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## The Relationship between a Violent Family History and Current Functioning in an Abusive Relationship: The Mediational Role of a Normative View of Domestic Violence and an Anxious Attachment Style

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LOYOLA UNIVERSITY CHICAGO

THE RELATIONSHIP BETWEEN A VIOLENT FAMILY HISTORY  
AND CURRENT FUNCTIONING IN AN ABUSIVE RELATIONSHIP:  
THE MEDIATIONAL ROLE OF A NORMATIVE VIEW OF  
DOMESTIC VIOLENCE AND AN ANXIOUS ATTACHMENT STYLE

A THESIS SUBMITTED TO  
THE FACULTY OF THE GRADUATE SCHOOL  
IN CANDIDACY FOR THE DEGREE OF  
MASTER OF ARTS

DEPARTMENT OF PSYCHOLOGY

BY  
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CHAPTER 1  
INTRODUCTION

Violence towards women in our society is a problem of epidemic proportions. Even more distressing is the fact that the majority of violence against women is committed by men who know and are intimately involved with their victims (Surgeon General's Workshop, 1985). Physical abuse committed by a woman's partner is the most common source of injury among women; more common than auto accidents, muggings, and stranger rape combined (Surgeon General's Workshop, 1985). Some researchers estimate that as many as 50% of all women will be battering victims at some point in their lifetime (Walker, 1979). Straus and Gelles (1986), who compared two national surveys of family violence between the years of 1975 and 1985, concluded that the rate of wife abuse had dropped slightly, but not significantly. They estimated that 1.6 million women continue to suffer serious abuse every year. Furthermore, when the children and extended families of battered women are taken into consideration, the number of individuals affected (either

directly or indirectly) by domestic violence is staggering. These figures are especially alarming considering the fact that domestic abuse is a greatly under-reported crime (Criminal Justice Center, 1983).

Over the last 20 years, domestic abuse has become a well-documented and much researched topic. A great deal of research has focused on patterns of abuse or "the cycle of violence" (Walker, 1979) and reasons why women stay in abusive relationships (Dutton, 1988). Explanations for this seemingly self-destructive behavior have ranged from the realm of socio-economics (Dutton, 1988; Walker, 1979), to traumatic emotional bonding (Painter & Dutton, 1985), to developmental/personality factors (Snell, Rosenwald, & Robey, 1964).

To provide support for the role of developmental and personality factors in women's experience of domestic violence, many studies have looked at the correlation between childhood exposure to family violence and the increased likelihood of being involved in abusive relationships in adulthood (Grusznski, Brink, & Edleson, 1988; Malinosky-Rummell & Hansen, 1993; Painter & Dutton, 1985). This pattern would suggest that children who experience abuse may be different from children lacking similar experiences in ways that may make them more vulnerable to becoming involved in abusive relationships. It may be hypothesized that this difference is due to a

difference in socialization (e.g. learning that violence is an acceptable means of conflict resolution, learning to accept violence directed towards them "for their own good," etc.). Unfortunately, in the attempt to uncover the hidden dynamics between childhood domestic abuse and later marital or dating violence, researchers have often proposed theories which blame battered women for their victimization. In particular, critics (Frank & Golden, 1992) have noted that the use of terms such as "co-dependency" and "self-defeating personality disorder" further victimize battered women by shifting blame away from the abuser and over-simplifying the problem of domestic violence.

The purpose of this study is to clarify the relationship between an abusive family history and later involvement in adult abusive relationships. It is not the intent of the researcher to shift responsibility for the abuse from the abuser to the victim of abuse, but rather to differentiate between battered women who have experienced abuse (either directly or indirectly) during childhood and battered women without such experiences. In doing so, it is hoped that information will be uncovered which will increase our understanding of the issue and better allow the mental health profession to serve this diverse population.

To date, battered women have been treated as a relatively homogenous group. In the present study, it is hypothesized that there are certain fundamental behavioral

and attitudinal differences between battered women with a familial history of abuse and those without such a history. It is important to define these differences in order to address the appropriate issues for women with these different backgrounds. There may be different implications for halting the cycle of violence in each instance. For example, most battered women's shelters focus their attention on helping women to leave their current abuser. This effort usually involves educating women about the cycle of violence, providing emotional support, housing assistance, financial guidance, and legal assistance. Generally shelters do not address more complex psychological issues (such as the strength of attachment to the abuser, long-term psychological impact of abuse, intergenerational transmission of violence, etc.) in a specific, individualized manner. It may be important to address these issues with women who have an extensive family history of violence. They may be in need of more extensive guidance to break the pattern of abuse.

The categorization of battered women according to their abusive or non-abusive family history is a complicated matter. Due to the fact that child abuse often co-occurs with adult domestic violence (Grusznski et al., 1988; Layzer, Goodson, & DeLange, 1986; Straus, 1978; Straus, Gelles, & Steinmetz, 1980), the term "abusive family history" must be further broken down to include both direct

and indirect experiences of abuse. Indirect exposure to domestic violence includes experiences in which the child witnesses her father abusing her mother. A situation in which a battered woman was herself abused as a child would be considered direct exposure to domestic violence.

Due to the complexity of the subject matter, the review of the literature will be divided into subsections which will describe the effects of both direct (child abuse) and indirect (witnessing abuse) exposure to domestic violence. The review will also briefly describe the correlates of domestic abuse in adulthood regardless of childhood experience. Recently, reviewers have stated the need to differentiate between the effects of physical and sexual abuse (Malinosky-Rummell & Hansen, 1993). Many studies have failed to examine the effects of physical and sexual abuse separately, making the assumption that both types of abuse have similar results. This assumption is not necessarily valid. Consequently, to ensure clarity, the present study will address the effects of physical abuse only. The effects of sexual abuse and physical neglect will not be examined.

First, the literature review will address the direct effects of child physical abuse. Next, the effects of witnessing adult domestic violence in childhood will be discussed. Finally, the literature review will address theories of domestic violence in adulthood. Hypotheses

concerning the relationship between childhood exposure to violence and characteristics of women's adult abusive relationships will also be discussed.

### The Effects of Physical Abuse on Children

Kelly (1983) defined physical abuse as "the presence of a non-accidental injury resulting from acts of commission by an adult." Physical abuse has also been defined as "acts of commission that involve either demonstrable harm or endangerment to the child" (The National Center on Child Abuse and Neglect [NCCAN], 1988). The prevalence of childhood physical abuse is alarming. Results of a recent epidemiological study indicated that, in 1986, 5.7/1,000 American children (approximately 358,300 children total) experienced physically abusive acts (NCCAN, 1988). Due to the likelihood that cases are greatly under-reported, the numbers are probably much higher.

Many studies have examined the effects of physical abuse on children (Augoustinos, 1987; Deblinger, McLeer, Atkins, Ralphe, & Foa, 1989; Malinosky-Rummell & Hansen, 1993; Pepler & Moore, 1989). Most have found that abuse has serious deleterious effects on the physical, neurological, intellectual, and emotional development of children. Unfortunately, research which addresses the long-term effects of child abuse has been highly criticized and less than conclusive in its findings. Malinosky-Rummell and

Hansen (1993) caution researchers against making causal inferences from correlational research on the long-term consequences of abuse. They suggest that the term "long-term consequences" refers to "characteristics of people having been physically abused as children, not to known causal relations." Furthermore, retrospective data (i.e., self-report) may involve biases due to distortion, faulty memory, and other reporting issues (Loftus, 1993). Few prospective studies have been conducted; primarily due to the many practical difficulties associated with that form of research. Consequently, researchers have tended to focus on the short-term effects of physical abuse. These hindrances limit our understanding of causal relationships between childhood abuse and adult experiences and characteristics.

Another important criticism of the current research concerns the lack of attention given to the way in which gender differences interact with the effects of physical abuse. Many studies concerning the effects of child abuse have not differentiated between male and female children in their samples. This appears to be a careless oversight on the part of researchers in the field. This is especially true considering the fact that there is some support for the notion that gender differences in the effects of child abuse do exist (Malinosky-Rummell & Hansen, 1993). Studies which fail to examine the results of boys and girls separately run the risk of masking significant effects. Consequently, this

possibility must be kept in mind when considering the results of the research reviewed below.

In the realm of short-term research, Pepler and Moore (1989) found that children raised in a violent environment performed more poorly on several measures of cognitive functioning than did children from non-violent environments. Furthermore, a review of the literature by Malinosky-Rummell and Hansen (1993) found that studies consistently reported greater perceptual motor deficits and lower scores on measures of intellectual functioning and academic achievement in abused children as compared to non-abused children. These findings are consistent with previous research which suggested that impaired cognitive functioning was related to child abuse (Maden & Wrench, 1977). It is unclear whether these deficits are due to organic damage resulting from the abuse, decreased attention span, or a history of truancy and absenteeism due to illness and/or family transience (Pepler & Moore, 1989).

Furthermore, Maden and Wrench (1977) found that victims of child abuse displayed social psychological dysfunction, including deviant behavior and defective relationships. A cross-sectional study conducted by Deblinger et al. (1989) found that physically abused children show more avoidance/dissociative behaviors than non-abused children. Unfortunately, this study included only a small sample and examined only psychiatrically hospitalized children,



limiting its generalizability. In addition, a literature review (Malinosky-Rummell & Hansen, 1993) noted that negative social behavior (e.g., aggression with adults and peers) and internalizing problems (e.g., hopelessness, depression, low self-worth) were exhibited more often in abused children than in non-abused children.

Malinosky-Rummell and Hansen (1993) also reported the following summary of the long-term consequences of physical abuse on children. First, researchers generally found a strong relationship between childhood physical abuse and both familial and non-familial violence in adulthood. Adults who were abused as children tended to exhibit more violence than those who were not abused, especially males. This tendency supports the notion that gender differences may factor into children's reaction to physical abuse. While increased aggression and violence seem to be common reactions to physical abuse in males, this relationship is less strong in females. This finding is in concordance with the findings of a study conducted by Dutton and Hart (1992), as well as literature review by Maden and Wrench (1977).

Furthermore, Malinosky-Rummell and Hansen found that childhood physical abuse predicts dating violence in college (both abusive behavior as well as the chances of becoming a victim of violence). However, the same relationship was not found in spousal relationships. Although men who were abused as children were found to be more likely to be abusive

spouses, they found that women who were abused as children were not more likely to be involved in adult abusive relationships. Once again, these findings support the notion that gender differences may interact with the effects of child abuse. Although these findings may be due to different gender role socialization (e.g., males may be socialized to act out aggressively, whereas women are not), further research examining how the effects of child abuse are related to gender would be helpful.

Malinosky-Rummell and Hansen also indicated that substance abusers have been found to report higher rates of childhood physical abuse than the general population (also see Schaefer, Sobieraj, & Hollyfield, 1988). Furthermore, physical abuse was found to be associated with self-injurious and suicidal behavior as well as emotional problems such as somatization, anxiety, depression, dissociation, and psychosis in adult female inpatient and community samples. However, all of Malinosky-Rummell and Hansen's conclusions are limited in that they were drawn from a review of the literature which relied heavily upon retrospective studies of adults who reported being abused as children.

Other researchers (McCord, 1983; Shengold, 1985) who have examined the long-term effects of childhood abuse have suggested that the following traits and defenses characterize an adult who was abused as a child: 1) feeling

helpless, inadequate, guilty, 2) lack of responsibility for one's feelings and behavior, 3) lack of empathy, 4) identification with the aggressor, 5) self-destructive impulses and a need for punishment, 6) traumatic anxiety, 7) neurotic depression, 8) obsessive/compulsive defenses, and 9) excessive emotional control. Schaefer et al. (1988) conclude that psychosocial manifestations of abuse in childhood may evolve into adult hostility, physical aggression, paranoia, low self-esteem, and social skills deficits in men, as well as increased anxiety and depression. However, their study was limited to adult, male, veteran alcoholics and consequently has limited generalizability.

Despite the tentative findings on the long-term effects of child abuse; Augoustinos (1987) asserts that the status of abuse, neglect, or non-maltreatment does not necessarily predict the developmental outcome of a child. Environmental variables appear to moderate the effects of abuse to determine the outcome. Malinosky-Rummell and Hansen (1993) classified moderating variables in the following manner; 1) characteristics of maltreatment; 2) individual factors; 3) family factors; 4) environmental factors; 5) interactions between or among moderating variables. It is not suggested that moderating variables completely eliminate the deleterious effects of child abuse. However, the importance of moderating variables which may serve a protective role

cannot be overlooked.

Demonstrating this point is the fact that many children appear to be highly resilient to their abuse. Augoustinos (1987) suggests that intelligence may act as a protective factor. However, she also points out that the severity of the abuse may determine how great of an impact moderating factors may have (the more severe the abuse, the less impact of moderating factors). Mrazek and Mrazek (1987) examined resilience in child maltreatment victims and found that certain personal characteristics foster resilience in abused children. These characteristics include rapid responsivity to danger, precocious maturity, dissociation of affect, information seeking, formation and utilization of relationships for survival, positive projection anticipation, decisive risk taking, the conviction of being loved, idealization of an aggressor's competence, cognitive restructuring of painful experiences, altruism, and finally, optimism and hope. Life circumstances found to foster resilience included membership in the middle to upper class, educated parents, no family background of psychopathology, supportive family milieu, access to good health, educational and social welfare services, additional caretakers besides the mother, and having relatives (especially grandparents) and neighbors available for emotional support (Mrazek & Mrazek, 1987). Negative moderating influences suggested by Mrazek and Mrazek included severe and chronic abuse, the

degree of accompanying rejection, the age of the child at the onset of abuse (e.g. younger children suffer more deleterious effects), as well as the genetics and temperament of the child.

In summary, past research suggests that children who have experienced physical abuse may have difficulties in several areas of functioning including cognition, social interaction, and self-perception. In particular, victims of childhood physical abuse may exhibit impaired cognitive functioning and academic underachievement. It is possible that these difficulties may extend into adulthood. Furthermore, as adults these abused children may be more likely to experience and participate in negative social interaction than adults who were not physically abused as children. Specifically, adults who were physically abused as children may be aggressive or even violent towards others. They may also be more likely to be the victims of adult dating violence (and this may be especially true for women) although this was not found to be the case in spousal relationships. In addition, survivors of child physical abuse may experience internalizing problems including depression, feelings of helplessness and low self-worth, deficits in empathy, and a lack of responsibility for their behavior and feelings.

### The Effects of Witnessing Interparental Violence on Children

Studies which have examined the effects of witnessing interparental violence have been complicated by the fact that it often co-occurs with child abuse (Layzer et al., 1986). Several of the studies reviewed did not determine if child abuse co-occurred with the exposure to interparental violence. This confound must be taken into account when considering the literature in this area. In addition, many of the studies were conducted with samples of children residing in battered women's shelters. It has been suggested that residing in a shelter has detrimental effects independent of the effects of witnessing adult domestic violence (Fantuzzo, DePaola, Lambert, Martino, Anderson, & Sutton, 1991). Consequently, studying children residing in a shelter presents a threat to internal validity of these studies.

The results of a study by Wildin, Williamson, and Wilson (1991) suggested that children residing in a battered women's shelter are likely to experience both academic and behavior problems which become more pronounced over time. Academic problems reported by parents included grade repetition, failing grades, and need for special school services. Behavior problems reported by parents included aggression, neurotic or antisocial behavior, fears, sensitivity, hyperactivity, and suicidal attempts or ideation. Many of these characteristics overlap with the

effects of child physical abuse. This may be due, at least in part, to the fact that many of the children who reside in battered women's shelters not only witness the violence between their parents, but as mentioned before, become victims of abuse themselves (Layzer et al., 1986). It is encouraging to note that in almost all cases in which mothers left their abusers in this study, the child abuse inflicted on their children ended (Layzer et al., 1986). However, it is still important that future studies make an attempt to distinguish between the following populations of children: (1) abused, (2) witnesses of abuse, and (3) those who are both abused and witnesses of abuse.

A study conducted by Fantuzzo et al. (1991) controlled for the effects of shelter residence compared to home residence by recruiting subjects from Head Start Centers, rather than battered women's shelters. They found that witnessing interparental physical and verbal violence was positively related to the type and extent of behavior problems displayed by young children. They also found that children who were exposed to comparable levels of interparental physical or verbal aggression exhibited equivalent levels of externalizing behavior problems regardless of whether they resided in a shelter or at home. Furthermore, they found that the behavior problems exhibited by the physically violent exposed group were in the clinical range and significantly more severe than those of the

nonphysically violent control group. In addition, the group exposed to only verbal aggression showed a higher degree of conduct problems than a nonviolent control group, but not at a clinically relevant level.

Fantuzzo et al. found a logical progression of disorder with severity of exposure. Children exposed to verbal conflict only displayed moderate levels of conduct problems. Children exposed to both verbal and physical conflict displayed clinical levels of conduct problems and a moderate level of emotional problems. The most severely disturbed group consisted of children who witnessed both verbal and physical conflict and were currently residing in a shelter for battered women. These children displayed clinical levels of conduct problems and higher levels of emotional problems, as well as lower levels of social functioning and perceived maternal acceptance.

The conclusions of a literature review by Rosenberg (1987) concerning this topic suggested that behavior problems experienced by child witnesses of interparental violence take three forms: internalizing problems, externalizing problems, or a combination of the two. This conclusion is consistent with the results of a study by Christopoulos, Cohn, Shaw, Joyce, Sullivan-Hanson, Kraft, & Emery (1987), which found that battered mothers reported higher rates of both internalizing and externalizing behavior problems in their children as compared to a matched



control group. Internalizing problems and other psychological difficulties were more obvious in the girls in the sample than in the boys. Unfortunately, Christopoulos et al. (1987) did not determine whether the children in their sample had been abused themselves in addition to witnessing the abuse between their parents. This represents a potential confound in their study.

Rosenberg (1987) found that compared to children who witnessed relatively low levels of battering, children who witnessed high levels of battering performed significantly less well on a measure of interpersonal sensitivity. This measure examined the child's ability to understand social situations, as well as their perception of the thoughts and feelings of other people involved in these situations. Rosenberg suggested that the children appeared to be less sensitive to expressions of anger by others due to a high threshold for anger. Rosenberg felt that this raised threshold could be adaptive for children in homes with interparental violence because responding to every instance of anger could be overwhelming. Consequently, the children become desensitized to all but the most extreme cases of interpersonal conflict. Furthermore, Rosenberg suggested that children (especially boys) who witness interparental violence may have difficulty identifying their feelings aroused by interpersonal conflict with peers.

Rosenberg also found that children from violent homes

tended to choose either aggressive or passive strategies to resolve interpersonal conflict, rather than choosing assertive strategies. This result is significant considering that this passive-aggressive behavior pattern is similar to the behavior patterns demonstrated by adult male abusers. Jaffe, Wilson, and Wolfe (1988) also found that children who witnessed violence in their family were more likely to use violence as a means of problem solving. Furthermore, children from abusive homes also gave fewer constructive and more non-constructive strategies to resolve peer conflict than did children from non-abusive homes (Rosenberg, 1987). In addition, Kerouac, Taggart, Lescop, & Fortin (1987) found that children residing in a battered women's shelter were described as displaying social problems such as strained relationships with others (39.7%), slow learning (24.6%), and disrespect/disciplinary problems (16.1%).

Obviously these findings could have important implications for the relationships formed by these children in adulthood. Caspi, Elder, and Bem (1987) proposed that certain maladaptive behaviors in childhood (such as "ill-temperedness") are sustained through "the progressive accumulation of their own consequences (cumulative continuity) and by evoking maintaining responses from others during reciprocal social interaction (interactional continuity)" (p. 310). In short, children's maladaptive

behaviors may channel them into environments that perpetuate these behaviors as well as sustaining such behaviors through an interactional style which evokes reciprocating, maintaining responses from others. This theory could be extended in order to predict that the aggressive behavior and interpersonal insensitivity displayed by children who witness interparental violence may continue on into their adult relationships.

In addition to being psychologically affected by growing up in a home where domestic violence occurs, children's health also appears to suffer. Kerouac, et al. (1987) reported that the most frequent health problems described by mothers of children residing in battered women's shelters included respiratory problems (48.5%) and insomnia (32.3%). The most common psychological problems reported were nervousness (51.6%) and sadness (48.4%).

Elbow (1982) also addressed the development of children growing up in violent homes. She stressed the fact that the dysfunctional patterns displayed in a violent marriage impair the ability of parents to meet the developmental and emotional needs of their children. Children often take over the role of the comforting parent, especially with their mother (Elbow, 1982; Grusznski et al., 1988). Positive gender identification is difficult for these children. They are forced to identify with either a violent abuser or helpless victim. Many of these children fear growing up and

becoming "just like daddy." Elbow suggests that boys may tend to idealize the positive aspects of their father, denying his violent tendencies. In addition, boys may try to gain a sense of control by identifying with their father (Grusznski et al., 1988). This may be explained by social learning theory in which it is proposed that behaviors are learned through observation and imitation (Bandura, 1973). Girls may learn to associate femininity with victimization and have difficulty establishing trusting relationships in adulthood. Both boys and girls may learn to associate the role of women as being subordinate to men.

Furthermore, children who witness family violence often accept the responsibility for causing parental conflict (Grusznski, et al., 1988). Some children make this inference from watching parental arguments over child discipline while others are directly told that the violence is their fault (Grusznski, et al., 1988). Children begin to internalize the notion that they cause the behavior of others (Elbow, 1982). This is a great burden for a young child. Often they experience feelings of guilt and inadequacy if they are unable to stop the violence. Furthermore, children are forced to keep the "family secret," unable to express their concerns or feelings to anyone. This increases their sense of isolation and prevents others from challenging their self-blaming cognitions. Elbow (1982) asserts that children and

adolescents often tune-out the violence and turn to alcohol and drugs to cover the pain. Children from these families may exhibit exterior toughness to cover their internal fragility (Elbow, 1982).

Elbow also addresses the development of distorted images of family life in children. Love takes the form of possession or "ego fusion." Disagreement is equated with hostility, disrespect or rejection. Authority and discipline become the right to control, by force if necessary. Negotiation and expressing emotions are related as signs of weakness, loss of control, and violence. These distortions hamper the child's ability to develop healthy images of family life.

In addition to these distortions, Elbow stresses the confusing messages received by children in these homes. The abuser is characterized by both over-controlling behavior and a loss of control over his or her behavior; fearing both dependence and independence. The abuser usually behaves in an overprotective manner towards the woman he victimizes. In addition, the cycle of violence which displays the abuser as both violent attacker and apologetic loved one further confuses the child. These contradictions make it difficult for the child to establish patterns of stability and trust. Elbow suggests that some of the acting out and behavior problems displayed by children in these homes are due to children pushing for limits and boundaries to be set.

Finally, an important point was made by Jaffe et al. (1988). Child witnesses of domestic violence should not be considered a homogenous group. The trauma of family violence affects different children in different ways. Some of the mediating factors noted by Jaffe et al. included the nature of the trauma, personal attributes of the child (e.g., attitudes and responses to anger, safety skills, and perceived responsibility for violence), and the extent to which other stressors or protective buffers are active in the child's environment. These are important factors to consider when evaluating the possible effects of indirect (witnessed) family violence on child development.

In summary, the current research suggests that children who witness interparental violence share many of the characteristics exhibited by children who are victims of physical abuse. These overlapping characteristics include academic underachievement, aggression, internalizing problems (especially with girls) and negative assessment of self-worth (i.e., suicidal attempts or ideation, guilt, feelings of inadequacy). However, it is possible that some of this overlap is due to the fact that researchers have failed to control for child physical abuse, which often co-occurs with interparental violence.

Furthermore, it appears that the degree of difficulty experienced by children exposed to interparental violence is positively correlated with the degree of violence the child

witnessed between their parents (Fantuzzo et al., 1991). In particular, children who were exposed to high levels of battering tend to exhibit less interpersonal sensitivity than children exposed to low levels of battering. Children who witnessed interparental violence also appear to have difficulty resolving interpersonal conflict in an assertive, constructive manner, relying instead upon non-constructive passive or aggressive strategies instead.

### Theories Regarding Domestic Violence

There are several theories that attempt to explain domestic violence: 1) the cycle of violence, 2) learned helplessness, and 3) traumatic bonding. One of the most well-established theories of domestic violence involves the pattern of abuse suffered by battered women. Lenore Walker's (1979) ground-breaking "cycle of violence" has become well-known to both researchers in the field as well as a large segment of the general public. This cycle is characterized by a tension-building stage, explosive stage of violence, and finally a "honeymoon phase" in which the abuser becomes loving and apologetic. This final stage often makes it especially difficult for battered women to leave their abuser. Many battered women love their abuser and want to believe him when he says the violence will never happen again. This hope traps women in a pattern which is difficult to escape (Walker, 1979).

Dobash and Dobash (1984) dispute the prevalence of this final "honeymoon" stage. They claim that the majority of Scottish men they studied denied the abusive event as though nothing had happened. Dutton (1988) suggests that the cessation of abuse alone may serve as a negative reinforcer trapping women in their abusive relationships. When this pattern of negative reinforcement repeats itself over time, the reinforced response (which is the woman's continued relationship with the batterer) is strengthened. Further empirical research would be helpful to further our understanding of patterns of domestic violence.

Another well-researched hypothesis (Walker, 1979; Painter & Dutton, 1985; Launius & Lindquist, 1988) applies the concept of learned helplessness to battered women. Seligman (1975) characterized the state of learned helplessness as a cognitive set which results in the inability to learn that a response can produce reinforcement. Some of the behavioral manifestations of this state include passivity, apathy, lack of motivation, problem-solving deficits, depression, and anxiety. Launius and Lindquist (1988) supported Walker's (1979) contention that battered women exhibit signs of learned helplessness. For example, they found that battered women displayed significantly more problem-solving deficits than non-battered women in their sample. Battered women spent less time on tasks and produced fewer options than non-battered



women. This occurrence may be related to the fact that battered women are often unable to predict the effect her behavior will have on her abuser. Changes in routine often result in abuse. Consequently, she avoids the unknown and is likely to choose responses which have the most predictable consequences. Battered women may begin to see escape as impossible and focus their energies on survival instead.

In further support of the learned helplessness model, Launius and Lindquist (1988) also found that battered women were more passive with their partners than non-battered women. However, on a measure of general assertiveness, battered women did not differ from non-battered women. This suggests that their passivity is situation-specific rather than being a general character trait. Overall, Launius and Lindquist concluded that battered women are less able to effectively solve interpersonal problems and deal assertively with their partners than non-battered women.

Painter and Dutton (1985) also provided evidence in support of learned helplessness in battered women. They found that the women in their sample were characterized by feelings of hopelessness and impotence. These women found that they were unable to control the aversive situation and gradually became passive and accepting of the abuse. However, in contrast to classic theories of learned helplessness, battered women tend to see themselves as

responsible for the violence. According to Painter and Dutton, as long as a woman believes that she causes the violence, and that changes in her behavior could prevent the violence, she will remain in that relationship. Painter and Dutton assert that the theory of traumatic bonding explains this phenomenon better than the model of learned helplessness.

Painter and Dutton (1985) define traumatic bonding as "the development and course of strong emotional ties between two persons when one person intermittently harasses, beats, threatens, abuses, or intimidates the other" (p. 364). They suggest that an inherent power imbalance, as well as the intermittent nature of abuse, produces a "traumatic bond" between victim and abuser. Throughout the intermittent course of the abuse, the person being abused becomes increasingly negative in her self-appraisal, and more incapable of existing independently. Consequently, that individual becomes increasingly dependent upon her abuser. According to Dutton (1988), this increasing dependency and lowered self-esteem creates a strong affective bond to the higher powered abuser. The subjugated party may even experience positive feelings and attitudes toward the abusive party. Dutton (1988) finds this pattern of behavior and attributions common to the experience of battered women as well as other victims of violence. It is feasible that victims of child abuse could also fit this

pattern. When those two experiences (child abuse and adult domestic violence) are compounded, it may be that battered women who suffered childhood physical abuse may form even stronger bonds to their abusive partners in adulthood than other battered women. This would make it even more difficult for them to escape their abusive relationship.

Many of the women who participated in Painter and Dutton's (1985) study of traumatic bonding in battered women reported experiencing or witnessing violence as children. They suggest that women with such experiences may be unaccustomed to intimacy and may accept violence as a way of relating to their partner. This hypothesis may help to explain why many women stay in their abusive situation for long durations of time. Women who were childhood victims of abuse may be more accepting of violence directed toward them than other women would be.

This theory is also applicable to the abusive partner. Unfortunately, Painter and Dutton only examined the history of battered women, not their abusers. They also suggest that alternative hypotheses such as the increased financial and emotional burden of parenthood experienced by the abuser may account for the occurrence of high levels of abuse during pregnancy. Clearly there are many confounding factors surrounding the cause and maintenance of violent relationships. In order to sift out important contributing factors, further research must be conducted in which both

abuser and victim are examined. Needless to say, this form of research is fraught with difficulty and consequently little quality research has been done in this area to date.

Additional studies have focused on characteristics of battered women which appear to be correlated with their ability to leave an abusive relationship. Battered women commonly leave their abuser several times before leaving for good. Schutte, Malouff, and Doyle (1988) found that highly educated women were less likely to return to their abuser once they had left the abusive relationship. This is probably related to a greater potential for self-sufficiency such as employment and utilization of resources. Schutte et al. also found that women who had been victims of physical or sexual abuse as children were less likely to return to their abuser. This finding appears contradictory to the results of other studies (Grusznski et al., 1988; Malinosky-Rummell & Hansen, 1993), as well as predictions made from traumatic bonding theory (Painter & Dutton, 1985). Unfortunately, Schutte et al. provided no information concerning the duration or quality of women's experience with adult domestic violence. It may be that these women remain in their abusive relationships for a longer duration of time, but once they make the decision to leave they may be more determined to leave than women who have not previously experienced abuse. It is also possible that women who were childhood victims of abuse remain in their

adult abusive relationships until severe, life-threatening violence takes place and they are forced to flee or be killed.

CHAPTER 2  
PURPOSE OF STUDY AND HYPOTHESES

The purpose of this study is to determine if a childhood history of physical abuse, including both direct physical abuse and the experience of having witnessed interparental violence, is related to the nature of women's adult relationships and their adjustment to abusive adult relationships. In the present study, two mediational models are proposed and tested (See Figure 1).

With respect to the first model, social learning theory (Bandura, 1973) would suggest that, through observation and modeling, people exposed to physical violence in childhood (both direct and indirect) will view domestic violence as more "normative" than people without such a history and that people who view such violence as more normative will experience more difficulty in their adult abusive relationship. In other words, it is expected that viewing violence as normative will mediate the effect of childhood violence on battered women's experience of their adult abusive relationships and their level of depression (See Figure 1).

Battered women's "adjustment" to their adult abusive

relationship will be assessed broadly, including both personal adjustment and relational adjustment indicators. More specifically, women's adjustment will be assessed with respect to the following: (1) severity and duration of violence in adult relationships, (2) number of abusive adult relationships, (3) level of reciprocal violence towards one's current partner, (4) the likelihood that a woman will remain in and return to an abusive relationship, and (5) depression.

The second mediational model involves the effect of childhood exposure to violence on battered women's experience of their adult abusive relationships and their level of depression as mediated by the woman's attachment style (Ainsworth, Blehar, Waters, & Wall, 1978). Cicchetti and Barnett (1991) provide evidence that maltreated children are significantly more likely to form anxious patterns of attachment to their caregivers. Consequently, it is hypothesized that women who have experienced violence in childhood (both direct and indirect) will be more likely to exhibit anxious attachment styles. Women with anxious attachment styles are, in turn, expected to have personal and relational adjustment difficulties in adulthood (Sroufe & Fleeson, 1986). In other words, attachment style is expected to mediate associations between degree of violence in childhood and adjustment in adulthood.

## CHAPTER 3

### METHOD

#### Participants

Battered women were recruited to participate in this study from several battered womens' shelters in the Chicago area. Participants were offered an incentive of five dollars for their participation in the study. Data were collected at three different shelters. One of the shelters only yielded one participant and that woman's data were excluded from the statistical analyses. The remaining two shelters yielded 72 participants (38 from one and 34 from the other). See Table 1 for further demographic information concerning the sample.

#### Materials

##### Demographic and Relationship History Questionnaire (DRHQ)

This self-report measure was designed specifically for this study. The measure consists of several sections constructed to assess both past and current relationship history (e.g., duration, number of attempts to leave, etc.) as well as future expectations for romantic relationships



(e.g., likelihood she would return to her current abuser, likelihood she would stay in an abusive relationship in the future, etc.). Furthermore, the measure is designed to assess the reasoning behind battered women's decisions to leave or return to abusive relationships (Dutton, 1988). Similarly, individuals were asked to assess their mother's history of abusive relationships. Demographic information including education and income level were included in this section as well (See Appendix C).

#### The Conflict Tactics Scale (CTS)

A modified form of the Conflict Tactics Scale (Straus, 1979) was used to determine the level of violence experienced by battered women in the study. Women were asked to rate the frequency with which certain acts of violence (9 items) were perpetrated (e.g., slapping, kicking, hitting, etc.). Women rated the frequency with which they themselves, as well as their partners, perpetrated these violent acts against one another. Statistical analyses provided evidence that this scale served as a reliable measure of both violence experienced by and violence committed by battered women in their adult abusive relationships (coefficient alphas = .81, .93, respectively). This modified CTS was also used to determine the level of violence (e.g., frequency of particular acts of violence) participants directly experienced in childhood, as

well as the level of interparental violence witnessed in childhood by participants. This scale was found to be a reliable measure of overall childhood exposure to domestic violence (coefficient alpha = .98). Furthermore, the scale was used to determine the level of violence (e.g., their perception of the frequency of particular acts of violence) perceived as being normative in the general population, both in adult partnerships and between parents and their children. This scale was also found to have adequate reliability (coefficient alpha=.92). Scores were weighted according to the severity of the particular violent act (e.g., throwing something was rated as twice the severity of threatening to throw something, throwing something at the person was rated as three times the severity, etc.).

Modified versions of the CTS have been commonly used by researchers examining domestic violence (Christopoulos et al., 1987; Fantuzzo et al., 1991; Giles-Sims, 1985; Sullivan & Davidson, 1991). The scale has been found to have adequate internal consistency reliability (Straus, 1979), although some questions have been raised about interspousal agreement on the measure (Jouriles & O'Leary, 1985). However, evidence would suggest that generally women do not systematically over- or underreport domestic violence (Jouriles & O'Leary, 1985) (See Appendix D).

Data reported on the revised CTS were reduced into four cumulative scores by summing women's frequency ratings for

nine particular violent acts (e.g. threats, slapping, kicking, etc,). Scores were weighted according to the severity of the particular violent act. The four cumulative scores pertain to 1) the severity of current abuse directed towards the woman by her partner (total items = 9), 2) the severity of current abuse directed by the woman towards her partner (total items = 9), 3) a cumulative score of childhood exposure to domestic violence which included the following; the severity of abuse the woman witnessed her father inflict upon her mother (indirect), the severity of abuse the woman witnessed her mother inflict upon her father (indirect), the severity of childhood abuse inflicted by the woman's father (direct), and the severity of childhood abuse inflicted by the woman's mother (direct) (total items = 36), 4) a cumulative score reflecting the woman's perception of "normative" levels of domestic violence which included both the severity of abuse seen as "typical" among other couples and the severity of child abuse seen as "typical" committed by other parents (total items = 18).

#### Adult Attachment Scale (AAS)

The Adult Attachment Scale (Collins & Read, 1990) was designed in order to provide a measure with which to measure adult attachment styles. This scale is theoretically based on Ainsworth's theory of attachment (Ainsworth et al., 1978) which identifies three patterns or styles of attachment in

infants: secure, anxious/avoidant, and anxious/ambivalent. Hazan and Shaver (1987) had previously used attachment theory as a framework for understanding adult love relationships and developed a brief measure to assess these attachment styles. Collins and Read (1990) expanded upon this original measure in order to create a more sensitive measure of these constructs.

The measure consists of 18 statements designed to tap various dimensions of attachment style (6 items per style). Subjects were asked to rate the extent to which each statement describes their feelings on a scale ranging from "not at all characteristic" (1) to "very characteristic" (5). Collins and Read (1990) subdivided the dimensions of attachment style into Depend, Anxiety, and Close. This measure was found to have reasonable internal consistency (.75, .72, .69) and test-retest reliability over a two month period (.71, .52, .68) on these dimensions (Collins & Read, 1990). The anxious attachment scale of this measure was found to have adequate reliability in this study (coefficient alpha = .59) (See Appendix E).

#### Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI; Beck, Ward, Mendelsohn, Mock, & Erbaugh, 1961) was used to determine the severity of cognitive, affective, somatic, and motivational depressive symptoms experienced by women in the study.

Items on the BDI are composed of four alternative states rated in severity on a scale from 0 to 3. There are 21 items and the total score may range from 0 to 63.

A review of the literature concerning the psychometric properties of the BDI (Beck, Steer, & Garbin, 1988) provides evidence for the internal consistency of the measure (mean coefficient alpha of 0.86 for psychiatric patients, 0.81 for non-psychiatric subjects). The reliability coefficient alpha for the current sample was .89. Beck et al. (1988) also provided support for the concurrent validity of the BDI with respect to clinical ratings and the Hamilton Psychiatric Rating Scale for Depression (HRSD) (0.72 and 0.73, respectively, for psychiatric patients; 0.60 and 0.74 for non-psychiatric subjects) (See Appendix F).

### Procedure

With the cooperation of local battered womens' shelters, battered women residing in the shelters were solicited to participate in this study. Informed consent was obtained from women who agreed to participate in the study before they were asked to complete any of the self-report measures included in the study packet (see Appendix E). Women were offered a small monetary incentive (five dollars) for participating in the study. A record was kept to determine reasons for non-participation in the study (e.g., unwilling to participate, left shelter before

questionnaire could be completed, etc.).

Obviously, the anonymity of the participants in this study was highly guarded. The names of those who participate in the study did not leave the shelter premises and participants were identified with a subject number to ensure confidentiality. Information gained through women's completion of self-report measures was regarded as highly confidential and not shared with shelter administrators or employees on an individual basis. However, the overall statistical results of the study were shared with the shelter administration.

Women who chose to participate in the study were asked to complete a packet comprised of several self-report measures. During their completion of these forms, a trained examiner led small groups (2-10 individuals) of women through the packet by introducing the women to the questionnaire and answering any questions they had. If literacy appeared to be an issue in the completion of the packet, the examiner conducted individual interviews with women to aid them with the completion of the measures. Women received their monetary reward for participation following the completion of the measures.

After women's participation in this study, the examiner spent a short amount of time debriefing the women about the purpose of the study. The examiner also put some time aside to confer with women who may have become upset or disturbed

by the nature of the measures completed (e.g., the reactivation of memories of child abuse, etc.). The examiner also had a list of mental health professional referrals available to women who appeared particularly disturbed or upset by the study and who wished to seek further counseling.

CHAPTER 4  
STATISTICAL TREATMENT

Both descriptive and inferential statistics were used to analyze the data collected in this study. Descriptive statistics (means, standard deviations, frequencies, etc.) were computed for demographic information (age, race, education, etc.) as well as abuse-related information reported on the DRHQ and revised CTS. Descriptive statistics were also computed for scores on the BDI.

The first model, in which it was predicted that battered women with a family history of domestic violence would be more likely to view acts of family violence as more societally "normative," and consequently will experience greater levels of violence in their adult abusive relationships and greater levels of depression, was tested by a series of regression models as recommended by Baron and Kenny (1986). Four regression equations were run for each measure of women's experience in the adult abusive relationship. Measures of women's experience with their adult abusive relationship included: (1) severity and duration of violence in adult abusive relationship (as rated on scale 1 of CTS and DHRQ), (2) number of adult abusive



relationships (as rated on DHRQ), (3) level of reciprocal violence toward one's current partner (as rated on scale 2 of CTS), (4) the likelihood that a woman will remain in and return to an abusive relationship (as rated on DHRQ), and (5) depression (as rated on the BDI). First, the degree to which domestic violence is perceived as socially normative (scale 4 on the CTS) was regressed on the level of childhood exposure to violence (scale 1 on the CTS). Next, the measures of women's experience with their adult abusive relationship were regressed on the level of perception of violence as socially normative. Third, the outcomes of women's experience in their adult abusive relationship (as stated above) were regressed on the level of childhood exposure to violence (as described above). Finally, if the latter effect was significant, measures of women's experience in their adult abusive relationships were regressed on level of childhood violence after controlling for the perception of violence as normative. If mediation is present, the violence-experience effect should be reduced after controlling for the mediator.

The second mediational model, in which it was predicted that women with a history of abuse (both direct and indirect) would be more likely to be categorized as anxiously attached, and consequently more likely to experience greater severity of abuse in their adult abusive relationship and greater levels of depression, was tested in

the same manner as the first model. In order to provide evidence for the mediation of either of these variables (a socially normative view of domestic violence or attachment style), the following results must be found (as per Baron & Kenny, 1986): (1) level of childhood exposure to violence must affect the proposed mediator, (2) the mediator must affect the women's experience with their adult abusive relationship, and (3) level of childhood exposure to violence must affect the women's experience with their adult abusive relationship. If these results are found to occur in the predicted direction, then the effect of childhood exposure to violence on women's experience must be greater than the effect of violence on women's experience after the mediator has been controlled. This pattern of relationships would support the mediating role of either a normative view of domestic violence or an anxious attachment style in the relationship between childhood exposure to domestic violence and adult experience of abusive relationships.

## CHAPTER 5

### RESULTS

#### Demographics of Sample

Table 1 summarizes the demographic characteristics of the sample. Data were collected at three locations, but one of those locations yielded only one subject. Consequently, the data from that site were not included in the analyses. A MANOVA was conducted to evaluate the data for potential differences between the remaining two sites across the independent variable (childhood exposure to domestic violence), the proposed mediating variables (a socially normative view of domestic violence and anxious attachment style), and all dependent variables (level of violence committed by women's abusers, level of violence committed by women themselves, number of abusive relationships in adulthood, length of time in adult abusive relationship, reported likelihood that the woman would return to her abuser, and level of depression). The MANOVA was non-significant,  $F(9,38) = .65$ ,  $p > .10$ , indicating that there were no substantial differences in the information gathered from the different locations. Thus, data from the two sites were combined for purposes of statistical analyses.

T-tests were conducted to evaluate the data for potential differences between the sites across age of mother ( $t(68) = .57, p = .57$ ), number of children ( $t(68) = -.78, p = .44$ ), and level of education ( $t(62) = 1.45, p = .15$ ). The data from the two sites were not found to be significantly different for any of these variables. However, a t-test was also conducted to determine whether the women's income per year differed between the sites. This test showed that the data from the sites were significantly different for this variable ( $t(43) = 2.23, p \leq .05$ ). The mean income of the first shelter was somewhat larger than that of the second shelter. Thirty-nine percent of the women at the first shelter earned over \$5,000 per year compared to only 12% at the second shelter. This difference may have been related to the fact that the first shelter was located in a community with greater economic resources than the second shelter. Chi-square tests were conducted for the remaining demographic variables. Due to the infrequency of certain variables, groups were collapsed into dichotomous variables for the purpose of analysis. Race was collapsed into 2 groups (African-American and other) and was found to differ significantly between sites  $X^2(1, N = 63) = 5.73, p \leq .05$ . While only 63% of the women at the first shelter were African-American, 89% of the women at the second shelter were African-American. Religion was collapsed into 2 groups (Baptist and other) and was not found to differ

significantly between sites  $X^2(1, N = 43) = 3.32, p \geq .05$ .

### Correlations among Variables

Prior to conducting regression analyses to test for mediated effects, univariate correlations among all variables were computed and are presented in Table 2. Childhood exposure to domestic violence was found to be significantly correlated with several outcome measures including the severity of abuse inflicted by the woman's abusive partner ( $r=.30, p \leq .01$ ), the severity of violence directed by the woman at her abusive partner ( $r=.39, p \leq .001$ ), and battered women's level of depression ( $r=.27, p \leq .05$ ). Childhood exposure to domestic violence was also found to be significantly correlated with both of the proposed mediators; a socially normative view of domestic violence ( $r=.59, p \leq .001$ ) and an anxious attachment style ( $r=.20, p \leq .10$ ). A socially normative view of domestic violence was significantly correlated with only three outcome measures; the severity of abuse inflicted by the woman's abusive partner ( $r=.21, p \leq .10$ ), the severity of violence directed by the woman at her abusive partner ( $r=.25, p \leq .05$ ), and battered women's level of depression ( $r=.27, p \leq .05$ ). An anxious attachment style was significantly correlated to both the severity of abuse inflicted by a woman's abusive partner ( $r=.23, p \leq .10$ ) and battered women's level of depression ( $r=.26, p \leq .05$ ).

Interestingly, the mediators, a socially normative view of domestic violence and an anxious attachment style, were also found to be significantly correlated ( $r=.39$ ,  $p \leq .01$ ). Finally, the severity of abuse inflicted by the woman's partner was significantly correlated with the severity of violence directed by the woman at her partner ( $r=.48$ ,  $p \leq .001$ ) and the length of time the woman remained in the abusive relationship ( $r=.28$ ,  $p \leq .05$ ).

#### Regression Analyses Testing for Mediational Effects of a Socially Normative View of Domestic Violence

Multiple regression procedures were used to evaluate the hypothesis that a socially normative view of domestic violence mediates the effect of childhood exposure to domestic violence on battered women's experience of her adult abusive relationship and level of depression. Table 3 summarizes the significant results of these multiple regressions. Non-significant results were not presented in the table. Results in the table and in this section are organized by outcome variables.

Predicting severity of abuse inflicted by battered women's abusers. The relationship between childhood exposure to domestic violence and the severity of abuse from the woman's partner was significant ( $r=.30$ ,  $p \leq .01$ ) as was the relationship between childhood exposure to domestic violence and a socially normative view of domestic violence

( $r = .59$ ,  $p \leq .001$ ). The relationship between a socially normative view of domestic violence and the severity of abuse from the woman's partner was marginally significant ( $r = .21$ ,  $p \leq .10$ ). Most importantly, when the effect of a socially normative view was factored out of the relationship between childhood exposure to domestic violence and the severity of violence inflicted by the woman's partner, the relationship between these two variables was less strong ( $B = .26$ ,  $p \leq .10$ ;  $R^2$  Change dropped 44% from .09 to .05). This finding suggests that a socially normative view of domestic violence partially mediates associations between childhood exposure to violence and severity of violence inflicted by the woman's partner. Put another way, it appears that having a normative view of conflict is one mechanism through which child exposure to violence influences the severity of violence experienced in adulthood.

Predicting severity of violence directed by battered women towards their abusive partners. Regression analyses also provided some support for the mediational role of a socially normative view of domestic violence on associations between childhood exposure to domestic violence and the severity of violence directed by battered women towards their abusive partners. As stated above, childhood exposure to violence was significantly associated with a socially normative view of domestic violence. In addition, childhood

exposure to domestic violence was significantly related to the severity of violence battered women directed towards their abusive partners ( $r=.39$ ,  $p \leq .001$ ). Furthermore, a socially normative view of domestic violence was significantly related to severity of violence committed by battered women ( $r=.25$ ,  $p \leq .05$ ). Most importantly, the strength of the relationship between childhood exposure to domestic violence and the severity of violence that battered women directed at their abusive partners decreased when the effect of a socially normative view of domestic violence was factored out ( $B=.40$ ,  $p \leq .01$ ;  $R^2$  Change dropped 33% from .15 to .10). This finding suggests that a socially normative view of domestic violence partially mediates associations between childhood exposure to violence and severity of violence committed by the woman towards her partner.

Predicting battered women's depression. A third set of regression equations provides support for the hypothesis that a socially normative view of domestic violence serves as a mediator between childhood exposure to domestic violence and current levels of depression experienced by battered women. Childhood exposure to domestic violence was significantly related to depression ( $r=.27$ ,  $p \leq .05$ ). Furthermore, a socially normative view of domestic violence was significantly related to levels of depression in battered women ( $r=.27$ ,  $p \leq .05$ ). Moreover, the relationship between childhood exposure to domestic violence



and adult depression was less strong after the effects of a socially normative view of domestic violence were factored out ( $B=.23$ ,  $p \leq .10$ ;  $R^2$  Change dropped 57% from .07 to .03). This finding indicates a strong mediational effect for a socially normative view of domestic violence on the relationship between childhood exposure to domestic violence and depression in battered women.

Predicting length of time battered women remained in their abusive relationships, the number of abusive relationships experienced by battered women, and the reported likelihood that battered women would return to an abusive relationship. The relationship between childhood exposure to domestic violence and the length of time a woman spent in her adult abusive relationship was not significant ( $r=.00$ ,  $p > .10$ ). The relationship between childhood exposure to domestic violence and the number of abusive relationships reported by battered women was also non-significant ( $r=-.10$ ,  $p > .10$ ) as was the relationship between childhood exposure to domestic violence and women's perception of the likelihood that they would return to their abusive relationship ( $r=.10$ ,  $p > .10$ ). Because, there were no effects to mediate, these findings indicate that a socially normative view of domestic violence cannot serve as a mediator between childhood exposure to domestic violence and several outcome variables including the duration of battered women's adult abusive relationships, the number of

abusive relationships experienced in adulthood, and the woman's estimations of the likelihood that they would return to an abusive relationship.

Regression Analyses Testing for Mediational Effects of an  
Anxious Attachment Style

Multiple regression procedures were also used to evaluate the hypothesis that an anxious attachment style mediates the effect of childhood exposure to domestic violence on battered women's experience of her adult abusive relationship and level of depression. Table 4 summarizes the significant results of these multiple regressions. Non-significant results were not presented in the table. Results in the table and in this section are also organized by outcome variables.

Predicting severity of abuse inflicted by battered women's abusers. As previously stated, the relationship between childhood exposure to domestic violence and the severity of abuse from the woman's partner was significant as was the relationship between childhood exposure to domestic violence and an anxious attachment style ( $r=.20$ ,  $p \leq .10$ ). The relationship between an anxious attachment style and the severity of abuse from the woman's partner was also significant ( $r=.23$ ,  $p \leq .10$ ). Most importantly, when the effect of an anxious attachment style was factored out of the relationship between childhood exposure to domestic

violence and the severity of violence inflicted by the woman's partner, the relationship between these two variables was less strong ( $B=.26$ ,  $p \leq .05$ ;  $R^2$  Change dropped 22% from .09 to .07). This finding suggests that an anxious attachment style partially mediates associations between childhood exposure to violence and severity of violence inflicted by the woman's partner.

Predicting battered women's depression. Another set of regression equations provides support for the hypothesis that an anxious attachment style serves as a mediator between childhood exposure to domestic violence and current levels of depression experienced by battered women. As previously stated, childhood exposure to domestic violence was significantly related to depression. Furthermore, an anxious attachment style was significantly related to levels of depression in battered women ( $r=.26$ ,  $p \leq .05$ ). Moreover, the relationship between childhood exposure to domestic violence and adult depression was less strong after the effects of an anxious attachment style were factored out ( $B=.21$ ,  $p \leq .10$ ;  $R^2$  Change dropped 43% from .07 to .04). This finding indicates a mediational effect for an anxious attachment style on the relationship between childhood exposure to domestic violence and depression in battered women.

Predicting the severity of violence directed by battered women towards their abusive partners, length of

time battered women remained in their abusive relationships, the number of abusive relationships experienced by battered women, and the reported likelihood that battered women would return to an abusive relationship. As previously stated, the relationship between childhood exposure to domestic violence and the length of time a woman spent in her adult abusive relationship was not significant. The relationship between childhood exposure to domestic violence and the number of abusive relationships reported by battered women was also non-significant as was the relationship between childhood exposure to domestic violence and women's perception of the likelihood that they would return to their abusive relationship. Because, there is no effect to mediate, these findings indicate that an anxious attachment style cannot serve as a mediator between childhood exposure to domestic violence and several outcome variables including the duration of battered women's adult abusive relationships, the number of abusive relationships experienced in adulthood, and the woman's estimations of the likelihood that they would return to an abusive relationship.

Although there was a significant relationship between childhood exposure to domestic violence and the severity of abuse directed by battered women towards their abusive partners ( $r = .39$ ,  $p \leq .001$ ), there was not a significant relationship between the latter variable and an anxious

attachment style ( $r = .17, p > .10$ ). Consequently, an anxious attachment style cannot mediate the relationship between childhood exposure to domestic violence and the severity of abuse directed by battered women towards their abusive partners.

CHAPTER 6  
DISCUSSION

The purpose of this study was to determine if a childhood history of physical abuse, including both direct physical abuse and the experience of having witnessed interparental violence, is related to the nature of women's adult abusive relationships and their level of depression. Two mediational models were proposed and tested, one involving a socially normative view of domestic violence, the other involving an anxious attachment style.

The results provided some support for the hypothesis that a socially normative view of domestic violence serves as a mediator between childhood exposure to domestic violence and battered women's experience in their adult abusive relationships. It appears that a socially normative view of domestic violence partially mediates the association between childhood exposure to domestic violence and the severity of violence experienced at the hands of their abusive partner in adulthood. Although it does not account for all the variance, the development of a socially normative view of domestic violence may be one way in which childhood exposure to domestic violence may influence the

severity of violence experienced in adulthood. It is also important to note that the model used to test for mediational effects is conservative and may have underestimated the mediational effect of a socially normative view of domestic violence (Baron & Kenny, 1986). In addition, this mediational relationship has never before been tested and requires future replication in order to add support to this hypothesis.

It may be that battered women who see domestic violence as "normal" are more accepting of violence directed at them by their partners and consequently they may experience more severe forms of violence. As suggested earlier, the violence may become quite severe before these women decide that they are in danger and must leave the relationship. In future studies it may be helpful to ask women at what point they perceived themselves to be in real danger. This may differ for women who see domestic violence as "normal." Although Painter and Dutton (1985) suggested that battered women exposed to domestic violence in childhood may be more accepting of violence directed towards them, they proposed that this was a way for the woman to connect with her partner. The role of perceived social norms was not addressed.

In addition to being more accepting of domestic violence, battered women who were exposed to violence as children may expect that violence will be a part of any

relationship. They may feel compelled to choose between remaining in an abusive relationship and being alone. This reasoning may prevent them from leaving their abusive relationship in search of a healthier one. This hypothesis is congruent with the theory of learned helplessness as described by Launius and Lindquist (1988), but demands further investigation.

A socially normative view of domestic violence was found to partially mediate the association between childhood exposure to domestic violence and the level of violence battered women directed towards their abusive partners. This may indicate that battered women who perceive domestic violence as socially normative may be more likely to view physical violence as an acceptable means of coping with conflict. They may be limited in their ability to find alternative solutions to violence or they may view alternative solutions as less effective than violence. While Launius and Lindquist (1988) found that battered women displayed significantly more problem-solving deficits than non-battered women, differences in problem-solving among battered women with different family histories (e.g. abusive vs. non-abusive) have not been studied. Previous research has also suggested that childhood exposure to domestic violence is related to increased levels of aggression in adulthood (Malinosky-Rummell and Hansen, 1993; Schaefer et al., 1988), but a mechanism to explain this relationship has



not been empirically validated. Again, these hypotheses need further clarification through research.

A socially normative view of domestic violence was also found to partially mediate the association between childhood exposure to domestic violence and battered women's depression. There are several possibilities which may explain the relationship between a socially normative view of domestic violence and depression. One possibility may be that battered women who see domestic violence as a normal part of relationships may feel unable to escape abuse without abandoning relationships altogether. The hopelessness of finding a healthy, non-abusive relationship may contribute to women's depression. This hypothesis is also congruent with theories of learned helplessness (Walker, 1979; Launius & Lindquist, 1988). Battered women with a socially normative view of domestic violence may feel trapped between two undesirable options: a life of abuse or a lonely existence. This may contribute to battered women's feelings of hopelessness and depression. It would be helpful to further explore this relationship through research which specifically addresses these cognitions.

Although this study has provided some information about the mechanisms by which childhood exposure to domestic violence may influence battered women's experience in their adult abusive relationship, there is a dearth of corroborating evidence from other researchers. The

relationship between domestic violence and social norms has not been widely explored by previous research. Although researchers have found childhood exposure to violence to be significantly related to both the perpetration of violence and the likelihood of victimization in adulthood (Malinosky-Rummell and Hansen, 1993; Schaefer et al., 1988), none have proposed empirically validated mechanisms by which childhood exposure to violence influences adult violence. Although childhood exposure to domestic violence has also been linked to greater levels of depression in adulthood (Malinosky-Rummell & Hansen, 1993; Schaefer, 1988; McCord, 1983; Shengold, 1985) no mechanisms have been proposed to account for this relationship. Further research to specify these mechanisms may assist mental health professionals in the design and implementation of more effective methods of intervention.

Contrary to earlier hypotheses, no relationship was found between childhood exposure to domestic violence and the number of abusive relationships experienced by battered women, the length of time battered women spent in their adult abusive relationship, or battered women's reported likelihood that they would return to an abusive relationship. Consequently, there were no associations between these variables to be mediated by either a socially normative view of domestic violence or an anxious attachment style. These findings call into question the belief that

battered women with abusive family histories masochistically seek out abusive relationships (Snell, Rosenwald, & Robey, 1964). Rather, women's childhood exposure to domestic violence and subsequent normative view of domestic violence may influence the level of violence that they experience and perpetrate in an adult abusive relationship as well as their level of depression.

In the past it has been suggested that maltreated children are more likely to form anxious attachment styles (Cicchetti & Barnett, 1991) and that adult women with anxious attachment styles are more likely to have personal and relational difficulties (Sroufe & Fleeson, 1986). However, despite the fact that battered women have often been exposed to domestic violence in childhood (Painter & Dutton, 1985), the effects of this attachment style on women's experience of the adult abusive relationship have not been tested. The results of this study provided some support for the hypothesis that an anxious attachment style mediates the association between childhood exposure to domestic violence and battered women's experience in their adult abusive relationship. In particular, an anxious attachment style partially mediated the association between childhood exposure to domestic violence and the severity of violence inflicted by battered women's abusive partners. Again, further research is needed to clarify the nature of this relationship. It may be that women with anxious

attachment styles are more likely to cling to relationships, even when that relationship is a violent one. The fear of losing the relationship may be stronger than their fear for their safety. Consequently, the violence may need to reach severe levels before these women feel that they must leave.

An anxious attachment style also partially mediated the association between childhood exposure to domestic violence and battered women's depression. This finding is congruent with past findings which indicate that women with anxious attachment styles experience more personal and relational difficulties (Sroufe & Fleeson, 1986). Because relationships are so central and important to people with insecure attachment styles, battered women with an anxious attachment style may be more distressed about the poor quality of their relationship, particularly if they fear the loss of that relationship. They may attribute the "failure" of this relationship to their own faults or short-comings which may be damaging to their self-esteem and self-worth. Furthermore, battered women with an anxious attachment style may feel the loss of the relationship very strongly and may have difficulty adjusting to life without their partner, no matter how abusive he may have been. It would be interesting to measure the association between an anxious attachment style and depression in battered women who have not left their abusive relationships. It may be that the results would be very different.

Although there was a significant association between childhood exposure to domestic violence and the severity of violence battered women directed against their abusive partners, an anxious attachment style was not found to mediate the association between these two variables.

### Implications

There are many practical implications for the findings of this study. If a socially normative view of domestic violence does serve as one mechanism through which childhood exposure to domestic violence influences the severity of abuse both committed by and inflicted upon battered women, as well as their level of depression, it may be fruitful to target interventions at this belief. Challenging women's assumptions about the socially "normative" nature of domestic violence may be helpful in ameliorating the effects of childhood exposure to domestic violence. To date, no formal intervention based upon challenging women's assumptions about the socially normative nature of domestic violence have been proposed.

The finding that an anxious attachment style partially mediates the association between childhood exposure to domestic violence and the severity of physical abuse endured by battered women, as well as the association between childhood exposure to domestic violence and battered women's depression, also has practical implications. In particular,

it may be important for social workers and other counselors who provide direct service to battered women to understand and extensively address both the insecure attachment style of these women as well as the emotional difficulty that some battered women may experience with the loss of the abusive relationship.

The results of this study raise many more questions than they answer. Although some gross relationships were described, careful and detailed research is needed to further clarify the mechanisms by which childhood historical factors impact upon current functioning. Furthermore, the current study is limited by certain methodological constraints. The study was limited to battered women residing in battered women's shelters. Obviously these women represent a specific subset of all battered women in that they have left their abusive relationship and have been forced into hiding. Generally, these are women with few financial resources. Although extremely difficult, it would be very helpful to gather information from women who have not left their abusive relationships and from women who have their own financial resources.

Furthermore, the data were retrospective and self-report in nature. Consequently, they are vulnerable to the cognitive distortions that come with time and additional life experiences. In addition, given the fact that the women were in a battered women's shelter and receiving

counseling about how to free themselves of their abusive relationship, women may have been biased in the manner in which they answered questions concerning their abusive relationship and their potential plans to return to that relationship.

Another limitation includes the correlational nature of the data. It is impossible to make strong causal connections from correlational data and more prospective, longitudinal studies are necessary. Despite these limitations, the results of this study give us some indication of how childhood exposure to domestic violence may influence battered women's experience of their adult abusive relationships and their level of depression; through socially normative views of domestic violence and the impact of an anxious attachment style. Of course not all battered women have a history of exposure to domestic violence in childhood, but these findings may help us to better understand the special needs of battered women with such a history.

APPENDIX A  
TABLES



TABLE 1  
DEMOGRAPHIC CHARACTERISTICS

	<u>N</u>	<u>%</u>	
<b>Location</b>			
Site 1	38	52.8	
Site 2	34	47.2	
<b>Race/ethnicity</b>			
African American	47	65.3	
Caucasian	12	16.7	
Hispanic	2	2.8	
Asian	1	1.4	
Native American	1	1.4	
Missing data	9	12.5	
<b>Religion</b>			
Catholic	6	8.3	
Baptist	18	25.0	
Christian	5	6.9	
Lutheran	1	1.4	
Other	13	18.1	
Missing data	29	40.3	
<b>Education</b>			
Did not finish high school	20	27.8	
Finished high school/GED	19	26.4	
Some college education	21	29.2	
Finished college	4	5.5	
Missing data	8	11.1	
<b>Income per year</b>			
0-5,000	32	44.4	
5,001-10,000	3	4.2	
10,001-15,000	6	8.3	
15,001-25,000	3	4.2	
25,001-35,000	1	1.4	
Missing data	27	37.5	
	<u>N</u>	<u>Mean</u>	<u>SD</u>
<b>Age</b>	72	29.8	7.3
<b>Number of Children</b>	72	2.1	1.3

TABLE 2

## SUMMARY OF CORRELATIONS

	<u>(1)</u>	<u>(2)</u>	<u>(3)</u>	<u>(4)</u>	<u>(5)</u>	<u>(6)</u>	<u>(7)</u>	<u>(8)</u>	<u>(9)</u>
(1) Childhood exposure to domestic violence	1.00								
(2) Socially normative view of domestic violence	.59***	1.00							
(3) Anxious attachment style	.20+	.39**	1.00						
(4) Severity of abuse by partner	.30**	.21+	.23+	1.00					
(5) Severity of abuse by woman	.39***	.25*	.17	.48***	1.00				
(6) Length of time in abusive relationship	.00	-.01	.00	.28*	-.13	1.00			

+  $p \leq .10$ \*  $p \leq .05$ \*\*  $p \leq .01$ \*\*\*  $p \leq .001$

TABLE 2 (continued)

	<u>(1)</u>	<u>(2)</u>	<u>(3)</u>	<u>(4)</u>	<u>(5)</u>	<u>(6)</u>	<u>(7)</u>	<u>(8)</u>	<u>(9)</u>
(7) Number of abusive relationships	-.10	-.01	.01	-.10	.07	-.12	1.00		
(8) Likelihood of return to abusive relationship	.10	.03	.04	.03	-.19	-.14	-.19	1.00	
(9) Depression	.27*	.27*	.26*	.15	.07	.01	-.02	-.03	1.00

+  $p \leq .10$ \*  $p \leq .05$ \*\*  $p \leq .01$ \*\*\*  $p \leq .001$

TABLE 3

REGRESSION ANALYSES TESTING MEDIATIONAL EFFECT OF NORMATIVE VIEW OF VIOLENCE  
ON ASSOCIATIONS BETWEEN SEVERITY OF CHILDHOOD EXPOSURE  
TO VIOLENCE AND THE OUTCOME VARIABLES

	<u>B</u>	<u>R</u>	<u>R2 Change</u>	<u>F Change</u>
<u>Outcome = Partner Abuse</u>				
Analysis 1:				
Mediator = Normative View of Violence				
IV = Child Exposure	.59	.59	.34	31.59***
Analysis 2:				
Outcome = Partner Abuse				
Mediator = Normative View of Violence	.21	.21	.04	2.72+
Analysis 3:				
Outcome = Partner Abuse				
IV = Child Exposure	.30	.30	.09	6.32**
Analysis 4:				
Outcome = Partner Abuse				
Mediator = Normative View of Violence	.21	.21	.04	2.72+
IV = Child Exposure	.26	.30	.05	2.91+

+  $p \leq .10$

\*  $p \leq .05$

\*\*  $p \leq .01$

\*\*\*  $p \leq .001$

Note: Analysis 1 is the same for all outcome variables. N's may vary across analyses due to missing values.  
IV = Independent Variable

TABLE 3 (continued)

	<u>B</u>	<u>R</u>	<u>R2 Change</u>	<u>F Change</u>
<u>Outcome = Violence of Woman</u>				
Analysis 2:				
Outcome = Violence of Woman				
Mediator = Normative View of Violence	.25	.25	.06	3.89*
Analysis 3:				
Outcome = Violence of Woman				
IV = Child Exposure	.39	.39	.15	11.16***
Analysis 4:				
Outcome = Violence of Woman				
Mediator = Normative View of Violence	.25	.25	.06	3.89*
IV = Child Exposure	.40	.41	.10	7.39**
	<u>B</u>	<u>R</u>	<u>R2 Change</u>	<u>F Change</u>
<u>Outcome = Depression</u>				
Analysis 2:				
Outcome = Depression				
Mediator = Normative View of Violence	.27	.27	.07	4.86*
Analysis 3:				
Outcome = Depression				
IV = Child Exposure	.27	.27	.07	5.28*

+  $p \leq .10$   
 \*  $p \leq .05$   
 \*\*  $p \leq .01$   
 \*\*\*  $p \leq .001$

Note: Analysis 1 is the same for all outcome variables. N's may vary across analyses due to missing values.  
 IV = Independent Variable

TABLE 3 (continued)

	<u>B</u>	<u>R</u>	<u>R2 Change</u>	<u>F Change</u>
<u>Outcome = Depression</u>				
Analysis 4:				
Outcome = Depression				
Mediator = Normative View of Violence	.27	.27	.07	4.76*
IV = Child Exposure	.23	.33	.03	2.22+

+  $p \leq .10$

\*  $p \leq .05$

\*\*  $p \leq .01$

\*\*\*  $p \leq .001$

Note: Analysis 1 is the same for all outcome variables. N's may vary across analyses due to missing values.  
IV = Independent Variable

TABLE 4

REGRESSION ANALYSES TESTING MEDIATIONAL EFFECT OF AN ANXIOUS ATTACHMENT STYLE  
ON ASSOCIATIONS BETWEEN SEVERITY OF CHILDHOOD EXPOSURE  
TO VIOLENCE AND THE OUTCOME VARIABLES

	<u>B</u>	<u>R</u>	<u>R2 Change</u>	<u>F Change</u>
<u>Outcome = Partner Abuse</u>				
Analysis 1:				
Mediator = Anxious Attachment Style				
IV = Child Exposure	.20	.20	.04	2.76+
Analysis 2:				
Outcome = Partner Abuse				
Mediator = Anxious Attachment Style	.23	.23	.05	3.60+
Analysis 3:				
Outcome = Partner Abuse				
IV = Child Exposure	.30	.30	.09	6.32**
Analysis 4:				
Outcome = Partner Abuse				
Mediator = Anxious Attachment Style	.24	.24	.06	3.93*
IV = Child Exposure	.26	.35	.07	4.74*

+  $p \leq .10$ \*  $p \leq .05$ \*\*  $p \leq .01$ \*\*\*  $p \leq .001$ 

Note: Analysis 1 is the same for all outcome  
variables. N's may vary across  
analyses due to missing values.  
IV = Independent Variable

TABLE 4 (continued)

	<u>B</u>	<u>R</u>	<u>R2 Change</u>	<u>F Change</u>
<u>Outcome = Depression</u>				
Analysis 2:				
Outcome = Depression				
Mediator = Anxious Attachment Style	.26	.26	.07	5.18*
Analysis 3:				
Outcome = Depression				
IV = Child Exposure	.27	.27	.07	5.28*
Analysis 4:				
Outcome = Depression				
Mediator = Anxious Attachment Style	.32	.32	.10	7.78**
IV = Child Exposure	.21	.39	.04	3.41+

+  $p \leq .10$

\*  $p \leq .05$

\*\*  $p \leq .01$

\*\*\*  $p \leq .001$

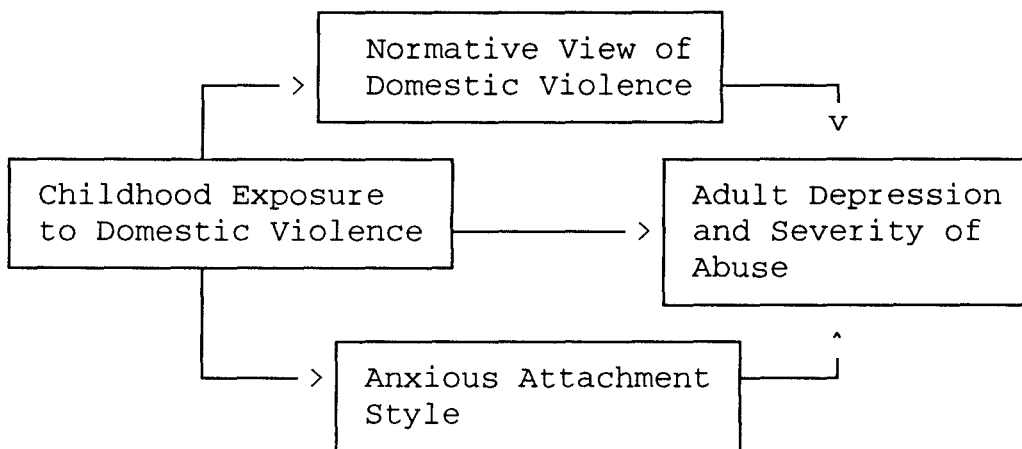
Note: Analysis 1 is the same for all outcome variables. N's may vary across analyses due to missing values.  
IV = Independent Variable



APPENDIX B  
ILLUSTRATION

FIGURE 1

Two Mediation Models of the Effect of Childhood Exposure to Domestic Violence on Adult Depression and Severity of Abuse



APPENDIX C  
DEMOGRAPHICS AND RELATIONSHIP HISTORY QUESTIONNAIRE

APPENDIX C: DEMOGRAPHIC & RELATIONSHIP HISTORY  
QUESTIONNAIRE (DRHQ)

DATE: \_\_\_\_\_ PARTICIPANT NO.: \_\_\_\_\_  
INTERVIEWER: \_\_\_\_\_ CITE NO.: \_\_\_\_\_

**SUBJECT INFORMATION**

AGE: \_\_\_\_\_ RACE: \_\_\_\_\_  
NUMBER OF CHILDREN: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
AGES? \_\_\_\_\_

HIGHEST EDUCATION LEVEL: \_\_\_\_\_

EMPLOYMENT HISTORY: \_\_\_\_\_

CURRENT SOURCE OF INCOME: \_\_\_\_\_

LEVEL OF INCOME (per year): \_\_\_\_\_

ARE YOU CURRENTLY LIVING AT A DOMESTIC VIOLENCE  
SHELTER? Yes No

IF YES, HOW LONG HAVE YOU BEEN AT THE SHELTER? \_\_\_\_\_

HAVE YOU LIVED AT A DOMESTIC VIOLENCE SHELTER IN THE PAST?

Yes No

IF YES, HOW LONG DID YOU LIVE THERE? \_\_\_\_\_

I understand that it may be difficult to discuss the abuse that you have received, but your participation and honesty in answering these questions will help us to better understand domestic violence. Most importantly, it may provide information which will help the women who suffer from this violence. Thank you for your contribution.

**PRESENT RELATIONSHIP HISTORY**

LENGTH OF TIME IN MOST RECENT RELATIONSHIP: \_\_\_\_\_

LENGTH OF ABUSE IN MOST RECENT RELATIONSHIP: \_\_\_\_\_

WHAT WERE YOUR REASONS FOR COMING TO THE SHELTER?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER TRIED TO LEAVE THIS PARTNER BEFORE THIS TIME?

Yes No

IF YES, HOW MANY TIMES HAVE YOU ATTEMPTED TO LEAVE? \_\_\_\_\_

IF YOU LEFT PREVIOUSLY AND THEN RETURNED, HOW LONG WAS IT  
BEFORE YOU RETURNED? \_\_\_\_\_ WEEKS

IF YOU LEFT PREVIOUSLY AND THEN RETURNED, HOW IMPORTANT WERE THESE FACTORS IN YOUR DECISION TO RETURN?

	Not Important			Very Important		
MISSED HIM/CARED FOR HIM	0	1	2	3	4	5
FEAR HE WOULD HURT YOU/OTHERS	0	1	2	3	4	5
FEAR HE WOULD KILL HIMSELF	0	1	2	3	4	5
CHILDREN NEED A FATHER	0	1	2	3	4	5
FINANCIAL REASONS	0	1	2	3	4	5
HOMELESSNESS	0	1	2	3	4	5
RELIGIOUS BELIEFS	0	1	2	3	4	5
OTHER:	0	1	2	3	4	5

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HOW LIKELY IS IT THAT YOU WILL RETURN TO YOUR PRESENT HUSBAND/PARTNER THIS TIME? (circle one)

- |                       |                            |
|-----------------------|----------------------------|
| 0 = NO CHANCE         | 4 = VERY LIKELY            |
| 1 = VERY UNLIKELY     | 5 = DEFINITELY WILL RETURN |
| 2 = SOMEWHAT UNLIKELY | 6 = DON'T KNOW             |
| 3 = SOMEWHAT LIKELY   |                            |

IF IT IS LIKELY THAT YOU WILL RETURN TO YOUR PRESENT RELATIONSHIP, HOW IMPORTANT ARE THESE FACTORS IN YOUR DECISION TO RETURN?

	Not Important			Very Important		
MISSED HIM/CARED FOR HIM	0	1	2	3	4	5
FEAR HE WOULD HURT YOU/OTHERS	0	1	2	3	4	5
FEAR HE WOULD KILL HIMSELF	0	1	2	3	4	5
CHILDREN NEED A FATHER	0	1	2	3	4	5
FINANCIAL REASONS	0	1	2	3	4	5
HOMELESSNESS	0	1	2	3	4	5
RELIGIOUS BELIEFS	0	1	2	3	4	5
OTHER:	0	1	2	3	4	5

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**PAST RELATIONSHIP HISTORY**

Relationships (starting with your <u>most current one</u> )	Initials of <u>partner</u>	Duration of <u>relationship</u>	If abusive, duration of <u>abuse</u>	Severity of abuse compared to <u>current relationship</u>			Did you try to <u>leave?</u>		Did you try to <u>return</u>	
				<u>More</u>	<u>Less</u>	<u>Same</u>	<u>yes</u>	<u>no</u>	<u>yes</u>	<u>no</u>
Relationship #1	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Relationship #2	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Relationship #3	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Relationship #4	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Relationship #5	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Relationship #6	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Relationship #7	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Relationship #8	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Relationship #9	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Relationship #10	_____	_____	_____	_____	_____	_____	_____	_____	_____	

Others: \_\_\_\_\_

IF YOU HAVE RETURNED TO AN ABUSIVE RELATIONSHIP, HOW IMPORTANT WERE THESE FACTORS IN YOUR DECISION TO RETURN TO THESE PREVIOUS RELATIONSHIPS?

	Not Important			Very Important		
MISSED HIM	0	1	2	3	4	5
FEAR HE WOULD HURT HER/OTHERS	0	1	2	3	4	5
FEAR HE WOULD KILL HIMSELF	0	1	2	3	4	5
CHILDREN NEED A FATHER	0	1	2	3	4	5
FINANCIAL REASONS	0	1	2	3	4	5
HOMELESSNESS	0	1	2	3	4	5
RELIGIOUS BELIEFS	0	1	2	3	4	5
OTHER:	0	1	2	3	4	5

### FUTURE RELATIONSHIPS

HOW LIKELY IS IT THAT YOU WOULD STAY IN ANOTHER ABUSIVE RELATIONSHIP?

- |                       |                            |
|-----------------------|----------------------------|
| 0 = NO CHANCE         | 4 = VERY LIKELY            |
| 1 = VERY UNLIKELY     | 5 = DEFINITELY WILL RETURN |
| 2 = SOMEWHAT UNLIKELY | 6 = DON'T KNOW             |
| 3 = SOMEWHAT LIKELY   |                            |

HOW IMPORTANT WOULD THESE FACTORS BE IN YOUR DECISION TO RETURN TO AN ABUSIVE RELATIONSHIP IN THE FUTURE?

	Not Important			Very Important		
MISS HIM/CARE FOR HIM	0	1	2	3	4	5
FEAR HE WOULD HURT YOU/OTHERS	0	1	2	3	4	5
FEAR HE WOULD KILL HIMSELF	0	1	2	3	4	5
CHILDREN NEED A FATHER	0	1	2	3	4	5
FINANCIAL REASONS	0	1	2	3	4	5
HOMELESSNESS	0	1	2	3	4	5
RELIGIOUS BELIEFS	0	1	2	3	4	5
OTHER:	0	1	2	3	4	5

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### MOTHER'S RELATIONSHIP HISTORY

We realize that it may be difficult to remember some of the details asked in the following questions. Just answer to the best of your ability. Thank you.

WAS YOUR MOTHER EVER INVOLVED IN AN ABUSIVE RELATIONSHIP? Yes No  
WHAT WAS HER RELATIONSHIP TO HER ABUSER? (e.g. husband, etc.)

NUMBER OF ABUSIVE RELATIONSHIPS SHE EXPERIENCED: \_\_\_\_\_  
DURATION OF EACH: (in months)

RELATIONSHIP #1 _____	RELATIONSHIP #5 _____
RELATIONSHIP #2 _____	RELATIONSHIP #6 _____
RELATIONSHIP #3 _____	RELATIONSHIP #7 _____
RELATIONSHIP #4 _____	RELATIONSHIP #8 _____

OTHERS: \_\_\_\_\_

DID SHE EVER ATTEMPT TO LEAVE THE ABUSIVE RELATIONSHIP? Yes No

IF SHE LEFT, WHAT WERE HER REASONS FOR LEAVING THIS RELATIONSHIP?

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DID YOUR FAMILY EVER RESIDE IN A DOMESTIC VIOLENCE  
SHELTER? Yes No

IF YES, HOW LONG DID YOU LIVE IN THE SHELTER? \_\_\_\_\_

DID SHE RETURN TO HER ABUSER? Yes No

IF SHE RETURNED, HOW IMPORTANT WERE THESE FACTORS IN HER DECISION  
TO RETURN?

DON'T KNOW \_\_\_\_\_

	Not Important				Very Important	
MISSED HIM/CARED FOR HIM	0	1	2	3	4	5
FEAR HE WOULD HURT HER/OTHERS	0	1	2	3	4	5
FEAR HE WOULD KILL HIMSELF	0	1	2	3	4	5
CHILDREN NEED A FATHER	0	1	2	3	4	5
FINANCIAL REASONS	0	1	2	3	4	5
HOMELESSNESS	0	1	2	3	4	5
RELIGIOUS BELIEFS	0	1	2	3	4	5
OTHER:	0	1	2	3	4	5

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APPENDIX D  
CONFLICT TACTICS SCALE

## APPENDIX D: CONFLICT TACTICS SCALE

No matter how well people get along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or arguments because they're in a bad mood or tired or for some other reason. They also use many different ways of trying to settle their differences. I'm going to read a list of some things that you and your partner might have done when you had a dispute, and would first like you to tell me for each one how often you did it in the past year. I will also be asking you about some other relationships, including your parents' relationship with one another and with you.

### Rating Key

0 = Never    3 = 3-5 times    6 = More than 20  
 1 = Once    4 = 6-10 times    DK = Don't Know  
 2 = Twice    5 = 11-20 times

**A** = Yes    **B** = No    **DK** = Don't Know

	Past Year	Ever
a. Threatened to hit or throw something at the other one		
PARTNER (TO YOU)	0 1 2 3 4 5 6 DK	A B DK
YOU (TO PARTNER)	0 1 2 3 4 5 6 DK	A B DK
	Total	Ever
OBSERVED MOTHER DO (TO FATHER)	0 1 2 3 4 5 6 DK	A B DK
OBSERVED FATHER DO (TO MOTHER)	0 1 2 3 4 5 6 DK	A B DK
	Total	Ever
MOTHER (TO YOU)	0 1 2 3 4 5 6 DK	A B DK
FATHER (TO YOU)	0 1 2 3 4 5 6 DK	A B DK

	<u>Per Year</u>								<u>Ever</u>		
TYPICAL OF OTHER COUPLES	0	1	2	3	4	5	6	DK	A	B	DK
TYPICAL OF OTHER PARENTS (TO THEIR KIDS)	0	1	2	3	4	5	6	DK	A	B	DK

b. Threw or smashed or hit or kicked something

	<u>Past Year</u>								<u>Ever</u>		
PARTNER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
YOU (TO PARTNER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>								<u>Ever</u>		
OBSERVED MOTHER DO (TO FATHER)	0	1	2	3	4	5	6	DK	A	B	DK
OBSERVED FATHER DO (TO MOTHER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>								<u>Ever</u>		
MOTHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
FATHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Per Year</u>								<u>Ever</u>		
TYPICAL OF OTHER COUPLES	0	1	2	3	4	5	6	DK	A	B	DK
TYPICAL OF OTHER PARENTS (TO THEIR KIDS)	0	1	2	3	4	5	6	DK	A	B	DK

c. Threw something at the other one

	<u>Past Year</u>								<u>Ever</u>		
PARTNER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
YOU (TO PARTNER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>								<u>Ever</u>		
OBSERVED MOTHER DO (TO FATHER)	0	1	2	3	4	5	6	DK	A	B	DK
OBSERVED FATHER DO (TO MOTHER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>								<u>Ever</u>		
MOTHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
FATHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Per Year</u>								<u>Ever</u>		
TYPICAL OF OTHER COUPLES	0	1	2	3	4	5	6	DK	A	B	DK
TYPICAL OF OTHER PARENTS (TO THEIR KIDS)	0	1	2	3	4	5	6	DK	A	B	DK

d. Pushed, grabbed, or shoved the other one

	<u>Past Year</u>								<u>Ever</u>		
PARTNER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
YOU (TO PARTNER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>								<u>Ever</u>		
OBSERVED MOTHER DO (TO FATHER)	0	1	2	3	4	5	6	DK	A	B	DK
OBSERVED FATHER DO (TO MOTHER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>								<u>Ever</u>		
MOTHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
FATHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Per Year</u>								<u>Ever</u>		
TYPICAL OF OTHER COUPLES	0	1	2	3	4	5	6	DK	A	B	DK
TYPICAL OF OTHER PARENTS (TO THEIR KIDS)	0	1	2	3	4	5	6	DK	A	B	DK

e. Slapped the other one

	<u>Past Year</u>	<u>Ever</u>
PARTNER (TO YOU)	0 1 2 3 4 5 6 DK	A B DK
YOU (TO PARTNER)	0 1 2 3 4 5 6 DK	A B DK
	<u>Total</u>	<u>Ever</u>
OBSERVED MOTHER DO (TO FATHER)	0 1 2 3 4 5 6 DK	A B DK
OBSERVED FATHER DO (TO MOTHER)	0 1 2 3 4 5 6 DK	A B DK
	<u>Total</u>	<u>Ever</u>
MOTHER (TO YOU)	0 1 2 3 4 5 6 DK	A B DK
FATHER (TO YOU)	0 1 2 3 4 5 6 DK	A B DK
	<u>Per Year</u>	<u>Ever</u>
TYPICAL OF OTHER COUPLES	0 1 2 3 4 5 6 DK	A B DK
TYPICAL OF OTHER PARENTS (TO THEIR KIDS)	0 1 2 3 4 5 6 DK	A B DK

f. Kicked, bit, or hit with a fist

	<u>Past Year</u>	<u>Ever</u>
PARTNER (TO YOU)	0 1 2 3 4 5 6 DK	A B DK
YOU (TO PARTNER)	0 1 2 3 4 5 6 DK	A B DK
	<u>Total</u>	<u>Ever</u>
OBSERVED MOTHER DO (TO FATHER)	0 1 2 3 4 5 6 DK	A B DK
OBSERVED FATHER DO (TO MOTHER)	0 1 2 3 4 5 6 DK	A B DK
	<u>Total</u>	<u>Ever</u>
MOTHER (TO YOU)	0 1 2 3 4 5 6 DK	A B DK
FATHER (TO YOU)	0 1 2 3 4 5 6 DK	A B DK

	<u>Per Year</u>								<u>Ever</u>		
TYPICAL OF OTHER COUPLES	0	1	2	3	4	5	6	DK	A	B	DK
TYPICAL OF OTHER PARENTS (TO THEIR KIDS)	0	1	2	3	4	5	6	DK	A	B	DK

g. Hit or tried to hit with something

	<u>Past Year</u>								<u>Ever</u>		
PARTNER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
YOU (TO PARTNER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>								<u>Ever</u>		
OBSERVED MOTHER DO (TO FATHER)	0	1	2	3	4	5	6	DK	A	B	DK
OBSERVED FATHER DO (TO MOTHER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>								<u>Ever</u>		
MOTHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
FATHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Per Year</u>								<u>Ever</u>		
TYPICAL OF OTHER COUPLES	0	1	2	3	4	5	6	DK	A	B	DK
TYPICAL OF OTHER PARENTS (TO THEIR KIDS)	0	1	2	3	4	5	6	DK	A	B	DK

h. Threatened with a knife or gun

	<u>Past Year</u>								<u>Ever</u>		
PARTNER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
YOU (TO PARTNER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>								<u>Ever</u>		
OBSERVED MOTHER DO (TO FATHER)	0	1	2	3	4	5	6	DK	A	B	DK
OBSERVED FATHER DO (TO MOTHER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>							<u>Ever</u>			
MOTHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
FATHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Per Year</u>							<u>Ever</u>			
TYPICAL OF OTHER COUPLES	0	1	2	3	4	5	6	DK	A	B	DK
TYPICAL OF OTHER PARENTS (TO THEIR KIDS)	0	1	2	3	4	5	6	DK	A	B	DK

i. Used a knife or gun

	<u>Past Year</u>							<u>Ever</u>			
PARTNER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
YOU (TO PARTNER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>							<u>Ever</u>			
OBSERVED MOTHER DO (TO FATHER)	0	1	2	3	4	5	6	DK	A	B	DK
OBSERVED FATHER DO (TO MOTHER)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Total</u>							<u>Ever</u>			
MOTHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
FATHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK

	<u>Per Year</u>							<u>Ever</u>			
TYPICAL OF OTHER COUPLES	0	1	2	3	4	5	6	DK	A	B	DK
TYPICAL OF OTHER PARENTS (TO THEIR KIDS)	0	1	2	3	4	5	6	DK	A	B	DK

j. Other

	<u>Past Year</u>								<u>Ever</u>		
PARTNER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
YOU (TO PARTNER)	0	1	2	3	4	5	6	DK	A	B	DK
	<u>Total</u>								<u>Ever</u>		
OBSERVED MOTHER DO (TO FATHER)	0	1	2	3	4	5	6	DK	A	B	DK
OBSERVED FATHER DO (TO MOTHER)	0	1	2	3	4	5	6	DK	A	B	DK
	<u>Total</u>								<u>Ever</u>		
MOTHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
FATHER (TO YOU)	0	1	2	3	4	5	6	DK	A	B	DK
	<u>Per Year</u>								<u>Ever</u>		
TYPICAL OF OTHER COUPLES	0	1	2	3	4	5	6	DK	A	B	DK
TYPICAL OF OTHER PARENTS (TO THEIR KIDS)	0	1	2	3	4	5	6	DK	A	B	DK



APPENDIX E  
ADULT ATTACHMENT SCALE

### APPENDIX E: Adult Attachment Scale (AAS)

We are interested in how people relate to significant others in their lives. Please rate the extent to which the following statements are GENERALLY descriptive of your feelings. Write a number in the space provided for each item. Please try to respond to each item separately in your mind. Choose your answers thoughtfully and make your answers as true FOR YOU as you can. Please answer every item. There are no right or wrong answers.

not at all  
characteristic  
of me

very  
characteristic  
of me

1

2

3

4

5

- \_\_\_\_\_ 1. I find it difficult to allow myself to depend on others.
- \_\_\_\_\_ 2. I do not often worry about being abandoned.
- \_\_\_\_\_ 3. I find it relatively easy to get close to others.
- \_\_\_\_\_ 4. People are never there when you need them.
- \_\_\_\_\_ 5. I often worry that my partner does not really love me.
- \_\_\_\_\_ 6. I do not often worry about someone getting too close to me.
- \_\_\_\_\_ 7. I am comfortable depending on others.
- \_\_\_\_\_ 8. I find others are reluctant to get as close as I would like.
- \_\_\_\_\_ 9. I am somewhat uncomfortable being close to others.
- \_\_\_\_\_ 10. I know that others will be there when I need them.
- \_\_\_\_\_ 11. I often worry my partner will not want to stay with me.
- \_\_\_\_\_ 12. I am nervous when anyone gets too close.
- \_\_\_\_\_ 13. I find it difficult to trust others completely.
- \_\_\_\_\_ 14. I want to spend all my time with another person.
- \_\_\_\_\_ 15. I am comfortable having others depend on me.

not at all  
characteristic  
of me

1

2

3

4

very  
characteristic  
of me

5

- \_\_\_\_\_ 16. I am not sure that I can always depend on others to be there when I need them.
- \_\_\_\_\_ 17. My desire to spend all my time with someone sometimes scares them away.
- \_\_\_\_\_ 18. Often, love partners want me to be more intimate than I feel comfortable being.

APPENDIX F  
BECK DEPRESSION INVENTORY

## APPENDIX F: BDI

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY. Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

- 1     0 I do not feel sad.  
      1 I feel sad.  
      2 I am sad all the time and I can't snap out of it.  
      3 I am so sad or unhappy that I can't stand it.
  
- 2     0 I am not particularly discouraged about the future.  
      1 I feel discouraged about the future.  
      2 I feel I have nothing to look forward to.  
      3 I feel that the future is hopeless and that things cannot improve.
  
- 3     0 I do not feel like a failure.  
      1 I feel I have failed more than the average person.  
      2 As I look back on my life, all I can see is a lot of failure.  
      3 I feel I am a complete failure as a person.
  
- 4     0 I get as much satisfaction out of things as I used to.  
      1 I don't enjoy things the way I used to.  
      2 I don't get real satisfaction out of anything anymore.  
      3 I am dissatisfied or bored with everything.
  
- 5     0 I don't feel particularly guilty.  
      1 I feel guilty a good part of the time.  
      2 I feel quite guilty most of the time.  
      3 I feel guilty all of the time.
  
- 6     0 I don't feel I am being punished.  
      1 I feel I may be punished.  
      2 I expect to be punished.  
      3 I feel I am being punished.
  
- 7     0 I don't feel disappointed in myself.  
      1 I am disappointed in myself.  
      2 I am disgusted with myself.  
      3 I hate myself.

- 8 0 I don't feel I am any worse than anybody else.  
1 I am critical of myself for my weaknesses or mistakes.  
2 I blame myself all the time for my faults.  
3 I blame myself for everything bad that happens.
- 9 0 I don't have any thoughts of killing myself.  
1 I have thoughts of killing myself, but I would not carry them out.  
2 I would like to kill myself.  
3 I would kill myself if I had the chance.
- 10 0 I don't cry anymore than usual.  
1 I cry more now than I used to.  
2 I cry all the time now.  
3 I used to be able to cry, but now I can't cry even though I want to.
- 11 0 I am no more irritated now than I ever am.  
1 I get annoyed or irritated more easily than I used to.  
2 I feel irritated all the time now.  
3 I don't get irritated at all by the things that used to irritate me.
- 12 0 I have not lost interest in other people.  
1 I am less interested in other people than I used to be.  
2 I have lost most of my interest in other people.  
3 I have lost all of my interest in other people.
- 13 0 I make decisions about as well as I ever could.  
1 I put off making decisions more than I used to.  
2 I have greater difficulty in making decisions than before.  
3 I can't make decisions at all anymore.
- 14 0 I don't feel I look any worse than I used to.  
1 I am worried that I am looking old or unattractive.  
2 I feel that there are permanent changes in my appearance that make me look unattractive.  
3 I believe that I look ugly.
- 15 0 I can work about as well as before.  
1 It takes an extra effort to get started at doing something.  
2 I have to push myself very hard to do anything.  
3 I can't do any work at all.

- 16 0 I can sleep as well as usual.  
1 I don't sleep as well as I used to.  
2 I wake up 1-2 hours earlier than usual and find it hard to go back to sleep.  
3 I wake up several hours earlier than I used to and cannot get back to sleep.
- 17 0 I don't get more tired than usual.  
1 I get tired more easily than I used to.  
2 I get tired from doing almost anything.  
3 I am too tired to do anything.
- 18 0 My appetite is no worse than usual.  
1 My appetite is not as good as it used to be.  
2 My appetite is much worse now.  
3 I have to appetite at all anymore.
- 19 0 I haven't lost much weight, if any lately.  
1 I have lost more than 5 pounds.  
2 I have lost more than 10 pounds.  
3 I have lost more than 15 pounds.

I am purposely trying to lose weight by eating less.  
Yes\_\_\_\_\_ No\_\_\_\_\_

- 20 0 I am no more worried about my health than usual.  
1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.  
2 I am very worried about physical problems and it's hard to think of much else.  
3 I am very worried about physical problems, that I cannot think about anything else.
- 21 0 I have not noticed any recent change in my interest in sex.  
1 I am less interested in sex than I used to be.  
2 I am much less interested in sex now.  
3 I have lost interest in sex completely.

APPENDIX G  
INFORMED CONSENT FORM



**APPENDIX G: Informed Consent Form**

Thank you for your cooperation in filling out this form. Your signature on this form indicates that you have agreed to participate in the following study. This study involves your completion of several measures addressing various issues associated with domestic violence. We understand how difficult it may be for you to remember the violence you experienced. However, your participation may help us to better understand domestic violence and may assist us in addressing this problem.

It is agreed that you will be paid a sum of 5 dollars for your participation (This amount will be paid to you after your participation in the study for some time even if you should choose to withdraw before completing all the measures). Completion of the study questionnaire packet should take about 1 to 1.5 hours of your time. Your signature indicates that you understand that the information you disclose during this study will be treated as strictly confidential. In addition, it indicates that you understand that you have the right to cease participation in the study at any time you choose.

Thank you very much for your cooperation.

Sincerely,

Christine C. Danner

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Witness

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## VITA

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THESIS APPROVAL SHEET

The thesis submitted by Christine C. Danner has been read and approved by the following committee:

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

4/2/96  
Date

  
Director's Signature