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Domestic violence: Termination of an abusive relationship and its effect on the psychopathology of women

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DOMESTIC VIOLENCE: TERMINATION OF AN ABUSIVE RELATIONSHIP AND ITS EFFECTS ON THE PSYCHOPATHOLOGY OF WOMEN

by

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of the requirements for the degree of

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Abstract

Victims of domestic violence are often blamed for the violence they experience. Previous research has found that these victims experience many psychological difficulties while in the relationship. Fifty women that differed in amount of time out of their abusive situations were studied. Each subject completed the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Conflict Tactics Scale (CTS), and a brief demographic sheet.

It was hypothesized that the longer the women had been out of the relationship the lower the levels of psychopathology they would exhibit. Results indicated that psychopathology levels did not significantly correlate with length of time since termination. Correlations were .0631 and .0295 both of which were non-significant ($p>.05$).

It was also hypothesized that women who had been out of the relationship a year or more would begin to resemble the normative data of the MMPI-2. Z-test results were 3.93 and 4.34 $p<.01$; and t-test results were 5.55 and 5.34 $p<.01$. The findings of this study indicate that despite termination these women continue to have serious difficulties.

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Chapter 1

Introduction

It has been estimated that in the United States between 2 to 3 million women are battered each year (Bullock et al., 1989; Straus & Gelles 1990; Straus et al. 1980). Due to the apparently high rate of unreported cases, the actual incidence is likely to be considerably higher (Ucko, 1991). Domestic violence is defined as any and all forms of abuse, including physical, sexual, financial, and psychological, that occur in a relationship (Khan et al., 1993). Of these, physical violence is the form of abuse that receives the most recognition. Current research, however, has also begun addressing psychological abuse. According to Taubman (1986), the concept of psychological violence includes "those psychosocial assaults against one's person that destroy a sense of autonomy, identity, reality, self-esteem, and other common human needs" (p.13).

It is important to mention that the victims of domestic violence are just as often men as they are

women. However, it is also important to keep in perspective the large discrepancies that exist between female and male perpetrated violence. In more than 90% of all domestic violence cases the seriously injured individuals are women (Flitcraft, 1991). Battering is the most frequent cause of injury to women between the ages of 25-34 and results in more injuries than automobile accidents, muggings, and rapes combined (Birns et al., 1994).

Paleopathologists have dated the existence of domestic violence as far back as 2000 years ago (Dickstein, 1988). Despite its long history, domestic violence has only recently come to national attention as a severe social problem. It was not until the 1970's that domestic violence received attention from either researchers or the general public (Horton & Johnson, 1993).

The attention from researchers and health professionals initially began from a psychiatric view point which is still largely present today (Schultz, 1960; Snell et al., 1964). Diagnosing battered women

with disorders such as depression, anxiety disorders, and thought disorders contributed to blaming women for the violence they experienced. These diagnoses were viewed as preexisting conditions without considering that the abuse might have played a role in their etiology.

Due to being overlooked and/or explained away, domestic violence was able to remain an "open secret" in our society until the 1970's (Pfouts, 1978). Star (1980) claimed that three factors contributed to this "silence": lack of awareness, general acceptance, and denial. These factors still prevent society, as a whole, from acknowledging the prevalence and the widespread effects of domestic violence.

According to Stark and Flitcraft (1982), battering accounts for one in every five visits to emergency rooms by women. However, in another study it was found that only 5% of domestic violence victims seen in the emergency room were identified as such (Goldberg & Tomlanovich, 1984). One possible explanation given for this finding is a reluctance on the part of both the

medical professionals and the women to discuss the causes of their injuries. Another possible explanation for this inaction on the part of the medical professionals was stated by Stark et al. (1979). They hypothesized that due to patriarchal medical ideologies, medical professionals fail to identify women as battered and instead view them as having psychological problems. This inaction may also be prevalent in the police force. Ferraro (1983) found that police officers who had been specifically trained in domestic violence calls viewed making arrests as a low priority and not part of their "real" job.

The detriment of domestic violence stretches beyond the adult relationship, often encompassing the children, including the unborn. Estimates indicate that from 8 to 36% of pregnant women experience physical abuse (Helton, 1986; Amaro et. al, 1990; Kurz, 1989). Two research studies found that pregnancy actually increases the woman's risk of being abused (McBride, 1990; Tilden & Shepherd, 1987). If the women do carry the fetuses to term, research suggests that

there is a strong correlation between spousal abuse and child abuse (Bowker et. al, 1988; Stark & Flictcraft, 1995; Stacey & Shupe, 1983). McKay (1994) states that between 45-70% of women in domestic violence shelters reported the presence of "some form of child abuse" (p.29). Surprisingly, this abuse was not always at the hands of the father. Walker and Browne (1985) found that women were eight times more likely to abuse their children while living in an abusive situation.

Even if the child is fortunate enough not to experience the abuse firsthand, it has been found that witnessing parental violence makes a man more likely to later perpetrate abuse against a female partner than being a victim of child abuse (Kalmuss, 1984; Rosenbaum & O'Leary, 1981; Rouse, 1984). Domestic violence has such widespread and long lasting effects that it is very important to learn about these violent relationships in order to prevent and/or ameliorate them.

So who are the victims of domestic violence? According to research, abused women vary considerably

in their demographic characteristics. The presence of intrafamilial violence has been documented in families of every race, religion, social class, and educational level (Carden 1994; Figueredo & McCloskey 1993; Blair 1986; Greany 1984; Hilberman 1980). One contradictory finding was reported by Gelles and Cornell (1985) who found battering to be more common among lower socioeconomic couples. Margolin et al. (1988) hypothesized that this may not be due to be poor people being more violent, but that middle and upper socioeconomic couples have access to more resources which allow them to keep their abuse hidden.

Abused women have also been found to share a variety of psychological characteristics. Cascardi and O'Leary (1992) found that abused women suffer from more depression and low self-esteem than nonabused women. One characteristic, however, that has contradictory findings is sex roles. Some researchers have found that abused women are more feminine in their sex roles than non-abused women (Warren & Lanning, 1992; Pagelow, 1981, Star, 1978; Wetzel & Ross, 1983; Bell, 1977),

while other researchers have found that androgynous women are more likely to become victims of domestic violence. (Schecter, 1982; Gellen et.al, 1984).

Research has also indicated that abused women often suffer from learned helplessness (Wilson et. al, 1992; Newman, 1993; Walker, 1979) and are often characterized by social isolation (Dobash & Dobash 1979; Gelles 1982; Gelles 1985). Research by Follingstad et. al. (1990) offers one possible explanation for this isolation. They found that 75% of the abusive men studied restricted their wives' activities by denying them access to social support and/or finances.

There are many theories regarding the development of domestic violence. One of the older theories is that abused women are masochistic and therefore enjoy the violence that they experience (Pfouts, 1978; Shainess, 1979; Moss 1991; Rounsaville 1978; Snell et al., 1964). Closely related to this theory, Gillman (1980) hypothesized that battered women have a pathological need to reenact past conflicts.

Other clinicians and researchers hypothesize that battered women are suffering from Post Traumatic Stress Disorder (PTSD) (Browne 1993; Bryer et al., 1987; Burge 1989; Herman 1986; Koss 1990; Gelinas 1983; Walker, 1991). Romero (1985) designed a study to determine the similarities that exist between women that were battered and individuals that were prisoners of war (POWs). Her findings were that:

> A mixture of coercive and manipulative techniques were described by both POWs and battered wives. Within a context of intimidation and threat of physical violence, the strategies used by captors and batterers included psychological abuse, emotional dependency, and isolation from a support system (p.541).

This research offered strong support for PTSD being the most appropriate diagnosis for survivors of domestic violence.

A common tool used for diagnostic purposes among researchers and clinicians is the Minnesota Multiphasic Personality Inventory (MMPI). This questionnaire was designed to measure the presence and degree of emotional maladjustment. The MMPI has been used to

study both men (Bernard & Bernard, 1984) and women in abusive relationships and has led to interesting findings.

Gellen, Hoffman, Jones, and Stone (1984) used the MMPI to compare abused and non-abused women. They reported that abused women had significantly higher elevations on scales 1(Hypochondriasis), 2(Depression), 3(Hysteria), 4(Psychopathic Deviate), 6(Paranoia), 7(Psychasthenia), 8(Schizophrenia), and 10(Social Introversion). These researchers also found that a significantly greater proportion of abused women reached pathological levels on scales 1, 2, and 4 than nonabused women. They concluded that "Women in abusive relationships manifest, to some extent, disordered personalities. Consequently, they must be treated in conjunction with the abuse to bring about change within the relationship" (p. 603). This statement seems to imply that the psychological disturbances that abused women experience are a separate entity from the abuse that is occurring within the relationship, and that the two, therefore, should be treated separately.

Rhodes (1992) used the MMPI to compare a group of battered women with nonbattered women on scale 4, (Psychopathic Deviate). She found that women who had been battered scored significantly higher on scale 4, supporting the findings of Gellen et al. (1984).

Back, Post, and Arcy (1982) compared abused women with non-abused women in an in-patient psychiatric hospital using the MMPI and demographic characteristics. The subjects' MMPI results showed battered women having a significantly higher F and lower K scale scores than non-battered women. The F scale is designed to measure unconventional thinking and severity of illness. The K scale measures defensiveness on the part of the testee. The results on the 10 clinical scales did not show any significant differences between the two groups of women. Therefore, the researchers concluded that "battered and nonbattered female psychiatric inpatients can be differentially characterized best in terms of more general interpersonal attitudes and defensiveness than in terms of specific forms of psychopathology" (p.24).

Khan, Welch, and Zillmer (1993), using the MMPI-2 and abuse histories, studied 31 women that were currently residing in a shelter. The purpose of the study was to assess the psychological functioning of battered women and its relationship to the length and type of abuse that they experienced. The mean profile of the women tested consisted of elevations on scales F, 4, 6, and 8. On the following subscales the mean scores were elevated: Anxiety (A); MacAndrew Alcoholism (MAC-R); College Maladjustment (Mt); and the Posttraumatic stress disorder scales (PK and PS). Low Mean scores were found on the Ego Strength (Es); Dominance (Do); and the Social Responsibility (Re) scales. This study did not support the stereotype that abused women are traditionally dependent, and/or inactive. As far as the relationship between history of abuse and psychological functioning, the authors made the following conclusion: "severity of psychological abuse is most predictive of overall psychological disturbance in the form of average clinical T-scale elevation" (p.108). Another important

finding was that physical abuse was not related to the MMPI-2 scores. Therefore, these researchers were concluding that it is not battering that causes difficulties, but that it is the psychological abuse.

Women survivors of domestic violence are commonly misdiagnosed as having schizophrenia or borderline personality disorder due to sharing common symptoms with these mental disorders (Rosewater, 1988). Rosewater (1988) conducted a study hoping to correct two errors commonly made when "helping" battered women: 1)"the extreme fearfulness (paranoia) and confusion created by repeatedly experiencing violence are misdiagnosed as psychiatric symptoms, and/or 2) the woman is diagnosed as having a character disorder, which is seen as a predisposition for the violence that occurs" (p.200). Rosewater sought to determine if there was a MMPI profile for battered women that differed from that of schizophrenia and borderline personality disorder. Individuals with schizophrenia and borderline personality disorder have the following characteristics in common with battered women:

"confusion, feeling overwhelmed, and fearfulness" (p.204). Subjects in this study consisted of 118 battered women. All subjects except twelve were currently in the abusive situation. The women were divided into 4 groups. Groups I, II, and III were determined based on the different agency at which they were receiving assistance. Group IV consisted of formerly battered women who were former clients of these agencies. The three point profiles for these groups were as follows: Group I and II 486; Group III, 468 (which for practical interpretation were considered equivalent); Group IV 849. Rosewater interpreted the battered women's profiles as including anger, confusion, fearfulness, weakness, and a sense of pessimism. The formerly battered women had, on average, similar scale configurations, particularly with reference to the subscales, but tended to have lower scale elevations. The battered women's profiles were similar to that of individuals with schizophrenia. However, Rosewater concluded that "What the MMPI measured for the currently battered women were reactive

states, not character traits" (p.214). It is not theoretically possible to make this conclusion of causation using the data found in this study. It is possible that the lower pathology did result from leaving; however it is also possible that this lower pathology was present prior to the abuse and contributed to the women's decisions to leave.

Present Study

The present study was designed to examine the hypothesis that psychological maladjustment is a result of abuse, as opposed to a precipitating factor. As stated by Rosewater (1988) the psychopathology is a "reactive state not a character trait" (p.214). The majority of previous research (Gellen et. al, 1984; Khan et. al, 1993) has used samples of abused women who were currently in the abusive situation or had left, but had only been out for relatively short periods of time (shelter residents). Rosewater (1988) did test a sample of women (n=12) who had left the abusive situation for more extended periods of time. That research found that women who had left had different

profiles than the women who were still in the relationship. However, it is difficult to know whether their profiles were different to begin with or if they changed upon leaving the relationship. This study examined the MMPI-2 results of battered women who had been out of the abusive relationship for various amounts of time, and determined whether the scores of the women who had been out the longest varied from those who had left more recently.

If abuse is the precipitating factor for the difficulties its victims experience and the abuse has ceased, then psychological maladjustment should decrease as a function of time out of the relationship. This study differed from Rosewater's in that the women who had left were not considered one group; rather the length of time that had elapsed since termination of the relationship was used as a continuous variable and analyzed to determine its relationship to MMPI-2 results. The present study attempted to answer the following questions:

Question #1: Did the amount of psychological maladjustment decrease as a function of the time spent out of the abusive relationship?

Hypothesis: It was expected that individuals who had spent the most time out of the relationship would have the lowest elevations on the MMPI-2. In other words, elevations on the MMPI-2 and the time out of the relationship would be inversely related.

Rationale: It was the abuse that precipitated these women's maladjustment.

Question #2: Did the profiles of women who had been out for extended periods of time, at least a year, resemble the profiles of average nonabused women?

Hypothesis: Individuals who had been out of their abusive situations for a year or more would have profiles that were similar to the average population.

Rationale: Assuming that abuse causes the psychological maladjustment in these women, it was logical to expect that the maladjustment would disappear when abuse had been avoided for long periods of time.

Question #3: Of the forms of abuse being studied, was it psychological and not physical abuse that was the strongest predictor of the overall psychological disturbance in the form of average T-score elevation as Kahn (1993) reported?

Hypothesis: Severe psychological abuse and severe physical abuse would both be significant predictors of overall psychological disturbance in the form of average T-scale elevation.

Rationale: Through the use of the Conflict Tactics Scale it was thought that physical abuse would be more accurately assessed. This change in assessment procedure was expected to result in physical abuse being a significant predictor of average T-score elevation.

Chapter 2

Method

Participants

Participants consisted of 62 women who were residing in shelters (n=14), attending support groups for survivors of domestic violence (n=26), or students in introductory psychology courses at the University of Nevada, Las Vegas (n=22). The shelters were located in Las Vegas, Nevada (n=10) and Albuquerque, New Mexico (n=4). The support groups were held at a counseling center that was affiliated with the Albuquerque shelter. The women from the shelters and support groups were given a brief synopsis of the study and asked by counselors if they were interested in participating. The women recruited from the university were part of a subject pool made up of introductory psychology students. At the beginning of each class an announcement was made regarding the study and that women who were or had been in abusive situations were eligible to participate. The students who chose to participate could either sign up after class or leave

a phone number on the research board. These psychology students were required to either participate in psychological research or write article summaries in order to receive credit for the class. All of the subjects were therefore recruited on a volunteer basis, they were not required to participate nor were they denied any service or credit if they refused.

Twelve subjects were excluded on the basis of MMPI-2 validity scale results. One individual was excluded due to a score of 32 on the Can't Say scale, indicating an invalid profile. Eleven subjects were also excluded because their F scale T-scores exceeded 100. The reported statistics were based on the remaining 50 subjects. The average age of the women was 30.38 with a standard deviation of 9.40. The range of ages was 18 to 58. The average amount of time that the individuals had been out of the abusive relationship was 70.50 weeks (approximately 16.3 months). The range for this variable was 0 to 1040 weeks (approximately 20 years). The individual that had been out of the relationship for 20 years was an

extreme outlier. If this individual was excluded, the range became 0 to 364 (approximately 7 years). The remaining demographic information can be found in Table 1.

TABLE 1: DEMOGRAPHICS-DESCRIPTIVE STATISTICS

	MEAN	STANDARD DEVIATION	MINIMUM	MAXIMUM
WEEKS OUT	70.50	159.35	0	1040
REL. LENGTH (WKS.)	294.19	294.61	9	1248
ABUSIVE PERIOD (WKS.)	200.60	275.95	1	1248
AGE (YRS.)	30.38	9.40	18	58
EDUCATION	13.22	2.45	8	17

TABLE 1 Continued:

Ethnicity	Caucasian (n=28)	African American (n=3)	Hispanic (n=14)	Asian (n=2)	American Indian (n=2)	
Employed	Yes (n=35)	No (n=14)				
Biological children	0 (n=20)	1 (n=11)	2 (n=10)	3 (n=6)	4 (n=1)	5 (n=1)
Foster Children	0 (n=44)	1 (n=2)	2 (n=2)	3 (n=2)		

Measures

Minnesota Multiphasic Personality Inventory (MMPI-2)

The MMPI-2 consists of 567 questions to which the individual answers "True", "False", or "Cannot Say." The test is based on a sixth grade reading level and takes about an hour to an hour and a half to complete. The test was revised in 1989, from the original MMPI, and is based on a more representative and larger normative sample than its predecessor (Psychological Assessment Resources, Inc., 1995). The MMPI-2 assesses individuals according to three validity scales (L, F, and K) and the following ten clinical scales:

1. Hypochondriasis(Hs). This scale is designed to identify individuals who have a "preoccupation with the body and concomitant fears of illness and disease" (Graham, 1990, p. 56). These fears are not usually delusional.

2. Depression (D). Scale 2 is aimed toward detecting individual's symptoms of depression.

3. Hysteria (Hy). This scale was designed to assess those individuals who are experiencing hysteria

resulting from stress. Graham (1990) described hysteria as an "involuntary psychogenic loss or disorder of function" (p.60).

4. Psychopathic Deviancy (Pd). Scale 4 was designed to identify those individuals who have psychopathic personalities. For example, those who do not have normal social relationships or those who do not seem to have a conscience.

5. Masculinity-femininity (Mf). The Mf scale assesses the extent to which an individual identifies with or deviates from his/her gender.

6. Paranoia (Pa). This scale assesses if the individual is characterized by any paranoid symptoms. Graham (1990) described these symptoms as such things as: "ideas of reference, feelings of persecution, grandiose self-concepts, suspiciousness, excessive sensitivity, and rigid opinions and attitudes" (p.68).

7. Psychasthenia (Pt). Scale 7 is mainly designed to assess those individuals who show characteristics of obsessive-compulsive disorder.

8. Schizophrenia (Sc). High scorers on Scale 8 tend

to be characterized by "disturbed thinking, mood and behavior" (Graham, 1990, p.72)

9. Hypomania (Ma). This scale was designed to identify individuals who are characterized by such things as rapid speech, excessive motor activity, and switching from one idea to the next very quickly.

10. Social Introversion (Si). High scores on scale 10 tend to indicate persons who shy away from social activities and those who experience a great deal of discomfort when in the presence of many people.

The MMPI-2 also consists of content scales which can be used to supplement the profile. These scales breakdown the ten clinical scales into their various components and offer additional information. Supplementary scales also exist to extend the information regarding the clinical scales.

K-corrected MMPI-2 T-scores were computed for each subject on the validity, clinical, and selected supplementary scales (Ego Strength (ES) and Post-Traumatic Stress Disorder Scales (PK and PS)). Average T-scores were used based on Kahn's (1993) findings that

the average T-score and the F scale had been found to be "sensitive to the degree of overall emotional disturbance" (p.103). Therefore, for each subject two average T-scores were derived. The first average (KahnT) was identical to the one Kahn et. al used in their study which included the clinical scales except for the Masculinity-Femininity Scale (No. 5) and Social Introversion (No. 0). The second average (AvgT) included all the clinical scales except for Masculinity-Femininity Scale (No. 5). This was done based on the fact that Social Isolation is often a serious problem for battered women and that Kahn, Welch, and Zillmer (1993) offered no sound reason for its exclusion.

Conflict Tactics Scale

The Conflict Tactics Scale (CTS) has been used widely in relationship research. Cantos (1993) used the CTS as a device to detect whether any physical violence existed in the relationships he was studying. In the majority of the domestic violence research, the CTS has been used as a severity index (Compton et al.

1989; Saunders, 1992; Follingstad, 1992; Crossman et al. 1990; Campbell, 1994). In a research study by Tutty et al. (1993), the CTS was used as a measure of support group efficacy. Houskamp and Foy (1991), in a study assessing PTSD in abused women, used the CTS to divide their subjects into either high or low abuse exposure. In a study by Marshall and Rose (1990) the CTS was used to assess the existence and severity of abuse existing in families of origin. In a study conducted by Kennedy et al. (1991), the CTS was used to examine the women who were participating in their survey and the level of abuse that they had experienced to help control for this exposure affecting the subjects' prevalence estimations.

The CTS allows for individuals to be scored on three scales: Verbal Aggression, Violence, and Reasoning (Straus, 1979). The Reasoning score did not fit with our purposes and therefore was excluded. The original version of the CTS consisted of 18 items inquiring about methods used within a relationship to deal with conflict. Each item is answered on a scale

from 1 to 6 depending on the frequency of this behavior in the last year of the relationship (0 indicating never and 6 indicating more than 20 times). For our purposes we altered the questionnaire slightly. The items loading onto the Reasoning Scale were deleted and a few items that were of interest were added. The items added were taken mainly from the assessment of severity of abuse scale used by Kahn et al. (1993). These items included behaviors such as isolating, criticizing, raping, lying, restraining, and swearing. Also the likert scale was expanded to include a seventh point which indicated the abuse occurring more than 50 times. A copy of the modified version of the Conflict Tactics Scale can be found in Appendix I.

The Conflict Tactic Scale was scored as follows: each subject received an abuse severity score which was the mean of the frequency ratings for each behavior. The subjects also received a psychological and physical abuse score, which were computed by taking the mean of the items that loaded onto that particular scale. The Conflict Tactics Scale was scored twice, once using the original version of the CTS and once using the modified

version. The original psychological abuse score was derived by taking the mean of items 1, 2, 3, 4, 5, and 13. The modified psychological abuse score consisted of items 1, 2, 3, 4, 5, 13, 15, 16, 18, 19, 20, and 22. The original physical abuse score was computed from items 6, 7, 8, 9, 10, 11, 12, 14, and the modified physical abuse score was the mean of items 6, 7, 8, 9, 10, 11, 12, 14, 17, 21.

Demographic Questionnaire

The demographic questionnaire that was used inquired about the length of the relationship, the abusive period, and how long it had been since the relationship was terminated. The subjects were also asked if they had been in contact with their abusive partner since the relationship was terminated. If subjects answered yes to this question, they were also asked whether this contact was physically or emotionally abusive. The questionnaire also asked for basic demographic information such a age, ethnicity, education level, employment, and children. A copy of the demographic sheet can be found in Appendix II.

Procedure

The subjects were asked to participate in the research project after the nature of the study was explained to them. After reading and signing a consent form, the subjects were given a packet containing the MMPI-2, Demographic Sheet, and the CTS. The packet was arranged in this order, but subjects were allowed to complete the packet as they chose.

Chapter 3

Results

The first hypothesis was that the women who had been out of the abusive relationship the longest would exhibit the lowest levels of psychopathology. In order to test this hypothesis, a Pearson product-moment correlation coefficient was computed to determine whether a significant relationship existed between time out of the relationship and MMPI-2 averages. A log 10 transformation was performed on the weeks out raw data to reduce skewness. However, because this computation did not significantly change the correlation coefficients, the results reported are those calculated using the data in its original form. The correlation coefficient for AvgT and weeks out was found to be .0631 which was not significant at the .05 level. The correlation coefficient for KahnT and weeks out was .0295, which was also found not to be significant. This finding did not support the hypothesis.

The second hypothesis of this study was that the scores of the women who had been out of the

relationship for an extended period of time (a year or more; N=17) would resemble the normative data of the MMPI-2. To test this hypothesis both z and t-tests were computed. The mean scores of AvgT and KahnT were used as the sample data and the population data consisted of the normative data for the MMPI-2 (mean = 50 and SD = 10). For AvgT the z-score was 3.93 and the KahnT z-score was 4.34 both of which indicate a significance level of .01. T-tests results were as follows: AvgT $t(16) = 5.55$, $p<.01$; KahnT $t(16) = 5.34$, $p<.01$. Thus, it can be concluded that individuals who have been out of the relationship for over a year showed significantly higher levels of psychopathology than the average individual taking the MMPI-2. These findings did not support our second hypothesis.

The third hypothesis to be tested was that both psychological abuse and physical abuse would be significant predictors of the psychopathology level of these women. To address this hypothesis, stepwise multivariate regression analyses were performed. Once again, both weeks out and weeks out with the log

transformation were used in the analyses and did not differ significantly in the results. Therefore the results reported are the values computed using the raw data. The first analysis was run using the modified psychological abuse, modified physical score, and length out of the relationship to predict KahnT. The only significant predictor in this analysis was the modified psychological abuse score, yielding multiple R= .29373, R^2=.00863, F(1,48)= 4.53248, and p = .0384.

A second stepwise multvariate regression analysis was performed using the original psychological abuse score, original physical abuse score, and the length out of the relationship to predict KahnT, which resulted in no variables being entered.

Next, a stepwise multiple regression was performed using the modified psychological abuse score; modified physical abuse score; and the length out of the relationship to predict AvgT. The only variable that was entered into the equation was the modified physical abuse score which gave a multiple R=.29495; R^2= .08700; F (1,48) =4.57371 and a significance level of .0376.

The final analysis that was performed used the original psychological abuse score, the original physical abuse score, and the length out of the relationship to predict AvgT. The only variable that significantly predicted AvgT was the original physical abuse score with a multiple R of .28273; R^2 of .07994; F (1,48) = 4.17023; and a significance level of .0467. These results are interesting because together they lend support to the hypothesis, but the fact that they differ in itself is informative. The simple correlations found in Table 2, provide further information about the relationship between variables. These results will be discussed in the next section.

TABLE 2: CTS and MMPI-2 CORRELATIONS

	Modified CTS: Total Abuse Score	Modified CTS: Psych. Abuse Score	Modified CTS: Physical Abuse Score	Orig. CTS: Total Abuse Score	Orig. CTS: Psych. Abuse Score	Orig. CTS: Physical Abuse Score
AVGT	.3440**	.2999*	.2950*	.3036*	.1983	.2827*
KAHNT	.3334*	.2937*	.2861*	.3044*	.2108	.2780

**indicates p<.01 *indicates p<.05

The MMPI-2 profiles of these women were derived to examine whether the results of this study were similar to those of previous studies. The profiles were determined in two ways. First each woman was given a two-point profile and then the most frequently occurring profile was recorded. Second, the means of the MMPI-2 scales were used to determine a mean profile. The first method resulted in the two point profile 46; The second method resulted in a 48 profile. When individuals who had not left the abusive relationship were taken out of the data, the profiles remained the same.

The mean T-scores and standard deviations for all the MMPI-2 clinical scales can be found in Table 3. The descriptive statistics for the selected supplementary scales were as follows: Ego Strength, mean 36.6, standard deviation 17.31; Post-Traumatic Stess Disorder Scales, PK mean 65.02, standard deviation 13.01, and PS mean 64.06, standard deviation 12.37.

TABLE 3: MMPI-2 DESCRIPTIVE STATISTICS

	MEAN	STANDARD DEVIATION	MIN.	MAX.
LIE SCALE (L)	49.92	8.98	33	76
FAKING BAD SCALE (F)	72.68	15.83	44	99
FAKING GOOD (K)	44.18	10.90	0	74
TRIN SCALE	64.92	10.38	50	103
CAN'T SAY	1.32	3.73	0	23
HYPOCHONDRIASIS	58.88	10.23	38	84
DEPRESSION	61.42	12.75	38	90
HYSTERIA	56.84	10.85	34	84
PSYCHOPATHIC DEVIANCY	64.74	10.42	47	92
MASCULINITY-FEMININITY	52.28	9.85	35	87
PARANOIA	62.30	16.19	3	92
PSYCHASTENIA	61.70	13.18	32	83
SCHIZOPHRENIA	62.68	13.06	34	88
HYPOMANIA	56.34	12.81	31	91
SOCIAL INTROVERSION	53.84	13.73	0	78
EGO STRENGTH	36.64	17.31	0	70
PK (POST-TRAUMATIC)	65.02	13.01	42	87
PS (POST-TRAUMATIC)	64.06	12.37	42	86

Chapter 4

DISCUSSION

In this study it was hypothesized that women who had left the abusive relationships would experience a decline in the difficulties that are often associated with being in an abusive relationship. The women in this study did not exhibit such a decline. The MMPI-2 scores of women who had been out of the relationship for a year or more were significantly higher than the MMPI-2 normative data and the obtained MMPI-2 scores were not significantly related to length of time the women had been out of the abusive relationship. One plausible explanation for this finding is that the period of time that these women had been out of the relationship had not been long enough for them to experience declines in difficulties such as depression, anxiety, and paranoia. One way to remedy this potential problem would be to replicate this study using women who have been out of their abusive relationships for longer periods of time (e.g., five years or more).

Another possible explanation is that these women exhibited elevated psychopathology prior to becoming involved in the relationship and therefore would not be expected to experience a decline after the termination of the relationship. A study that looked at both pre and post-relationship psychological functioning would be effective in testing this theory; however information on pre-abuse psychological functioning would be difficult to obtain and subject to common memory distortions.

This study was also designed to help answer the question, "Which is more predictive of psychopathology, physical or psychological abuse?". Unfortunately, this study did not lead to a clear answer to this question. When looking at scores on the MMPI-2 scales except for the Masculinity-Femininity and Social Introversion scales, psychological abuse was found to be a significant predictor. However, this finding was only present when psychological abuse was measured with the Modified Conflict Tactics Scale. When the original version of the Conflict Tactics Scale was used neither

physical nor psychological abuse significantly predicted psychopathology level. This particular finding is similar to that found by Kahn et. al in 1993.

When scores on the Social Introversion scale were included in the computation of overall level of psychological functioning, physical abuse became the only significant predictor. This finding was found when physical abuse was measured with both the original and modified versions of the Conflict Tactic Scale. This is an interesting finding because the only change made was social isolation being taken into account. It is difficult to know whether one can conclude from these findings that women who are physically abused become more and more socially isolated with increases in the abuse. The data given in Table 3 (p. 34) demonstrated that both physical and psychological abuse scores correlated significantly with most of the MMPI-2 averages. These results lend support to the hypothesis that both physical and psychological abuse predict the difficulties that its survivors will encounter.

Based on the research results of Rosewater (1988), it was expected that the MMPI profiles of women who had left the abusive relationship (n=43) would differ from those women who had not left (n=7). This was not our finding. In both groups the mean profile was 48 and the most frequently occurring profile was 46. It is important to be reminded of the small sample size representing women still in the relationship. However, if one compares these profiles to the profiles found by Rosewater (1988) an interesting finding is discovered. First recall that Rosewater classified her subjects into two groups: those women who were currently in the abusive relationship and those women who had left. It was our finding that these two groups did not differ in their two-point profiles. Another interesting finding is that the profiles of the women in the present study resembled the profiles in Rosewater's study of women who had not left the abusive relationship.

One possible explanation for this discrepancy in results is the sample size that was used by Rosewater (1988) to represent women who had left the abusive

situation. The generalizability of data coming from a sample of 12 women is questionable. However, another possible explanation is that the women that Rosewater studied had been out of their relationships for longer periods of time than the women in this study. Rosewater reported that the women who made up her Group IV had not experienced any abuse for at least a year. Perhaps Rosewater had found women who were beginning to experience a decline in psychopathology following an extensive termination of the relationship.

So what do the profiles found in this study mean? The 48 profile is indicative of individuals who are often seen by others as odd, strange, and weird. Individuals with this profile tend to have problems controlling their anger. These individuals are often dealing with intense feelings of insecurity, which can lead to setting themselves up for rejection and failure (Graham, 1993). According to Graham (1993) individuals with a 46 profile tend to exhibit immaturity and narcissism. Women with this profile tend to identify with the traditional female role, which can cause them

to become overly dependent on men. Some of the descriptions given for individuals with this profile seem to counter how battered women are portrayed. For example, these individuals tend to be grandiose in their sense of self and tend to transfer blame to others for their behavior. This finding contradicts the low self-esteem and self-blame patterns that are commonly associated with abused women.

The findings of the current study do resemble, for the most part, the results of previous studies that have employed the MMPI in studying battered women. The following scales were found to be elevated (above 60T) 2, 4, 6, 7, and 8 (See Table 2), which supports the findings of Gellen et al (1984)., Rhodes (1992), Kahn et al. (1993), and Rosewater (1988). It is unfortunate that our results resemble those of previous research so closely. It was our hope to find that women who had left the abusive relationship would begin to experience a decline in the difficulties being studied.

It is possible that there are other explanations for the lack of variation between battered women who

have and have not left. There were a few methodological problems with the current study. One of the most obvious is the sample size. A larger sample would increase the validity of generalizing the findings of this study to battered women as a whole. The strengths of the subject pool did include a diverse group as far as education level, ethnicity, and age.

Another methodological weakness of this paper is the sole reliance on self-report measures. An objective measure of psychological functioning could add to the validity of these results.

The fact that this study was not performed with a longitudinal design also represents a weakness. Having each subject participate in this study at various points after the termination of the relationship would give a more accurate picture of the changes experienced by these women. Being able to compare each woman's results with her own earlier results would increase the ease of making conclusions.

So what do these findings mean for abused women? This research did not support the theory that abused

women's psychopathology is a result of the battering. However, due to the lack of information regarding pre-relationship psychological functioning, these results can also not be used to support the idea that these women suffered from elevated levels of psychopathology before becoming involved in these relationships. Our hypothesized explanation for our results is that the effects of abuse take many years to fade following the termination of the relationship. It is important to keep in mind that many battered women are raised in violent families which could also increase their recovery time.

These results are not what were hoped for, but are in no way hopeless. Knowing that it may take longer than a year for women to feel positive changes following the termination of an abusive relationship can be used to tailor long-term treatment programs and encourage patience among both clinician and client.

The more we study and learn about the recovery of abuse victims, the more effective our treatment programs can be. It is imperative to continue the current surge of research

on this topic in order to continue to help the current and future victims of domestic violence. The more education we can offer to the community about abusive relationships the higher our chances of increasing resources for the victims and also the higher our chances are for preventing relationships from becoming abusive.

APPENDIX I

Conflict Tactics Scale

Directions: Please indicate how many times your partner did each of the following things in the **last year of your relationship.** Circle the numbers which corresponds to your response.

1. **Insulted or swore at the other one.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

2. **Sulked and/or refused to talk about it.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

3. **Cried.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

4. **Did or said something to spite you.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

5. **Threatened to hit or throw something at you.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

6. **Threw or smashed or hit or kicked something.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

7. **Threw something at you.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

8. **Pushed, grabbed, or shoved you.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

9. **Slapped you.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

10. **Kicked, bit, or hit with his fist.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

11. **Hit or tried to hit something.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

12. **Beat you up.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

13. **Threatened with a knife or gun.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

14. **Used a knife or gun.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

15. **Attempted to isolate you from your friends and family.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

16. **Criticized you.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

17. **Raped you.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

18. **Threatened to take the kids (if applicable).**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

19. **Swore at you.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

20. **Lied to you.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

21. **Restrained you or tried to restrain you.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

22. **Yelled at you.**

0	1	2	3	4	5	6	7
Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 Times	More than 50 Times

Appendix II

Demographic Sheet

1. **How long have you been out of the abusive relationship?**

2. How long did the relationship with your partner last?

3. How long was the abusive period during you relationship?

4. Are you still in contact with your partner?

   If you answered yes: Has your partner abused you either mentally or physically since you left?

   If you answered yes: Please describe the abuse that has occurred since you left and when it occurred.

5. How old are you?

6. What is your ethnicity?

7. What is the highest level of education that you have completed?

8. Are you currently working? Please indicate where you are working and how long you have been working there.

9. Do you have kids?
   If you answered yes: Please indicate how many children you have and what their ages are. Please indicate whether these are your biological children and if not please indicate your relationship to them.

10. How long have you been in the support group (if applicable)?

11. Please describe the other types of therapy that you have received since leaving the relationship (individual; group therapy, etc.). Also please indicate the length of the therapies you have listed.

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Appendix III

DATE: September 26, 1995

TO: Amber Rollstin (PSY)
M/S 5030

FROM: Dr. William E. Schulze, Director
Office of Sponsored Programs (X1357)

RE: Status of Human Subject Protocol Entitled:
"Psychopathology and the Termination of Abusive Relationships"

OSP #113s0995-058e

The protocol for the project referenced above has been reviewed by the Office of Sponsored Programs, and it has been determined that it meets the criteria for exemption from full review by the UNLV human subjects Institional Review Board. Except for any required conditions or modifications noted below, this protocol is approved for a period of one year from the date of this notification, and work on the project may proceed.

Should the use of human subjects described in this protocol continue beyond a year from the date of this notification, it will be necessary to request an extension.

cc: J. Kern (PSY-5030)
OSP File

Office of Sponsored Programs
4505 Maryland Parkway • Box 451037 • Las Vegas, Nevada 89154-1037
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Footnotes

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