

ABSTRACT

Title: CO-MORBID PSYCHIATRIC SYMPTOMS
AMONG FEMALE VICTIMS OF
PSYCHOLOGICALLY AND PHYSICALLY
ABUSIVE INTIMATE RELATIONSHIPS

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This study investigated the relationships between the severity of psychological and physical abuse in intimate heterosexual relationships and the number and severity of mental health symptoms displayed by female partners. Secondary analyses were conducted on assessment data from female partners in 242 couples who sought conjoint therapy at a university-based Marriage and Family Therapy clinic. The results did not fully support the hypotheses that women in more abusive relationships manifest a greater number of negative mental health outcomes; however, as compared to women in non-violent relationships, women in more abusive relationships were more likely to engage in substance abuse behaviors. Furthermore, specific trauma symptoms in female partners were related to specific types of emotional and physical abuse displayed by male partners. Few significant relationships were found between levels of abuse and females' display of depression and fear of partner.

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RELATIONSHIPS

By

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Chapter 1: Introduction

STATEMENT OF THE PROBLEM

Domestic violence is a pervasive and significant relationship issue affecting as many as one in four heterosexual couples in the United States (Lundy & Grossman, 2001; Mears, 2003). A plethora of research exists on this subject, most of which has been undertaken with the intent to understand the effects of abuse on female victims in severely violent relationships, as well as to explore viable therapeutic treatment options and methods of decreasing the likelihood of re-victimization (Henning & Klesges, 2003).

Findings from multiple studies have consistently identified depression and posttraumatic stress disorder as the two most common psychological responses for this group of women. Some research has also explored the co-occurrence of psychological disorders among female victims of severely abusive relationships. Noticeably missing from the research is an examination of the effects of lower levels of violence on women who are still invested in relationships with their partners. Given the variability in type, frequency, and severity of abuse across couple relationships, the constellation of sequelae that result from being in an abusive relationship may also vary across female victims.

The current study aimed to examine the range of psychological responses in women whose partners' abusive behaviors fell within a mild to moderate range of violence. A university-based clinic sample of 242 female partners in couples seeking conjoint therapy was assessed with respect to the level of abuse present in the

relationship and the display of trauma and depressive symptoms as evidenced by the Trauma Symptoms Inventory – Adapted (TSI-A; Briere, 1995) and the Beck Depression Inventory (BDI; Beck, Steer, & Garbin, 1988). Additionally, presence and severity of substance abuse problems affecting social and occupational functioning were assessed using both male and female partners’ reports of female partners’ use of alcohol and other substances, via the Anxiety Disorders Interview Schedule for DSM-IV (ADIS; DiNardo, Brown, & Barlow, 1994). It was hypothesized that the level of male to female abuse within the examined range would be correlated with levels of psychiatric symptoms in female victims.

BACKGROUND

Effects of Physical Abuse on Female Victims

Partner violence is considered a serious public health problem, associated with multiple adverse medical and psychological consequences for female victims. Partner abuse is the most common cause of injury for women aged 15 to 44 (Lundy & Grossman, 2001), and the range of physical effects of female victims has been thoroughly documented by several research investigations (e.g., Campbell & Lewandowski, 1997; Lawrence & Bradbury, 2001; Mears, 2003; Sutherland, Bybee, & Sullivan, 1998). Women in abusive relationships are “more likely than other women to define their health as fair or poor, to have been diagnosed with sexually transmitted diseases (STDs) and other gynecological problems, and to say they had needed medical care but did not get it” (Campbell & Lewandowski, 1997, p. 353). In addition, these women spend nearly “twice the number of days in bed due to illness than other women” (Campbell & Lewandowski, 1997, p. 353). Injuries suffered by

female partners “range from black eyes, bruises, and fractured ribs to more severe problems such as head trauma, detached retinas, gunshot wounds, and miscarriages” (Sutherland, Bybee, & Sullivan, 1998, p. 42-43). Long-term and/or consistent effects of physical abuse may include seizures, visual and auditory damage, headaches, nausea, blurred vision, pelvic pain, and abnormal vaginal discharge (Sutherland, Bybee, & Sullivan, 1998).

In addition to the injuries, there are a number of physical health symptoms that occur more frequently in women who have experienced abuse at the hands of a partner than in the general population. These include, but are not limited to, “fatigue, insomnia, and recurrent nightmares...headaches, chest pain, back and limb problems, and disturbing physical sensations...stomach and gastrointestinal problems...respiratory problems such as choking sensations, hyperventilation, and asthma...and gynecological conditions such as pelvic pain, menstrual problems, and miscarriages” (Sutherland et al., 1998, p. 43-44). Additional physical health symptoms, which are believed to be the result of higher levels of stress among women in this population, include chronic irritable bowel syndrome and frequent communicable diseases (e.g., colds, influenza, etc.) as the result of a weakened immune system (Campbell & Lewandowski, 1997).

The most significant physical threat to female victims of domestic abuse is homicide, which is often the culmination of a long trajectory of increasingly severe domestic abuse. In fact, domestic violence accounts for “more than half the homicides of women in the United States each year” (Campbell & Lewandowski,

1997, p. 354), and “13% of all murders in this country” (LaTaillade & Jacobson, 1997, p. 534).

Psychological Effects of Physical Abuse

Because the psychological effects of abuse are less obvious than those resulting from physical injuries or health problems, relatively less attention has been paid to these consequences in research on domestic violence. However, recent studies focusing on psychological sequelae of partner violence have documented a constellation of negative mental health outcomes. Depression is the most frequent psychological response reported by female victims of partner abuse (Caetano & Cunradi, 2003; Campbell & Lewandowski, 1997; Campbell, Sullivan, & Davidson, 1995; Gorde, Helfrich, & Finlayson, 2004; Lundy & Grossman, 2001; Sutherland et al., 1998). Other psychological responses include Post Traumatic Stress Disorder (Campbell & Lewandowski, 1997; Schlee, Heyman, & O’Leary, 1998); a propensity toward alcohol and/or substance abuse (Campbell & Lewandowski, 1997); and an “increased risk for...affective disorder, dissociative identity disorder, somatization... suicidal ideation, panic disorder, and anxiety” (Lundy & Grossman, 2001). Additionally, female victims of domestic abuse are at greater risk for developing diagnosable mental illness than women who are not abused (Abbott, 1997; Campbell & Lewandowski, 1997; Everett & Gallop, 2001; Frank & Rodowski, 1999; Gerlock, 1999; Gleason, 1993; Resnick, Acierno, & Kilpatrick, 1999; Roberts, Lawrence, Williams, & Raphael, 1998). Although multiple psychological symptoms to abuse have been explored in previous research, co-morbidity of such symptoms has been less thoroughly investigated.

Depression and Domestic Violence

The body of existing research on the connection between domestic violence victimization and depressive symptoms is overwhelming in its scope and complexity. Although there exists relative consistency concerning the positive association between these two phenomena (Back, Post, & D'Arcy, 1982; Campbell, 1989; Cascardi & O'Leary, 1992; Cascardi, O'Leary, & Schlee, 1999; Follingstad, Brennen, Hause, Polek, & Rutledge, 1991; Gellen, Hoffman, Jones, & Stone, 1984; Gelles & Harrop, 1989; Gleason, 1993; Sato & Heiby, 1992; Walker, 1984), there is persistent disagreement among professionals who study domestically abused women regarding whether the high rates of depression found in this population are a result of the abuse or a characterological factor commonly found in women who are partners in abusive relationships (Campbell, Sullivan, & Davidson, 1995). That is, relationships between depression and domestic violence victimization are correlational, and causal direction is unclear. There may also be a psychological selection factor in that women prone to depression may self-select into relationships in which abuse is likely to occur.

A number of models have been proposed to explain the connection between depressive symptoms and domestic violence victimization. Campbell, Sullivan, and Davidson (1995) discuss an ecological perspective that may explain the connection between the powerlessness felt by women in abusive relationships and their high rates of depression; studies of non-abused women have supported the idea that feelings of powerlessness could be contributing to depression in this population. This model is further supported by Carlson (1997), who states that "an ecological perspective... recognizes that people's actions are determined by a variety of factors located within

themselves, in their families of origin and procreation, in the social structure, and in the larger sociocultural environment” (p. 292). Therefore, we could say that the manifestation of depressive symptoms in a domestically abused woman is an effect of the combination of her own intrinsic personality traits; lessons, beliefs, and assumptions she has learned from her own family of origin about the meaning of violence in a relationship and what it says about the self; her beliefs about society’s view of her as a victim, and the broader meaning that society places on domestic abuse. It seems logical, then, that women experiencing abuse would manifest depressive symptoms in response to the stress and powerlessness they feel from a variety of levels as a result of the abuse. This notion is similar to and supported by the feminist theory on relationship violence, which contend that men’s assertion of power on the societal level translates to women’s powerlessness on both the societal and individual levels, and that our male-dominated society is partly to blame for both the perceived powerlessness of women and for the increased likelihood of male-to-female violence. This view postulates that as feelings of powerlessness continue, they are often accompanied by fear of one’s partner, a product of perceived vulnerability, creating a cycle of violence and intimidation that is difficult for female victims to escape (Yodanis, 2004).

Another possible explanation for the high frequency of depressive symptoms in abused women is the very presence of violence itself. The high levels of distress inherent in relationships characterized by psychological and/or physical violence has been consistently linked to reports of depression by female partners (Golding, 1999; Robinson, 2003). This association seems especially strong when considering the

common trend of cessation of depressive symptoms following an end to relationship violence (Golding, 1999). Both historical and current levels of abuse by a male partner have been shown in numerous studies to be connected to a woman's feelings of depression (e.g., Cascardi, O'Leary, & Schlee, 1999; Dutton, 2004; Golding, 1999; Henning & Klesges, 2003).

A third explanation for the connection between domestic violence victimization and depression is the change in the social support networks accessible to abused women. Strong social support has long been thought to be linked to psychological well-being, including ease in adaptation to change or increased stress. Women who are severely abused by their male partners may be cut off from their social support network as a component of the controlling behavior exhibited by their partners; therefore, these women would be less likely to receive the social support needed to cope with the devastating effects of physical and psychological abuse, leading to increases in depressive symptomatology (Campbell, Sullivan, & Davidson, 1995). Furthermore, the lack of support and/or acceptance provided by partners in abusive relationships may serve as an additional stressor that increases risk of depressive symptoms. Instead of being loved and praised by one's partner, an abuse victims is likely to be told by her partner that she is "worthless, inadequate, unlovable, and deficient" (Cascardi, O'Leary, & Schlee, 1999, p. 232).

Domestic Violence and Trauma Symptoms

Recognized by the American Psychiatric Association in 1980, Post Traumatic Stress Disorder is a widespread problem afflicting both women and men (Kubany, Hill, Owens, Iannce-Spencer, McCaig, Tremayne, & Williams, 2004). Trauma

symptoms, which may or may not be diagnosable as PTSD, include, but are not limited to, re-experiencing the trauma, avoiding thinking about the traumatic event, emotional detachment, and hyperarousal. Additionally, trauma symptoms often co-occur with depression and are often components of a chronic condition (Kubany et al, 2004; Schlee, Heyman, & O’Leary, 1998). While the lifetime prevalence of PTSD for females in the general population is thought to be approximately ten percent (Kubany et al, 2004), rates among domestic abuse victims have been reported as ranging from 33% to 84% for women experiencing physical abuse, and nearly 63% for women experiencing solely verbal abuse (Schlee, Heyman, & O’Leary, 1998). In 2004, Gorde, Helfrich, and Finlayson reported that as many as 74% of female domestic violence victims experience symptoms of PTSD, supporting a 1995 finding by Kemp, Rawlings, and Green.

The description of Battered Woman Syndrome (BWS), initially proposed by Walker (1984), bears striking resemblance to the DSM-IV description of PTSD. The specific constellation of symptoms that characterize Battered Woman Syndrome include “fear, shame, isolation, guilt, depression, passivity, learned helplessness, traditional sex role attitudes, low self-esteem, and dependency,” (Kronsky & Cutler, 1989, p. 174). Similarly, the DSM criteria for a diagnosis of PTSD (Axis I code 309.81) include “intense fear, helplessness, or horror...persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness...and persistent symptoms of increased arousal...[impairing] social, occupational, or other important areas of functioning” (APA, 2000, p. 463). Given that symptoms of BWS match closely those of PTSD, it would stand to reason that women experiencing intimate

partner violence would be at increased risk for experiencing trauma symptoms. Diagnostic categories for PTSD are dichotomous –a person either does or does not qualify for a PTSD diagnosis. However, many abused women are likely to experience sub-clinical levels of PTSD symptoms that are still manifestations of dysfunction, such as the symptoms characteristic of Battered Women’s syndrome, which compromise their well-being and functionality. Therefore, the range of PTSD symptoms needs to be studied in order to increase understanding and awareness of possible outcomes of abuse.

Substance Abuse Problems and Domestic Violence

Research on the connection between substance use problems and domestic violence victimization is spotty at best. The majority of research on the relationship between alcohol consumption and domestic violence has focused on the perpetrators. That is, researchers have studied the effects of varying levels of alcohol consumption on the presence and severity of abuse when the male partner in an abusive relationship has been drinking (O’Leary & Schumacher, 2003; Stuart, 2004.). However, alcohol and other substance use by female victims is purported to be significantly related to the incidence of intimate partner violence by some researchers, while thought to be unrelated by others. At best, substance use is an “inconsistent risk marker for spouse assault,” (Hutchison, 1999, p. 58). In the available research, it has been stated that “[substance dependence] may have a connection to domestic violence,” (Najavits, Sonn, Walsh, & Weiss, 2004, p.714). It is thought that the use of alcohol and other substances may be related to severe levels of domestic violence, as there is some evidence that aggressiveness of the abuser and caution of the victim

both may be affected by alcohol consumption. Furthermore, it is thought that victims of violent acts within the context of intimate relationships may use substances as a means of coping with the physical and/or psychological effects of the violent act (Robinson, 2003), or to numb the associated negative feelings. In a study conducted in Zurich, Switzerland, the rate of female substance use in domestic violence situations reported to police was 9.5%, as compared to 33.3% of males in the same situations (Maffli & Zumbrunn, 2003).

What is missing from this research is a solid investigation of the relationship between intimate partner abuse and female substance use and abuse patterns. It seems likely that physical and psychological abuse could be correlated with female victim to use alcohol or other substances, since it may become a way to cope with the pain and negative emotions that occur as a result of the abuse. In addition, it seems possible that as the severity of violence increases and female victims increase their use of varied coping mechanisms, alcohol and other substance use may increase to a level that is unhealthy. Alcohol and other substances may also serve as a means of “numbing” the pain of the experience of abuse.

CO-MORBIDITY OF SYMPTOM MANIFESTATIONS

Although there has been relatively little research on co-morbidity of psychiatric symptoms among female victims of domestic abuse, what research there is clearly suggests that victims often experience multiple psychiatric symptoms at once. Cascardi et al. (1995) found that 56% of “women seeking marital counseling who had experienced physical abuse in the past year...had co-morbid [Major Depressive Disorder],” while Stein & Kennedy (2001) observed a co-morbid rate of

43% (major depressive disorder and PTSD) “in victims of [Intimate Partner Violence] recruited from domestic abuse agencies and community medical clinics” (Nixon, Resick, & Nishith, 2004, p. 315-316).

The presence of multiple psychiatric symptoms has been observed frequently in female victims in severely violent populations. It has been reported that “on average, maritally distressed women who experience husband-to-wife aggression report mild to moderate levels of depressive symptoms (e.g., Vivian & Malone, in press) whereas those using domestic violence services tend to report moderate to severe levels of depressive symptoms (e.g. Cascardi & O’Leary, 1992; Sato & Heiby, 1992),” (Cascardi, O’Leary, and Schlee, 1999). However, a single, in-depth investigation of the presence and range of such co-morbid symptoms in less severely violent couples as well as differences in couples across a range of abuse levels, has yet to be undertaken.

LIMITATIONS OF PREVIOUS RESEARCH

Sample Selection and Severity of Abuse

The majority of the cited studies have used as their participants women recruited through domestic violence shelters, welfare recipient populations, the court system, physician’s offices, or hospital emergency rooms. Clearly, women in these settings have found themselves in serious enough conditions to leave their abuser and have likely been seriously injured (Campbell et al., 1995; Henning & Klesges, 2004; Schlee et al., 1998; Tolman & Rosen, 2001; Wijma, et al., 2003). This population represents those with the highest level of abuse severity, which many other victims have not experienced. The samples used in investigations of the effects of abuse on

female victims appear to have limited applicability in representing the range of experiences of female victims across the spectrum of abusive behaviors. Not only has previous research been minimal in its examination of low levels of physically abusive behaviors, it has also not examined the full sequelae of psychological abuse experienced by female victims.

FOCUS OF THE CURRENT STUDY

This study expanded on previous research by examining a population that is not typically the focus of investigations of domestic abuse. It compared psychiatric symptoms in female victims across levels of violence severity, and included non-violent couples, mild to moderately violent couples, and severely violent couples. Whereas most studies have used as their participants only women who have recently been the victim of a serious abuse event – serious enough to find themselves in an emergency room, shelter, or other emergency resource location – this study examined women who were the victims of lower levels of abuse in order to determine whether such symptoms are present at lower levels of abuse. Rather than using female victims who have made the decision to leave their abusive partner, we examined the psychological effects of low levels of abuse on women who are still invested in their intimate relationships and have made a decision to work toward a healthier relationship with that partner, despite the presence of mild to moderate psychological and/or physical aggression. This study accounted for variability in female victims' reports of trauma symptoms, depressive symptoms, substance use, and fear of partner, as a function of psychological and physical abuse severity.

Research Questions and Hypotheses

- 1. The level of relationship satisfaction reported by female partners will be negatively associated with the level of abuse, both psychological and physical, experienced by females in intimate relationships.
- 2. Female partners in more severely physically abusive relationships will report a greater amount of psychologically abusive behaviors perpetrated by their male partners, as compared to women in non-violent and mild-moderately violent relationships.
- 3. Female partners in more severely physically abusive relationships will report a greater number of psychiatric symptoms, as compared to women in non-violent and mildly or moderately violent relationships.
- 4. Female partners' experience of psychological abuse will be positively associated with psychiatric symptoms reported. Physical abuse reported by female partners is expected to moderate the relationship between psychological abuse and reports of psychiatric symptoms. The relationship between distinct types of psychological abuse and female partners' report of psychiatric symptoms will be examined on an exploratory basis.

Chapter 2: Methodology

PARTICIPANTS

The sample, gathered from 2000 to 2005, consisted of female partners in 242 heterosexual couples who presented for conjoint therapy at a large, university-based clinic in an east coast metropolitan area. The mean age of women in the sample was 31.9 (SD = 8.92) years, and the mean age of their male partners was 33.5 (SD = 9.44). Among these couples, 54.1% were currently married and living together, 8.7% were currently married but separated, 16.9% were living together and not married, 1.2% were separated, and 19.0% were dating and not living together. The average length of relationship was 6.97 years, with a range from less than one year to 41 years. Regarding ethnicity, among the female participants, 44.4% were African American, 38.2% were Caucasian, 8.7% were Hispanic, 2.9% were Asian or Pacific Islander, and 5.8% classified themselves as belonging to various other racial or ethnic groups. Among male participants, 42.9% were African American, 42.5% were Caucasian, 5.8% were Hispanic, 2.5% were Asian or Pacific Islander, and 1.3% were Native American, and 5.0% classified themselves as belonging to another racial or ethnic group (please refer to Table 1 in Appendix A).

Data for this study were collected from both members of couples who sought therapy voluntarily at a large, university-based clinic between November of 2000 and February of 2005. Each member of the couple was asked to complete a battery of eleven assessment instruments upon their first visit to the university-based clinic at which the study was conducted. For the purpose of this study, only six of the eleven measures were examined. Each member of the couple was given up to three hours to

complete the assessment, and was provided with a private room in which to do so. All of the measures except one were self-report questionnaires. At a time predetermined by the therapist interviewers, each member of the couples was interrupted to conduct a brief interview assessing for the presence and severity of substance abuse for each member of the couple, as well as the presence and severity of fear of one's partner.

Couples were not seen in the clinic if they failed to meet the following criteria: a) both partners were 18 years of age or older; b) during a telephone intake neither partner reported an untreated alcohol or substance abuse problem, or a current threat of physical abuse, suicide, or homicide.

MEASURES

Relationship Satisfaction

Relationship satisfaction was measured using the Dyadic Adjustment Scale (DAS; Spanier, 1976), a 32-item self-report questionnaire (see Appendix B). The original Dyadic Adjustment Scale was developed in an attempt to create an instrument which would measure couple relationship and would demonstrate a higher degree of reliability and validity than did previous measures. The creators of the DAS viewed dyadic adjustment as a process, rather than a concept that could be assessed using a 'snapshot' view; therefore, the DAS is appropriate for repeated use with the same subjects, in order to assess changes over time in overall relationship satisfaction and in each of the four DAS subscales.

The DAS is intended to provide a total score indicating relationship adjustment, as well as scores on four different subscales: dyadic consensus, dyadic

satisfaction, affectional expression, and dyadic cohesion (Spanier, 1989). This instrument has become a standard and widely used relationship satisfaction assessment tool in social science research; it is described as “important in providing a comprehensive description of the marital relationship” (Spanier, 1989, p. 2). Typically, raw total scores below 100 are considered indicative of a level of marital satisfaction low enough to warrant couple therapy. The DAS has been used in multiple social science research studies and has demonstrated both reliability and validity. Internal consistency was found to be as high as .96 (Spanier, 1976). Content validity for the DAS was assessed by the evaluation of three independent judges, who evaluated whether each item was “(1) [a relevant measure] of dyadic adjustment for contemporary relationships; (2) consistent with the nominal definitions...for adjustment and its components (satisfaction, cohesion, and consensus); and (3) carefully worded with appropriate fixed choice responses” (Spanier, 1976, pp. 22-23).

Physical Abuse

Physical abuse was measured using the Conflict Tactics Scale, Revised (CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), which assesses both the presence and severity of physical abuse in intimate relationships (see Appendix B). The original Conflict Tactics Scale was developed in 1972 as a way to measure “both the extent to which partners in a dating, cohabiting, or marital relationship engage in psychological and physical attacks on each other and also their use of reasoning or negotiation to deal with conflicts” (p. 283). The revised version consists of 39 pairs

of items and measures only the incidence of specific abusive acts, which are broken down into distinct subscales:

- *Negotiation*, defined as “actions taken to settle a disagreement through discussion.”
 - Example: “I explained my side of a disagreement to my partner.”)
 - Item numbers: 1, 2, 3, 4, 13, 14, 39, 40, 59, 60, 77, and 78.
- *Psychological aggression* may be defined as verbal or nonverbal (but not physical) acts intended to belittle or hurt one’s partner.
 - Example: “I called my partner fat or ugly.”
 - Item numbers: 5, 6, 25, 26, 29, 30, 35, 36, 49, 50, 65, 66, 67, 68, 69, and 70.
- *Physical assault* includes all physical acts intended to hurt or frighten one’s partner.
 - Example: “I choked my partner.”
 - Item numbers: 7, 8, 9, 10, 17, 18, 21, 22, 27, 28, 33, 34, 37, 38, 43, 44, 45, 46, 53, 54, 61, 62, 73, and 74.
- *Sexual coercion*, defined as “behavior that is intended to compel the partner to engage in unwanted sexual activity...ranging from verbal insistence to physical force.”
 - Example: “I insisted on sex when my partner did not want to (but did not use physical force).”
 - Item numbers: 15, 16, 19, 20, 47, 48, 51, 52, 57, 58, 63, 64, 75, and 76.

- *Injury*, a subscale which measures “partner-inflicted physical injury, as indicated by bone or tissue damage, a need for medical attention, or pain continuing for a day or more.”
 - Example: “My partner passed out from being hit on the head in a fight with me.”
 - Item numbers: 11, 12, 23, 24, 31, 32, 41, 42, 55, 56, 71, and 72.

The CTS-2 is designed to be applicable to couples with widely varying education levels and from a variety of ethnic groups. Furthermore, this measure is powerful in that it asks each member of the couple to report on both his or her own behaviors and the behaviors of his or her partner; therefore, the behaviors of both partners can be measured even when only one partner is available for assessment, although clearly it is most advantageous to have both partners present due to the tendency of severely violent individuals to underreport their abusive actions and because of the possibility of identifying discrepancies which could then become a focus of couple therapy (Straus, et al., 1996).

The CTS-2 was administered to both male and female partners. Positive responses from female partners on a given item were considered sufficient for concluding that the male partner had perpetrated the behavior in question, given a) the supposition that female partners would more accurately report the physically abusive behaviors perpetrated by their male partners than would the male partners themselves, b) the low social desirability for males in reporting their own physically abusive behaviors.

Psychological abuse

The presence and severity of psychological abuse was measured using the Multi-Dimensional Emotional Abuse Scale (MDEAS; Murphy & Hoover, 2001). The MDEAS is a 28-item scale designed to measure psychologically abusive behaviors that partners use during conflict (see Appendix B). The MDEAS has been used in social science research and has demonstrated both reliability and validity; internal consistency for self and partner reports for the four subscales range from .83 to .92. This scale is divided into four subscales:

- *Hostile withdrawal*, defined as “withholding affection and attention from one’s partner in order to punish the partner.”
 - Example: “Sulked or refused to talk about an issue.”
 - Item numbers 15-21.
- *Denigration*, defined as “efforts to reduce the partner’s self-esteem.”
 - Example: “Said or implied that the other person was stupid.”
 - Item numbers: 8-14.
- *Domination/ intimidation*, defined as “aggressive words and actions intended to increase fear or submission on the part of the partner.”
 - Example: “Threw, smashed, hit, or kicked something in front of the other person.”
 - Item numbers: 22-28.
- *Restrictive engulfment*, defined as “coercive behaviors intended to restrict the partner’s access to close others and/or activities.”

- Example: “Tried to stop the other person from seeing certain friends or family members.”
- Item numbers: 1-7.

For each item, the respondent is asked to report how many times in the last four months the behavior has occurred, both by the respondent him/herself and by his/her partner. Answers were coded as follows: 1 = Once, 2 = Twice, 3 = 3-5 times, 4 = 6-10 times, 5 = 11-20 times, 6 = 20 or more times, 0 = Never in the past four months, and 9 = Never in the relationship. For the purposes of this study, only female reports of male partners' behavior were analyzed. The total MDEAS score is the sum of each partner's answers, which may range from 0 to 168, in which lower scores indicate lesser use of psychologically abusive behaviors within the past four months. Subscale totals were also analyzed.

Trauma Symptoms

The presence and severity of trauma symptoms were measured using the Trauma Symptoms Inventory, Adapted (TSI-A; Briere, 1995). The original Trauma Symptoms Inventory has been used repeatedly in social science research, and “reliability coefficients for the final version of the TSI clinical scales ranged from .74 to .90” (Briere, 1995, p. 33). The TSI-A assesses self-reports of post-traumatic stress symptoms and psychological effects of exposure to traumatic events; furthermore, it evaluates the presence of different subscales of trauma symptoms (see Appendix B). The full Trauma Symptom Inventory includes ten clinical scales, five of which are not used in the briefer TSI-A; those are depression, sexual concerns, dysfunctional

sexual behavior, impaired self-reference, and tension reduction behavior. The brief, adapted version used in this study assessed symptoms on the following subscales:

- *Intrusive experiences*, described as “items reflecting intrusive posttraumatic reactions and symptoms... [including] nightmares, flashbacks...upsetting memories that are easily triggered by current events, and repetitive thoughts of an unpleasant previous experience that intrude into awareness,” (Briere, 1995, p. 13).
 - Examples: “Nightmares or bad dreams.”; “Sudden disturbing memories when you were not expecting them.”
 - Item numbers: 1, 5, 7, 27, 29, 31, 32, and 33.
- *Defensive avoidance*, described as “a history of aversive internal experiences that [the respondent] repeatedly seek[s] to avoid,” (p.13).
 - Examples: “Trying to forget about a bad time in your life”; “Stopping yourself from thinking about the past.”
 - Item numbers: 2, 4, 11, 26, 30, 34, 37, and 39.
- *Anger/irritability*, described as “the extent of angry mood and irritable affect experienced by the respondent,” including angry cognitions (p. 13).
 - Examples: “Becoming angry for little or no reason”; “Being easily annoyed by other people.”
 - Item numbers: 3, 8, 16, 17, 18, 22, 25, 28, and 41.
- *Dissociation*, defined as “a largely unconscious defensive alteration in conscious awareness, developed as an avoidance response to overwhelming, often post-trauma, psychological distress,” (p. 14).

- Examples: “Feeling like you were outside your body”; “Not feeling like your real self.”
- Item numbers: 6, 9, 12, 14, 19, 21, 35, 36, and 38.
- *Anxious arousal*, defined as “symptoms of anxiety and autonomic hyperarousal,” (p. 14).
 - Examples: “Periods of trembling or shaking”; “Being startled or frightened by sudden noises.”
 - Item numbers: 10, 13, 15, 20, 23, 24, 40, and 42.

Subscale and total scores on the TSI-A were used to assess the level and severity of respondents’ trauma symptoms. As a part of the larger study, the TSI-A was administered to both male and female partners; however, since only female partner’s responses were of interest in the current study, male partners’ responses were not analyzed here. Scoring for the TSI-A was based on total scores as well as subscale totals. An overall TSI total was calculated for each female respondent, and subscale scores were calculated for each of the five subscales present on the TSI-A. Each of the 42 TSI-A items is measured from zero to three, and the total TSI-A score may range from zero to 126.

Depressive Symptoms

Depressive symptoms were measured using the Beck Depression Inventory (BDI; Beck et al., 1979), a 21-item self-report questionnaire. The BDI was initially developed in 1961 and has since been revised several times. It is believed to be an appropriate instrument to measure the presence and severity of depressive symptoms in both psychiatric and normal populations.

In developing the Beck Depression Inventory, clinical observations of patients thought to be depressed were consolidated into groups of symptoms to be assessed via this instrument. The 21 symptoms assessed include: mood, pessimism, sense of failure, lack of satisfaction, guilt feelings, sense of punishment, self-dislike, self-accusation, suicidal wishes, crying, irritability, social withdrawal, indecisiveness, distortion of body image, work inhibition, sleep disturbance, fatigability, loss of appetite, weight loss, somatic preoccupation, and loss of libido (Beck, Steer, & Garbin, 1988). Scores on each individual item may range from zero to three; total scores may range from zero to 63, with higher total scores indicative of greater depressive symptomatology. A score of less than ten is believed to be indicative of no depression or minimal depression; scores from ten to 18 are believed to indicate mild to moderate depression; scores from 19 to 29 are thought to indicate moderate to severe depression, and total scores of 30 or higher are thought to be indicative of severe depression. Only female self-reports of depressive symptomatology were analyzed in this study.

Substance Use Problems

Female partners' problematic use of substances was assessed using the alcohol and substance abuse sections of the Anxiety Disorders Interview Schedule for DSM-IV (ADIS; DiNardo, Brown, & Barlow, 1994). Because of the low social desirability of substance abuse behavior, both male and female responses concerning female substance use were considered in determining the presence of female substance abuse behavior (please refer to Appendix B).

Responses to four specific questions on the ADIS interview were totaled to arrive at a substance abuse score for each female participant. The two questions included in scoring for this variable that were asked of male partners were:

1. During the past four months, how much as your partner's drinking resulted in any problems in areas such as work or school attendance/performance, legal problems (e.g., DWI, disorderly conduct), arguments with family or friends about when or how much he or she drinks, drinking when it could be dangerous (e.g., while driving, against medical advice), social activities, or drinking to avoid unpleasant feelings like anxiety or depression?
 - a. Very much (value = 4)
 - b. A lot (value = 3)
 - c. A moderate/medium amount (value = 2)
 - d. A little (value = 1)
 - e. Not at all (value = 0)

2. During the past four months, how often has your partner's use of any of the above substances (amphetamines, marijuana/hashish, cocaine, hallucinogens, inhalants, opioids, barbiturates, excessive use/misuse of prescription or nonprescription medications) resulted in any problems in areas such as work or school attendance/performance, legal problems, arguments with family or friends about when or how much he or she uses, using substances at times when it would be physically dangerous (e.g., while driving; against medical advice), social activities, or using substances to avoid negative feelings like anxiety or depression?

- a. Very much (value = 4)
- b. A lot (value = 3)
- c. A moderate/medium amount (value = 2)
- d. A little (value = 1)
- e. Not at all (value = 0)

The two questions asked of female participants that were included in scoring for this variable were:

1. During the past four months, how much has your drinking resulted in any problems in areas such as work or school attendance/performance, legal problems (e.g., DWI, disorderly conduct), arguments with family or friends about when or how much you drink, drinking when it could be dangerous (e.g., while driving, against medical advice), social activities, or drinking to avoid unpleasant feelings like anxiety or depression?

- a. Very much (value = 4)
- b. A lot (value = 3)
- c. A moderate/medium amount (value = 2)
- d. A little (value = 1)
- e. Not at all (value = 0)

2. During the past four months, how often has your use of any of the above substances (amphetamines, marijuana/hashish, cocaine, hallucinogens, inhalants, opioids, barbiturates, excessive use/misuse of prescription or nonprescription medications) resulted in any problems in areas such as work or school attendance/performance, legal problems, arguments with family or friends about

when or how much you use, using substances at times when it would be physically dangerous (e.g., while driving; against medical advice), social activities, or using substances to avoid negative feelings like anxiety or depression?

- a. Very much (value = 4)
- b. A lot (value = 3)
- c. A moderate/medium amount (value = 2)
- d. A little (value = 1)
- e. Not at all (value = 0)

The values of all four responses were added to arrive at a substance abuse score for each female participant. Total scores may range from 0 to 16, with higher total scores indicative of greater levels of substance abuse behavior. For the purposes of this study, no distinction was made between use or abuse of alcohol and other substances.

Fear of Partner

A clinical intake interview was used to assess females' level of fear of her male partner. Each female participant was asked the following three questions: (1) Would you be concerned for your safety if you participated in treatment sessions together with your partner? (2) Are you afraid to live with your partner? (3) Are you afraid to spend time alone with your partner? Affirmative responses to each of the questions were coded as "1", and the sum of the responses to the three questions was used as the measure of fear. Total scores ranged from 0-3, with higher numbers representing greater fear of the partner. Only female partners' responses were used in this measure.

PROCEDURE

Recruitment of Participants

This study was a secondary analysis of couple assessment information collected as part of a standard therapy intake process. Couples who voluntarily requested therapy services at the large university-based clinic where the study was conducted were asked to complete a ten- to 15-minute telephone intake questionnaire in interview format. During this interview, the caller was asked to describe the general relationship concerns that were driving their quest for therapy, as well as to give demographic information about all members of the household and/or immediate family. Information about current concerns of drug and alcohol abuse, use of psychiatric medications, legal or court involvement, and current threat of abuse, suicide, or homicide, was also collected at that time.

Following this phone call, couples were assigned to a team of co-therapists, who later called to set up an initial face-to-face assessment with the couple. Upon the couple's first visit to the clinic, they met with the therapists together for approximately 30 minutes, during which time the team would discuss the presenting problem in more detail, obtain consent, and make contractual agreements regarding therapy. The members of the couple were then separated and asked to fill out the self-report questionnaires. For the purposes of this study, only six of the 11 measures in the assessment battery were examined. Each member of the couple was provided with a private room and up to three hours in which to complete this task. At a time predetermined by the therapist interviewers, each member of the couple was interrupted to conduct a brief, separate interview assessing for the presence and

severity of substance abuse for each member of the couple, as well as the presence and severity of fear of one's partner, via the ADIS interview. This battery of assessments was administered to all couples seeking therapy at the clinic from November of 2000 to February of 2005 as a part of the standard clinic assessment procedure, regardless of initial reports of the presence or severity of physical or psychological abuse in the relationship; therefore, data exists regarding couples with widely varying incidences of these target behaviors.

Couples were not able to be seen in the clinic if they did not meet both of the following criteria: a) couples sought conjoint therapy voluntarily (i.e., they were not court-ordered), and b) during the telephone intake neither partner reported an untreated alcohol or substance abuse problem, or a current threat of physical abuse, suicide, or homicide.

Classification of Violence Severity

The study sample was divided into three groups based on the severity of physical abuse reported on the CTS2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Women who did not report that their male partners had perpetrated any physically aggressive behaviors in the four months immediately preceding the assessment were classified in the "non-violent" group, which included 112 women. Women who reported that their male partners had not perpetrated any physically aggressive behaviors that caused any bodily injury (e.g., destroying a piece of property that belonged to one's partner, pushing and/or shoving, etc.; please refer to items 8, 10, 12, 16, 18, 28, 30,34, 38, 46, 54, 70, 72, and 74 on the CTS2 in Appendix B), but no behaviors in which the female partner sustained or could have sustained

injury (e.g., using a knife or gun, sustaining a broken bone; please refer to items 20, 22, 24, 32, 42, 44, 48, 56, and 62 on the CTS2 in Appendix B), were classified in the “mild/moderate abuse” category; this group included 99 women. Finally, the “severe abuse” category, which included 31 women, was made up of women who reported that their male partners had perpetrated behaviors from which the female sustained or could have sustained injury in the four months immediately preceding the assessment (please refer to items 20, 22, 24, 32, 42, 44, 48, 56, and 62 on the CTS2 in Appendix B).

Chapter 3: Results

DEMOGRAPHIC DIFFERENCES BETWEEN VIOLENCE GROUPS

Chi-square analyses and analyses of variance (ANOVAs) were used to compare male and female demographic characteristics across the three violence groups. Significant differences were found for male partners' education across the three violence level groups with male partners' in the severe violence group reporting having completed at least some college as compared to males in the other two groups (84.8% of men in the No Violence group reported having had some college or more, as compared to only 71.7% of men in the Mild/Moderate Violence group and 77.4% of men in the Severe Violence group, $\chi^2(2, 242) = 5.37, p < .05$). Men in the No Violence group are significantly more likely to have some college or have completed college than males in either the Mild/Moderate Violence group or the Severe Violence group. Correlational analyses revealed that male partners' education was significantly associated with several of the dependent variables of interest. Specifically, there was a positive association with female partners' DAS score ($r = .25, p < .001$) and negative associations with female partners' reports of males' use of behaviors on each of the four MDEAS subscales: Restrictive Engulfment ($r = -.33, p < .001$), Hostile Withdrawal ($r = -.20, p < .001$), Denigration ($r = -.20, p < .01$), and Domination/Intimidation ($r = -.23, p < .001$). As a result, male partners' level of education was used as a covariate in all subsequent analyses.

Because levels of distress are significantly associated with the use of violence and psychological abuse, female DAS score was used as a covariate in all analyses. Female partners' DAS scores were found to be significantly correlated with several of

the MDEAS subscales, as well as with many of the TSI A subscales. Female DAS scores were significantly correlated with: females' reports of males' use of Hostile Withdrawal ($r = -.38, p < .001$); females' reports of males' use of Domination/Intimidation ($r = -.33, p < .001$); females' reports of males' use of Denigration ($r = -.38, p < .001$); females' reports of males' use of Restrictive Engulfment ($r = -.29, p < .001$); female partners' experience of Intrusive Experiences ($r = -.20, p < .01$); female partners' experience of Defensive Avoidance ($r = -.25, p < .001$); female partners' experience of Anger/Irritability ($r = -.16, p < .05$); female partners' experience of Dissociation ($r = -.20, p < .01$); female partners' experience of Anxious Arousal ($r = -.19, p < .01$); female partners' TSI-A total score ($r = -.24, p < .001$); female partners' Beck Depression Inventory (BDI) total score ($r = -.34, p < .001$); and female partners' level of fear of their male partners ($r = -.20, p < .01$). As a result, female partners' Dyadic Adjustment Scale (DAS) score was used as a covariate in all subsequent analyses in order to ascertain whether differences in psychological symptoms were truly due to differences in level of abuse and not simply a function of lower relationship satisfaction in a broader sense.

DIFFERENCES IN DAS AND MDEAS SCORES ACROSS VIOLENCE GROUPS

An analysis of covariance (ANCOVA) was performed to determine the presence of significant differences in DAS total scores for female partners across the three physical abuse severity groups, with male partners' level of education used as a covariate. According to hypothesis 1, it was expected that females in more severely physically violent relationships would report lower levels of dyadic satisfaction, and that there would be significant differences across the three groups. Consistent with

expectations, results indicated that female DAS scores were indeed significantly different across the three groups, $F(3, 238) = 5.12, p < .01$. Pairwise comparisons revealed that females in the No Violence group reported greater dyadic satisfaction than females in the Severe Violence group ($M=89.46, SD=20.72$; $M=75.32, SD=26.97$, respectively).

In order to test hypothesis 2, a multivariate analysis of covariance (MANCOVA) was performed to determine the presence of significant differences across violence groups in each of the MDEAS subscale scores reported by female partners about their male partners. It was expected that women in more severely physically abusive relationships would report higher levels of psychologically abusive behaviors in each of the four MDEAS subscales. Consistent with hypothesis 2, the omnibus F test revealed a significant difference between groups, $F(8, 434) = 5.81, p < .001$. The effect of physical abuse severity on female reports of male perpetration of psychologically abusive behaviors classified as Hostile Withdrawal was statistically significant, $F(2, 237) = 5.83, p < .01$. Paired comparisons revealed significant differences between MDEAS Hostile Withdrawal scores reported by women in the No Violence category ($M=14.85, SD=11.41$) and those reported by women in the Mild/Moderate Violence category ($M=20.37, SD=11.42$), as well as between MDEAS Hostile Withdrawal scores reported by women in the No Violence category and those reported by women in the Severe Violence category ($M=23.87, SD=12.43$).

Regarding female reports of male perpetration of psychologically abusive behaviors classified as Domination/Intimidation and confirming hypothesis 2, the

effect of physical abuse severity was statistically significant, $F(2, 237) = 16.88, p < .001$. Pairwise comparisons revealed significant differences between MDEAS Domination/Intimidation scores reported by women in the No Violence category ($M=3.09, SD=5.38$) and those reported by women in the Mild/Moderate Violence category ($M=9.16, SD=9.43$), as well as between MDEAS Domination/Intimidation scores reported by women in the No Violence category and those reported by women in the Severe Violence category ($M=11.87, SD=10.32$).

Concerning female reports of male perpetration of psychologically abusive behaviors classified as Denigration and consistent with hypothesis 2, the effect of physical abuse severity was statistically significant, $F(2, 237) = 7.74, p < .001$. Pairwise comparisons revealed significant differences between MDEAS Denigration scores reported by women in the No Violence category ($M=3.72, SD=5.82$) and those reported by women in the Mild/Moderate Violence category ($M=9.87, SD=10.65$), as well as between MDEAS Denigration scores reported by women in the No Violence category and those reported by women in the Severe Violence category ($M=10.94, SD=9.33$).

Finally, concerning female reports of male perpetration of psychologically abusive behaviors classified as Restrictive Engulfment and disconfirming of hypothesis 2, to expectations, the effect of physical abuse severity was not statistically significant, $F(2, 237) = 2.49, ns$.

Although the means indicated a gradual increase in use of psychologically abusive behaviors classified as Restrictive Engulfment with increasing physical

violence severity, pairwise comparisons revealed that differences between groups were not significant (see Table 2 in Appendix A).

In summary, results indicate that women in relationships classified as severely physically abusive reported higher levels of psychologically abusive behaviors classified as Hostile Withdrawal, Denigration, and Domination/Intimidation. However, severity of physical abuse does not appear to be related to females' reports of their male partners' use of psychologically abusive behaviors classified as Restrictive Engulfment.

ABUSE SEVERITY AND FEMALE CO-MORBID PSYCHIATRIC SYMPTOMS

In order to test hypothesis 3, a multiple analyses of covariance (ANCOVAs) were performed to determine whether the following variables differed by level of violence severity: female partners' fear of partner, female partners' depressive symptomatology, female partners' substance abuse, and female partners' trauma symptomatology. Female DAS score and male partners' level of education were included as covariates. It was expected in hypothesis three that women in more severely physically abusive relationships would report higher levels of fear of their male partners and substance abuse problems, as well as greater depressive and trauma symptomatology.

Contrary to expectations, no significant differences were found between violence groups for females' reports of fear of partner, $F(4, 230) = .34, ns$; depression $F(4, 230) = .40, ns$; nor females' reports of trauma symptoms $F(2, 229) = .59, ns$. However, substance use significantly differed across violence groups, $F(2, 228) = 6.16, p < .01$. Paired comparisons revealed significant differences between the level

of substance use problems reported by women in the No Violence category ($M=0.34$, $SD=.09$) and those in the Severe Violence category ($M=1.81$, $SD=3.52$), as well as between the level of substance use reported by women in the Mild/Moderate violence category ($M=0.77$, $SD=1.95$) and those in the Severe Violence category.

Further testing hypothesis 3, a multivariate analysis of covariance (MANCOVA) was performed on the TSI-A subscale variables, dependent variables thought to be related to physical abuse severity: severity of TSI-A Intrusive Experiences, severity of TSI-A Defensive Avoidance, severity of TSI-A Anger/Irritability, severity of TSI-A Dissociation, and severity of TSI-A Anxious Arousal. Female DAS score and male partners' level of education were included as covariates. It was expected that as physical abuse severity increased, so too would the number and severity of trauma symptoms in female victims.

Contrary to expectations, there were no significant differences among violence groups regarding the presence or severity of subtypes of trauma symptoms (Intrusive Experiences, $F(2, 229) = .51$, *ns*; Defensive Avoidance, $F(2, 229) = 1.07$, *ns*; Anger/Irritability $F(2, 229) = .13$, *ns*; Dissociation, $F(2, 229) = 1.02$, *ns*; Anxious Arousal, $F(2, 229) = 1.00$, *ns*; or TSI Total Score, $F(2, 229) = .59$, *ns*; please see Table 6 in Appendix A). Differences in scores were not statistically significant between violence groups. (see Table 3 in Appendix A).

PSYCHOLOGICAL ABUSE AND CO-MORBID PSYCHIATRIC SYMPTOMS

Hypothesis four states that significant positive associations would exist between type of psychological abuse perpetrated by male partners and psychiatric symptomatology reported by female victims. In order to understand the relationship

between various types of psychological abuse as defined by the subscales of the MDEAS and psychiatric symptoms manifested by female partners (fear of partner, depressive symptoms, substance abuse, and trauma symptoms), partial correlations were performed on the self-report data gathered from women in each of the three physical abuse severity groups. It was expected that significant positive associations would exist between type of psychological abuse and psychiatric symptomology, and that these associations would be moderated by levels of physical violence severity. For this analysis, both male partners' education and female partners' DAS score were included as covariates.

Among women in the No Violence group, significant positive associations were found between the level of Denigration behaviors reported by female partners to be displayed by male partners and the level of depression reported by females ($r = .24, p < .05$); between the level of Domination/Intimidation behaviors reportedly perpetrated by male partners and female partners' total TSI score ($r = .20, p < .05$); and between the level of Denigration behaviors reportedly perpetrated by male partners and female partners' total TSI score ($r = .24, p < .05$).

Among women in the Mild/Moderate Violence group, significant positive relationships were found between the level of Restrictive Engulfment behaviors reportedly perpetrated by male partners and the level of fear of partner exhibited by female partners ($r = .22, p < .05$); and between females' reports of partners' use of Restrictive Engulfment behaviors and female partners' total TSI score ($r = .23, p < .05$).

Finally, for women in the Severe Violence group, a significant negative relationship was found between the level of Denigration behaviors reportedly perpetrated by male partners and female partners' total TSI score ($r = -.42, p < .05$).

When the significance of the difference between the size of the correlations for this group of analyses was tested, results indicated that none of the correlations for psychiatric symptoms were significantly different across the three physical violence severity groups. This disconfirms the hypothesis that physical violence moderates the association between psychological abuse and psychiatric symptomatology. While associations were detected between type of psychological abuse and display of psychiatric symptoms, these associations were not moderated by physical abuse severity (please see Table 5 in Appendix A).

PSYCHOLOGICAL ABUSE AND DISPLAY OF TRAUMA SYMPTOMS

In order to understand the relationship between various types of psychological abuse perpetrated by male partners and the type and severity of trauma symptoms displayed by female victims, partial correlations were performed on the self-report data from women in each of the three physical abuse severity groups. It was expected that significant positive associations would exist between type of psychological abuse and trauma symptomatology, and that these associations would be moderated by the level of physical abuse present in the relationship. For this analysis, both male partners' education and female partners' DAS score were included as covariates.

Among women in the No Violence group and partially consistent with expectations, significant associations were found between the level of Domination/Intimidation behaviors reportedly exhibited by male partners and the

severity of Intrusive Experiences reported by females ($r = .23, p < .05$); between the level of Domination/Intimidation behaviors reportedly exhibited by male partners and the severity of Dissociative symptoms reported by females ($r = .23, p < .05$); between female reports of male partners' use of Denigration behaviors and the severity of Anger/Irritability reported by females ($r = .23, p < .05$); between female partners' reports of male partners' use of Denigration and the severity of Dissociative symptoms reported by females ($r = .24, p < .05$); and between the level of Denigration reportedly displayed by males and the severity of Anxious Arousal symptoms reported by females ($r = .21, p < .05$).

Regarding women in the Mild/Moderate violence group and somewhat consistent with expectations, significant relationships were found between the level of Hostile Withdrawal behaviors reportedly perpetrated by male partners and the severity of Anger/Irritability symptoms reported by females ($r = .21, p < .05$); between female partners' reports of male partners' use of Domination/Intimidation behaviors and the severity of Defensive Avoidance symptoms reported by females ($r = .21, p < .05$); and between the level of Domination/Intimidation behaviors reportedly perpetrated by males and the severity of Anxious Arousal symptoms reported by females ($r = .21, p < .05$). Additionally, a significant positive relationship was found between female partners' reports of male partners' use of Restrictive Engulfment behaviors and the severity of Defensive Avoidance reported by females ($r = .28, p < .01$), as well as between female partners' reports of male partners' use of Restrictive Engulfment behaviors and the severity of Dissociation reported by females ($r = .32, p < .01$).

Concerning women in the Severe Violence category and not at all consistent with expectations, a significant *negative* relationship was found between female partners' reports of male partners' use of Denigration behaviors and the severity of Anger/Irritability reported by females ($r = -.59, p < .01$). Table 6 in Appendix A describes these findings in more detail.

When the significance of the difference between correlations for this group of analyses was tested, results indicated that very few of the correlations varied significantly across physical violence severity groups. The association between Anger/Irritability and Denigration was found to be significantly different when comparing women in the No Violence group with women in the Severe Violence group, and when comparing women in the Mild/Moderate violence group with women in the Severe Violence group. Additionally, the association between Dissociation and Restrictive Engulfment was found to be significantly different when comparing women in the No Violence group with women in the Mild/Moderate violence group (please see Table 6 in Appendix A).

Overall, results revealed there were fewer associations between psychological abuse and trauma symptomatology as the level of physical violence increased. However, significant associations were detected between types of psychologically abusive behaviors perpetrated by male partners and the trauma symptoms reported by female victims. But, given the vast number of analyses performed to obtain only three significant findings, we cannot conclude that physical violence moderates the relationship between psychological abuse and trauma symptomatology.

Chapter 4: Discussion

This study was undertaken in an attempt to better understand the degrees to which physical abuse and psychological abuse each independently contribute to psychiatric symptoms and their interaction effect on psychiatric symptoms. It was expected that women in more severely physically violent relationships would report both lower levels of relationship satisfaction and higher levels of psychological abuse from their male partners. It was further hypothesized that as the severity of both physical and psychological abuse from male to female increased, so too would the number and severity of psychiatric symptoms in female victims.

CO-MORBIDITY OF PSYCHIATRIC SYMPTOMS

Contrary to expectations, comorbidity of psychiatric symptoms among female victims of psychologically and physically abusive relationships was not found to be a major trend in the current study. Rather than displaying higher levels of symptom manifestation with increasing levels of physical violence, *different* psychiatric symptoms were detected among female victims in the various physical abuse severity groups. Though symptoms appeared to increase with increasing violence severity, the only significant differences regarding display of psychiatric symptoms were with substance use problems. Furthermore, the level of symptomology did not reach clinical levels even in the most severely violent group. Psychiatric symptoms of fear, depression, trauma symptoms, and substance use were present, and showed trends of increasing with increasing violence severity. However, trends were not as clearly increasing as was predicted, and did not show a clear pattern of the presence of *multiple* psychiatric symptoms.

One possible explanation for this is the process by which participants were selected for the study. Since couples who reported the presence of active suicidality (an indicator of depression), immediate danger of abuse, suicide, or homicide (an indicator of fear of partner), or current untreated problems with alcohol or drugs (an indicator of a substance abuse problem) were not seen at the clinic, it is possible that females with more severe levels of such problems were unintentionally and automatically eliminated from the sample utilized in the current study.

The only psychiatric symptom that did vary significantly across violence groups, substance use problems, was highest among women in relationships characterized by Severe Violence. There are a number of possible explanations for this phenomenon. One possibility is that women in the Severe Violence group are using alcohol and/or other substances as a way to numb the physical and emotional pain that they experience as a result of the abuse. Substance use may serve an adaptive function for these women as it allows them to escape the unhappy reality of the state of their intimate relationship, lessening the likelihood that other psychiatric symptoms will be manifested (thereby partially explaining the absence of fear, depression, or trauma symptoms for this group of women).

Another possible explanation for this difference in substance use behavior is that the use of substances may be related to characterological factors in members of couples who maintain relationships in which physical violence is an issue; that is, it is possible that partners of either gender who are more likely to engage in substance use behaviors are also more likely to maintain relationships in which physical violence exists and escalates. Finally, since males' substance abuse behaviors were not

analyzed here, it is unclear whether substance use/abuse is a shared activity or common correlate to physical violence in these relationships. It may be that severe levels of physical violence are the result of heightened arousal and anger as a result of substance consumption.

PSYCHOLOGICAL ABUSE, MARITAL SATISFACTION, AND PSYCHIATRIC SYMPTOMATOLOGY

Females' DAS scores were found to vary significantly between the No Violence group and the Severe Violence group. This indicates that when the level of male-to-female physical violence in a relationship is high, females' level of relationship satisfaction tends to be low. This is consistent with previous studies that have examined concurrent and longitudinal changes in satisfaction in physically violent and distressed couples (e.g., Gottman, J. M., Jacobson, N. S., Rushe, R. H., Shortt, J. W., Babcock, J., LaTaillade, J. J., & Waltz, J., 1995).

MDEAS subscale scores for Hostile Withdrawal, Domination/Intimidation, and Denigration were also found to vary significantly across physical abuse severity groups, although scores for Restrictive Engulfment were not found to vary significantly. Significant differences in levels of Hostile Withdrawal, Domination/Intimidation, and Denigration behaviors for males were found between women in the No Violence category and those in either Mild/Moderate Violence category or the Severe Violence category, suggesting that male perpetrators engage in more of these psychologically abusive behaviors as the severity of physical violence moves from nonexistent to mild/moderate, but that the incidence of these behaviors may level off even as physical violence continues to worsen. It is interesting that this pattern did

not hold true for psychologically abusive behaviors classified as Restrictive Engulfment; rather, no statistical significance was observed between the three physical abuse severity groups and the propensity of male partners to exhibit Restrictive Engulfment behaviors. It is possible that Restrictive Engulfment is the manifestation of a more characterological factor in male perpetrators, and therefore remains somewhat constant within individual dyadic relationships rather than varying with the severity of physical abuse.

When correlations of MDEAS subscales with female co-morbid psychiatric symptoms were examined within violence groups, it was revealed that the manifestation of psychiatric symptoms varies both with the level of physical violence present in the intimate relationship and with the type of psychologically abusive behaviors being perpetrated by male partners, but did not find that physical violence moderated these relationships. One possible explanation for this phenomenon is that, rather than psychological abuse being predictive of severity of psychiatric symptoms or specific trauma symptoms, severity of violence may be more strongly associated with these types of symptomatology. That is, stronger associations may be detected between both types of symptomatology and physically abusive behaviors, particularly for women in relationships characterized by severe levels of physical violence. The presence of these associations in the No Violence and Mild/Moderate Violence groups may be partially explained by the fact that, in the absence of severe physical violence, psychological abuse is more strongly associated with psychological symptoms. Alternatively, there may be an interaction effect between severity of physical violence and psychological abuse.

TRAUMA SYMPTOMS AND VIOLENCE SEVERITY

Analyses consistently detected unique relationships between types of psychologically abusive behaviors demonstrated by male partners and the psychiatric symptoms manifested by female partners. Women in the No Violence category displayed significant positive associations between levels of depression and total TSI-A scores, as well as significant positive associations between trauma symptoms of Anger/Irritability, Dissociation, and Anxious Arousal and reports of males' exhibition of psychologically abusive behaviors classified as Denigration. Additionally, TSI-A subscale scores for Intrusive Experiences and Dissociation for these women were positively associated with males' display of psychologically abusive behaviors classified as Domination/Intimidation. It seems that women who experience psychological abuse but do not experience physical violence in their intimate relationships are still susceptible to trauma responses, particularly when their partners engage in dominating or denigrating behaviors. Dissociative or related behaviors seem to be common reactions in response to psychological abuse for women in this no physical violence level group.

In the Mild/Moderate Violence group, males' exhibition of psychologically abusive behaviors classified as Restrictive Engulfment were positively associated with female psychiatric symptoms of Fear of Partner and total TSI-A score. Contrary to expectations, there was a significant negative association between female reports of psychological abuse classified as Denigration and TSI-A total scores. Several significant associations were found between type of psychologically abusive behaviors as defined by the MDEAS and types of trauma symptoms as defined by the

TSI-A. There were significant associations between female reports of Anxious Arousal symptoms and their reports of Hostile Withdrawal behaviors by male partners. Furthermore, a significant positive association was detected between psychologically abusive behaviors classified as Domination/ Intimidation and female partners' experience of both Defensive Avoidance and Anxious Arousal. Additionally, for women in this physical abuse severity group, higher levels of Defensive Avoidance and Dissociation were associated with more frequent reports of male partners' engagement in psychologically abusive behaviors classified as Restrictive Engulfment. It appears that women experiencing mild to moderate physical abuse commonly experience trauma symptoms of Defensive Avoidance. It is of note that while associations were found, they were not moderated by physical violence severity.

In sum, it appears that the type of trauma symptomatology displayed by women in relationships characterized by mild to moderate physical violence, or in relationships in which physical violence is not present, is difficult to predict. For female partners in relationships not characterized by violence (or characterized by mild violence), such psychologically abusive behaviors may be likely to be more strongly associated with negative mental health outcomes such as trauma, than for women who are consistently subjected to physical abuse and/or injury (with the violence itself being more strongly associated with trauma and related psychological problems).

Finally, women in relationship characterized by severe levels of physical

abuse reported significantly lower levels of Anger/Irritability. Although this negative correlation seems counterintuitive, it may be explained by females' desire to display fewer behaviors that their physically abusive male partners may find aversive, in an attempt to avoid continued incidences of physical violence. Therefore, these women may consciously avoid displaying anger or appearing irritable to their partners, both in response to fearing their partners and in order to protect themselves from further abuse.

STUDY LIMITATIONS

One of the major limitations of this study was the drastic difference in group size when comparing the Severe Violence group (n = 31) with the No Violence (n = 112) and Mild/Moderate Violence (n = 99) groups. Because the Severe Violence group was substantially smaller than either of the other two, it was difficult to detect significance when making comparisons across groups. Possible future studies could make efforts to recruit three groups of relatively equal size in order to enable better comparisons across the three groups and more accurate detection of significant differences in symptom manifestation among women in relationships with varying levels of physical abuse severity. In addition, given the size of the sample relative to the number of analyses performed, the type I error rate was increased, inflating the ability to detect significant findings.

Another limitation of the current study is the absence of actively severely violent couples, because of the context in which the study was being conducted. Given the fact that couples in this study were willing to seek conjoint treatment, levels of abuse in these couples may not have reached the point at which a female

partner would make a decision to leave the relationship, and perhaps that hope for change maintained their mental health. Furthermore, as discussed previously, couples were not seen in the clinic if they reported via the telephone intake questionnaire that there was a current threat of abuse, suicide, or homicide (thereby potentially screening out women with high levels of depression or fear of partner), or if they reported that there was a current, untreated issue with drugs or alcohol (thereby potentially screening out women with high levels of substance abuse behaviors). As such, these women were not included in the current study. Future studies should take care to include couples with a broader range of physical abuse severity and be critical about screening out participants who are likely to demonstrate the variables of interest (specifically, depression, fear of partner, trauma symptoms, and substance use).

CLINICAL IMPLICATIONS

Clinicians working with couples in which psychological abuse is present should be aware of the connections between type of psychological abuse and symptom manifestations likely to be exhibited by female victims. Increasing male partners' awareness of the detrimental effects of their psychologically abusive actions on their female partners, as well as alerting female partners to the potentially deleterious consequences of continued exposure to psychological abuse, could serve as a wake-up call to both partners and assist them in finding motivation to eliminate psychological abuse from their relationships, thereby decreasing the likelihood of future physical abuse.

Clinicians are commonly educated about concrete ways of dealing with physically abusive or potentially abusive couple relationships, including creating a

safety plan, encouraging an abuser to take responsibility for his/her actions, and empowering victims to stand up for and protect themselves. However, rarely are clinicians educated as to what kinds of psychiatric symptoms may be present at various levels of physical and psychological abuse; this knowledge may assist clinicians in detecting the presence of abuse in intimate relationships and enable them to intervene much earlier than would otherwise be possible. Clinicians working with couples in potentially physically or psychologically abusive relationships would do well to monitor for a wide variety of low-level psychiatric symptoms, as well as to be aware of the possibility that such symptoms may manifest themselves in varying degrees regardless of the reported presence or severity of either type of abuse.

CONCLUSION

This study examined the relationship between the presence and severity of both physical and psychological abuse in intimate relationships and the number and severity of various psychiatric symptoms displayed by female victims. Findings strongly suggest that psychological abuse is an important predictor of negative mental health outcomes for female victims in abusive relationships at any level, and should be routinely assessed by clinicians working with this population. Future studies may further contribute to relationship abuse literature by continuing to examine how psychiatric symptoms change longitudinally if the severity of both psychological and physical abuse increases.

Appendix A: Tables

Table 1

Demographics by Violence Group

	No Violence (n = 112)	Mild/Moderate Violence (n = 99)	Severe Violence (n = 31)	Total Sample (N = 242)
Age: Mean (SD)				
Males	33.21 (8.62)	33.77 (10.73)	33.71 (8.05)	33.50 (9.44)
Females	31.90 (8.07)	31.82 (9.89)	32.26 (8.87)	31.91 (8.92)
Years Together: Mean (SD)	6.55 (5.29)	7.53 (9.00)	6.60 (5.01)	6.97 (7.07)
Income: Mean (SD)				
Males	36321.75 (27903.37)	31378.49 (25580.26)	31714.29 (32100.37)	33727.75 (27516.22)
Females	22954.69 (19273.15)	25281.40 (19909.89)	26714.27 (17292.88)	24365.97 (19247.66)
Relationship Status				
Married, living together	53.6%	54.5%	54.8%	54.1%
Married, separated	6.3%	10.1%	12.9%	8.7%
Living together, not married	14.3%	19.2%	19.4%	16.9%
Separated	2.7%	----	----	1.2%
Dating, not living together	23.2%	16.2%	12.9%	19.0%
Ethnicity				
Males				
African American	39.1%	44.4%	51.6%	42.9%
Asian/Pacific Islander	0.9%	4.0%	3.2%	2.5%
Hispanic	2.7%	6.1%	16.1%	5.8%
Caucasian	50.0%	39.4%	25.8%	42.5%
Native American	2.7%	----	----	1.3%
Other Ethnicity	4.5%	6.1%	3.2%	5.0%
Females				
African American	41.4%	44.4%	54.8%	44.4%
Asian/Pacific Islander	3.6%	2.0%	3.2%	2.9%
Hispanic	6.3%	11.1%	9.7%	8.7%
Caucasian	45.9%	32.3%	29.0%	38.2%
Other Ethnicity	2.7%	10.1%	3.2%	5.8%
Education – Some or completed college				
Males	80.4%	66.7%	61.3%	72.3%
Females	84.8%	73.7%	71.0%	78.5%
% Employed Full-Time				
Males	74.8%	68.7%	66.7%	71.3%
Females	50.0%	53.1%	80.6%	55.2%

Table 2

Mean DAS and MDEAS Subscale Scores as a Function of Physical Violence

	No Violence	Mild/Moderate Violence	Severe Violence	F (2, 228)
DAS Total Score	89.46 (20.72) ^a	82.34 (23.70)	75.32 (26.97) ^b	5.12**
MDEAS Hostile Withdrawal	14.85 (11.41) ^a	20.37 (11.42) ^b	23.87 (12.43) ^b	5.83**
MDEAS Domination/Intimidation	3.09 (5.38) ^a	9.16 (9.43) ^b	11.87 (10.32) ^b	16.88***
MDEAS Denigration	3.72 (5.82) ^a	7.69 (8.84) ^b	11.32 (12.44) ^b	7.74***
MDEAS Restrictive Engulfment	6.19 (8.00)	9.87 (10.65)	10.94 (9.33)	2.49

Note. Male education was used as a covariate in all analyses. Means in the same row that do not share superscript differ at $p < .05$. * = $p < .05$, ** = $p < .01$, *** = $p < .001$

Table 3
Mean and Standard Deviations for Fear, BDI, TSI-A, & Substance Use Problem Scores by Violence Group

	No <u>Violence</u>	Mild/Moderate <u>Violence</u>	Severe <u>Violence</u>	<u>F (2, 228)</u>
Fear	0.05 (0.25)	0.11 (0.51)	0.15 (0.46)	0.34
Depression	12.69 (8.24)	12.70 (8.52)	15.00 (10.15)	0.40
Substance Use Problem	0.34 (0.91) ^a	0.77 (1.95) ^a	1.81 (3.52) ^b	6.16**
Trauma Symptoms	49.08 (26.24)	51.09 (26.78)	58.47 (24.30)	0.59

Note. Male partners' education and female partners' DAS score were used as covariates in all analyses. Means in the same row that do not share superscript differ at $p < .05$. * = $p < .05$, ** = $p < .01$, *** = $p < .001$.

Table 4

Means and Standard Deviations for TSI-A Subscale Scores by Violence Group

	No <u>Violence</u>	Mild/Moderate <u>Violence</u>	Severe <u>Violence</u>	<u>F (2, 228)</u>
Intrusive Experiences	8.00 (6.53)	8.82 (6.32)	10.13 (5.78)	0.51
Defensive Avoidance	7.22 (5.41)	8.49 (5.73)	9.43 (4.89)	1.07
Anger/Irritability	12.56 (6.22)	12.89 (6.95)	13.83 (6.35)	0.13
Dissociation	8.72 (5.80)	8.31 (6.23)	10.40 (6.95)	1.02
Anxious Arousal	10.32 (5.34)	9.92 (5.89)	11.80 (5.30)	1.00

Note. Male partners' education and female partners' DAS scores were used as covariates in all analyses. Means in the same row that do not share superscript differ at $p < .05$ in the Bonferroni comparison test. * = $p < .05$, ** = $p < .01$, *** = $p < .001$.

Table 5

Partial Correlations of MDEAS Subscales with Female Psychiatric Symptoms Across Violence Groups

	Fear of Partner (n = 235)	Depression (n = 235)	Substance Abuse (n = 233)	TSI Total Score (n = 234)
<u>No Violence</u>				
MDEAS Hostile Withdrawal	-.12	-.05	.02	.04
MDEAS Domination/Intimidation	-.08	.07	-.12	.20*
MDEAS Denigration	-.07	.24*	.05	.24*
MDEAS Restrictive Engulfment	.19	.01	.01	-.01
<u>Mild/Moderate Violence</u>				
MDEAS Hostile Withdrawal	.09	.17	.00	.18
MDEAS Domination/Intimidation	.05	.20	-.06	.18
MDEAS Denigration	.15	.04	.00	.05
MDEAS Restrictive Engulfment	.22*	.18	.07	.23*
<u>Severe Violence</u>				
MDEAS Hostile Withdrawal	.21	-.13	-.39	-.10
MDEAS Domination/Intimidation	.13	-.11	-.01	-.35
MDEAS Denigration	.30	-.26	-.21	-.42*
MDEAS Restrictive Engulfment	.33	.08	-.14	.11

Note. Male partners' education and female partners' DAS score were used as covariates in all analyses.

Table 6
Partial Correlations of MDEAS Subscales with TSI-A Subscales Across Violence Groups

	<u>Intrusive Experiences</u>	<u>Defensive Avoidance</u>	<u>Anger/Irritability</u>	<u>Dissociation</u>	<u>Anxious Arousal</u>
<u>No Violence</u>					
MDEAS Hostile Withdrawal	.05	.05	.09	.03	-.05
MDEAS Domination/Intimidation	.23*	.16	.12	.23*	.09
MDEAS Denigration	.16	.19	.23* _a	.24*	.21*
MDEAS Restrictive Engulfment	.04	.01	-.07	.04 _a	-.07
<u>Mild/Moderate Violence</u>					
MDEAS Hostile Withdrawal	.15	.05	.21*	.15	.16
MDEAS Domination/Intimidation	.18	.21*	-.01	.16	.21*
MDEAS Denigration	-.03	.07	.05 _a	.03	.11
MDEAS Restrictive Engulfment	.19	.27**	.06	.32** _b	.12
<u>Severe Violence</u>					
MDEAS Hostile Withdrawal	.01	-.10	-.27	-.09	.01
MDEAS Domination/Intimidation	-.30	-.32	-.37	-.21	-.28
MDEAS Denigration	-.26	-.29	-.59** _b	-.26	-.37
MDEAS Restrictive Engulfment	-.27	.22	-.30	-.06	.16

Note. Male partners' education and female partners' DAS scores were used as covariates in all analyses. Correlations in the same column that do not share subscripts differ at $p < .05$ using a z-score comparison test. * = $p < .05$; ** = $p < .01$.

Appendix B: Measures

SUBSTANCE ABUSE, ANGER MANAGEMENT, CURRENT VIOLENCE AND RELATIONSHIP STATUS INTERVIEW

I. PARTNER'S ALCOHOL USE

I have a few questions about YOUR PARTNER'S recent drinking.

1. **How often, during the last four months, has YOUR PARTNER usually had ANY kind of beverage CONTAINING ALCOHOL, whether it was wine, beer, whiskey, or any other drink? (If the past 4 months includes periods of abstinence and drinking, inquire about period(s) of drinking.)**

READ (Circle Answer)

- | | |
|---------------------------|---------------------|
| (0) Never | (4) 1-2 days a week |
| (1) Several times | (5) 3-4 days a week |
| (2) About once a month | (6) 5-6 days a week |
| (3) Several times a month | (7) Everyday |

IF NEVER, SKIP TO QUESTION NUMBER 5 ON THE NEXT PAGE.

2. **When YOUR PARTNER drank beer, wine, or hard liquor during the last 4 months, how many drinks did he/she usually have per day? By a drink, we mean a 12 ounce beer, a 4 ounce glass of wine, or any drink containing 1 ounce of hard liquor. (Give exact number)**

3. **During the last 4 months, what is the LARGEST NUMBER of drinks that YOUR PARTNER had on any single day? (Give exact number)**

4. **During the past 4 months, how much has YOUR PARTNER'S drinking resulted in any problems in areas such as work or school attendance/performance, legal problems (e.g., DWI, disorderly conduct), arguments with family or friends about when or how much he or she drinks, drinking when it could be dangerous (e.g., while driving; against medical advise), social activities, or drinking to avoid unpleasant feelings like anxiety or depression?**

- | | |
|------------------------------|----------------|
| (4) Very much | (1) A little |
| (3) A lot | (0) Not at all |
| (2) A moderate/medium amount | |

5. **Is YOUR PARTNER presently receiving any treatment for a drinking problem? _____ Yes _____ No If yes, describe:**

6. **Has YOUR PARTNER ever had treatment for drinking problem? _____ Yes _____ No If yes, describe: (when, length, what type?)**

II. PARTNER'S OTHER SUBSTANCE USE

1. **During the past 4 months, how often has YOUR PARTNER used ANY of the following drugs: amphetamines, marijuana/hashish, cocaine, hallucinogens (e.g., LSD, PCP, mushrooms), inhalants, opioids (e.g., heroin), barbiturates, excessive use/misuse of prescription medications (e.g., anxiety medications, hypnotics) or nonprescription medications?**

READ (Circle Answer)

- | | |
|---------------------------|---------------------|
| (0) Never | (4) 1-2 days a week |
| (1) Several times | (5) 3-4 days a week |
| (2) About once a month | (6) 5-6 days a week |
| (3) Several times a month | (7) Everyday |

2. During the past 4 months, how often has YOUR PARTNER'S use of any of the above substances resulted in any problems in areas such as work or school attendance/performance, legal problems, arguments with family or friends about when or how much he or she uses, using substances at times when it would be physically dangerous (e.g., while driving; against medical advice), social activities, or using substances to avoid negative feelings like anxiety or depression?

READ (Circle Answer)

- | | |
|------------------------------|----------------|
| (4) Very much | (1) A little |
| (3) A lot | (0) Not at all |
| (2) A moderate/medium amount | |

3. Is YOUR PARTNER presently receiving any treatment for a substance abuse problem? _____ Yes _____ No
If yes, describe: (when, length, what type?)

4. Has YOUR PARTNER ever had treatment for a substance abuse problem? _____ Yes _____ No
If yes, describe: (when, length, what type?)

III. OWN ALCOHOL USE

I have a few questions about YOUR recent drinking.

1. How often, during the last four months, have YOU usually had ANY kind of beverage CONTAINING ALCOHOL, whether it was wine, beer, whiskey, or any other drink? (If the past 4 months includes periods of abstinence and drinking, inquire about period(s) of drinking.)

READ (Circle Answer)

- | | |
|---------------------------|---------------------|
| (0) Never | (4) 1-2 days a week |
| (1) Several times | (5) 3-4 days a week |
| (2) About once a month | (6) 5-6 days a week |
| (3) Several times a month | (7) Everyday |

IF NEVER, SKIP TO SECTION B ON THE NEXT PAGE.

2. When YOU drank beer, wine, or hard liquor during the last 4 months, how many drinks did you usually have per day? By a drink, we mean a 12 ounce beer, a 4 ounce glass of wine, or any drink containing 1 ounce of hard liquor. (Give exact number)
3. During the last 4 months, what is the LARGEST NUMBER of drinks that YOU had on any single day? (Give exact number)
4. During the past 4 months, how much has YOUR drinking resulted in any problems in areas such as work or school attendance/performance, legal problems (e.g., DWI, disorderly conduct), arguments with family or friends, about when or how much he or she drinks, drinking when it could be dangerous (e.g., while driving; against medical advice), social activities, or drinking to avoid unpleasant feelings like anxiety or depression?

READ (Circle Answer)

- | | |
|------------------------------|----------------|
| (4) Very much | (1) A little |
| (3) A lot | (0) Not at all |
| (2) A moderate/medium amount | |

5. Are YOU presently receiving any treatment for a drinking problem?
 _____ Yes _____ No If yes, describe:
6. Have YOU ever had treatment for drinking problem?
 _____ Yes _____ No If yes, describe: (when, length, what type?)

IV. OWN OTHER SUBSTANCE USE

1. During the past 4 months, how often have YOU used ANY of the following drugs: amphetamines, marijuana/hashish, cocaine, hallucinogens (e.g., LSD, PCP, mushrooms), inhalants, opioids (e.g., heroin), barbiturates, excessive use/misuse of prescription medications (e.g., anxiety medications, hypnotics) or nonprescription medications?
 READ (Circle Answer)
- | | |
|---------------------------|---------------------|
| (0) Never | (4) 1-2 days a week |
| (1) Several times | (5) 3-4 days a week |
| (2) About once a month | (6) 5-6 days a week |
| (3) Several times a month | (7) Everyday |
2. During the past 4 months, how often have YOUR use of any of the above substances resulted in any problems in areas such as work or school attendance/performance, legal problems, arguments with family or friends about when or how much he or she uses, using substances at times when it would be physically dangerous (e.g., while driving; against medical advice), social activities, or using substances to avoid negative feelings like anxiety or depression?
 READ (Circle Answer)
- | | |
|------------------------------|----------------|
| (4) Very much | (1) A little |
| (3) A lot | (0) Not at all |
| (2) A moderate/medium amount | |
3. Are YOU presently receiving any treatment for a substance abuse problem? _____ Yes _____ No
 If yes, describe: (when, length, what type?)
4. Have YOU ever had treatment for a substance abuse problem?
 _____ Yes _____ No
 If yes, describe: (when, length, what type?)

V. ANGER MANAGEMENT TREATMENT

1. Have YOU ever been in an anger management program?
 ___Yes ___No If yes, please describe (When, length, what type?)
2. Has YOUR PARTNER ever been in an anger management program?
 ___Yes ___No If yes, please describe (When, length, what type?)

VI. SCREENING FOR CURRENT VIOLENCE AND RELATIONSHIP STATUS

1. Was there ever an incident of violence in your relationship? Description (Duration, Intensity, Frequency of violence):
2. If yes, what was the worst incident?
 Tell us about that incident.

3. **In the past four months, have there been any violent incidents between YOU and YOUR PARTNER that caused injuries requiring medical attention?**

YES _____ NO _____

Explain:

4. a) **Would you be concerned for YOUR safety if YOU participated in treatment sessions together with YOUR PARTNER?**

YES _____ NO _____

Explain:

- b) **Are you afraid to live with YOUR PARTNER?**

YES _____ NO _____

Explain:

- c) **Are you afraid to spend time alone with YOUR PARTNER?**

YES _____ NO _____

Explain:

BECK DEPRESSION INVENTORY (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 failures.
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 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 I am worse than anybody else.
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 any more than usual.
1 I cry more 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 have ever been.
 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 get 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 more 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 no 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. Yes ___ No ___
20. 0 I am no more worried about my health than usual.
 1 I am worried about physical problems such as aches, pains, an upset stomach or constipation.
 2 I am very worried about physical problems and it's hard to think of much else.
 3 I am so worried about my 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.

CONFLICT TACTICS SCALE, REVISED (CTS²)

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle how many times you did each of these things **IN THE PAST 4 MONTHS**, and how many times your partner did them **IN THE PAST 4 MONTHS**. If you or your partner did not do one of these things in the past 4 months, but it did happen before that, circle "0".

How often did this happen?

0 = Not in the past 4 months, but it did happen before	4 = 6-10 times in the past 4 months
1 = Once in the past 4 months	5 = 11-20 times in the past 4 months
2 = Twice in the past 4 months	6 = 20+ times in the past 4 months
3 = 3-5 times in the past 4 months	9 = This has never happened

1. I showed my partner I cared even though we disagreed.	0 1 2 3 4 5 6 9
2. My partner showed care for me even though we disagreed.	0 1 2 3 4 5 6 9
3. I explained my side of a disagreement to my partner.	0 1 2 3 4 5 6 9
4. My partner explained his/her side of a disagreement to me.	0 1 2 3 4 5 6 9
5. I insulted or swore at my partner.	0 1 2 3 4 5 6 9
6. My partner did this to me.	0 1 2 3 4 5 6 9
7. I threw something at my partner that could hurt him/her.	0 1 2 3 4 5 6 9
8. My partner did this to me.	0 1 2 3 4 5 6 9
9. I twisted my partner's arm or hair	0 1 2 3 4 5 6 9
10. My partner did this to me.	0 1 2 3 4 5 6 9
11. I has a sprain, bruise, or small cut because of a fight with my partner	0 1 2 3 4 5 6 9
12. My partner had a sprain, bruise, or small cut because of a fight with me.	0 1 2 3 4 5 6 9
13. I showed respect for my partner's feelings about an issue.	0 1 2 3 4 5 6 9
14. My partner showed respect for my feelings about an issue.	0 1 2 3 4 5 6 9
15. I made my partner have sex without a condom.	0 1 2 3 4 5 6 9
16. My partner did this to me.	0 1 2 3 4 5 6 9
17. I pushed or shoved my partner.	0 1 2 3 4 5 6 9
18. My partner did this to me.	0 1 2 3 4 5 6 9
19. I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex.	0 1 2 3 4 5 6 9
20. My partner did this to me.	0 1 2 3 4 5 6 9
21. I used a knife or gun on my partner.	0 1 2 3 4 5 6 9
22. My partner did this to me.	0 1 2 3 4 5 6 9
23. I passed out from being hit on the head by my partner in a fight with me.	0 1 2 3 4 5 6 9
24. My partner passed out from being hit on the head in a fight with me.	0 1 2 3 4 5 6 9
25. I called my partner fat or ugly.	0 1 2 3 4 5 6 9
26. My partner called me fat or ugly.	0 1 2 3 4 5 6 9
27. I punched or hit my partner with something that could hurt.	0 1 2 3 4 5 6 9
28. My partner did this to me.	0 1 2 3 4 5 6 9
29. I destroyed something belonging to my partner.	0 1 2 3 4 5 6 9
30. My partner did this to me.	0 1 2 3 4 5 6 9
31. I went to a doctor because of a fight with my partner.	0 1 2 3 4 5 6 9
32. My partner went to a doctor because of a fight with me.	0 1 2 3 4 5 6 9
33. I choked my partner.	0 1 2 3 4 5 6 9
34. My partner did this to me.	0 1 2 3 4 5 6 9
35. I shouted or yelled at my partner	0 1 2 3 4 5 6 9
36. My partner did this to me.	0 1 2 3 4 5 6 9

How often did this happen?

0 = Not in the past 4 months, but it did happen before

1 = Once in the past 4 months

2 = Twice in the past 4 months

3 = 3-5 times in the past 4 months

4 = 6-10 times in the past 4 months

5 = 11-20 times in the past 4 months

6 = 20+ times in the past 4 months

9 = This has never happened

37. I slammed my partner against a wall.	0	1	2	3	4	5	6	9
38. My partner did this to me.	0	1	2	3	4	5	6	9
39. I said I was sure we could work out a problem.	0	1	2	3	4	5	6	9
40. My partner was sure we could work it out.	0	1	2	3	4	5	6	9
41. I needed to see a doctor because of a fight with my partner, but I didn't.	0	1	2	3	4	5	6	9
42. My partner needed to see a doctor because of a fight with me, but didn't.	0	1	2	3	4	5	6	9
43. I beat up my partner.	0	1	2	3	4	5	6	9
44. My partner did this to me.	0	1	2	3	4	5	6	9
45. I grabbed my partner.	0	1	2	3	4	5	6	9
46. My partner did this to me.	0	1	2	3	4	5	6	9
47. I used force (like hitting, holding down, or using a weapon) to make my partner have sex.	0	1	2	3	4	5	6	9
48. My partner did this to me.	0	1	2	3	4	5	6	9
49. I stomped out of the room or house or yard during a disagreement.	0	1	2	3	4	5	6	9
50. My partner did this to me.	0	1	2	3	4	5	6	9
51. I insisted on sex when my partner did not want to (but did not use physical force).	0	1	2	3	4	5	6	9
52. My partner did this to me.	0	1	2	3	4	5	6	9
53. I slapped my partner.	0	1	2	3	4	5	6	9
54. My partner did this to me.	0	1	2	3	4	5	6	9
55. I had a broken bone from a fight with my partner.	0	1	2	3	4	5	6	9
56. My partner had a broken bone from a fight with me.	0	1	2	3	4	5	6	9
57. I used threats to make my partner have oral or anal sex.	0	1	2	3	4	5	6	9
58. My partner did this to me.	0	1	2	3	4	5	6	9
59. I suggested a compromise to a disagreement.	0	1	2	3	4	5	6	9
60. My partner did this to me.	0	1	2	3	4	5	6	9
61. I burned or scalded my partner on purpose.	0	1	2	3	4	5	6	9
62. My partner did this to me.	0	1	2	3	4	5	6	9
63. I insisted my partner have oral or anal sex (but did not use physical force).	0	1	2	3	4	5	6	9
64. My partner did this to me.	0	1	2	3	4	5	6	9
65. I accused my partner of being a lousy lover.	0	1	2	3	4	5	6	9
66. My partner accused me of this.	0	1	2	3	4	5	6	9
67. I did something to spite my partner.	0	1	2	3	4	5	6	9
68. My partner did this to me.	0	1	2	3	4	5	6	9
69. I threatened to hit or throw something at my partner.	0	1	2	3	4	5	6	9
70. My partner did this to me.	0	1	2	3	4	5	6	9
71. I felt physical pain that still hurt the next day because of a fight with my partner.	0	1	2	3	4	5	6	9
72. My partner still felt physical pain the next day because of a fight we had.	0	1	2	3	4	5	6	9
73. I kicked my partner.	0	1	2	3	4	5	6	9
74. My partner did this to me.	0	1	2	3	4	5	6	9
75. I used threats to make my partner have sex.	0	1	2	3	4	5	6	9
76. My partner did this to me.	0	1	2	3	4	5	6	9
77. I agreed to try a solution to a disagreement my partner suggested.	0	1	2	3	4	5	6	9
78. My partner agreed to try a solution I suggested.	0	1	2	3	4	5	6	9

DYADIC ADJUSTMENT SCALE (DAS)

Most persons have disagreements in their relationship. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. Place a checkmark (✓) to indicate your answer.

	<i>Almost</i>			<i>Almost</i>	
<i>Always</i>	<i>Always</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Always</i>	<i>Always</i>
<i>Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Disagree</i>	<i>Disagree</i>	<i>Disagree</i>

1. Handling family finances					
2. Matters of recreation					
3. Religious matters					
4. Demonstration of affection					
5. Friends					
6. Sex relations					
7. Conventionality (correct or proper behavior)					
8. Philosophy of life					
9. Ways of dealing with parents and in-laws					
10. Aims, goals, and things believed important in life					
11. Amount of time spent together					
12. Making major decisions					
13. Household tasks					
14. Leisure time interests and activities					
15. Career decisions					

<i>All the time</i>	<i>Most of the time</i>	<i>More often than not</i>	<i>Occasionally</i>	<i>Rarely</i>	<i>Never</i>
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16. How often do you discuss or have you considered divorce, separation or terminating your relationship?					
17. How often do you or your partner leave the house after a fight?					
18. In general, how often do you think that things between you & your partner are going well?					
19. Do you confide in your partner?					

All the time Most of the time More often than not Occasionally Rarely Never

20. Do you ever regret that you married (or lived together?)						
21. How often do you or your partner quarrel?						
22. How often do you and your partner "get on each other's nerves"?						

HOW OFTEN WOULD YOU SAY THE FOLLOWING EVENTS OCCUR BETWEEN YOU AND YOUR MATE? CIRCLE YOUR ANSWER.

23. Do you kiss your partner?
 EVERYDAY ALMOST EVERYDAY OCCASIONALLY RARELY NEVER
24. Do you and your partner engage in outside interests together?
 ALL OF THEM MOST OF THEM SOME OF THEM VERY FEW OF THEM NONE OF THEM
25. Have a stimulating exchange of ideas?
 NEVER LESS THAN ONCE A MONTH ONCE OR TWICE A MONTH ONCE OR TWICE A WEEK ONCE A DAY MORE OFTEN
26. Laugh together?
 NEVER LESS THAN ONCE A MONTH ONCE OR TWICE A MONTH ONCE OR TWICE A WEEK ONCE A DAY MORE OFTEN
27. Calmly discuss something?
 NEVER LESS THAN ONCE A MONTH ONCE OR TWICE A MONTH ONCE OR TWICE A WEEK ONCE A DAY MORE OFTEN
28. Work together on a project?
 NEVER LESS THAN ONCE A MONTH ONCE OR TWICE A MONTH ONCE OR TWICE A WEEK ONCE A DAY MORE OFTEN

THESE ARE SOME THINGS ABOUT WHICH COUPLES SOMETIMES AGREE OR DISAGREE. INDICATE IF EITHER ITEM BELOW CAUSES DIFFERENCES OF OPINION OR HAVE BEEN PROBLEMS IN YOUR RELATIONSHIP DURING THE PAST FEW WEEKS. CHECK "YES" OR "NO."

29. Being too tired for sex. Yes _____ No _____
 30. Not showing love. Yes _____ No _____

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

•	•	•	•	•	•	•
EXTREMELY UNHAPPY	FAIRLY UNHAPPY	A LITTLE UNHAPPY	HAPPY	VERY HAPPY	EXTREMELY HAPPY	PERFECT

32. Which of the following statements best describes how you feel about the future of your relationship? Check the statement that best applies to you.

- ___ 6. I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
 ___ 5. I want very much for my relationship to succeed, and will do all I can to see that it does.
 ___ 4. I want very much for my relationship to succeed, and will do my fair share to see that it does.
 ___ 3. It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.
 ___ 2. It would be nice if my relationship succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
 ___ 1. My relationship can never succeed, and there is no more that I can do to keep the relationship going.

MULTIDIMENSIONAL EMOTIONAL ABUSE SCALE (MDEAS)

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle how many times you did each of these things **IN THE PAST 4 MONTHS**, and how many times your partner did them **IN THE PAST 4 MONTHS**. If you or your partner did not do one of these things in the past 4 months, but it did happen before that, circle "0".

How often did this happen?

- 0 = Not in the past 4 months, but it did happen before
- 1 = Once in the past 4 months
- 2 = Twice in the past 4 months
- 3 = 3-5 times in the past 4 months

- 4 = 6-10 times in the past 4 months
- 5 = 11-20 times in the past 4 months
- 6 = 20+ times in the past 4 months
- 9 = This has never happened

How Often in the last 4 months?

1. Asked the other person where s/he had been or who s/he was with in a suspicious manner.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
2. Secretly searched through the other person's belongings.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
3. Tried to stop the other person from seeing certain friends or family members.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
4. Complained that the other person spends too much time with friends.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
5. Got angry because the other person went somewhere without telling him/her.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
6. Tried to make the other person feel guilty for not spending enough time together.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
7. Checked up on the other person by asking friends where s/he was or who s/he was with.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
8. Said or implied that the other person was stupid.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
9. Called the other person worthless.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
10. Called the other person ugly.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
11. Criticized the other person's appearance.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
12. Called the other person a loser, failure, or similar term.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9

How often did this happen?

0 = Not in the past 4 months, but it did happen before

1 = Once in the past 4 months

2 = Twice in the past 4 months

3 = 3-5 times in the past 4 months

4 = 6-10 times in the past 4 months

5 = 11-20 times in the past 4 months

6 = 20+ times in the past 4 months

9 = This has never happened

How Often in the last 4 months?

13. Belittled the other person in front of other people.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
14. Said that someone else would be a better girlfriend or boyfriend.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
15. Became so angry that s/he was unable or unwilling to talk.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
16. Acted cold or distant when angry.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
17. Refused to have any discussion of a problem.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
18. Changed the subject on purpose when the other person was trying to discuss a problem.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
19. Refused to acknowledge a problem that the other felt was important.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
20. Sulked or refused to talk about an issue.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
21. Intentionally avoided the other person during a conflict or disagreement.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
22. Became angry enough to frighten the other person.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
23. Put her/his face right in front of the other person's face to make a point more forcefully.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
24. Threatened to hit the other person.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
25. Threaten to throw something at the other person.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
26. Threw, smashed, hit, or kicked something in front of the other person.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
27. Drove recklessly to frighten the other person.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9
28. Stood or hovered over the other person during a conflict or disagreement.	You:	0	1	2	3	4	5	6	9
	Your partner:	0	1	2	3	4	5	6	9

TRAUMA SYMPTOMS INVENTORY, ADAPTED (TSI-A)

Instructions: The items that follow describe a number of things that may or may not have happened to you. Read each one carefully, and then indicate on the answer sheet how often it has happened in the last **6 months** by circling the correct number. Circling a 0 means it hasn't happened at all in the last 6 months. Circling a 3 means it has happened often in the last 6 months. Circling a 1 or 2 means it has happened in the last 6 months, but has not happened often.

Never
0
1
2
Often
3

Please answer each item as honestly as you can. **Be sure to answer every item.**

*In the last **6 months**, how often have you experienced:*

		Never			Often
1/1.	Nightmares or bad dreams	0	1	2	3
2/2.	Trying to forget about a bad time in your life.	0	1	2	3
3/3.	Irritability.	0	1	2	3
4/4.	Stopping yourself from thinking about the past.	0	1	2	3
5/8.	Flashbacks (sudden memories or images of upsetting things)	0	1	2	3
6/10.	Feeling like you were outside your body.	0	1	2	3
7/12.	Sudden disturbing memories when you were not expecting them.	0	1	2	3
8/15.	Becoming angry for little or no reason.	0	1	2	3
9/20.	Your mind going blank.	0	1	2	3
10/22.	Periods of trembling or shaking.	0	1	2	3
11/23.	Pushing painful memories out of your mind.	0	1	2	3
12/26.	Feeling like you were watching yourself from far away.	0	1	2	3
13/27.	Feeling tense or "on edge."	0	1	2	3
14/29.	Not feeling like your real self.	0	1	2	3
15/31.	Worrying about things	0	1	2	3
16/34.	Being easily annoyed by other people	0	1	2	3
17/35.	Starting arguments or picking fights to get your anger out.	0	1	2	3
18/37.	Getting angry when you didn't want to.	0	1	2	3
19/38.	Not being able to feel your emotions	0	1	2	3
20/41.	Feeling jumpy	0	1	2	3
21/42.	Absent-mindedness	0	1	2	3
22/45.	Yelling or telling people off when you felt you shouldn't have	0	1	2	3
23/51.	High anxiety	0	1	2	3
24/54.	Nervousness	0	1	2	3
25/57.	Feeling mad or angry inside	0	1	2	3
26/59.	Staying away from certain people or places because they reminded you of something	0	1	2	3

In the last **6 months**, how often have you experienced:

		Never			Often
27/62.	Suddenly remembering something upsetting from your past.	0	1	2	3
28/63.	Wanting to hit someone or something.	0	1	2	3
29/66.	Suddenly being reminded of something bad.	0	1	2	3
30/67.	Trying to block out certain memories.	0	1	2	3
31/70.	Violent dreams	0	1	2	3
32/72.	Just for a moment, seeing or hearing something upsetting that happened earlier in your life	0	1	2	3
33/74.	Frightening or upsetting thoughts popping into your mind.	0	1	2	3
34/83.	Not letting yourself feel bad about the past	0	1	2	3
35/84.	Feeling like things weren't real	0	1	2	3
36/85.	Feeling like you were in a dream.	0	1	2	3
37/87.	Trying not to have any feelings about something that once hurt you	0	1	2	3
38/88.	Daydreaming	0	1	2	3
39/89.	Trying not to think or talk about things in your life that were painful.	0	1	2	3
40/91.	Being startled or frightened by sudden noises.	0	1	2	3
41/93.	Trouble controlling your temper	0	1	2	3
42/97.	Feeling afraid you might die or be injured	0	1	2	3

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