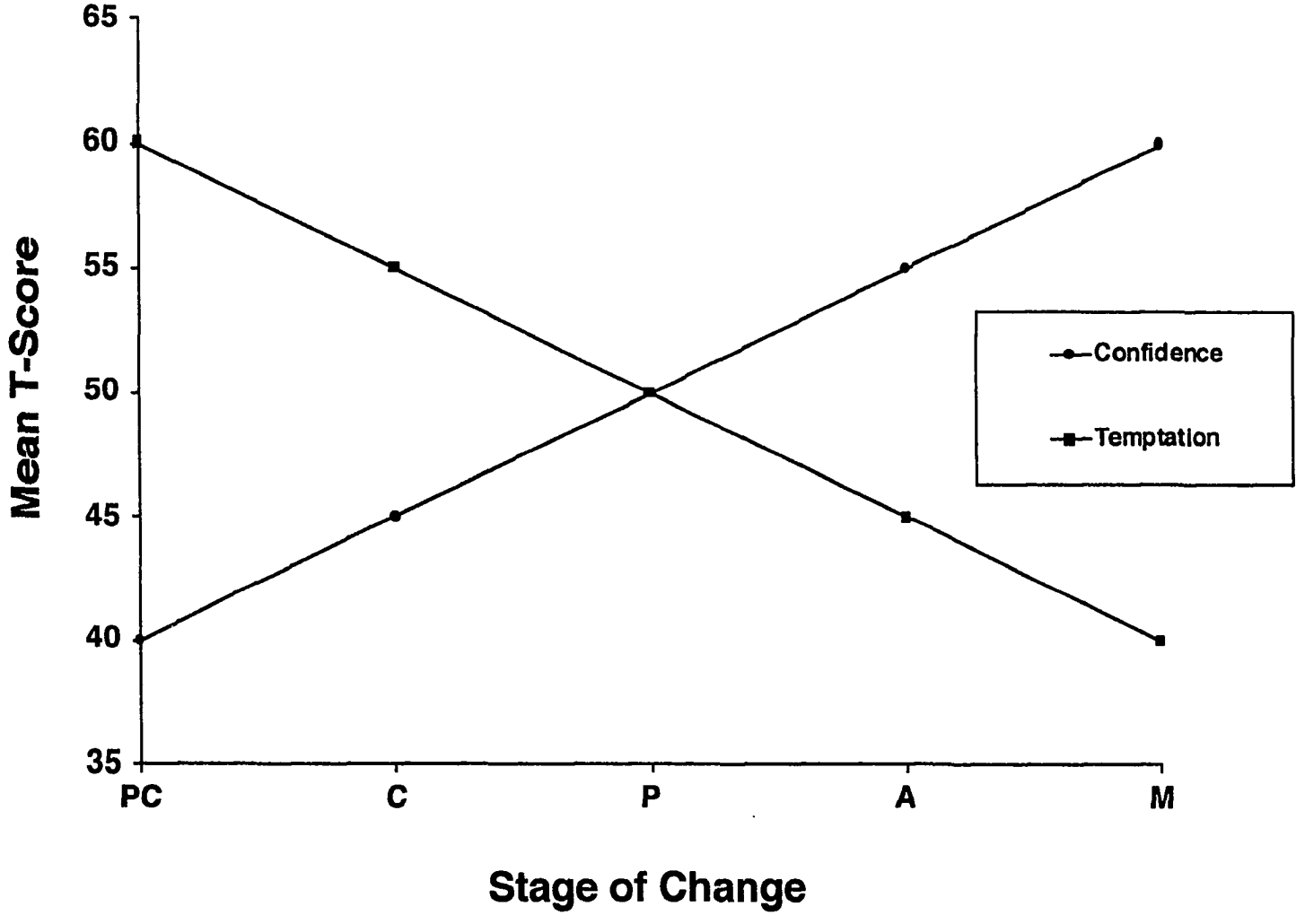


Figure Caption

Figure 2. Mean total Trauma Symptom Checklist scores as a function of Relationship Status group.

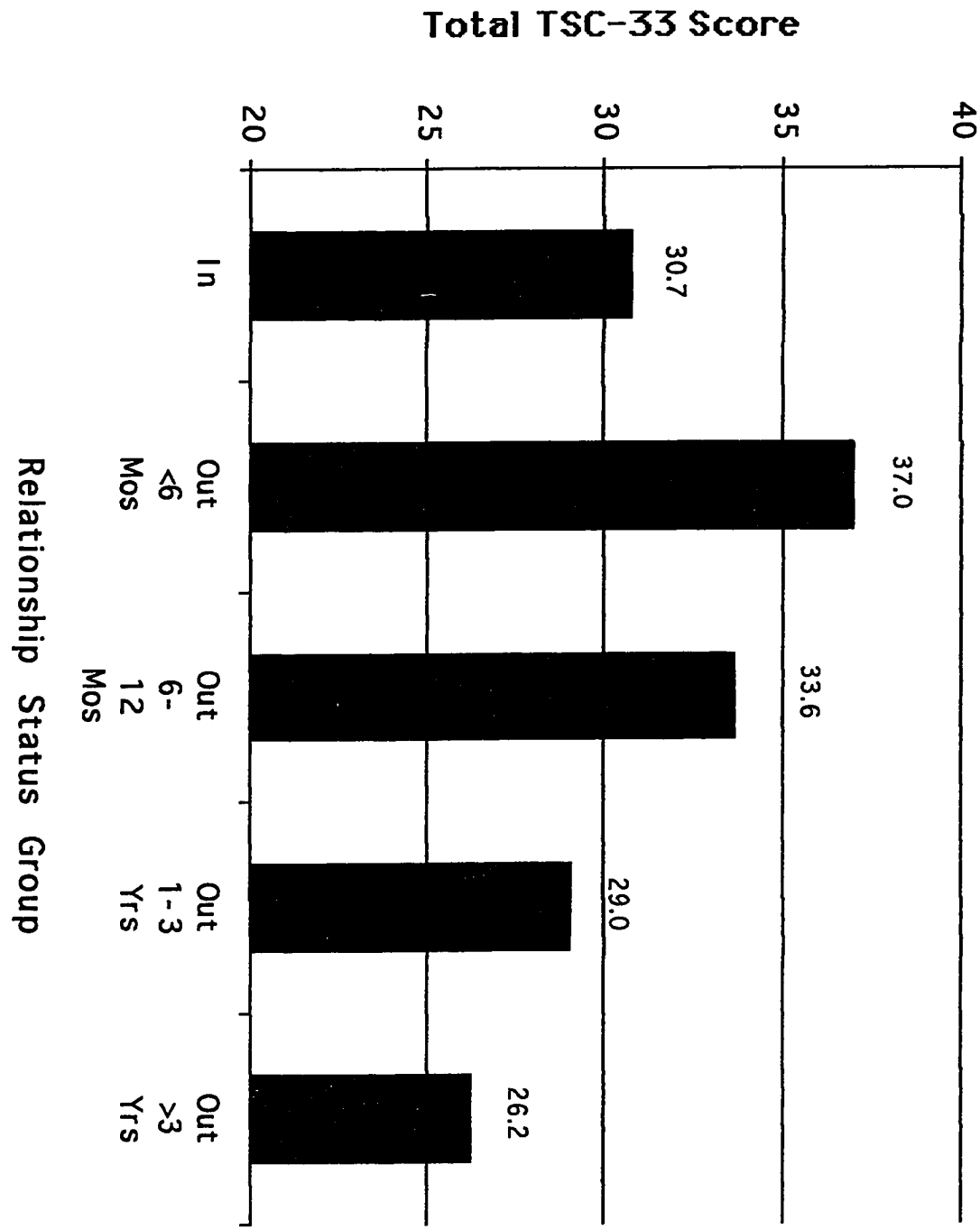


Figure Caption

Figure 3. Mean Trauma Symptom Checklist subscale scores as a function of Relationship Status group.

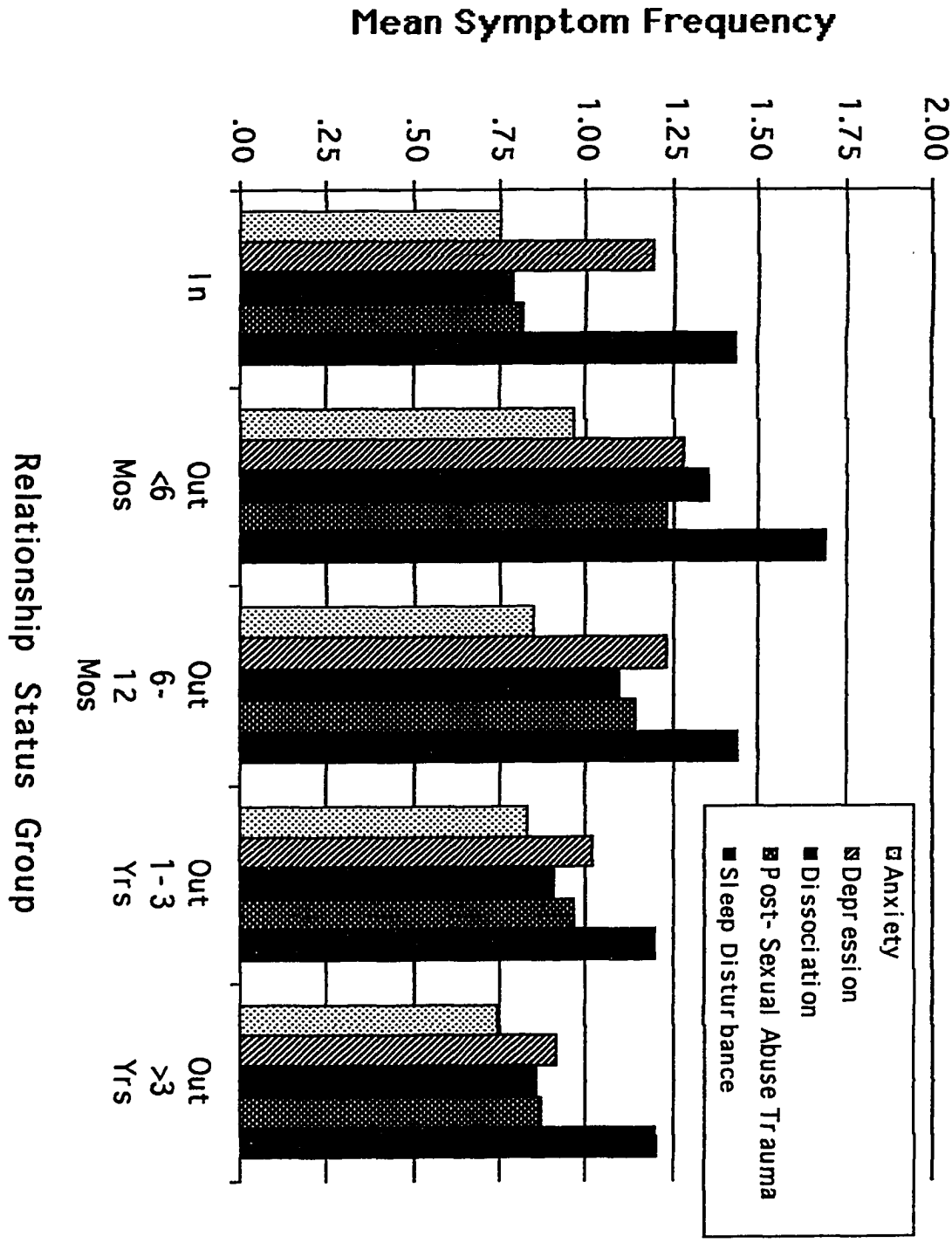


Figure Caption

Figure 4. Mean anger ratings as a function of Relationship Status group.

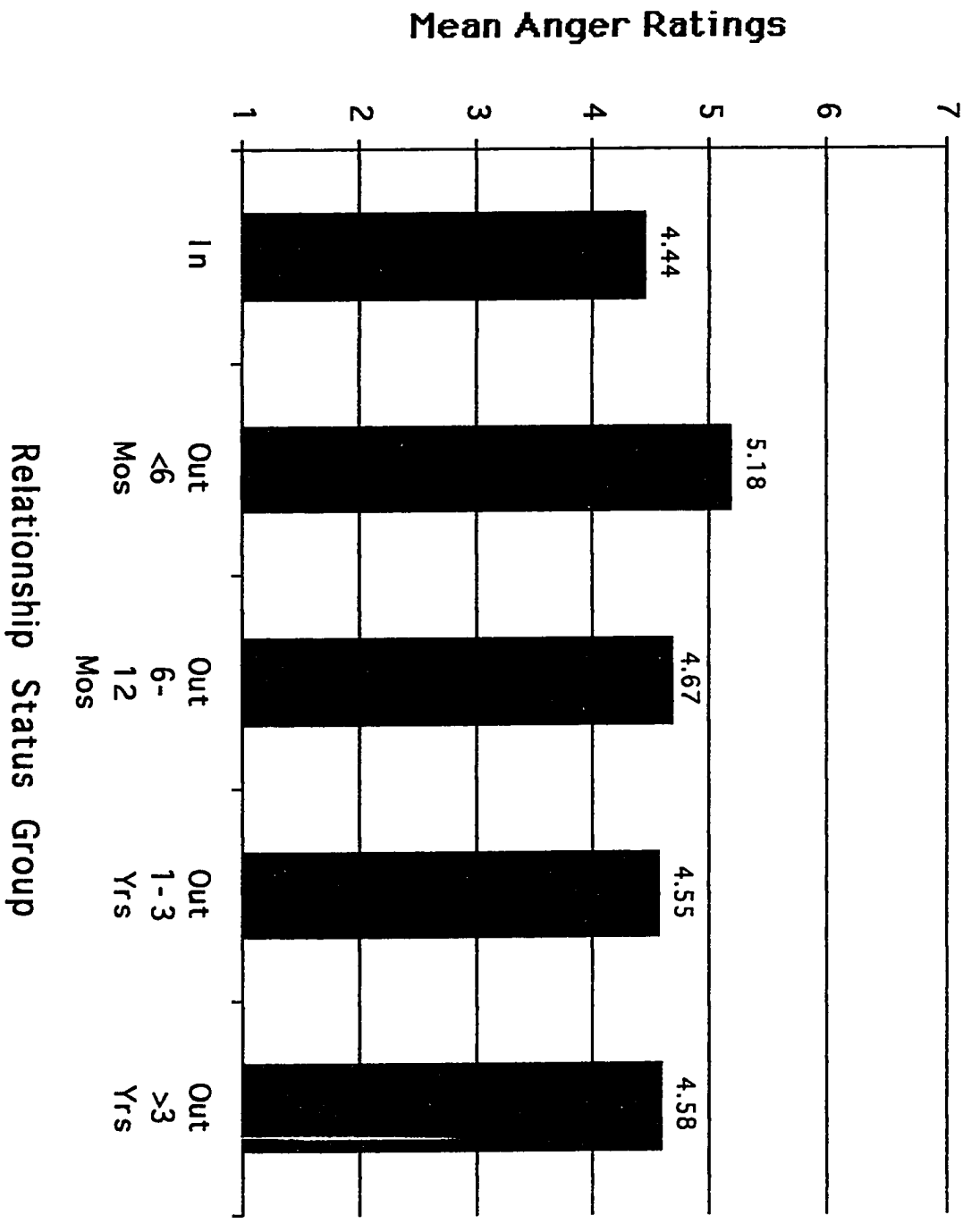


Figure Caption

Figure 5. Mean Ways of Coping Questionnaire scores as a function of Relationship Status group.

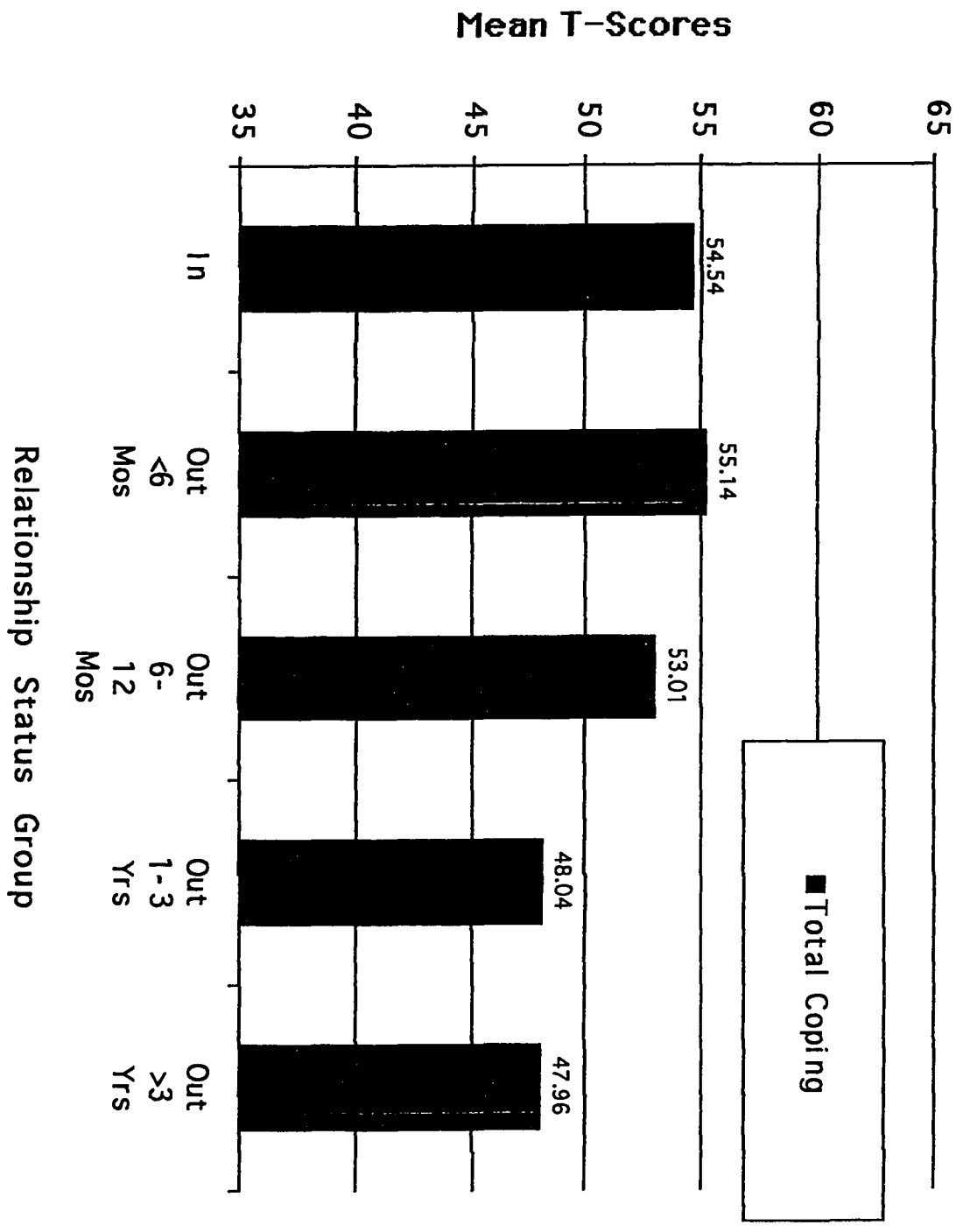


Figure Caption

Figure 6. Mean emotion-focused coping and problem-focused coping subscale scores as a function of Relationship Status group.

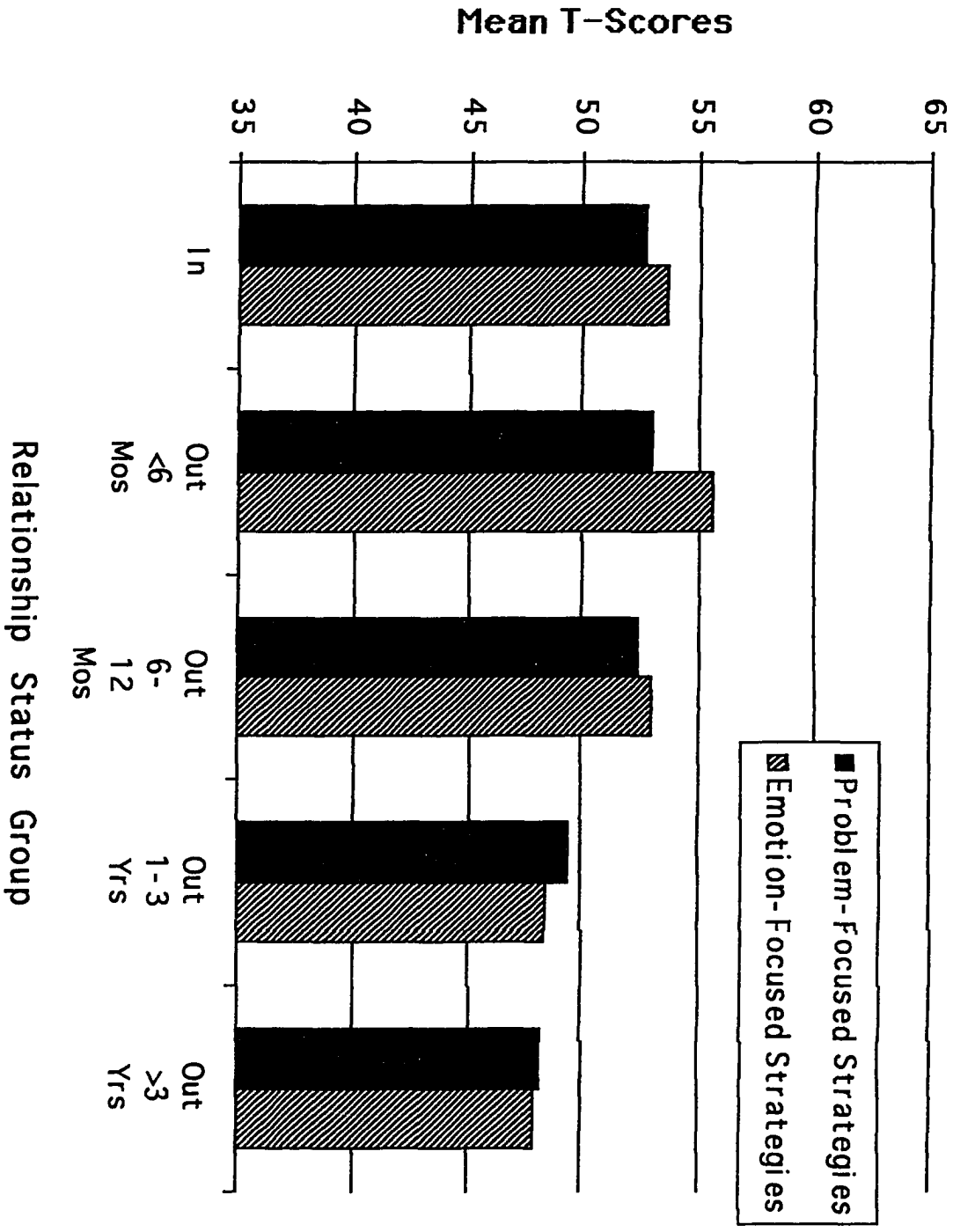
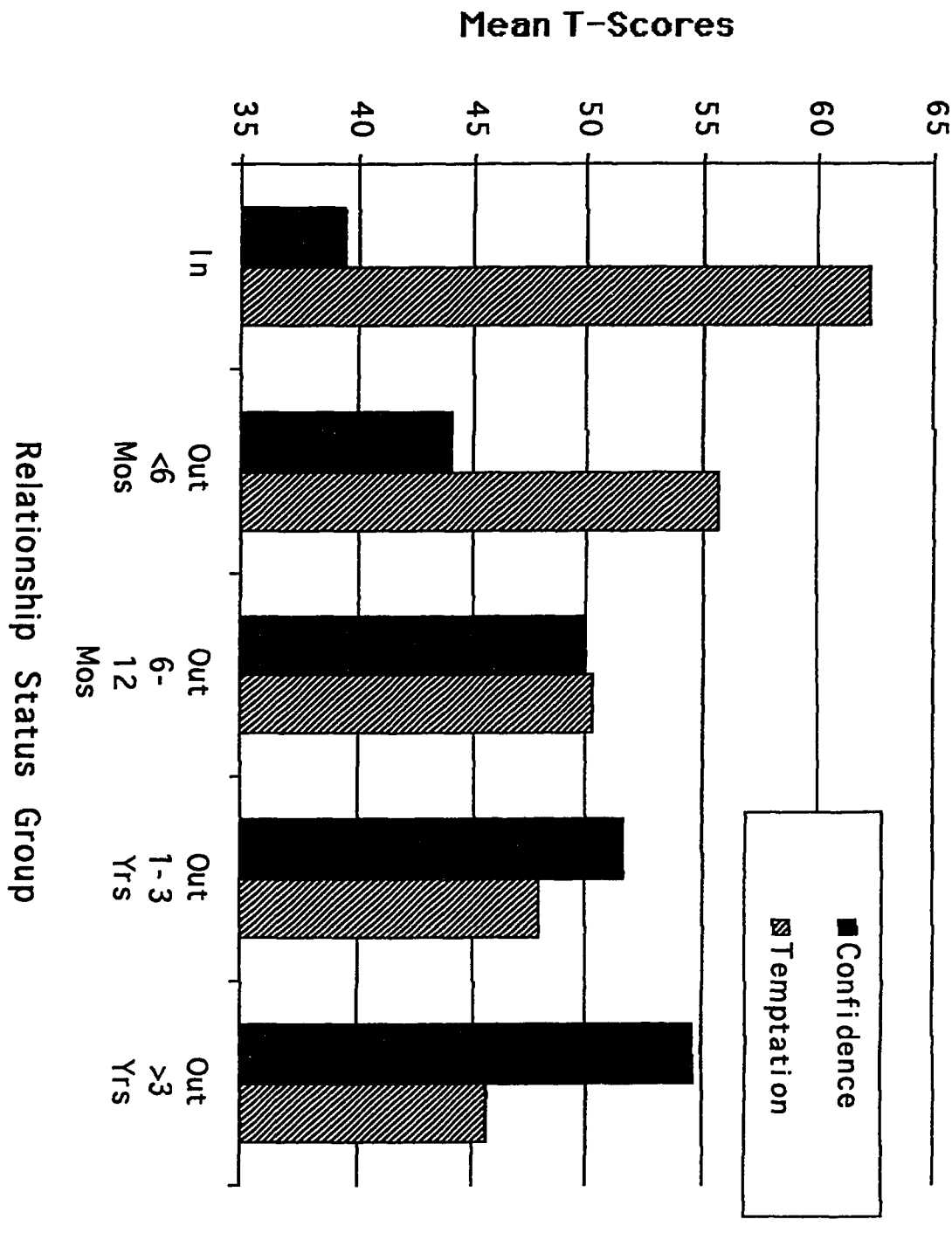


Figure Caption

Figure 7. Mean Confidence and Temptation scores as a function of Relationship Status group.



APPENDIX A

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 your 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 you or your partner ever did the following at any time prior to or after the year you are describing.

a. **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?

b. **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?

c. **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?

d. **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?

e. **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?

f. **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?

NEXT PAGE

g. **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?

h. **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?

i. **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?

j. **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?

k. **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?

l. **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?

m. **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?

n. **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?

o. **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?

NEXT PAGE

p. **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?

q. **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?

r. **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?

s. **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?

t. **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?

u. **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?

v. **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?

w. **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 B

INFORMED CONSENT FORM

CONSENT FOR PARTICIPATION

WOMEN IN VIOLENT RELATIONSHIPS

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

2. I will complete eleven questionnaires and an interview regarding my relationship.

3. All information gathered for research purposes will be kept confidential. If I wish, I will receive results of the overall project upon its completion by calling the Psychology Department at 243-4521.

4. This project aims to better understand the decision-making process around staying involved in or leaving violent relationships. I understand that I may not directly benefit from participation but that my involvement may help in the development of assistance programs for women in such relationships.

5. My involvement in this project is entirely voluntary. I may withdraw at any time without loss of money.

6. If I have any questions about this project, I can speak to Christine Fiore, Ph.D. at 243-2081. A community referral list will be available for my information, and specific referrals will be made to:

   The YWCA Women's Support Groups
   The YWCA Battered Women's Shelter

7. 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 you are injured as a result of this research you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the authority of M.C.A., Title 2, Chapter 9. In the event of a claim for such injury, further information may be obtained from the University's Claims Representative or University Legal Counsel.

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

_____ _____

DATE SIGNATURE OF PARTICIPANT

APPENDIX C

DEMOGRAPHICS QUESTIONNAIRE

ID#_____

We would like some general background information about you and your violent partner. 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. If yes, how long have you been in this relationship?_____Years
   Less than a year?_____Months
   Not applicable?_____

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

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

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

5. How long ago did that marriage or 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

(Continued on the next page.)

8. Your Age now? _____

9. Your education completed? (Check one)
_____Eighth grade or less
_____Some high school/GED
_____High school graduate
_____Some college/vocational school
_____College graduate
_____Some graduate school
_____Graduate degree

10. Your violent partner's education? (Check one)
_____Eighth grade or less
_____Some high school/GED
_____High school graduate
_____Some college/vocational school
_____College graduate
_____Some graduate school
_____Graduate degree

11. Are you currently employed? (Check one)
_____Yes, full-time
_____Yes, part-time
_____Homemaker
_____No, unemployed
_____Student only
_____Student and employed

12. Is/was your violent partner employed? (Check one)
_____Yes, full-time
_____Yes, part-time
_____Both employed and unemployed
_____No, unemployed
_____Student only
_____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
_____No, was unemployed
_____Student only
_____Student and employed

14. What is your occupation?_____

15. Your violent partner's occupation?_____

16. How many children do you have?_____

If any, what are their ages?_____ _____ _____ _____ _____

17. If you do have children, how many are still living with you at home?_____

What are their ages?_____ _____ _____ _____ _____

(Continued on next page.)

18. What is/was <u>your own</u> annual income before taxes during your violent relationship? (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

If you do not know your annual income, how much do you make per hour?_____

How many hours a week do you work?_____

19. What is/was your annual <u>family</u> income before taxes during your violent relationship? (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

20. Your race? (Check one)

_____White
_____African-American
_____Hispanic
_____Asian
_____American Indian
_____Other

21. Your violent partner's race? (Check one)

_____White
_____African-American
_____Hispanic
_____Asian
_____American Indian
_____Other

Thank you.

APPENDIX D

CONFIDENCE/TEMPTATION SCALES

ID#_____

CONFIDENCE/TEMPTATION SCALE

Listed below are some thoughts, feelings, and situations experienced by women as they consider staying with or leaving their violent partners. We would like to know how confident you are <u>at this time</u> that you can leave your relationship 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 "<u>how tempted you are to stay" and "how confident you feel about leaving or staying away" at this time</u>. <u>Circle one number in both columns, the column on the right and the one on 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 <u>Not at all > Extremely</u>						Confident about Leaving or Staying Away <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
1	2	3	4	5	When I feel that I am in control of my life	1	2	3	4	5

(Continued on next page)

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 Not at all > Extremely						Confident about Leaving or Staying Away Not at All > Extremely				
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 and 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
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

(Continued)

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 Not at all > Extremely						Confident about Leaving or Staying Away Not at All > Extremely				
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
1	2	3	4	5	When I realize that other women have experienced the same problems that 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

(Continued)

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 Not at all > Extremely						Confident about Leaving or Staying Away Not at All > Extremely				
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 one number for each question that best describes you:

How confident are you right now that you can leave 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 E

RELATIONSHIP QUALITIES SCALE

ID#_____

Relationship Qualities Scale

Sometimes partners have positive characteristics or say or do things THAT MAY INFLUENCE YOU TO STAY OR TO RETURN after you have left. The following questions are focused on what your partner may say, or have said, or do, or have done. Please circle the description that best fits your violent relationship at the time it occurred, which may be current or in the past. Then on a scale of 1 to 10 rate how influential this quality is/was in your decision to stay in or return to your relationship:

1. Did/does your partner promise to change?

   Not at all Just a little Sometimes Often Very Often

   *How strong an influence?

   None 1 2 3 4 5 6 7 8 9 10 Very

2. Did/does your partner apologize for the violent behavior?

   Not at all Just a little Sometimes Often Very Often

   *How strong an influence?

   None 1 2 3 4 5 6 7 8 9 10 Very

3. Did/does your partner provide well financially for you/your family?

   Not at all Just a little Sometimes Often Very Much

   *How strong an influence?

   None 1 2 3 4 5 6 7 8 9 10 Very

4. Did/does your partner blame you for the violent behavior?

   Not at all Just a little Sometimes Often Very Often

   *How strong an influence?

   None 1 2 3 4 5 6 7 8 9 10 Very

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5. Did/does your partner prohibit you from friends, relatives, or other sources of support?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

6. Did/does your partner threaten to keep children or significant others from you?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

7. Did/does your partner promise you gifts or privileges?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

8. Did/does your partner mention how difficult it would be for you to live on your own?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

9. Did/does your partner point out to you your responsibilities to your family?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

10. Did/does your partner threaten to leave?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

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11. Did/does your partner threaten to harm you or someone emotionally?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

12. Did/does your partner threaten to harm you or someone physically?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

13. Did/does your partner threaten to harm or kill their self?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

14. Did/does your partner threaten to kill you/your children?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

15. Did/does your partner physically not allow you to leave?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

16. Did does your partner have personal qualities that are enjoyable or valued?

Not at all Just a little Sometimes Often Very Often

*How strong an influence?

None 1 2 3 4 5 6 7 8 9 10 Very

NEXT PAGE

17. Is there anything else that your partner has said or done that may influence your staying in the relationship?

Y N

What?_____

_____

_____

THANK YOU

APPENDIX F

PSYCHOLOGICAL MALTREATMENT OF WOMEN INVENTORY

ID_____

Please indicate, by circling the appropriate number, how frequently your partner did each of the following to you. If you are currently in your violent relationship, please indicate how frequently he did each during this past year. If you have left your violent relationship, please indicate how frequently 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.	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 a problem.	0	1	2	3	4	5
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

Continued...

0	1	2	3	4	5
does not apply	never	rarely	occasionally	frequently	very frequently

18. My partner did not talk to me about his 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 whims.	0	1	2	3	4	5
21. My partner became upset if household work was not done when he thought it should be.	0	1	2	3	4	5
22. My partner acted like I was his 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 in 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
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 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

Continued...

0	1	2	3	4	5
does not apply	never	rarely	occasionally	frequently	very frequently

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
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 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 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 he was upset about something, even when it had nothing to do with me.	0	1	2	3	4	5

Continued...

0	1	2	3	4	5
does not apply	never	rarely	occasionally	frequently	very frequently

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 if I left him.	0	1	2	3	4	5
54. My partner threatened to hurt himself if I didn't do what 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
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 G

ANGER QUESTIONNAIRE

ID_____

For the following three questions, please circle one number from 1 (Not at All) to 7 (Extremely):

1. How angry do you generally feel at your violent partner at the present time?

Not at all			Moderately			Extremely
1	2	3	4	5	6	7

2. Based on your responses to the two previous questionnaires, how angry do you feel at your partner at the present time for his behaviors toward you that you may have identified, such as name calling, putting you down, attempting to control you, blaming you, etc.?

Not at all			Moderately			Extremely
1	2	3	4	5	6	7

3. Based on your responses to the two previous questionnaires, how angry do you feel at your partner at the present time for the physically violent behaviors that you may have identified, such as hitting, kicking, etc.?

Not at all			Moderately			Extremely
1	2	3	4	5	6	7

Thank you.

APPENDIX H

TRAUMA SYMPTOM CHECKLIST

ID#_____

Health Checklist

How often did you experience each of the following during the past two months? Please circle the appropriate number.

Never	Occasionally	Fairly Often	Very Often
0	1	2	3

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. Tension	0	1	2	3
33. Trouble breathing	0	1	2	3