

THE CATHOLIC UNIVERSITY OF AMERICA

AN INVESTIGATION OF THE RELATIONSHIPS AMONG  
LOCUS OF CONTROL, SELF-CONCEPT, DURATION OF THE  
INTIMATE RELATIONSHIP, AND SEVERITY OF PHYSICAL  
AND NONPHYSICAL ABUSE OF BATTERED WOMEN

A DISSERTATION

Submitted to the Faculty of the  
School of Nursing  
Of the Catholic University of America  
in Partial Fulfillment of the Requirements  
For the Degree  
Doctor of Nursing Science



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Dedicated  
to my loving husband

Mickey

and  
my father

Victor E. Koch

who taught me to love and be loved with  
respect, joy, peace, and unconditional  
acceptance which symbolize  
a gentle intimacy deserved by  
all humankind

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## CHAPTER 1

### Introduction

"Peace on earth begins at home" is the motto of Virginians Against Domestic Violence. There are millions of battered women in the United States involved in a variety of health care settings. Nursing shares responsibility with other health care professionals to provide comprehensive, quality care to this population. It is highly probable that all professional nurses will come in contact with battered women. Few health care practitioners, including nurses, are equipped with the knowledge, skills, and attitudes necessary to implement comprehensive, quality health care for these women. Victims of conjugal violence rarely receive more than essential care for their apparent injuries (Parker & Schumacher, 1977; Rounsaville & Weissman, 1977-78).

The recent explosion of media attention to the phenomenon of wife battering has heightened national awareness of the problem. Print media as varied as Time (September, 1983), U.S. News and World Report (September, 1976), Newsweek (February, 1976), Ms. (August, 1976), McCall's (June, 1975), Ladies' Home Journal (June, 1974),

and National Enquirer November, (1984) have made spouse abuse/wife battering a topic of household discussion.

In general, women should be able to expect safety and protection, from persons with whom they share the most intimate relationships, in their homes as a given. However, recent studies from the National Institute of Mental Health suggested that 50-60% of all marriages in the United States have experienced at least one incident of minor battering or assault upon the female in the relationship. Understated estimates reported greater than four million women in America are beaten on more than one occasion each year (Iyer, 1980; Stark, Flitcraft, & Frazier, 1979). Another survey estimated approximately six million women are at risk for battering by their male partners in one year (O'Reilly, 1983). Eber (1981), acknowledging that statistics on wife beating must be estimated due to lack of reporting, stated that this phenomenon of violent assault affected as many as 40 million women. It has been estimated that one woman is beaten every 18 seconds in the United States. Approximately 2,000-4,000 women annually are beaten to death by their male partner (O'Reilly, 1983).

Socially and legally sanctioned wife abuse has existed for centuries (Hilberman, 1980). Although philosopher John Stuart Mills championed rights of women, British Common Law permitted nineteenth century wives to

be treated harshly. Under the "rule of thumb" a husband was allowed to discipline his wife as long as the "rod" was no thicker than his thumb! Abigail Adams implored her husband to treat women more kindly in the Declaration of Independence. John Adams informed his wife not to depend on any change. He indicated that men knew better than to repeal the masculine system (Davidson, 1977).

The husband's right to strike his wife was written into United States law in 1824 with the same restriction to the size of switch acknowledged in British Common Law, after which most of the United States law was modeled. Since women had no input into the legal system, court rulings were unfavorable toward women. In the late nineteenth century, state laws in the United States gave implicit and explicit permission to men to beat their wives. Many state laws reflected the notion that a husband's treatment of his wife was a personal and private matter, not pertinent to be heard before the court. A proposed bill in Pennsylvania in 1886 to make wifebeating a crime failed (Davidson, 1977). It took 50 years before such laws were repealed and then with an equivocation that incidents of domestic violence be kept private (Martin, 1976). A North Carolina court ruled in the late nineteenth century it would not "listen to trivial complaints" about wifebeating and that the concerned parties should "draw the curtain, shut out the

public gaze, and leave the parties to forget and forgive" (Davidson, 1977, p. 2).

Since the first book on the subject of wife abuse, Scream Quietly or the Neighbors Will Hear (Pizzey, 1974) was published in England, concern for and interest in this problem has grown. A unanimous vote at the 1975 National Conference of the National Organization for Women declared conjugal violence a topic of paramount importance (Davidson, 1978). Understanding the strong biblical and historical background which sanctioned wifebeating is important; for present societal attitudes are partially derived from those past laws, customs, and beliefs.

References to dictatorial and brutal treatment of women as male possessions are not uncommon in the Bible. The books of Deuteronomy (25:11-12 & 22:13-21), Genesis (3:17), Judges (19 & 20), I Timothy (2) and Ephesians (5) address abuse of females in one form or another. Through the centuries biblical passages have been cited as supporting documentation by persons endorsing the right of the husband to discipline his wife in whatever manner he deemed appropriate, including the use of physical violence.

Initially the problem of conjugal violence was addressed from a sociological perspective. Gelles (1974) conducted a major research effort with a sociological

study of 80 families. In 1979, Walker contributed a significant study based on more than 400 interviews with battered women from her perspective as a psychologist. Her study focused on battered women as victims rather than causes of domestic violence.

Nursing literature revealed several articles in the late 1970s and early 1980s (Drake, 1982; Finley, 1981; Gemmill, 1982; Hendrix, LaGodna, and Bohem, 1978; Iyer, 1980; Lieberknecht, 1977; Loraine, 1981; Weingourt, 1979) addressing clinical practice with battered wives. The major health care disciplines began to focus seriously on the problems of battered women and the ensuing need for research during the latter 1970s. By 1977 Straus viewed the prevalence of wifebeating as having reached epidemic proportions.

The research problem addressed in this study evolved from this investigator's clinical experience with battered women and subsequent concerns about the impact of wifebeating/battering of women as a major, but largely unrecognized, health care problem. This investigator has labeled the battered woman phenomenon as "a health care problem in disguise" (Drake, 1982). Parker and Schumacher (1977) emphasized the "long suffering inattention to battered women from social agencies and the health care system" (p. 760).

Because victims frequently require health care (RounsaVILLE & Weissman, 1977-78; Roy, 1977; Shipley & Sylvester, 1982; Steinmetz, 1977), nurses are in an advantageous position to identify and respond to the health care needs of battered women. Myths which blame battered victims for the violence (Walker, 1979) or categorize the phenomenon of conjugal violence solely as a sociological problem must be dispelled for professional health care services to be rendered effectively. In 1977, Lion noted that collectively, no profession had recognized wifebeating as a problem. Few informed sources would disagree with the premise that a multicausal nature of domestic violence exists. Prevailing misinformation must be replaced with knowledge, grounded in research, to enhance understanding and treatment of women victimized by conjugal violence. In other words, nurses and other health professionals require data specific to this population to provide specialized care.

With the incidence of battered women having reached epidemic proportions many questions remain unanswered. If, as Walker (1979) and others believe, "... as many as 50% of all women will be battering victims at some point in their lives" (p.ix), a critical need exists to understand the dynamics of the victim and the violent relationship. For example, What is the

psychosocial profile of battered women? What impact does severity of abuse have on victims? What impact does severity of nonphysical abuse have on victims?

Prescott and Letko (1977) commented, "The direct effects of marital violence on women...have received the least attention in previous studies" (p. 75). For example, studies have focused on the need for shelters to temporarily house victims, lack of victim recognition, the need for changes in the law, and the lack of professional services for this population. However, little work has addressed the consequences of abuse for the victims themselves (United States Commission On Civil Rights, 1978).

Some of the effects of trauma on battered women have been examined by Prescott and Letko (1977). They concluded, based on the reports of battered women, that "violence may be expected to affect self-concept" (p. 75). Speaking of battered women, Valenti (1979) opined, "The devastating effects, however, of even one beating, along with the psychological abuse that is usually involved, can be devastating to her self-worth" (p. 188).

Feelings of being trapped or controlled by the male partner are dominant themes in the literature (Martin, 1976; Roy, 1977; Walker, 1979). Fear was cited as one of the primary reasons that women remain in abusive situations (Rounsaville & Weissman, 1977-78). It

is not unusual for batterers to threaten to kill their victims if they try to leave. Usually, these threats are taken seriously by the women and contribute to their feelings of being externally controlled.

This study was undertaken for the following reasons: (a) to gain understanding about the relationships among severity of physical and nonphysical abuse, self-concept, duration of cohabitation, and locus of control of battered women and (b) to establish a beginning data base pertinent for identification, assessment, and subsequent intervention with battered women.

The focus of this study was battered women. The terms spouse abuse, domestic violence, conjugal violence, wife abuse, and battered women are not limited to victims in legal marriages. These terms are used interchangeably in the literature and this study. They refer to females involved in battering relationships with male partners regardless of the legal status of their relationship.

#### Purpose of the Study

The purpose of this study was to investigate relationships among the variables: locus of control, self-concept, severity of physical abuse, severity of nonphysical abuse, and duration of the intimate, heterosexual relationship of battered women.

### The Problem

This investigation was undertaken to answer the question: What significant relationships exist among the variables locus of control, self-concept, severity of physical abuse, severity of nonphysical abuse, and length of the interpersonal relationship?

For this study the investigator considered the following questions as supporting and contributing to exploration of the general problem.

What significant differences exist between battered women based on demographic variables; for example, level of education, financial status, marital status, race, religion, age, or duration of the relationship with the abusive partner?

What significant differences exist between sheltered and nonsheltered battered women for locus of control, self-concept, and severity of physical abuse?

### Definition of Terms

The following theoretical and operational definitions are offered for terms used in the study.

#### 1. Locus of Control

Theoretical: A general personality orientation in which some individuals perceive reinforcements to behavior as

being under the control of self (internal orientation), while others see reinforcements as being controlled by outside sources (external orientation).

**Operational:** The quantitative score obtained on the Adult Nowicki-Strickland Internal External Locus of Control Scale.

2. Self-Concept

**Theoretical:** An individual's feeling of self-worth relative to others and the external environment (Fitts, 1965; Sullivan, 1953).

**Operational:** The quantitative self-concept score obtained on the Tennessee Self-Concept Scale.

3. Duration of the Intimate Relationship

**Theoretical:** A reciprocal relationship between a woman and man sharing physical and emotional closeness of at least six months duration (Peplau, 1952).

**Operational:** The length of time the female reports as being intimately involved in an interpersonal relationship with her male partner.

4. Physical Abuse

**Theoretical:** Physical actions perceived by the victim as having been intentionally inflicted upon her by the male partner for the purpose of causing physical pain, injury, harm, or threat to her well-being or life (Walker, 1979).

**Operational:** The quantitative score obtained on the Index of Spouse Abuse Physical Score.

5. Nonphysical Abuse

**Theoretical:** Verbal or nonverbal behaviors perceived by the victim as having been intentionally inflicted upon her by the male partner for the purpose of coercion, manipulation, behavioral control, or threats

to her sense of well-being or life (Walker, 1979).

**Operational:** The quantitative score obtained on the Index of Spouse Abuse Nonphysical Score.

6. Battered Woman

**Theoretical:** A woman who has been physically abused on at least two occasions by a man with whom she has an intimate, interpersonal relationship (Walker, 1979).

**Operational:** A female, aged 18 or over, who has been the victim of physical abuse inflicted by a man with whom she has had an intimate, interpersonal relationship for a minimum of six months.

Theoretical Framework

The conceptual orientation of this study is human need theory as "the theoretical substance of the nursing process" (Yura & Walsh, 1983, p. 79). Subscribers to human need theory view the individual as an integrated whole striving to relieve tension through the fulfillment

of needs to ensure survival. Maslow (1954) proposed a hierarchy of human needs with basic physiologic needs at the lower end of the scale which progresses to self-actualization at the upper end. According to Maslow, fulfillment of needs is achieved in ascending order beginning with lower level physiologic needs.

Explaining his theory of the hierarchy of human needs, Maslow (1968) believed that these needs were arranged in a hierarchy of prepotency. For example, a person who has not had the physiologic need for nutrition satisfied, or who has been thwarted in fulfillment of that particular need, is unlikely to be seriously concerned about upper level needs for self-actualization or self-esteem. Peculiar to human beings is the characteristic of changing one's whole philosophy of the future when dominated by a specific need. The person who has experienced chronic hunger may define paradise as never being hungry or always having enough to eat and may never be concerned with self-actualization. Similarly, the individual who has never felt loved will not be motivated toward self-actualization, but rather to experiencing and fulfilling the need labeled love. If upper level needs are significantly compromised, a high risk exists for mid and lower level needs to be jeopardized. According to Maslow (1968) the reverse is true. If lower level needs remain unmet or unfulfilled,

motivation toward higher level needs is diminished or dormant.

Human needs arranged in a hierarchy of prepotency are not mutually exclusive. Although one need usually emerges following the satisfaction of a more prepotent need, no need, or motivation to fulfill it, should be treated as an isolated or discrete entity. Human beings relate dynamically to the continuum of the need hierarchy and organize their behaviors according to the emerging, prepotent need at any given time. Behavior which is fulfilling to one particular need also may serve the purpose of meeting another need simultaneously in a different way.

Maslow (1954) stressed that when safety needs are not met, everything else takes on a sense of lesser importance, including physiological needs which at the time are underestimated. So long as human beings continue to damage one another, those persons cannot achieve self-actualization which was seen by Maslow as "full humanness of the biologically based nature of man" (1968, p.vi).

Yura and Walsh (1978) stated: "It is believed that the preservation of, the fostering of, the maintenance of, and the facilitation of the integrity of all human needs of the person(s) is the territory of nursing" (pp. 75-76).

### Assumptions

The following assumptions were made for the purpose of this study:

1. Subjects participating in the study perceived themselves to be victims of physical abuse perpetrated by their male partners.
2. Subjects were truthful.
3. The instruments used to quantify selected variables yield reliable and valid measures of current locus of control, self-concept, severity of physical and nonphysical abuse.
4. Attitudes, beliefs, and past experiences influence present behavior.

### Limitations

In testing the stated hypotheses, this study was subjected to the following limitations:

1. The utilization of a nonprobability, purposive sample rather than a random sample.
2. The sample represented a delimited geographic distribution which may not be representative of a cross-sectional geographic distribution.
3. The study was a field investigation with limitations on the control of variables.
4. The subjects' perception of the variables may have been affected by factors other than those

considered in the study.

5. The sample was limited to literate, English speaking subjects.

### Hypotheses

To investigate the proposed problem the following hypotheses were formulated:

1. The greater the self-concept of battered women the lesser the severity of physical abuse.
2. The greater the self-concept of battered women the lesser the severity of nonphysical abuse.
3. The more external the locus of control the greater the severity of physical abuse.
4. The more external the locus of control the greater the severity of nonphysical abuse.
5. The longer the duration of cohabitation the greater the severity and frequency of physical abuse.
6. The greater the self-concept score the more internal the locus of control.

### Significance of the Study

Nursing shares the responsibility of contributing to the requisite body of knowledge necessary to equip health professionals as adequate caregivers for battered women. This study will provide unique data about relationships among the variables self-concept, locus of

control, duration of the intimate relationship, and severity of physical and nonphysical abuse of battered women. Additional information about the impact of specific demographic factors upon this particular population will contribute to increased comprehension of health care providers. Knowledge about battered women enhances skills of health care providers in meeting the health needs of these clients.

In conclusion, research is a responsibility of professional nurses. A scholarly approach to health care is a hallmark of professional practice. Addressing the issue of battered women, Walker (1979) stated, "The toll violence takes on human life in this generation and, I fear the next generation, is inexcusable. Together we must find a way to end it now!" (p. 163). The ultimate goal of this work is succinctly and beautifully articulated by Maslow (1968), "Improving individual health is one approach to making a better world" (p. 6).

## CHAPTER 2

Review of the Literature

The purpose of this chapter is to selectively review previous studies and relevant information focused on women battered by cohabitating male partners. Wife abuse, spouse abuse, battered woman, domestic violence, and conjugal violence are examples of terms frequently used interchangeably in the literature as generic labels meaning deliberate physical assault upon a woman by her male partner. Collectively, these terms are not intended to discriminate between women abused within a legal marriage and those involved in an intimate, shared, household relationship without benefit of legal sanctions.

The literature review will be presented in four sections: (a) background literature, (b) information about locus of control of battered women, (c) data on self-concept of battered women, and (d) reports focusing on frequency and severity of abuse of victims of conjugal violence.

### Background Information

The first empirical data acknowledging spouse abuse as a problem appeared in the literature almost two decades ago when Levinger (1966) wrote about sources of marital dissatisfaction among applicants for divorce. In a study of 600 couples involved in divorce proceedings, 63% of the women reported physical abuse by spouses. However, the topic of battered women did not receive much attention until the 1970s. A literature review of one of the primary journals addressing domestic conflict, revealed a period of 32 years, from the inception of the journal until 1969, passed before the word violence was referenced in the journal index with respect to domestic situations. This omission is indicative of the lack of recognition afforded wife abuse/battering of women as a problem. Gelles (1974) termed the lack of interest in conjugal violence "selective inattention" by the scientific community (p. 13). Snyder and Fruchtman (1981) remarked, "Despite increasing awareness of wife abuse and documentation of its widespread incidence, little understanding and even less control has been gained over this complex and pressing problem" (p. 878). According to Snyder and Fruchtman most of the studies have been epidemiologic in design focusing on the "nature of abuse, perceived causes, history of violence in the family of origin, and so forth" (p. 878).

Early efforts explained wife abuse as an intrapsychic disturbance of the victim which served to place the blame for the violence on the woman. This perspective contributed to the belief that wife abuse was an isolated problem in society occurring only in extremely deviant relationships, fulfilling masochistic needs of the female (Snell, Rosenwald, & Robey, 1964). Hilberman (1980) described the clinical implications of accepting this explanation of causality of wife abuse. When wife abuse is viewed from this perspective the tendency is to view the problem as a private rather than a public phenomenon occurring infrequently in deviant relationships. The focus of the mental health professional becomes one of treating the meaning of violence for the individual rather "than on the fact of the violence per se" (p. 1336). This treatment approach establishes "a covert alliance between victims and clinicians, in which treatment of symptoms is offered as an alternative to the more direct identification of the problem and the appropriate intervention and protection of abused women" (p. 1336).

Initial research on collective family violence, as opposed to battering of women, began to emerge in the 1970s. Leading researchers investigated the phenomenon of family violence from the perspective of structural sociologists (Gelles, 1974; Gelles & Straus, 1979;

Hotaling, 1980; Hotaling & Straus, 1980; Steinmetz, 1977; Steinmetz & Straus, 1974; Straus, 1973). Bagarozzi and Giddings (1983) stated that this frame of reference conceptualizes:

All violence as being socially patterned and growing out of the very nature of a given social system. The structural approach to domestic violence attempts to explain how the organizational features of married life contribute to domestic violence and does not attempt to explain the behavior of individual family members (p. 4).

Although not directly related to the present study, the following review of literature is presented to provide background information on some of the complexities about of battered women.

A noted sociologist and researcher on family violence, Straus (1978) stated, "...this [battered women] is a new field of research that lacks a background of well-proven methods and theoretical approaches to the problem" (p. 510). He outlined some of the approaches which can be taken to reduce marital violence; for example, shelters for battered women, legal aid, and improved police training to handle domestic violence calls. However, he acknowledged:

Some of these steps are based on little or no hard

evidence. A few are based on fairly solid evidence. However for a number of the suggested steps, the question of whether there is proof of a relationship to violence is almost irrelevant because they are steps that are socially desirable in their own right (p. 511).

For example, Straus (1978) stated reduction of poverty is socially desirable whether or not it achieves the desired goal of decreasing battering of women.

Straus (1978) noted a dearth of specific publications outlining methods for marriage counseling with partners in violent relationships exists. The same comment can be made for publications specific to the treatment of battered women due to the paucity of research. From a sociologist's perspective Straus (1978) stressed that traditional psychotherapy "tends to reinforce the society's penchant for blaming the victim-the wife-rather than the husband or the relationship" (p. 509). The traditional approach serves to encourage women "to follow traditional, passive-accepting female roles" (Straus, 1978, p. 509).

Martin (1978) cautioned about the dangers of using data from studies on intrafamilial violence or law enforcement statistics on domestic violence to guide research or assess the current knowledge base on battered women. Usually data from these reports omits gender

identification, speaking generically of victims and assailants. Therefore, conclusions and extrapolations when using such data for battered women may be misleading since numbers of females and males are not specified in the data. In other words, usually there is no way to determine from the data how many women or men were the victims or assailants. According to Martin (1978), another weakness of this data for use with battered women, is that it does not indicate "what proportion of violent acts committed by wives were [sic] in self defense" (p. 4). Walker (1979) agreed with Martin who believed that women "resort to violence mostly as a protective reaction—in self defense or out of fear" (Martin, 1978, p. 4). Commenting on Straus's work with family violence for use with battered women, Walker (1979) stated, "...Straus and his colleagues are comparing apples and oranges when they try to compare wife and husband beating. The violent couples I have worked with do not fall into his categories on the wife beating index at all" (p. 160). Dobash and Dobash (1979) observed that family violence is disproportionately directed toward women. They reported approximately 40% of female homicide victims were murdered by their male partners.

Literature addressing dynamics of battered women is conflicting. Since many of the findings about

battered women are fraught with conflict, one must proceed with caution. For example, Star, Clark, and Goetz (1979) labeled battered women as immature for accepting male authority. Another research team blamed battered women for being hostile, domineering, and masculine if they retaliated when assaulted or denied sex to drunken partners. Wife abuse was considered to represent an intrapsychic liability in the victim (Snell, Rosenwald, & Robey, 1964).

A leading researcher on family violence, Straus (1978) remarked that the lack of attention to battered women has been so widespread that "almost any aspect needs investigation" (p. 510). He continued, stating that the nature of the problem is so complex and the field of research so young that even previously studied areas remain in doubt. Straus emphasized the need "to answer questions about the causes of wife beating. This is not just a matter of scientific curiosity. Knowledge of the causes of wife beating obviously influence (or should influence) steps to prevent it" (p. 511). Answers to many questions are needed "to provide a scientific underpinning for attempts to deal with the problem of wife beating" (Straus, 1979, p. 511).

Martin (1978) commented that most research on marital violence focuses on external influences of the husband's behavior rather than on the victim. She felt

this approach served to excuse the man's behavior by allowing responsibility for his behavior to be projected on factors other than his lack of control. Such a focus undermines the women who is battered since she is not responsible for nor can she control her partner's behavior.

Psychiatrists Goodstein and Page (1981) reported no dearth of literature related to the battered woman syndrome. However, they indicated, "...most is anecdotal, some is conflicting, and we could not find one controlled study on the topic" (p. 1036). According to Carlson (1977) little systematic research has been conducted with battered women.

Many books and lay articles have been written on the subject of battered women; however, publications grounded in research were less evident. Many documents were narratives relating case studies and clinical experiences of the authors with battered women. A significant amount of the literature concerning battered women appeared to be descriptive, impressionistic, and speculative. In other words, generally the literature reflected an absence of documentation and appeared to be grounded in authors' assumptions rather than research. Schuyler (1976) concluded that problems of battered women were being addressed based on unresearched conjectures.

Hilberman (1980) commented that wifebeating has been largely ignored by mental health professionals. She stated that the literature and research on violence has been directed to child abuse and murder. The minimal amount of completed, published research appears repetitiously throughout the literature.

The prevalence and incidence of wife beating in our society reflect the results of a national survey. A poll conducted for the National Commission on Causes and Prevention of Violence revealed that 20% of a representative national sample of Americans approved of physically striking a spouse on "appropriate" occasions. The incidence of approval increased to 25% among those surveyed who were college educated (Stark & McEvoy, 1970). This figure was supported by sociologist Howard Erlanger who learned that 25% of his sample of American adults approved of spousal violence. His findings replicated the higher rate of acceptance for conjugal violence among those persons with a higher level of education (Martin, 1976).

Shotland and Straw (1976) found that people take less rigorous action to intervene in male/female violence if they think that the man is attacking his wife versus a stranger. This finding appears to indicate that society allows some degree of wife abuse and feels that intervention is inappropriate with husband to wife

violence because it (society) perceives such violence to be a private matter between the two individuals.

Symonds (1979) remarked that during the 1970s when battered women were subjects of health care conferences, discussions of the professionals "expertise was focused on how women provoked their husbands, or how the female was getting satisfaction in some obscure way by being beaten" (p. 161). The apparent concentration of health care providers was not in trying to understand the battered victims, but rather in helping wives learn not to provoke their husbands or leave their abusive situations. Symonds explained one reason for the lack of attention to this problem is "the universal reaction of humans to victims of violence is to reject them" (p. 162). She felt the "need to blame and reject the victim so universal it extends to the medical and mental health fields" (p. 163).

The lack of ability or willingness of health care providers to identify physically traumatized women as victims of conjugal battering has been reported by numerous authors (Hilberman & Munson, 1978; Martin, 1979; Stark, Flitcraft, Zuckerman, Grey, Robison, & Frazier, 1981; Rounsaville, 1978). Lack of diagnosis of battered women contributes, at least indirectly, to their severity of abuse, because they are not referred to helping

agencies or given information about availability of support-systems.

In a study of 60 battered women treated in a rural health clinic, Hilberman and Munson (1978) learned that the women's history of physical abuse was known by the primary health care provider in only 4 of the 60 cases. Stark et al. (1979) reported medical personnel diagnosis only "1 in 35 of their patients as battered, a more accurate approximation is 1 in 4; where they acknowledged that 1 injury out of 20 resulted from domestic abuse, the actual figure approached 1 in 4" (p. 467). The current pattern of medical response contributes to, rather than prevents, the battering syndrome.

Martin (1978) stated that it is not uncommon for women treated for physical injuries or severe depression to be undetected victims of battering. Most women neglect to volunteer the etiology of their injuries because of fear of retaliation, shame, embarrassment, threats from their male partner, and "few doctors ask" (p. 5). She recounted her findings of one psychiatrist who denied having encountered any battered women in his practice. When challenged to inquire specifically about battering, he learned that 80% of his next 10 female patients were victims of physical abuse by their partners.

Lack of identification of battered women is related to many problems with this phenomenon. Limited case finding of victims contributes to the difficulties encountered when attempting to establish a reliable profile of battered women. Another danger in failing to properly diagnose battered women and accurately assess level of severity and frequency of abuse is that "violence unchecked often leads to murder" (Martin, 1978, p. 5). Studies have demonstrated that once domestic violence becomes an established pattern in a relationship homicide is not an uncommon response (Martin, 1979). Additionally, she reported, "The danger of escalation of the violence is all too often overlooked" (p. 9). Walker (1979) found that once the taboo of assaulting one's spouse is transgressed, the man seems to find it easier to repeat; as if the violent behavior "once unleashed becomes uncontrollable" (p. 79). According to Walker (1979) minor assaults quickly escalated into physical attacks of major proportion. These findings appear to indicate that physical abuse of the female is unlikely to stop once begun. Battering relationships that continue without intervention escalate to homicidal proportions (Walker, 1979).

Lack of identification of victims may be linked to another prevalent problem among battered women. Walker (1979) reported that battered women may reach suicidal

dimensions in the absence of intervention. Stark et al. (1981) reported that battering is responsible for 25% of suicide attempts by all women and 50% of all suicide attempts by black women. These findings emphasize the magnitude of the plight battered women pose for health care providers generally and mental health personnel specifically.

#### Locus of Control

The following discussion will concentrate on the literature relevant to one major variable of this study; locus of control of battered women.

Numerous reports have been offered based on authors' clinical observations and interviews relating battered women's feelings of being "trapped" or feeling powerless (Drake, 1982; Field, 1978; Marsden & Owens, 1975; Roy, 1976; Walker, 1979).

Marsden and Owen (1975) concluded that battered wives perceived their husbands to be exhibiting unreasonable behavior in their efforts to control their wives. The women were accused of being immature, unfaithful, untidy, slovenly in appearance, inadequate homemakers, spendthrifts, uncaring, inferior mothers, insane, irresponsible, and childish. The prevailing theme was the husbands' desire to dominate their wives.

An acute sense of helplessness was reported as the most common psychological attribute of battered women

(Lion, 1977). Helplessness, powerlessness, and dependency have implied connotations of external locus of control in the literature on battered women. In other words, these terms are commonly employed to describe victims who perceive themselves as lacking ability to assume responsibility and control for events in their lives.

Steinmetz (1977) conjectured that battered women were overwhelmed by the men's control and dominance over them which led to isolation and fear in the victims. Seventy-five percent of the battered women interviewed by Drake (1982) used the identical word to describe their feelings—"trapped." This word surfaced repeatedly in spite of the fact that the women had no contact with one another. Reports varied from, "He had me so trapped I couldn't do anything on my own," to "He wouldn't even let me see a doctor when I needed to, and I was too trapped to get out on my own." One woman stated, "I just can't explain it. I just felt trapped. It's like he had control over my mind."

After more than 400 interviews with battered women, Walker (1979) remarked almost every women reported feelings of helplessness, powerlessness, and being trapped in their abusive relationships. The women did not believe they could do anything to escape the batterer's domination. Hilberman and Munson (1977-78)

found abused women felt helpless and deserving of the abuse as a result of their feelings of poor self-worth. These feelings contributed to the women's feelings of powerlessness and inability to identify options to improve their abusive predicaments. A similar finding was reported by Fields (1978) who stated that battered women felt trapped and powerless to change their situation.

Walker (1979) commented that women enter marriage with a psychological disadvantage if they have experienced traditional parenting and rearing. It is her opinion that women are taught that their personal worth is dependent on their physical appeal to men rather than on "effective and creative responses to life situations" (p. 5). She noted, generally young girls are taught by their parents and society to be more passive than boys. The result can be feelings of powerlessness and decreased control over their lives. Dwyer (1979) noted that efforts to stop marital violence must provide opportunities for spouses to regain self-control.

Straus (1978) suggested that elimination of the automatic designation of the husband as head of the family is one method which could prove useful in stopping wife beating. This method would help women feel more in control of their lives within the marital relationship.

A report prepared for the Department of Health, Education, and Welfare (1980) disclosed that women cannot be assertive without self-respect. In order to build self-esteem and confidence women must be able to make decisions, exercise control, and assume responsibility for their lives.

Physical problems interfere with battered women's ability to exercise control over their lives (Rounsaville, Weissman, & Bieber, 1979). They reported when abused women are exhausted and depressed they tend to relinquish control over their lives allowing others to make decisions for them. Gelles (1974) learned that the less power a woman has in her marriage, the more likely she is to remain in an abusive relationship.

Reporting on their findings from a study of 60 battered women, Hilberman and Munson (1978) stated, "There was a pervasive sense of helplessness and despair about themselves and their lives" (p. 158). These researchers learned that in dreams, battered women tried to protect themselves, fight back, or escape. Dreaming behavior contrasted with waking behavior which was characterized by extreme passivity, inertia, and absence of ability to control their own lives. The investigators learned that battered women felt incompetent, unworthy, shame, and guilt. "They had no vision there was another way to live and were powerless to make changes" (p. 158).

A plethora of information presented in the literature demonstrated battered women experienced feelings of loss of control, powerlessness, and being trapped. However, no data could be located which quantitatively or systematically measured locus of control in battered women.

### Self-Concept

General consensus existed among authors that battered women suffered from low self-concept (Carlson, 1977; Drake, 1984; Eber, 1981; Hartnik, 1982, Hilberman, 1980, Martin, 1976; Pagelow, 1981; Precott & Letko, 1977; Steinmetz, 1978). Carlson (1977) believed that low self-concept was one trait that characterized battered women. Most authors formulated their belief of low self-concept as characteristic of battered women from self-reports of victims and clinical observations of the population.

A quantitative study of self-concept in battered women was completed by Hartik (1982). In a comparison of 30 battered women with 30 nonbattered women, she learned that battered women had a statistically significant lower self-concept than nonbattered women. A puzzling statement appeared in the study. Hartik explained the 60 subjects were divided into two groups for purpose of comparison, 30 battered women and 30 nonbattered women. However, she commented, "Forty-six [*italics added*] were

presently living with the battering spouse at the time of testing<sup>a</sup> (p. 27). This statement appears contradictory to the initial explanation that the two groups were evenly divided. In other words, it appears that 16 women in the control group of nonbattered women were residing with battering spouses. While her comment did not state explicitly that the other 16 women were victims, the implication is that if these women lived with battering spouses they would be battered by these men. No explanation was offered to explain the discrepancy of numbers in the two groups as outlined in the methodology. An assumption is that the control group was contaminated.

A report prepared for DHEW (1980) identified low self-concept as one of many causes of physical abuse of women. Gelles and Straus proposed that violence occurs when an individual lacks self-esteem (Steinmetz, 1978). Symond (1979) stated most victims have low self-concepts which are further damaged by battering experiences. This remark implies that self-concept will decrease with increasing abuse. Steinmetz (1977) reported that beatings intensify the individual's feelings of worthlessness. Schuyler (1976) conjectured that physical abuse often may be the woman's trade off for maintaining social approval since the woman's self-concept is dependent on her role as a wife and mother.

In spite of the lack of documentation, authors have made apparently unsubstantiated claims regarding the effects of severity of physical abuse upon self-concept. These statements have received general acceptance in the literature even in the absence of data.

Several authors have discussed a linkage between self-concept and physical abuse. No data could be located validating their conjectures. The following references present the authors assumptions.

Lieberknecht (1977) remarked, " Self-esteem, which has often been beaten out of the woman, is essential to her being able to cope" (p. 655). The comment implies that a relationship exists between self-concept and physical battering. Valenti (1979) opined, "There are many situations in which the woman develops an intimate relationship with her self-concept in tact. The devastating effects, however, of even one beating, along with the psychological abuse that is usually involved, can be devastating to her self-worth" (p. 188). Straus (1978) noted, "But there are several reasons why even a single beating is important. First, in my values, even one such event is intrinsically a debasement of human life" (p. 466). Reporting on battered women in London, Search (1974) stated the more "crushed" a woman becomes, the more aggressively the man behaves. Following the

vicious cycle of the violent marriage, the more the husband-beats his wife, the more crushed the woman feels.

The reports of Lieberknecht (1977), Search (1974), Straus (1978), and Valenti (1979) imply a relationship between self-concept and physical abuse; however, to date this relationship has not been studied in a systematic manner.

#### Severity and Frequency of Physical Abuse and Nonphysical Abuse

The following literature focuses on the severity and frequency of physical and nonphysical abuse in battered women.

Walker (1979) stated prevention of wife abuse and limiting its severity are the most important aspects of treatment neglected by health care providers. Safety needs must take precedence in assisting battered women. Once those needs are met then victims may assess their resources and plan the rest of their lives.

The third phase in Walker's (1979) cycle of violence is that of a calm, loving relationship which she labeled the "honeymoon phase." It is one of respite from violence. The period of caring, warmth, tenderness, and love temporarily overshadow the psychological and physical pain. The insidious pattern of victimization serves to keep the woman hoping for more tenderness and love. As Walker commented, unfortunately, data indicated

the exact opposite. The periods of violence become more extensive and the loving periods more brief.

Severity of abuse was evident in the data compiled for DHEW (1980). The investigative team learned that emergency medical treatment was sought by 58% of the victims for injuries including fractures, concussions, and severed vocal chords. Fewer than 30% of the victims reported that medical staff had inquired about abuse as a cause for their injuries. It was learned that, "Most emergency rooms lack an established protocol to identify victims or record cases of woman abuse" (p. 6). The report acknowledged that individual nurses or physicians are responsible for picking up cues in order to question the victim about abuse. The specific mention of nurses in this report was a rarity in the literature in spite of the fact that nurses are the most frequent health care providers to have initial contact with victims.

The following authors commented on the relationship between physical abuse and homicide, the most severe form of physical abuse. Based on observations rather than systematic research methodology, Elbow (1977) emphasized the gravity of violence in which homicide was the end result. When domestic violence becomes an established pattern in a relationship, the abuse often leads to homicide. The danger of the escalation of violence frequently is disregarded (Loving,

1980). The threat of death for abused women was reported in a study by Rounsaville and Weissman (1977-78). The ultimate severity of abuse, resulting in death, has been documented in many studies (Boudouris, 1971; Dobash & Dobash, 1979; Goode, 1971; Steinmetz & Straus, 1974; Truninger, 1971). Langley and Levy (1977) stated the nature of the problem of wifebeating escalates to wife killing. Ergo, if scientific documentation can be demonstrated indicating severity and frequency of physical abuse increase the longer women stay in abusive relationships then it is logical to assume that these women are at high risk for being killed by their abusive partners the longer they remain in abusive relationships.

There are statistics confirming escalation of abuse and its relationship to homicide. Sixty-nine percent of the victims interviewed noted that the abuse had become progressively more frequent and severe (DHEW, 1980). Steinmetz (1978) found violence had reached life threatening levels in many families. In these cases preservation of life or maintenance of safety needs rather than preservation of marriage was critical. Straus, Gelles, and Steinmetz (1980) learned that acts of violence were not isolated events, contributing to the theory that physical abuse will continue and most likely increase in severity and frequency.

Other authors have addressed severity and frequency of battering of women (Coleman, 1980; Gayford, 1975; Gelles, 1974; Hilberman, 1980; Pagelow, 1981; Rounsaville & Weissman, 1977-78; Walker, 1979). The majority of the data described specific injuries or employed descriptive statistics, usually frequency data on types of injuries.

Until recently there has been no systematic method to measure severity of physical and nonphysical abuse of battered women. Previous studies have uncovered informative data; however, more precise instrumentation to measure degrees of severity of physical and nonphysical abuse is now available (Hudson, 1982).

Coleman (1980) measured severity of physical abuse by classifying injuries as severe, moderate, or mild according to the type of body trauma. Severe abuse indicated the woman required medical attention for injuries. Moderate abuse was defined as physical altercations occurring more than six times per year, but not severe enough to require medical attention. Mild abuse was equated with assaults occurring less than six times per year producing no serious injuries. The problem with assessing severity of physical abuse using this classification is that it was extremely subjective.

The following examples suggest difficulties associated with the scale used by Coleman (1980).

Trauma victims are not always able to assess the severity of their injuries to determine whether or not medical care is warranted. Some women may seek medical attention for reasons other than the severity of their injuries. For example, if they plan to prosecute their assailant, documentation of health care may be useful in court. Medical attention may be sought prophylactically to reassure the victim. Victims may seek health care in hopes that the true etiology of their injuries will be revealed and protection from the assailant provided. Another problem is that many women are unable to seek medical care due to lack of funds or because their assailants will not allow them to get medical treatment (Drake, 1984; Lichtenstein, 1981).

Stark et al. (1979) assessed beatings in an effort to establish an identifiable pattern of systematic and escalating abuse that may extend over a lifetime. They found in a study of emergency room patients, women identified as definite victims of physical abuse presented with injuries three times more frequently than nonbattered women. Ninety-two percent of the women who had been in abusive relationships continued to be abused. Warrior (1976) reported 70% of assaults brought to the emergency room are husband to wife beatings.

Snyder and Fruchtman (1981) reported that 33% of the women in their sample experienced physical or verbal

abuse weekly or more often. Women who suffered the most frequent and severe physical abuse were least likely to retaliate with violence directed to their partners. Although only 13% of the women indicated intentions to return to their assailants at the time of study, a follow-up revealed that 60% of the women returned to the batterer. Rounsaville and Weissman (1977-78) found that abusive relationships "were frequently long standing, three years or over for 64%" (p. 194). Seventy percent of the sample reported that the abuse was rarely an isolated event and usually severe. The abusive activities included head injuries, fractures, and lacerations requiring sutures. Sixty-two percent of the women suffered contusions and soft tissue injuries. Eighty-four percent reported being repeatedly hit with fists or kicked. For 80% of the women the abuse began within the first year of cohabitation; and for greater than one-fourth of the women the assaults began before marriage.

Walker (1978) stated that counting broken bones and black eyes is too narrow a perspective to permit an in depth understanding of battered women. She insisted that inclusion of psychological abuse was critical if one is to understand the global picture of battered women. Her research with female victims of abuse has shown that psychological or nonphysical abuse "is just as powerful

as physical force in perpetuating the reign of terror in which they [battered women] live" (p. 160). Hudson (1982) found a very strong relationship between physical and nonphysical abuse in the general population. Women who are severely victimized by nonphysical abuse are at great risk for physical abuse. He cautioned clinicians to be alert to the potential or present existence of physical abuse of clients enduring significant amounts of emotional abuse.

Walker (1978) commented that she had been unable to locate cases of physical abuse that did not include reports of concurrent psychological battering. She stressed that the line between "what is normal and what is psychological battering" had not been drawn (p. 160). She expressed the need to define psychological wife beating from battered women.

Survey of the literature has provided direction for expanding the knowledge base critically needed for clinicians to resolve a phenomenon which plagues millions of people in our society.

## CHAPTER 3

## RESEARCH PROCEDURES

Statement of the Purpose

The purpose of this study was to investigate the relationships among the variables: locus of control, self-concept, duration of cohabitation, severity of physical abuse, and severity of nonphysical abuse of battered women.

Research Hypotheses

The hypotheses tested were:

1. The greater the self-concept score of battered women the lesser the severity of physical abuse score.
2. The greater the self-concept score of battered women the lesser the severity of nonphysical abuse score.
3. The greater the locus of control score the greater the severity of physical abuse score.
4. The greater the locus of control score the greater the severity of nonphysical abuse.
5. The longer the duration of cohabitation the greater the severity and frequency of physical abuse.

6. The greater the self-concept score the lesser the locus of control score.

#### Design of the Study

A descriptive correlational design was employed for this investigation. A correlational design employs "procedures and techniques to examine the systematic relationship that does or does not exist between two or more variables (Waltz & Bausell, 1981, p. 239). A correlational design assesses the degree of relationship rather than just the presence or absence of an effect (Isaac, 1978). Gay (1981) urged correlation studies as an effective method for gaining insight into factors which may be related to a complex variable. In this way unrelated variables can be eliminated from further investigation, thereby decreasing fruitless experimental studies which are costly in time, effort, and financial resources.

#### Setting

Two shelters for battered women and two community agencies offering services for battered women provided by volunteers under the supervision of a salaried director were used to obtain study participants. Participating shelters were located in Alexandria, Virginia and Prince William County, Virginia. The community agencies were located in Fairfax County and Prince William County,

Virginia. These geographic locations are considered suburban areas of metropolitan Washington, DC.

#### Sample

A nonprobability, purposive sample of 51 battered women was obtained from the identified agencies.

Subjects were required to meet the following criteria: (a) 18 years old or over, (b) ability to read English at a fifth grade level, (c) cohabitation with the abusive male partner for at least six months (d) oriented to time, place, and person, (e) victims of physical abuse inflicted by their male partners on at least two occasions. Subjects received no financial remuneration for their participation.

The terms wife abuse and spouse abuse are used intermittently throughout this study. Unless otherwise specified the terms refer to heterosexual couples who are legally married or cohabitating. For the purpose of this study the term spouse refers to the female partner unless otherwise noted.

#### Protection of Human Subjects

Permission to conduct this study was obtained from the appropriate research committees and human subjects review boards at The Catholic University of America and the participating agencies through which subjects were obtained.

Participation in this investigation conformed to Department of Health and Human Services Regulations (1983). These included: (a) written informed consent (see Appendix A), (b) information about the general nature of the study purpose, (c) foreseeable risks, (d) benefits to the subject or others, (e) appropriate alternatives, if any, (f) confidentiality of identifying information, (g) ability to withdraw at any time with no reprisal, and (h) contact person for subjects in the event they had questions about their rights.

To ensure informed consent, the investigator offered to answer questions about the study or the consent form before each subject signed the consent form. Subjects were given the opportunity to ask questions that surfaced during the period of data collection. Study participants were given the opportunity to request an abstract of the study results.

#### Instrumentation

Three standardized instruments and a demographic data-questionnaire (see Appendix B) designed by the investigator were used to collect the data necessary to test the hypotheses. These instruments included the following measurements.

#### Adult Nowicki-Strickland Internal External Scale

The Adult Nowicki-Strickland Internal External Scale (ANSIE) is a locus of control measure developed for

use with college and noncollege adults (Nowicki & Duke, 1974). The 40 item test was written to accommodate persons with a fifth grade reading level using questions that are answered yes or no by placing a mark in the appropriate column (see Appendix E). The more externally controlled the individual perceives herself to be, the higher the ANSIE score.

The locus of control of reinforcement is a measurable generalized expectancy evolved from social learning theory. The predictive utility of this construct is attested to by its use in more than 300 studies (Rotter, 1966). Various forms of the Nowicki-Strickland locus of control scales have been used in more than 400 studies.

Data for the ANSIE scale development were gathered from 766 subjects in 12 separate studies. Split-half reliabilities ranged from .74 to .86 indicating the instrument has satisfactory internal consistency. Test-retest reliability over a six week period was  $r = .83$  demonstrating the stability of ANSIE scores over time (Nowicki & Duke, 1974).

Discriminative validity of the scale was supported by the absence of relationship to social desirability or intelligence test scores. Construct validity was evidenced by significant correlations with the Rotter scale (Nowicki & Duke, 1974).

Noting the empirical usefulness of the locus of control concept, Arakelian (1980) concluded: "It is stable enough to provide one means for differentiating people while trying to understand behavioral differences; yet it is general enough to be used across different time periods, diverse settings, or various situations" (p.28).

#### Tennessee Self-Concept Scale

The Tennessee Self-Concept Scale (TSC) is an instrument appropriate for use with individuals age 12 or over with a sixth grade reading level. The tool is comprised of 100 self-descriptive statements to which the subject responds on a five-point scale (completely false, mostly false, partly false and partly true, mostly true, and completely true) according to perception of self (see Appendix C). The test is self administered requiring approximately 10-20 minutes to complete with a mean time of 13 minutes (Fitts, 1965).

The Total Positive Score (Total P Score) is the most important score on the Counseling Form used in this study. The Total P Score reflects the general level of self-esteem. In this study, The Total P score is referred to as the self-concept (TSC) score. This score is derived from a three by five matrix of subscores. The three rows of the matrix reveal the individual's internal frame of reference. Five column scores are concerned

with the individual's external frame of reference. The row scores focus on: (a) identity (what I am), (b) self-satisfaction (how I feel about myself), and (c) behavior (this is the way I act). The column scores measure perception of an individual's physical self, moral-ethical self, personal self, family self, and social self (Fitts, 1965). Scores, which are charted on a profile sheet, can range from 150 (the lowest score numbered on the profile sheet) to 450 (the highest score numbered on the profile sheet).

The Tennessee Self-Concept Scale was normed on a group of 626 males and females of varying age (12-68 years), race, geographic location, educational, intellectual, and socioeconomic levels. Test-retest reliability of the total positive score over two weeks was .92 with test-retest reliability on subscores ranging from .70 to .90 (Robinson & Shaver, 1973).

#### Index of Spouse Abuse

The third instrument used was the Index of Spouse Abuse (ISA) designed specifically to measure the degree of severity of physical abuse, ISA-P, and nonphysical abuse, ISA-NP (Hudson & McIntosh, 1981). As the problem of battered wives began to emerge in the late 1970s, researchers noted large voids in the available body of knowledge. Difficulties in studying problems specific to this population were experienced because no appropriate

tools had been developed to measure the phenomenon (Walker, 1979).

The Index of Spouse Abuse is a 30 item self-report instrument answered on a five point scale using never, rarely, occasionally, frequently, and very frequently in response to statements about physical and nonphysical abuse (see Appendix D). The test can be completed in approximately five minutes by writing the number corresponding to the answer which best describes the individual's situation for each item. Each of the items is considered to illustrate a behavior indicative of abusive relationships. Total scores for ISA-P and ISA-NP can range from 0-100. The items are weighted in the scoring procedure to reflect the varying degree of abuse represented by the item.

Two separate scores are obtained from the instrument: (a) severity, degree, or magnitude of physical abuse and (b) severity, degree, or magnitude of nonphysical abuse. Higher scores represent the presence of a greater level of severity of physical or nonphysical abuse (Hudson, 1982).

The instrument was normed with 693 females of college age and above. The group consisted of married and unmarried women, with and without children, representing a wide geographic area. The tool is appropriate for females who have cognitive and emotional

maturity usually expected of females age 15 years or older (Hudson, 1982).

Reliability estimates for the ISA subscales, based on Cronbach's Alpha Coefficient, were Alpha = .9031 for the ISA-P subscale and Alpha = .9124 for the ISA-NP subscale. When alpha equals or exceeds .90 the claim that a subscale is unidimensional is directly supported (Nunnally, 1978). The standard error of measurement for the ISA-P was 2.68 and 3.33 for ISA-NP. Discriminative validity was .73 for ISA-P and .80 for the ISA-NP subscale. These coefficients support the claim that the Index of Spouse Abuse is a valid measure (Hudson & McIntosh, 1981).

Correlations of the scale with clinical status of wife abuse were .75 for ISA-P and .80 for ISA-NP supporting the claim of solid construct validity (Hudson, Harrison, & Maxwell, 1982; Hudson & McIntosh, 1981). Using a cutting score of 10 to denote presence of physical abuse, the ISA-P subscore correctly classified 90.75% of the clinical sample. A cutting score of 25 to denote presence of nonphysical abuse correctly classified 90.7% of the ISA-NP clinical sample. Thus the data presented demonstrate strong support for the claim that the Index of Spouse Abuse is a highly reliable measure of severity or magnitude of physical and nonphysical wife abuse (Hudson & McIntosh, 1981).

Scores obtained during the development of the instrument suggested that while it is possible for a woman to be victimized by nonphysical abuse in the absence of physical abuse, it is unlikely that she would sustain physical abuse in the absence of nonphysical abuse (Hudson & McIntosh, 1981).

The ISA provides the researcher with an instrument designed for a specific population which can be employed in the investigation of severity of wife abuse.

#### Demographic Data Inventory

A demographic data-instrument, developed by the investigator, was utilized to obtain other pertinent information about the subjects (see Appendix B). This tool included, but was not limited to, questions about the duration of cohabitation, severity and frequency of physical abuse, and descriptive information pertaining to age, race, marital status, level of education, financial status, and religious preference.

#### Procedure

Homogeneity of the sample in a correlational study can lead to spuriously low correlations (Hopkins & Glass, 1978). Therefore, efforts were made to introduce heterogeneity into the sample by using multiple sites from which to obtain subjects.

Prior to the study two shelters for battered women and two community agencies providing services for

battered women were contacted by the investigator. Following a review of the proposal, research protocol, and a statement from the university indicating approval of the study, the program directors and agency staffs met with the investigator. The purpose of the study, approximate amount of time required by each participant to complete the testing, and procedures for assuring confidentiality of data were explained by the researcher.

Staff members of the programs contacted the investigator when potential subjects were admitted to the shelters or became available through the community agency programs. At this time the investigator made arrangements to meet with the potential subjects. Potential subjects were met in the shelters or facilities utilized by the community agencies. At this time the purpose and procedure of the study was explained to each potential subject. Extreme emphasis was placed on the confidentiality of the data and the methods by which anonymity would be achieved. Potential subjects were encouraged to ask any questions they had about the study. At this time, if the woman indicated her willingness to participate, the testing session proceeded.

A packet including the consent form and the four instruments used in the study was prepared and number coded for each subject prior to the testing session. The consent form was separated from the other materials at

the beginning of the testing session. Subjects were tested individually or in groups depending upon the preference and availability of the women. The investigator remained with the subjects throughout the duration of the testing session.

The demographic data tool was the first instrument presented to the subject. Upon completion of the first tool, the Tennessee Self-Concept Scale was given to the subject for completion. This instrument was followed by the Index of Spouse Abuse. The Adult Nowicki-Strickland Internal-External locus of control measurement was the final instrument presented to each subject. The testing sessions took approximately 45 - 90 minutes.

#### Analysis of Data

Upon completion of data collection, the investigator coded the data so that they could be transferred into the computer system at The Catholic University of America, Washington, DC. The answer sheets for the Tennessee Self-Concept Scale, the Adult Nowicki-Strickland Internal-External scale, and the Index of Spouse Abuse scale were scored by the investigator according to the directions provided in the respective instrument manuals (Fitts, 1965; Hudson, 1982; Nowicki, 1982). Each answer sheet was scored three times to assure that no scoring errors had been made.

The data were computer processed to determine the values for statistical analyses. Descriptive statistics, Pearson product-moment correlations, t-tests, and the chi-square test were the methods employed for statistical analyses (Hopkins & Glass, 1978). For the purpose of this study a probability level of .05 was adopted as the level of statistical significance.

The design of this study was to gather data that would lend themselves to statistical analyses appropriate to the study purpose and hypotheses.

## CHAPTER 4

## PRESENTATION OF RESULTS

Statement of the Purpose

The purpose of this study was to investigate the relationships among the variables: locus of control (ANSIE), self-concept (TSC), duration of the intimate relationship, severity of physical abuse (ISA-P), and severity of nonphysical abuse (ISA-NP) of battered women.

The first section of this chapter is a description of the sample in terms of age, race, length of the relationship, level of education, marital status, religious affiliation, and financial status. Additionally, selected descriptive characteristics of the male partners are presented. The second section presents the data related to each research hypothesis. The level of significance used for statistical analysis was  $p < .05$ .

Characteristics of the Sample

The sample was comprised of 51 women who were victims of physical abuse inflicted by a male partner with whom they shared a legal marriage or cohabitation of at least six months duration.

Age

A wide range of age was represented in the sample of women and their partners. The youngest subject was 21 years and the oldest was 57 years of age. The youngest male partner was 21 years and the oldest was 61 years of age. Descriptive data for age are presented in Table 1.

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Table 1

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Means-Medians-Standard Deviations-Range  
for Ages of Couples

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	Age of Women	Age of Men
N	51	51
Mean	33.16	35.08
Median	39.00	41.00
SD	9.70	10.75
Range	36.00	40.00

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To determine if there were any significant relationships between age and the variables self-concept, locus of control, severity of physical abuse, and severity of nonphysical abuse, Pearson product-moment

correlations were calculated. No significant correlations were uncovered among these variables. The conclusion was that age did not relate significantly with the identified variables.

#### Length of Relationship

The criterion for inclusion in this study was that couples must have maintained an intimate relationship for at least six months prior to the study. In the sample the minimum length of relationship was 10 months and the maximum length was 38 years. One-third of the sample had been together from 10-36 months. Four women represented the time period between 3 years, 9 months to 8 years. A group of nine women had been with their partners more than 8 years to 14 years. The next group of six women had been in their relationships between 16-21 years. The remaining five women had been with their partners 29 to 38 years. The data for length of relationship are outlined in Table 2.

Table 2

Mean-Median-Standard Deviation-Range  
for Length of Relationship

Variable	N	Mean	Median	SD	Range
Years	51	9.36	19.42	9.75	37.17

To determine if any significant correlations existed among length of relationship and the variables self-concept and locus of control, Pearson product-moment correlations were calculated. No significant relationship was demonstrated between length of cohabitation and locus of control. The correlation between length of relationship and self-concept was significant,  $r(50) = .28$ ,  $p = .02$ . The conclusion was the longer the duration of the relationship, the greater the self-concept of the battered women. Ergo, the positive correlation indicated that the self-concept of the women did not decline the longer they remained in the abusive relationships.

Marital Status

Table 3 outlines the data on marital status.

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Table 3

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Percentages of Subjects in Each Category  
of Marital Status

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Variable	N	Percentage
Married	32	62.75
Separated	10	19.61
Divorced	2	3.92
Single	7	13.72

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In order to determine if significant differences existed between the married women and the unmarried (separated, divorced, and single) women, t-tests were computed between marital status and self-concept, locus of control, severity of physical abuse, and severity of nonphysical abuse. No statistical significance was found. It was concluded that there was no significant

difference between the two groups on the specified variables.

Table 4 summarizes the means, standard deviations, and obtained t-test values for the two groups compared on the preceding variables.

Table 4

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Means-Standard Deviations-t-values  
For Marital Status

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Variable	Group	N	Mean	SD	t-value	df*
TSC	Nonmarried	19	301.42	42.15	1.28	49
	Married	32	317.75	44.72		
ANSIE	Nonmarried	19	16.68	5.33	1.14	49
	Married	32	14.53	7.15		
ISA-P	Nonmarried	19	57.13	17.86	0.87	49
	Married	32	52.06	21.39		
ISA-NP	Nonmarried	19	60.99	22.11	0.00	49
	Married	32	60.98	22.75		

---

\* 2-tail  $p = .05$   $t(40) = 2.02$

Race

Table 5 presents data which address race of the subjects and their male partners.

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Table 5

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Percentages of Subjects and Partners in  
Each Category of Race

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Variable	Race of Women	Percentage	Race of Men	Percentage
Caucasian	38	74.51	34	66.66
Black	12	23.53	15	29.42
Hispanic	1	1.96	2	3.92

---

Eight percent of the women were involved in interracial relationships. Comparison between women sharing interracial relationships and women engaged in intraracial relationships was not appropriate due to disproportionate numbers.

To determine if any significant differences existed between the Caucasian and Noncaucasian groups of women, t-tests were computed between race and the following variables: self-concept, locus of control, severity of physical abuse, and severity of nonphysical abuse. No significant differences were identified between the two groups. Table 6 presents the data.

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Table 6

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Means-Standard Deviations-t-values for Race

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Variable	Group	N	Mean	SD	t-value	df *
TSC	White	38	312.26	44.13	-0.36	49
	Nonwhite	13	317.62	50.08		
ANSIE	White	38	15.11	6.55	-0.42	49
	Nonwhite	13	16.00	6.82		
ISA-P	White	38	53.18	20.48	-0.46	49
	Nonwhite	13	56.20	19.61		
ISA-NP	White	38	61.93	23.32	0.51	49
	Nonwhite	13	58.23	19.53		

---

\* 2-tail  $p = .05_{t(40)} = 2.02$

### Religious Affiliation

Twenty-one (41.18%) of the women participating in the study identified their religious affiliation as Protestant. Fourteen subjects (27.45%) were Catholic and two women (3.92%) were Jewish. Fourteen (27.45%) participants chose other as the category to represent their religious classification.

### Level of Education

The overall level of education attained by the subjects was greater than that of their male partners. Every woman had attended some high school; however, some of the men had not achieved high school status. Table 7 summarizes the data for level of education achieved by the women and the male partners.

Table 7

## Percentages and Level of Education for Women

Variable	Women	Percentage	Men	Percentage
Grade School			4	7.84
High School	16	31.37	17	33.33
Technical School	2	3.92	2	3.92
College	30	58.83	19	37.26
Graduate School	3	5.88	7	13.73
Unknown			2	3.92

Frequencies were computed to determine the level of education and marital status between partners for each relationship. The results are outlined in Table 8.

Table 8

Level of Education and Martital Status  
Between Partners

<u>Group</u>	<u>Same Level</u>	<u>Woman Higher</u>	<u>Man Higher</u>	<u>Unknown</u>
Married	14	9	8	1
Unmarried	7	8	3	1

To determine if any significant difference existed between groups based on level of education, t-tests were computed. The data were collapsed to form two groups, one group with college or above level of education and one group without college education. No significant difference was found between the two groups when compared on locus of control, self-concept, severity of physical abuse, or severity of nonphysical abuse.

Financial Status

To determine financial status of subjects for this study, subjects were directed to select the category

which best described their personal circumstances. The sample exhibited heterogeneity of financial status. An almost equal number of subjects was represented in the lowest and highest category of financial status. The largest number of subjects (25%) reported themselves to be in the \$10,000-\$19,999 range.

It is not to be assumed that the financial status reflects the income level of the partnership. Married women may not have access to the income of their husbands; likewise unmarried partners may be pooling financial resources. There are many variations that may contribute to financial status. The data reflect the present financial status of the sample. Findings are presented in Table 9.

Table 9

Percentages of Subjects in Each Category  
for Financial Status

Variable	N	Percentages
Below \$5,000	4	7.84
\$5,000-\$9,999	8	15.69
\$10,000-\$19,999	13	25.49
\$20,000-\$29,999	4	7.84
\$30,000-\$39,999	8	15.69
\$40,000-\$49,999	8	15.69
Above \$50,000	6	11.76

The data reflecting financial status were collapsed to form two groups. The subjects were divided into two groups reflecting persons in the categories below \$20,000 and those in \$20,000 or more. A t-test was computed between the two groups for the variables locus of control, self-concept, severity of physical abuse, and severity of nonphysical abuse. No significant difference was found between the two groups on any of the variables listed.

### Analysis of the Research Hypotheses

This section presents the statistical findings related to the hypotheses investigated during this study.

#### Hypothesis 1

The first research hypothesis stated that the greater the self-concept score (TSC) of battered women the lesser the severity of physical abuse score (ISA-P). A Pearson product-moment correlation was calculated between self-concept and severity of physical abuse. The correlation  $r(50) = -.03$  was not statistically significant; therefore, the hypothesis was not accepted.

To elucidate any relationship between self-concept and severity of physical abuse, Pearson product-moment correlations were computed between severity of physical abuse and each subtest on the Tennessee Self-Concept Scale. No significant relationships were revealed between subtests on the Tennessee Self-Concept Scale and severity of physical abuse. Appendix F presents the intercorrelational matrix for this data. The matrix includes correlations between the major variables of this study and the self-concept subtests.

The mean self-concept score of the sample group was 311.67 with a standard deviation of 44.08. The mean self-concept score of the norm group (N=626) on the

Tennessee Self Concept Scale was 345.57 with a standard deviation of 30.70 (Fitts, 1965). A self-concept score of 310 approximates the 11th percentile on the Tennessee Self-Concept Scale. Heterogeneity was exhibited in the range of self-concept scores in the study sample. The self-concept scores ranged from 220 to 390. The low score is approximately equivalent to the 0.1 percentile and the high score to the 93rd percentile on the Tennessee Self-Concept Scale. Evidence of heterogeneity of self-concept scores indicates that the correlation between self-concept and severity of physical abuse was not spuriously low as a result of homogeneity of self-concept scores.

A z-test was applied to determine if there was a statistically significant difference between the mean TSC score of the sample group and the mean TSC score of the norm group. The z-test result demonstrated that a statistically significant difference existed between the two groups,  $z = -7.88$ ,  $p < .001$ . The conclusion was that the sample of battered women had a significantly lower self-concept than the norm group on the Tennessee Self-Concept Scale.

#### Hypothesis 2

The second research hypothesis stated the greater the self-concept score the lesser the severity of nonphysical abuse score. A Pearson product-moment

correlation was calculated for the variables self-concept and severity of nonphysical abuse. The correlation  $r(50) = -.09$  was not significant; therefore, the hypothesis was not accepted.

To elucidate any relationship between severity of nonphysical abuse and self-concept, additional correlations were calculated between severity of nonphysical abuse and each subtest of the Tennessee Self-Concept Scale. No statistically significant correlations were observed. Appendix F presents the intercorrelational matrix for this data.

### Hypothesis 3

The third hypothesis stated that the greater the Adult Nowicki-Strickland Internal-External Control Scale (ANSIE) score the greater the severity of physical abuse (ISA-P) score as measured on the Index of Spouse Abuse. The locus of control score reflects the internal/external direction of control perceived by an individual for circumstances occurring in one's life. The more externally controlled the individual feels, the higher the locus of control (ANSIE) score.

A Pearson product-moment correlation was computed between the variables locus of control and severity of physical abuse. The correlation  $r(50) = .37$ ,  $p = .004$ , was significant; therefore, the hypothesis was

accepted. It was concluded that a significant correlation existed between locus of control and severity of physical abuse. In other words, the more externally controlled a battered woman perceives her life to be, the more likely she is to report greater severity of physical abuse.

A single norm score for the ANSIE instrument has not been reported. There are mean scores from previous studies conducted with community subjects which provide a measure of comparison with the sample in this study. A mean of 10.96 ( $n = 33$ ), standard deviation = 5.61, was reported by Duke and Nowicki (1973). Nowicki (1975), using another community sample of women only, reported a mean score of 11.43, standard deviation = 5.06. The mean for the present sample of battered women was 15.33, standard deviation = 6.56. A  $t$ -test was computed between the study sample and the first cited community sample (Duke and Nowicki, 1973). The obtained  $t(82) = 2.28$ ,  $p < .05$  was significant. It was concluded that the mean scores of battered women were significantly more external in direction than one community sample.

The mean ISA-P of 53.93 and median ISA-P of 54.80 reflect a normal distribution. The scores ranged from a minimum of 14.22 to a maximum of 95.38. Scores above 10 are indicative of a degree of physical abuse that should be regarded as clinically significant. ISA-P scores

above 10 indicate increasing concern for the woman's safety and well-being is warranted. Scores above 50 indicate an existing level of hazardous physical abuse necessitating intensive intervention. Scores between 75-100 indicate that the woman's life may be at risk. The conclusion was that more than one-half of the sample reflected a grave level of severity of physical abuse. In other words, 54.9% (n = 28) of the subjects scored above 50 for severity of physical abuse. Table 10 presents this data.

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Table 10

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ISA-P Scores by Range and Percentage

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N	Range	Percentage
3	14-24.99	5.9
20	25-49.99	39.21
20	50-74.99	39.21
8	75-100	15.68

---

Table 11 outlines the data for the ANSIE and ISA-P variables.

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Table 11

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Means-Standard Deviations-Range  
for ANSIE and ISA-P

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Score	ANSIE	ISA-P
Mean	15.33	53.93
SD	6.56	20.10
Range	1.00- 34.00	14.22- 95.38

---

#### Hypothesis 4

The fourth research hypothesis stated that the greater the locus of control (ANSIE) score the greater the severity of nonphysical abuse (ISA-NP) score. In other words, the more externally directed the woman reports herself to be the greater her severity of nonphysical abuse. A Pearson product-moment correlation was calculated for the variables locus of control and severity of nonphysical abuse. The correlation

$r(50) = .33$ ,  $p = .009$  was significant; therefore, the hypothesis was accepted. It would seem that a decisive relationship exists between the variables locus of control and severity of nonphysical abuse. Therefore, the more externally controlled a woman perceives herself to be, the more likely it is she will report greater severity of nonphysical abuse.

The mean ISA-NP of 60.99 and median of 62.73 reflect a normal distribution of ISA-NP scores. The standard deviation was 20.96. The scores ranged from a minimum of 23.97 to a maximum of 95.87. Scores of 25 or more evidence a clinically significant degree of nonphysical abuse. Scores above 50 are indicative of substantial nonphysical abuse. Scores between 75-100 indicate that the woman is engaged in a highly destructive relationship. The mean score for ISA-NP evidenced a serious level of severity of nonphysical abuse for the study sample.

Approximately 60% of the subjects were in the range of 25-75 on the severity of nonphysical abuse scale. The range of 75-100 represented the single greatest number (18) of subjects. Table 12 outlines the range and percentage of subjects experiencing varying degrees of nonphysical abuse.

Table 12

## ISA-NP Scores by Range and Percentage

N	Range	Percentage
3	7-24.99	5.8
14	25-49.99	27.5
16	50-74.99	31.4
18	75-100	35.3

Hypothesis 5

The fifth research hypothesis stated that the longer the duration of the relationship, the greater the severity and frequency of physical abuse.

Hypothesis 5 was analyzed using a Pearson product-moment correlation to determine the relationship between the duration of the relationship and severity and frequency of physical abuse (ISA-P). The correlation

$r(50) = -.01$  was not significant. However, the study design did not allow for obtaining severity of physical abuse scores over time during the course of the relationship. In other words, the severity of physical abuse scores (ISA-P) reflected only the current degree of severity of physical abuse (see Table 10). Data for the variables of this relationship have been presented in Tables 2 and 9.

Another method used for testing hypothesis 5 was a Chi-Square 2X2 contingency table to determine statistical significance. The first level of the table was increase in severity of abuse and the second level was increase in frequency of abuse. There were two cells at each level labeled yes or no. A chi-square statistic may be employed to evaluate hypotheses involving nominal data (Hopkins & Glass, 1978). The demographic data-instrument provided nominal data directly related to increases in severity and frequency of physical abuse during the course of the relationship (see Appendix B, demographic data-instrument, questions 27 & 28). A chi-square test of association was computed to determine if there was a statistically significant relationship between severity and frequency of physical abuse and duration of the intimate relationship. The observed value for  $X^2(1, N = 51) = 11.30$ ,  $p < .001$ , was statistically significant; therefore, hypothesis 5 was accepted.

The  $X^2$  statistic demonstrated the existence of a direct relationship between the variables investigated.

To elucidate the nature or strength of the relationship a phi coefficient was calculated. Phi measures the extent of the relationship between two nominal, dichotomous variables (Waltz & Bausell, 1981). The phi coefficient is equivalent to a Pearson correlation when used with dichotomous variables. The phi coefficient,  $r(50) = .47$ ,  $p < .001$ , was significant for the variables in hypothesis 5 supporting their relationship.

#### Hypothesis 6

The sixth research hypothesis stated that the greater the self-concept score, the lesser the locus of control score. In other words, the higher an individual reported her self-concept to be, the more internally directed her locus of control score will be. Ergo, women with high self-concepts would perceive themselves as having more control over events in their lives.

Hypothesis 6 was tested using a Pearson product-moment correlation. The correlation was  $r(50) = -.55$ ,  $p < .0005$ ; therefore the hypothesis was accepted. Data presented on page 71 demonstrated the significantly low self-concept of battered women ( $M = 311.67$ ) compared to the TSC norm group ( $M = 345.57$ ). The

mean ANSIE score, 15.33, was externally oriented compared to a community sample (see page 73).

### Related Findings

This section presents related findings from the study not addressed in the major hypotheses or demographic data. The areas considered will be comparisons between shelter and nonshelter battered women and relationship between severity of physical and nonphysical abuse.

Another question was posed in chapter 1 (see p. 9) which was considered to support and contribute to exploration of the problem of battered women. The question stated was: What significant differences exist between sheltered and nonsheltered battered women for locus of control, self-concept, and severity of physical abuse?

Shelter and nonshelter battered women were compared to determine if differences existed for the variables self-concept, locus of control, and severity of physical abuse between women who sought refuge in a shelter and those who had not. This comparison had the potential to provide increased understanding of women who selected different responses to the battering relationship.

Determining if a significant correlation existed between severity of nonphysical abuse and severity of physical abuse was an initial step in describing any relationship between these two variables. In other words, if a positive correlation was present, it could be anticipated that the severity of physical abuse would increase in relation to the severity of nonphysical abuse.

#### Comparison of Shelter and Nonshelter Women

To determine if there were any statistically significant differences between women who were in shelters for battered women at the time of testing and women who were not in shelters, t-tests were computed for selected variables. These variables included severity of physical abuse, locus of control, and self-concept.

No significant differences existed between the two groups of shelter and nonshelter women on the variables ANSIE and TSC. The t-test for severity of abuse was statistically significant  $t(49) = 2.90, p < .01$  (see Table 13). It would appear that battered women tend to seek shelter assistance based on severity of abuse rather than locus of control or self-concept.

Table 13

## Severity of Physical Abuse t-test

Group	N	df	M-ISA-P	SD	t-test
Shelter	21	20	63.08	19.93	
Nonshelter	30	29	47.52	17.88	2.90*

\*p < .01

### Severity of Physical and Nonphysical Abuse

A Pearson product-moment correlation was calculated to determine if there was a statistically significant correlation between the variables severity of physical abuse and severity of nonphysical abuse. The correlation was determined to be statistically significant,  $r(50) = .46$ ,  $p < .01$ . It was concluded that there was a significant relationship between severity of nonphysical abuse and severity of physical abuse. In other words, the positive correlation implies that the severity of physical abuse is likely to increase as the severity of nonphysical abuse increases and vice versa.

### Summary

Investigation of the demographic data revealed the following information. No significant relationships were determined among age of the women and the variables self-concept, locus of control, severity of physical abuse, or severity of nonphysical abuse. A positive correlation existed between length of relationship and self-concept. In other words, longer length of relationships were associated with higher self-concept scores. Marital status did not relate significantly with self-concept, locus of control, severity of physical abuse, or severity of nonphysical abuse. No significant differences were discovered between Caucasian and

Noncaucasian women for TSC, ANSIE, ISA-P, and ISA-NP. No significant differences existed between college and noncollege educated women for TSC, ANSIE, ISA-P, and ISA-NP. There were no significant differences in self-concept, locus of control, severity of physical abuse, and severity of nonphysical abuse based on financial status of the women.

Research hypotheses not supported at the .05 level of significance included:

Hypothesis 1: The greater the self-concept score of battered women the lesser the severity of physical abuse score.

Hypothesis 2: The greater the self-concept score the lesser the severity of nonphysical abuse score.

In summary, the research hypotheses supported at the .05 level of significance or less included:

Hypothesis 3: The greater the locus of control score, the greater the severity of physical abuse score.

Hypothesis 4: The greater the locus of control score, the greater the severity of nonphysical abuse score.

Hypothesis 5: The severity and frequency of physical abuse will be greater the longer the duration of the intimate relationship.

Hypothesis 6: The greater the self-concept score the lesser the locus of control score.

In conclusion, it appeared that demographic variables made no differences in the sample for self-concept, locus of control, and severity of physical and nonphysical abuse with one exception. Higher self-concepts were associated with longer length of relationships.

External locus of control was associated with greater degrees of severity of physical and nonphysical abuse. Self-concept was not significantly related to severity of physical or nonphysical abuse. Severity and frequency of physical abuse was greater the longer the duration of the intimate relationship. Higher self-concept scores were positively related to internal locus of control indicating that subjects with a more positive self-concept were more likely to perceive themselves as having more control over their lives.

CHAPTER V  
INTERPRETATION AND DISCUSSION

Introduction

This chapter will concern itself with discussion and interpretation of the study findings. The initial section presents a brief overview of the purpose and design of the study as well as a brief review of the instruments. The second section is a discussion of the demographic data findings. Discussion of the proposed hypotheses investigated follows. The final section focuses on related findings concluding with implications for nursing science and recommendations for further study.

The purpose of this study was to investigate relationships among the variables: locus of control, self-concept, severity of physical abuse, severity of nonphysical abuse, and duration of the intimate relationship of battered women. The investigation was undertaken to answer the question: What significant relationships exist among the aforementioned variables? Answering this question would increase the knowledge base necessary for planning interventions, grounded in documentation, for the population under study. The findings also provide directions for further research.

A descriptive correlational design was employed for the investigation. Fifty-one battered women, from shelters for victims of domestic violence and nonshelter agencies providing services for this population, were included in the study. Measurements administered by the investigator during one session with each subject included: a demographic data-form which included information about duration of relationship, the Tennessee Self-Concept Scale (TSC), the Adult Nowicki-Strickland Internal-External Control Scale (ANSIE), and an Index of Spouse Abuse Scale (ISA). The Index of Spouse Abuse Scale provided two separate measures of severity of abuse. The measures included a score for severity of physical abuse (ISA-P) and a score for severity of nonphysical abuse (ISA-NP).

### Discussion of Results

#### Age

The wide range of age (21-57 years) represented in the current sample was similar to previous studies. Ranges of 19 to 59 years, 20 to 69 years, and 17 to 68 years of age comprised the samples in studies by Gayford (1975), Lichtenstein (1981), and Pagelow (1981). Studies by Hartik (1982) and Pagelow (1981) found mean ages of their study samples to be 33.6 years and 29.91 years respectively which compares closely to the present

study's mean age of 33.16. The mean ages are also congruent with findings by Prescott and Letko (1977) who reported the 30 to 39 years old age span as one frequently implicated in marital violence. It appears that the ages of the subjects in this study are representative of ages of battered women in previous studies.

The lack of a significant relationship between age and self-concept offers support for previous findings that the latter attribute "is so basic that it does not readily change even though one begins to feel and act differently" (Fitts, 1965, p.28). Thompson (1972) reported, "...there are no great differences within the 20 to 60 year old age span and the original norms are appropriate for the general college and adult population" (p. 21).

The lack of a significant relationship between age and locus of control supports findings by Beck (1978) who reported no correlation between age and locus of control in a study of geriatric subjects compared to young adults. The conclusion was that an individual's locus of control was not altered by age alone. If locus of control is altered in an individual, most likely factors other than age contribute to the change.

The current findings indicate no significant relationship among age of the subjects and severity of

physical and nonphysical abuse inflicted by their partners. Reporting on violence in the American family, Straus, Gelles, and Steinmetz (1980) stated that family violence occurs at all ages. They learned that abusive violence between couples decreases with age. Their study did not differentiate between wife abuse and husband abuse; therefore, their findings were not specifically generalizable to the present study which focused on severity of physical and nonphysical abuse of battered women.

#### Length of Relationship

The range of length of relationships in the present study, 10 months to 38 years, was not unlike length of relationships found in previous studies. Relationships in a study by Pagelow (1981) ranged from less than 1 year to 42 years. A study by Roy (1977) included women who had been involved in battering relationships ranging in length from a few days to more than 25 years. Lichtenstein's (1981) study included women who had been involved in abusive relationships from a few weeks to more than 20 years. Gayford (1975) found the length of relationships for subjects in his study extended from 1 to 25 years. Therefore, it appears that the sample in the present study was not essentially different from previous studies of battered women.

An unexpected finding was the positive correlation between self-concept and length of relationship. The expected finding was that self-concept would decrease over time as a result of repeated physical and nonphysical abuse, but this was not seen in the study. Stability of the self-concept attribute is one possible explanation for the positive correlation. Fitts (1971) commented that although self-theorists agree that self-concept is continually developing throughout life, they emphasize that once self-concept is clearly differentiated and structured, it is a stable entity. It is possible that the women perceive their continued presence in an abusive relationship as an achievement related to perseverance versus feelings of failure that sometimes accompany dissolution of a marriage. Their self-concept may be strengthened by their ability to "stick it out"; in other words making the best of a bad situation. Other compensations which may neutralize damage to self-concept from the abuse are tangible and intangible rewards from the woman's status as a wife and mother. More research is needed to explain the precise reasons for this finding.

#### Marital Status

Previous studies revealed some minor differences in samples for marital status. Using the same categories as the present study (see Table 3), Hartik (1982) had 10%

more married women, 10% fewer women who were separated, 2% more divorced, and almost 11% fewer single women in the sample.

Pagelow (1981) did not address marital status directly; but offered subjects three categories as options to identify her abusive partner. They were: (a) husband or ex-husband, (b) lover or ex-lover, and (c) someone else. Husband or ex-husband included 80.5% of the subjects' partners, lover or ex-lover included 18.3%, and someone else included 1.1%. If data from the present sample and Hartik's sample are collapsed to combine married, separated, and divorced, the two study samples are very similar. Eighty-nine percent of Hartik's sample and 86.28% of the current sample would be included in the collapsed category which included married, separated, and divorced. The differences between the three samples do not appear as great when viewed from this perspective.

The paucity of data from other studies related to marital status makes it impossible to speculate on the representativeness of any of the samples to the actual population of battered women. However, the samples do demonstrate a definitive difference between the percentage of married/unmarried battered women and the general population of couples living together. Using data from June, 1975, national statistics, Glick and Spanier (1980) stated that unmarried couples comprised

approximately 1.8% of all couples living together. It appears that there are more battered women cohabitating without benefit of marriage than the general population.

To determine the impact of marital status on the variables under study, a comparison was done between married and unmarried battered women. The lack of significant difference between married battered women and unmarried battered women among the variables self-concept, locus of control, and severity of physical and nonphysical abuse indicates that marital status did not impact substantially on these characteristics in the study sample. These findings support the statement of Martin (1976) who indicated that shared living arrangements was a more important contributing factor to domestic violence than marriage.

#### Race

Previous studies have demonstrated a variety of racial mix in the samples (Hartik, 1982; Lichtenstein, 1982; Pfouts, 1978; Pagelow, 1981). The races not represented in the samples appear to depend on many factors. These included: ability to read and write English, geographic location used for the study, and the method by which a sample was obtained.

In this study no difference between the Caucasian and Noncaucasian groups of women for self-concept supports the conclusion reported by Fitts (1965) who

stated that no significant difference was found among races on that characteristic. Summarizing multiple studies, Thompson (1972) reported that self-concept score of adult blacks was not significantly different from the TSCS norm group.

Previous studies by Johnson and Nowicki (1972) and Duke and Nowicki (1972) demonstrated that blacks scored in a significantly more external direction than whites on the ANSIE. This finding was not supported in the present study comparing whites to nonwhites on locus of control. One explanation for the finding is that the study sample scored in a more external direction than samples of community subjects (see p. 73). In other words, some factor other than race exercised a more dominant influence on the ANSIE scores of the sample. Since all of the subjects had been physically battered it is possible that physical abuse may have exerted a stronger influence than race on the locus of control variable.

The fact that no significant differences were found between the groups based on race for the variables severity of physical and nonphysical abuse is supported in the literature. Martin (1976) and Walker (1979) reported that battered women are found in all races. Gaquin (1977-78) reported no difference between blacks and whites in her study. Citing findings from a study by Bard and another by Johnson, Martin (1976) reported a

ghetto community with a 98% nonwhite population evidenced approximately the same level of wife abuse cases as were found in an upper-middle class white community.

Contrary findings were expressed by Straus et al. (1980) reporting on their study of family violence. Stating that wife abuse was highest among blacks, they concluded that wife abuse in black families was almost 400% greater than in white families. However, the proportion of white to black families in their sample was not indicated. As noted in the previous paragraph, data from the present study demonstrated no significant differences between groups based on race for severity of physical and nonphysical abuse. Such discrepancies indicate the need for further research to resolve the apparent conflict of conclusions.

#### Religious Affiliation

A great disparity exists among studies defining categories of religious affiliation. Lichtenstein (1982) used Protestant, Catholic, and other for categories of current religious affiliation in her study sample. Pagelow (1981) reported percentages for women raised as Protestants, Catholics, with the balance as "various other faiths or none" (p. 147). The lack of consistency in collecting data about religious affiliation among studies makes comparison of study samples difficult. Data for religious affiliation are largely unavailable in

numerous studies. Protestants comprised the highest percentage in those studies reporting religious affiliation. The higher percentage of Protestants is congruent with the general population in the United States. The present study revealed more Protestants than any other religious preference (see p. 65). Jewish affiliates represented only 3.92% in this study sample.

Support for the low percentage of persons of the Jewish faith in the present sample is substantiated in previous studies. Blumenthal, Kahn, Andrews, and Head (1972) learned that Jewish American men indicated the lowest level of approval on attitudes toward violence. Steinmetz et al. (1980) reported that Jewish husbands have the lowest rate of wife abuse. However, Walker (1979) and Martin (1976) stated that domestic violence transgresses all religious boundaries even though it is less prevalent in some religious groups than others.

#### Level of Education

The study sample evidenced a higher educational level compared to women nationally and to women in other study samples. College educated women comprised 64.7% of the present sample. The disparity may be due to the geographic location from which the sample was obtained. Fairfax County, Virginia, from which the majority of the sample was obtained, has been identified as one of the most highly educated areas in the United States (Martin,

1976). Rawlings (1978) reported that 26% of American wives had attended college or beyond. College educated women represented 34.8% of Pagelow's (1981) sample and only 6% of Hartik's (1981) sample.

One reason for more highly educated women in this sample might be that more highly educated women may be more likely to seek help than those with less education; as they may be more knowledgeable about methods of locating and receiving help. This study sample was obtained through various agencies offering assistance to battered women. Another possible explanation for a greater percentage of more highly educated women in the sample is a finding by Pagelow (1981). Results from her study indicated the higher the educational level of the woman the longer she remained in the abusive relationship. The median duration of relationship in the present study was 19.41 years.

Approximately 65% of the subjects in this study were college educated compared to 60% of their male partners (see Table 7). The higher educational level of women in this sample compared to their male partners is consistent with the findings of a Service Delivery Assessment team report to the Department of Health, Education, and Welfare (1980). Sampling 120 women from a wide geographic area, it was learned that 45% of the women had a higher educational level than their partners.

The absence of any significant difference between women grouped by levels of education (see p. 67) on self-concept supports a previous conclusion of Fitts who determined that level of education exerted no systematic effect upon self-concept (Thompson, 1972).

Data from this study indicated there was no significant difference between college and noncollege educated women for locus of control, meaning both groups scored in an external direction. Studies have been completed investigating locus of control and academic achievement (Mink, 1976; Reimanis, 1974). The general findings related internality to greater academic achievement. However, those studies addressed achievement and locus of control rather than level of education and locus of control. Although the characteristics of achievement and level of education share some commonalities, they are not synonymous; therefore a generalization from one to the other should not be made.

It cannot be assumed that noncollege educated women in the sample were less educated due to lack of achievement. Many other explanations are possible which could explain the difference. There are not enough data to explain the absence of difference between the two groups. Further investigation is necessary to determine meaning of this finding.

Straus et al. (1980) reported that college educated women are the least likely to be victimized by their mates. It may be that college educated women are the least likely to be abused by their mates. However, among women who are battered, college educated women appear to represent a greater proportion of the victims. This study did not include nonbattered subjects. The focus was on battered women and their degree of severity of abuse. Based on data from this sample, no differences were observed for severity of physical or nonphysical abuse between college and noncollege educated women. It was concluded that level of education did not account for any differences in magnitude of severity of physical or nonphysical abuse in this sample. It appears that additional research is needed to further clarify the significance of education for domestic violence..

#### Financial Status

Data from this study indicated there was no significant difference for severity of physical and nonphysical abuse between groups based on financial status (see p. 69). Walker (1979) concluded from interviews with more than 400 battered women that, "Money, however, does not protect women from battering" (p.127). Martin (1976), noting that Fairfax County, Virginia, is one of the wealthiest counties in the country, cited that geographic area as evidence that

domestic violence was present in upper, middle, and lower socioeconomic levels.

Numerous studies which address financial status of battered women or the couple do so from the perspective of its impact on her decision to remain in or leave the relationship (Gelles, 1977; Lichtenstein, 1981; Pagelow, 1981; Roy, 1977; Walker, 1979). Flynn (1977) reported no relationship between socioeconomic status and wife abuse in his investigation.

Contrary findings were disclosed by Gaquin (1977-78) who revealed that spousal abuse was more likely to occur in families with annual incomes below \$7,500. This finding was echoed by Straus et al. (1980) in their study of violence in the American family. They stated that families with incomes below \$6000 "had a rate of violence between husbands and wives which was 500 per cent greater than the rate of spousal violence in the most well-to-do families (incomes over \$20,000)" (p. 148). No specific descriptive data were provided for income levels of the sample. A statement was made that the sample was "representative in terms of major demographic attributes of American families" (p. 252). Discussions by this investigator with professionals actively working with domestic violence indicated that they felt the percentage reported by Straus et al. (1980)

to be extraordinarily high based on their empirical knowledge and clinical experience.

Subjects grouped according to financial status did not exhibit any significant difference on self-concept. Other unaccounted factors could be responsible for the absence of difference or there could be no difference between the groups according to financial status.

Thompson (1972) reported it was extremely difficult to determine the effect of economic disadvantage on self-concept because of other problems associated with low economic status. He acknowledged that it was logical to assume that economic disadvantage (low income level) would eventually affect self-concept with the effect increasing "as the disadvantaged person grows older" (p. 53). He stated that some low income groups had higher than average self-concept scores due to defensiveness of the sample, while others had lower than average self-concept scores. He concluded that the conflicting data were very difficult to evaluate due to numerous confounding variables and the impossibility of sorting out the effect of any single variable.

In view of Thompson's comments it is logical to assume that further investigation is warranted for more specific data which explores self-concept and financial status of battered women. It appears that additional

research is justified to determine effect of financial status on occurrence and severity of physical abuse.

#### Hypothesis 1

Hypothesis 1 stated that the greater the self-concept score (TSC) of battered women the lesser the severity of physical abuse score (ISA-P). This hypothesis was not supported at the .05 level of significance.

Despite the fact that the sample mean TSC score of battered women was significantly lower than the mean TSC score of the norm group on the Tennessee Self-Concept Scale (Fitts, 1965),  $p < .001$ , (see p. 71), the lower self-concept scores of the battered women did not correlate significantly with severity of physical abuse scores in this study. Low self-concept has been identified as a primary characteristic of battered women by numerous authors (Drake, 1982; Eber, 1981; Hartik, 1982; Hilberman, 1980; Straus, 1973; Walker, 1979). It has been noted that a husband's physical abuse of his wife is a "powerful statement of her worthlessness" (Dobash & Dobash, 1979, p. 125). They commented that repetitious beatings were devastating to the women's self-esteem. This information appears to support the conceptual basis of the hypothesis.

Numerous authors have reported the injuries of battered women in descriptive terms (Davidson, 1978; Drake, 1982; Pagelow, 1981; Prescott & Letko, 1977; Walker, 1979). The present study is a unique effort at quantifying severity of physical abuse of battered women using a standardized instrument and correlating the severity of physical abuse scores with self-concept scores.

The finding of lower self-concept in the study sample paralleled the findings of Hartik (1982). Her study revealed a significantly lower self-concept in battered wives compared to nonbattered wives.

Fitts (1965) reported self-concept to be such a highly stable characteristic of an individual's personality that it is not readily responsive to change. Self-theorists emphasized that once differentiated and structured, self-concept is a stable entity (Fitts, 1971). So although battered women reportedly have a significantly lower self-concept than nonbattered women, the stability of self-concept may explain the lack of significant correlation between this attribute and severity of physical abuse. In other words, the subjects' self-concepts did not change significantly in relation to severity of physical abuse.

The TSC score reflects the current self-concept of the sample. It cannot be determined from the data

whether low self-concept was present previous to the abuse. The mean ISA-P score for the sample reached a level indicative of hazardous physical abuse (see pp. 73 & 74). One subject commented on the demographic data form, "The fear is the worst thing of all." It is possible that the phenomenon of being battered rather than severity of physical abuse could impact upon self-concept; or that low self-concept may be a premorbid attribute of battered women that does not change with physical abuse.

#### Hypothesis 2

The second hypothesis stated the greater the self-concept score (TSC), the lesser the severity of nonphysical abuse score (ISA-NP). This hypothesis was not supported at the .05 level of significance. This finding was not unexpected in view of the results of the initial hypothesis.

The present data provide initial evidence at a quantitative level that no significant relationship exists between self-concept and severity of nonphysical abuse. No previous data were located in which severity of nonphysical abuse had been addressed on other than a qualitative level. The results of this study indicate that self-concept is not a good indicator of degree of severity of physical or nonphysical abuse and vice versa.

Possible explanations for the absence of relationship between the variables self-concept and severity of nonphysical abuse are covered in the discussion about the first hypothesis.

In the clinical experience of this investigator it is an exception if a battered woman does not verbalize feelings of worthlessness. The similarity of the phrases used to describe themselves is uncanny. A common statement was, "When you are told all the time how worthless (bad, terrible, or disgusting) you are, you begin to believe it."

The following verbatim quotes by subjects are indicative of their feelings about nonphysical abuse. One woman wrote on the demographic data-instrument, "The psychological abuse was more injurious to me than the physical abuse." Another subject wrote, "Very humiliating when the abuse starts, (mostly verbal) [sic]. It makes me feel very small and not worth very much....I have had very little physical abuse, but the verbal abuse has almost driven me crazy." Lastly, a poignant comment from another subject, "Sometimes it is much harder the less often a wife is battered physically because she keeps 'looking' for the time she'll be hit again. The mental abuse is constant for her."

Again since premorbid self-concept scores were not available, the possibility exists that being subjected to

nonphysical abuse rather than the severity of the nonphysical abuse relates to self-concept. The possibility exists that women who are victimized by nonphysical abuse are targeted because they are more vulnerable than other women because of their low self-concepts. Ergo, the nonphysical abuse may reinforce the low self-concept of the woman but not affect any changes.

### Hypothesis 3

This hypothesis stated that the greater the Adult Nowicki-Strickland Internal-External Control Scale (ANSIE) score, the greater the severity of physical abuse (ISA-P) score as measured on the Index of Spouse Abuse. Investigation of the third hypothesis demonstrated a statistically significant relationship between locus of control (ANSIE) and severity of physical abuse (ISA-P) at the predetermined level of significance. Therefore, the hypothesis was accepted.

This finding indicated that the less control the battered woman feels she has over her life events, the higher the probability she will demonstrate greater severity of physical abuse. This data indicate that locus of control is far more important than self-concept when anticipating severity of physical abuse in battered women.

One of the leading authorities on battered women, Walker (1979) reported after more than 400 interviews with victims of physical and nonphysical abuse that "there seems to be little doubt that feelings of powerlessness...contribute to the cause and maintenance of violent behavior" (p.51). She opined that females:

are systematically taught that their personal worth, survival, and autonomy do not depend on effective and creative responses to life situations, but rather on their physical beauty and appeal to men. They learn that they have no direct control over the circumstances of their lives. Early in their lives, little girls learn from their parents and society that they are to be more passive than boys. Having systematically trained to be second best, women begin marriage with a psychological disadvantage" (p. 51).

The findings from this study appear to support Walker's statement. The external locus of control evidenced by battered women appeared to indicate that they feel there is little, if anything, that they can do to prevent, terminate, or lessen the severity of physical abuse perpetrated upon them by male partners.

Commenting on the general population, Shillinger (1983) stated, "...when individuals are involved in situations where personal competence can effect the

outcomes, they tend to perform more actively and adequately than when situations appear less controllable to them" (p. 59). A distinction must be made between the woman's inability to control the batterer and potential ability to control her response to being battered. The external locus of control exhibited by the sample indicates that these women are unable to make this distinction and apparently feel there is little, if anything, they can do to control the battering relationship.

Comments offered by subjects attest to their feelings of lack of control. One woman commented, "He would not even allow me to go to the bathroom." Another woman stated, "Once the battering starts there is little chance it will ever stop. What can I do?" One subject stated, "I would like to finish college, but he won't let me. He thinks it would be a waste of time and money." A final comment stresses one subject's feelings about her ability to control what happens to her. She told the investigator that following a particularly brutal beating her mate insisted on having sexual intercourse. She stated she was too fearful to refuse so she submitted to the sexual act. She then told the investigator, "After he finished having intercourse he wanted to urinate on me. I had so many raw places on my body from being dragged around the rug I hurt all over. I finally told

him that I didn't think it would be okay to urinate on me. Was it alright [sic] that I told him no? I didn't know what to do. What would you have done?" She was not clear whether her decision about what she could allow to happen to her own body was permissible.

#### Hypothesis 4

The fourth hypothesis stated that the greater the locus of control (ANSIE) score, the greater the severity of nonphysical abuse (ISA-NP) score. The findings were significant at the predetermined level of significance; therefore the hypothesis was accepted.

Hudson (1982) stated a very strong relationship exists in the general population between physical and nonphysical abuse scores. One can anticipate a low ISA-P score from an individual with a low ISA-NP score. The reverse relationship is usually valid. If an individual obtains a high ISA-NP score, one should expect a high ISA-P score. In view of Hudson's data it was logical to anticipate the positive correlation that occurred between locus of control and severity of nonphysical abuse.

If the subjects perceived themselves as lacking in ability to control the physical abuse inflicted upon them, it is not unreasonable to presume that they will experience similar feelings about their ability to control the nonphysical abuse.

Data from this study represent initial efforts at quantifying severity of nonphysical abuse in battered women. Linking the variables locus of control and severity of nonphysical abuse have revealed a significant relationship between the two characteristics. In other words, the more externally controlled a battered woman perceives herself to be, the more likely it is she will report greater severity of nonphysical abuse.

#### Hypothesis 5

The fifth research hypothesis proposed that there would be a positive correlation between severity and frequency of physical abuse and duration of cohabitation. In other words, the longer the duration of the relationship, the more frequent and greater the physical abuse. The findings were statistically significant; therefore the hypothesis was accepted. The data demonstrated that physical abuse would increase in frequency and severity the longer the women remained in the battering relationships.

One of the beliefs associated with the battered woman syndrome is that long-standing relationships can change for the better (Walker, 1979). On the basis of data obtained from more than 400 interviews with battered women, Walker (1979) found these relationships extremely resistive to change. She stated that left unassisted these relationships "escalate to homicidal and suicidal

proportions" (p.29). Also, she concluded "...even with the best help available, these relationships do not become battering free" (p. 29).

Although not designed to test severity and frequency of abuse, a study by Pagelow (1981) provided the following relevant information. Based on data collected from battered women on a nonstandardized pain scale, Pagelow (1981) reported, "The more severe the physical injuries of the women in this sample, the longer they had remained with their spouses" (p. 162). The findings of Pagelow were contrary to Gelles (1976) who stated, "The less severe and frequent the violence, the more a wife remains with her husband" (p. 659). The instrument used by Pagelow (1981) precluded precise distinction between severity and frequency of abuse. However, she indicated the trend of her findings revealed that pain, injuries, and frequency of attacks increased over time.

Data from the present study appear consistent with Pagelow's (1981) findings and inconsistent with Gelles' (1976) statement. Additional study is warranted to resolve the apparent conflicting conclusions of these three studies.

#### Hypothesis 6

Hypothesis 6 proposed a negative correlation between self-concept and locus of control. This

hypothesis stated that the greater the self-concept score, the lesser the locus of control score. In other words, the higher a subject reports her self-concept to be, the more internally directed her locus of control. Stated conversely, the lower the subject perceives her self-concept to be, the more externally directed her locus of control. A statistically significant correlation was found; therefore, the hypothesis was accepted.

This finding supports a conclusion by Lamb (1968) who stated that self-concept was a significant predictor of locus of control. Data from that study disclosed that high self-concept was related to internal locus of control. The significant correlation between low self-concept and external locus of control is consistent with other findings in this study. It was demonstrated that low self-concept and external locus of control are characteristic of battered women in this sample.

#### Related Findings

##### Comparison of Shelter and Nonshelter Women

The absence of any significant differences among the variables of self-concept and locus of control between subjects tested in shelters for battered women and subjects not in shelters appears to indicate that these variables did not exercise observable influence on

the battered woman's decision to seek shelter in response to her abusive situation.

The only significant difference between subjects in a shelter and nonsheltered subjects was severity of physical abuse. Therefore, it was concluded that severity of physical abuse rather than locus of control or self-concept was the salient factor, among those investigated, which differentiated the two groups of women who chose different responses to their abusive situations.

It appears from the data that battered women use shelters in response to severity of abuse. Self-concept or locus of control do not appear to be attributes contributing to battered women's decisions to use shelters.

#### Severity of Physical and Nonphysical Abuse

Based on analysis of the data, the conclusion was made that a significant relationship existed between severity of physical abuse and severity of nonphysical abuse in battered women. In other words, the positive correlation implies that severity of physical abuse is likely to increase as severity of nonphysical abuse increases or vice versa.

These data are similar to Hudson's (1982) findings in a study conducted for the development of the Index of Spouse Abuse using a sample of women from the general

population. He noted, "There is a very strong relationship between the physical and nonphysical abuse scores in the general population" (p. 15). The present study is an initial effort to validate Hudson's finding using a sample of battered women.

#### Conclusions

The purpose of this study was to investigate relationships among selected attributes of battered women. Additional statistical analyses include comparisons between subgroups of the sample on demographic variables. This study represents an initial effort to report severity of physical and nonphysical abuse in battered women at a quantitative level using a standardized instrument. The characteristics examined included: self-concept, locus of control, duration of the intimate relationship, severity of physical abuse, and severity of nonphysical abuse. Based on data analyses, hypotheses 3, 4, 5, and 6 were accepted. Hypotheses 1 and 2 were not supported.

Low self-concept was identified as a significant attribute of battered women; however, relationships among self-concept and severity of physical and nonphysical abuse did not prove to be remarkable. The data demonstrated an absence of significant correlations between current self-concept and severity of physical and nonphysical abuse. Therefore, knowledge about victims'

current self-concepts would not be useful in attempting to assess their current degree of severity of physical or nonphysical abuse or vice versa.

This study indicates that once a woman demonstrates low self-concept it will not be influenced by severity of physical or nonphysical abuse. Low self-concept may be a precursor to physical and nonphysical abuse or it may evolve as a result of the abuse.

The finding of significant relationships among locus of control and severity of physical and nonphysical abuse provides useful information for anticipating magnitude of severity of physical and nonphysical abuse. One could anticipate that the more external the victim's locus of control, the greater the severity of physical and nonphysical abuse might be or vice versa.

The significant relationship between low self-concept and external locus of control provided insight about the way these attributes relate to one another in this sample. Victims with low self-concepts were more likely to report external locus of control. Conversely, victims with higher self-concepts were likely to report greater internal locus of control.

Two findings related to duration of the women's cohabitation with their assailants. The victims reported

that severity and frequency of physical abuse increased the longer the intimate relationship endured.

Severity of physical abuse provided the only statistically significant difference between shelter and nonshelter women among the variables investigated. This finding led to the conclusion that severity of physical abuse had greater impact than self-concept or locus of control on victims' decisions to seek shelter .

Statistical significance was demonstrated between severity of physical abuse and severity of nonphysical abuse. This finding indicated that higher levels of ISA-P could be anticipated in women reporting greater degrees of ISA-NP or vice versa since these variables have a positive correlation.

#### Implications for Nursing Science

This section will discuss the implications of the study findings for clinical practice, education, and research.

##### Clinical Practice

The presence of millions of battered women in our society increases the inevitability that nurses will encounter these victims in clinical practice. This study has addressed a high risk population for whom specialized care must be provided. Implementation of the nursing process is dependent upon the knowledge clinicians bring to their practice.

Assessment and implementation of professional care should be grounded in documentation. Data from this study indicated that no differences were noted among the subjects on locus of control, self-concept, and severity of physical and nonphysical abuse based on demographic variables with one exception. The longer the duration of the intimate relationship, the greater the self-concept of the victim. Demographic variables investigated included age, marital status, race, religious affiliation, financial status, duration of the intimate relationship, and level of education. These findings should be considered during implementation of the nursing process with battered women.

Significant correlations provide useful information about the way in which two variables relate to one another. Information revealed by these relationships can assist practitioners with assessment and planning care for victims of domestic violence. For example, data indicated that severity and frequency of physical abuse increased the longer the duration of the intimate relationship of the battered woman with her assailant. Practitioners need to evaluate the implications of this finding when formulating care plans with the victim. Battered women may need to be apprised of the potential for greater severity and frequency of physical abuse as the relationship continues.

Other findings indicated significant relationships among locus of control and severity of physical and nonphysical abuse. Intervention should acknowledge the necessity for assisting battered women to learn methods which would enable them to take more responsibility and assume more control over their lives. An essential provision of health care is helping victims learn healthy responses to their abusive relationships. Clinical research evolves from clinical practice and research findings should be reflected in improved health care grounded in systematic documentation.

Qualitative data revealed some of the subjects perceived the nonphysical abuse to be as damaging or more damaging than the actual physical abuse. The positive relationship between nonphysical abuse and physical abuse indicates the potential destructiveness of nonphysical abuse. Health care providers should monitor levels of nonphysical abuse as a precursor to increased levels of physical abuse.

#### Education

Nurse educators need to demonstrate awareness of the immense health care problems generated by domestic violence. Recognition can be achieved by integrating concepts relevant to domestic violence into nursing education curricula. An essential component should include focus on primary prevention. Nurses need to be

educated to develop skills, knowledge, and attitudes which will equip them to identify and plan care for battered women. Support courses from other disciplines could be required to enhance students understanding of the complex nature of this phenomenon.

### Research

Theory development is achieved through the research process. The paucity of research and unvalidated theory provides a fertile field for clinical research for this targeted population of battered women. Research findings must be incorporated into clinical practice and theory building. This process generates additional research which enhances the cyclical combination of clinical practice, research, and theory development.

Data gleaned from this study contributes to the body of nursing science from which nursing practice should be derived. These baseline data are initial steps in the progression to prescriptive theory for a practice discipline.

### Research Recommendations

The dearth of quantitative research with this population offers nurse researchers unique opportunities to investigate unexplored issues germane to clinical practice with battered women. A critical need exists for

additional theory development and validation to advance the body of nursing science . Straus (1979) stated that answers to many questions are needed "to provide a scientific underpinning for attempts to deal with the problem of wife beating" (p. 511).

Further research, using selected variables examined in this study as predictors of severity of physical and nonphysical abuse, would be advantageous in establishing a profile of battered women. Such a study proffers a beneficial contribution toward the progression to prescriptive theory crucial to a practice discipline.

Replication of the present study in other geographic locations would enhance the generalizability of the findings of this study. Comparative studies between battered and nonbattered women are needed to provide information about the significant differences between the two groups.

Longitudinal studies would afford the opportunity to explore changes occurring during battering relationships on the variables investigated in the present study. Other pertinent variables influencing the phenomenon of battered women must be identified and investigated. Low self-concept in battered women should be explored from another perspective to determine its significance for the population of battered women.

Additional research is needed to determine the implications of nonphysical abuse on women who may not yet be physically battered. Further investigations could increase understanding of the meaning of nonphysical abuse in relation to physical abuse in victims of domestic violence. Extensive research is justified to identify and validate successful treatment modalities for the population of battered women.

Additional work is warranted to resolve conflicting conclusions based on demographic variables. It is recommended that demographic data from other samples of battered women be explored in greater depth to determine the impact of demographic variables on severity of physical and nonphysical abuse.

Each study has the potential to increase insight into the plight of the battered woman. As greater understanding is achieved the probability increases for victims of domestic violence to receive improved health care. Provision of optimum health care is the *raison d'être* for professional nurses.

## REFERENCES

- Arakelian, M. (1980). An assessment and nursing application of the concept of locus of control. Advances of Nursing Science, 3(1), 25-42.
- Bagarozzi, D. A. & Giddings, C. W. (1983). Conjugal violence: A critical review of current research and clinical practices. The American Journal of Family Therapy, 11(1), 3-15.
- Battered wives: Now they're fighting back. (1976, September). U.S. News & World Report, 47-48.
- Battered women. (1976, February). Newsweek, p. 47.
- Beck, C. M. (1978). The comfortable interpersonal distance of the aged (Doctoral dissertation, Texas Woman's University, 1978). Dissertation Abstracts International, 39, 1208B.
- Blumenthal, M., Kahn, R., Andrews, F., & Head, K. (1972) Justifying violence: Attitudes of American men. Ann Arbor: University of Michigan, Survey Research Center Institute for Social Research.
- (Boudouris, J. (1971). Homicide and the family. Journal of Marriage and the Family, 33(4), 667-682.
- The brutal facts: 4000 will be beaten to death this year. (1984, November). National Enquirer, pp. 48-51.
- Carlson, B. E. (1977, November). Battered women and their assailants. Social Work, 22, 455-460.
- Coleman, K. H. (1980). Conjugal violence: What 33 men report. Journal of Marital and Family Therapy, 207-213.
- Davidson, T. (1977). Wifebeating: A recurring phenomenon throughout history. In M. Roy (Ed.), Battered women: A psychosociological study of domestic violence (pp. 2-23). New York: Van Nostrand Reinhold Company.

- Davidson, T. (1978). Conjugal crime: Understanding and changing the wifebeating pattern. New York: Ballantine Books.
- Department of Health, Education, and Welfare. (1980, January). Domestic Violence (Office of the Inspector General). Washington, DC: U.S. Government Printing Office.
- Dobash, R. E. & Dobash, R. (1979). Violence against wives. New York: The Free Press.
- Drake, V. K. (1982). Battered women: A health care problem in disguise. Image, XIV(2), 40-47.
- Drake, V. K. (1984). Therapy with victims of abuse. In C. M. Beck, R. P. Rawlins, & S. Williams (Eds.), Mental health-psychiatric nursing: A holistic life-cycle approach (pp. 921-954). St. Louis: The C.V. Mosby Co.
- Duke, M. P. & Nowicki, S. (1973). Personality correlates of the Nowicki-Strickland locus of control scale for adults (ANSIE). Psychological Reports, 33, 267-270.
- Durbin, K. (1974, June). Wife-Beating. Ladies Home Journal, p. 64.
- Dwyer, V. T. (1977, June). Interspousal violence: A response. Paper presented at the 2nd world conference of the International Society on Family Law, Montreal.
- Eber, L. P. The battered wife's dilemma: To kill or to be killed. The Hastings Law Journal, 32, 895-931.
- Eisenberg, S. E. & Micklow, P. L. (1976). The assaulted wife: "Catch 22" revisited. Women's Rights Law Reporter, 5(3/4), 138-161.
- Elbow, M. (1977). Theoretical considerations of violent marriages. Social Casework, 58, 515-526.
- Fields, M. (1978). Wife beating: Government intervention policies and practices. In Battered Women Issues of Public Policy (pp. 228-287). Washington, DC: United States Commission On Civil Rights.

- Finley, M. (1981). Nursing process with the battered woman. Nurse Practitioner, 6(4), 11-13, 29.
- Fitts, W. H. (1965). Tennessee Self Concept Manual. Los Angeles: Western Psychological Services.
- Fitts, W. H. (1972). The Self Concept and Behavior: Overview and supplement. (Monograph No. 7). Los Angeles: Western Psychological Services.
- Flynn, J. P. (1977). Recent findings related to wife abuse. Social Casework, 58(1), 13-20.
- Gaquin, D. (1977-78). Spouse abuse: data from the national crime survey. Victimology, 2, 623-643.
- Gay, L. R. (1981). Educational research (2nd ed.). Columbus, OH: Charles E. Merrill Publishing Company.
- Gayford, J. J. (1975). Wife battering: a preliminary survey of 100 cases. British Medical Journal 1, 194-197.
- Gelles, R. J. (1974). The violent home: A study of physical aggression between husbands and wives. Beverly Hills: Sage Publications.
- Gelles, R. J. (1977). No place to go: The social dynamics of marital violence. In M. Roy (Ed.), Battered women: A psychosociological study of domestic violence (pp. 46-63). New York: Van Nostrand Reinhold Company.
- Gelles, R. J. & Straus, M. A. (1979). Determinants of violence in the family: Toward a theoretical integration. In W. R. Burr, R. Hill, F. I. Nye & I. L. Reiss (Eds.), Contemporary theories about the family (Vol. I). New York: Free Press.
- Gemmill, F. B. (1982). A family approach to the battered woman. Journal of Psychiatric Nursing and Mental Health Services, 20(9), 22-24, 37-39.
- Gingold, J. (1976). "One of these days-POW-right in the Kisser". Ms., pp. 51-54, 94.
- Glick, P. C. & Spanier, G. B. (1980). "Married and unmarried cohabitation in the United States." Journal of Marriage and the Family, 42(1), 19-30.

- Goode, W. J. Force and violence in the family. (1971). Journal of Marriage and the Family, 33(4), 624-636.
- Goodstein, R. K., & Page, A. W. (1981). Battered wife syndrome: Overview of dynamics and treatment. American Journal of Psychiatry, 138(8), 1036-1044.
- Hartik, L. (1982). Identification of personality characteristics and self-concept factors of battered wives. Palo Alto, CA: R & E Research Associates.
- Hendrix, M. J., LaGodna, G. E., & Bohem, C. A. (1978). The battered wife. American Journal of Nursing, 78(4), 650-653.
- Hilberman, E. (1980). "Overview: The wife-beater's wife reconsidered." American Journal of Psychiatry, 137, (11), 1336-1347.
- Hilberman, E., & Munson, K. (1977-1978). Sixty battered women. Victimology, 2(3/4), 460-471.
- Hopkins, K. D., & Glass, G. V. (1978). Basic statistics for the behavioral sciences. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Hotaling, G. T. (1980). Attribution processes in husband-wife violence. In M. A. Straus & G. T. Hotaling (Eds.). The Social Causes of Husband-Wife Violence. Minneapolis: University of Minnesota.
- Hotaling, G. T., & Straus, M. A. (1980). Culture, social organization, and irony in the study of family violence. In M. A. Straus & G. T. Hotaling (Eds.). The Social Causes of Husband-Wife Violence. Minneapolis: University of Minnesota.
- Hudson, W. W. (1982). The index of spouse abuse scoring manual. Tallahassee, FL: Walmyr Publishing Company.
- Hudson, W. W., Harrison, D. F., & Maxwell, S. (1982, March). Spouse abuse among the female intelligientia. Paper presented at the Council on Social Work Education Annual Program Meeting, New York, NY.

- Hudson, W. W., & McIntosh, S. R. (1981). The assessment of spouse abuse: Two quantifiable dimensions. Journal of Marriage and The Family, 43(4), 873-885.
- Issac, S. (1976). Handbook in research and evaluation. San Diego: EdITS.
- Iyer, P. W. (1980). The battered wife. Nursing 80, 10, 53-55.
- Johnson, S. (1975). "What about battered women?" Majority Report, p.4.
- Johnson, I., & Nowicki, S. (1972). Interpersonal distancing responses of black and white females. Paper presented to the Southeastern Psychological Association Meetings, Atlanta: GA.
- Langley, R., & Levy, R. C. (1977). Wife Beating: The Silent Crisis. New York: E. P. Dutton.
- Levinger, G. (1966). Sources of marital dissatisfaction among applicants for divorce. American Journal of Orthopsychiatry, 36, 803-807.
- Lieberknecht, K. (1978). Helping the battered wife. American Journal of Nursing, 78, 654-656.
- Lichtenstein, V. R. (1978). The battered women: Guideline for effective nursing intervention. Issues in Mental Health Nursing, 3(3), 237-250.
- Lion, J. R. (1977). Clinical aspects of wifebattering. In M. Roy (Ed.). Battered Women. New York: Van Nostrand Reinhold.
- Lorraine, K. (1981). Battered women: The ways you can help. RN, 44, 23-28, 102.
- Loving, N. (1980). Responding to spouse abuse & wife beating: A guide for police. Washington, DC: Police Executive Research Forum.
- Marsden, D. & Owens, D. (1975). The Jekyll and Hyde marriages. New Society. 32(67), 333-335.
- Martin, D. (1976). Battered wives. New York: Pocket Books.

- Martin, D. (1978). Overview: Scope of the problem. In Battered women: Issues of public policy (pp. 205-227). Washington, DC: U.S. Commission On Civil Rights.
- Maslow, A. H. (1954). Motivation and personality. New York: Harper and Row.
- Maslow, A. H. (1968). Toward a psychology of being (2nd ed.). Princeton, NJ: Van Nostrand.
- Mink, O. (1976). Impact of instruction and counseling on high risk youth. National Institute of Mental Health Project. Austin: University of Texas.
- National Institutes of Health. (1983). Protection of human subjects (DHHS O-406-756). Washington, DC: U.S. Government Printing Office.
- Nichols, B. B. (1975). The abused wife problem. Social Casework, 57(1), 27-33.
- Nowicki, S. (1975). The effect of locus of control on peer relationships across age groups. Journal of Genetic Psychology, 43, 280.
- Nowicki, S. (1982). The adult Nowicki-Strickland internal-external control scale (ANS-IE) college and noncollege forms. Unpublished manuscript, Emory University, Atlanta.
- Nowicki, S. & Duke, M. P. (1974). A locus of control scale for noncollege as well as college adults. Journal of Personality Assessment, 38, 136-137.
- O'Brien, J. E. (1971). Violence in divorce-prone families. Journal of Marriage and the Family, 33(6), 692-698.
- O'Reilly, J. (1983, September). Wife beating: The silent crime. Time, pp.23-26.
- Pagelow, M. D. (1981). Woman-battering: Victims and their experiences. Beverly Hills: Sage Publications.
- Parker, B. & Schumacher, D. N. (1977). The battered syndrome and violence in the nuclear family of origin: A controlled pilot study. American Journal of Public Health, 67(8), 760-761.

- Pepplau, H. (1952). Interpersonal relations in nursing. New York: G. P. Putnam's Sons.
- Pfouts, J. H. (1978). Violent families. Child Welfare, 57(2), 101-111.
- Pizzey, E. (1974). Scream quietly or the neighbors will hear. Essex, England: Anchorage.
- Prescott, S. & Letko, C. (1977). Battered women: social psychological perspective. In M. Roy (Ed.). Battered women: A psychosociological study of violence. New York: Van Nostrand Reinhold Company.
- Rawlings, S. (1978). Perspectives on husbands and wives. Current Population Reports, Bureau of the Census, Washington, DC: Government Printing Office.
- Reimanis, G. (1974). Effects of locus of reinforcement control modification procedures in early graders and college students. Journal of Educational Research, 68, 124-127.
- Robinson, J.P. & Shaver, P. R. (1973). Measures of psychological attitudes. Ann Arbor: The University of Michigan, Survey Research Center Institute for Social Research.
- Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 80 (1, Whole No. 609).
- Rounsaville, B. J. (1978). Battered wives: Barriers to identification and treatment. American Journal of Orthopsychiatry, 48(3), 487-494.
- Rounsaville, B., Lifton, N., & Bieber, M. (1979). The natural history of a psychotherapy group for battered women. Psychiatry, 42, 63-78.
- Rounsaville, B., & Weissman, M. M. (1977-78). Battered women: A medical problem requiring detection. International Journal of Psychiatry in Medicine, 8(2), 191-202.
- Roy, M. (1977). A current survey of 150 cases. In M. Roy (Ed.). Battered women: A psychosociological study of domestic violence (pp. 25-44). New York: Van Nostrand Reinhold Company.

- / Schuyler, M. A. (1976). "Battered wives: An emerging social problem. Social Work, 21(6), 488-491.
- Search, G. (1974, June). "London: Battered wives. Ms., p. 24.
- Shipley, S. B., & Sylvester, D. C. (1982). Professionals' attitudes toward violence in close relationships. Journal of Emergency Nursing, 8(2), 88-91.
- Shotland, R. L., & Straw, M. K. (1976). Bystander response to an assault: when a man attacks a woman. Journal of Personality and Social Psychology, 43(5), 990-999.
- Snell, J. E., Rosenwald, R. J., & Robey, A. (1964). The wifebeater's wife. Archives of General Psychiatry 11, 107-112.
- Snyder, D. K., & Fruchtmann, L. A. (1981). Differential patterns of wife abuse: A data based typology. Journal of Consulting and Clinical Psychology, 49(6), 878-885.
- Star, B. (1979). Comparing battered and nonbattered women. Victimology, 3(1-2), 32-42.
- Star, B., Clark, C., & Goetz, K. (1979). Psychosocial aspects of wife battering. Social Casework, 60 479-487.
- Stark, E., Flitcraft, A., & Frazier, W. (1979). "Medicine and patriarchal violence: The social construction of a 'private' event." International Journal of Health Services, 9 (3), 461-493.
- Stark, E., Flitcraft, A., & Zuckerman, D. (1979). "Domestic violence and female suicide attempts" Paper presented at the 107th Annual Meeting of the American Public Health Association, New York.
- Stark, E., Flitcraft, A., Zuckerman, D., Grey, A., Robison, J., & Frazier, W. (1981). Wife abuse in the medical setting: An introduction for health personnel (Domestic Violence Monograph Series No. 7). Rockville, MD: National Clearinghouse on Domestic Violence.
- Stark, R., & McEvoy, J. (1970). Middle class violence. Psychology Today, 4, 52-54, 110-112.

- Steinmetz, S. K. (1977). Wife beating, husband beating: A comparison of the use of physical violence between spouses to resolve marital fights. In M. Roy (Ed.). Battered women: A psychosociological study of domestic violence. New York: Van Nostrand Reinhold Company.
- Steinmetz, S. K. (1978). Violence between family members. Marriage & Family Review, 1(3), 1, 3-16.
- Steinmetz, S. K. & Straus, M. A. (1974). (Eds.). Violence in the family. New York: Harper and Row.
- Straus, M. A. (1973). A general systems theory approach to a theory of violence between family members. Social Science Information, 12, 105-125.
- Straus, M. A. (1978). Wife beating: Causes, treatment, and research needs. In Battered Women: Issues Of Public Policy. Washington, DC: U.S. Commission On Civil Rights.
- Straus, M.A., Gelles, R. J., & Steinmetz, S. K. (1980). Behind closed doors: Violence in the American family. Garden City, New York: Anchor Press.
- Sullivan, H. S. (1953). The interpersonal theory of psychiatry. New York: W. W. Norton & Company, Inc.
- Symonds, A. (1979). Violence against women-The myth of masochism. American Journal of Psychotherapy, 33 (2), 161-173.
- Thompson, W. (1972). Correlates of the self concept (Studies On The Self Concept And Rehabilitation Research Monograph No. 6). Los Angeles: Western Psychological Services.
- ( Truniger, E. (1971). Marital violence: The legal solutions. Hastings Law Journal, 23, 259-276.
- United States Commission On Civil Rights. (1978). Battered women: Issues of public policy. Washington, DC: U.S. Commission On Civil Rights.
- / Valenti, C. (1979). Working with the physically abused woman. In D. K. Kjervil & I. M. Martinson (Eds.). Women in stress: A nursing perspective (pp. 187-196). New York: Appleton-Century-Crofts.

- Walker, L. E. (1979). The battered woman. New York: Harper & Row.
- Waltz, C., & Bausell, R. B. (1981). Nursing research: Design, statistics, and computer analysis. Philadelphia: F. A. Davis Company.
- Warrior, B. (1976). Wifebeating. Sommerville, MA: New England Free Press.
- Weingourt, R. (1979). "Battered women: The grieving process." Journal of Psychiatric Nursing and Mental Health Services, 17(4), 40-47.
- Wife beating—A special Enquirer probe of the tragedy that's shattering families across America. (1984, November). National Enquirer, pp. 48-51.
- Yura, H. & Walsh, M. B. (1983). The nursing process (4th ed.). Norwalk, CT: Appleton-Century-Crofts.

APPENDIX A

Human Subject Consent Form for Participation in  
Research on Woman's Health Care Issue

The following consent form will be read by the potential subject with the investigator present to answer questions.

I hereby authorize Virginia Drake, R.N., M.S.N., to administer the following forms in order to gather data for research purposes. All of the forms will be coded to avoid personal identifying information. Participants will be asked to respond to the following:

1. A brief demographic data information sheet.
2. Three (3) printed standardized forms containing statements about life situations, interactions with their spouse, and feelings about self and others.

I understand that my consent to participate in this investigation is voluntary. I may withdraw at anytime without penalty. I understand that there is no foreseeable risk involved to myself or others and that my confidentiality will be preserved.

My voluntary participation in this study has the potential to assist other health care professionals in their efforts to better understand the structure of human interactions, interpersonal relationships, and factors which influence these relationships.

The investigator has offered to answer my questions about the study. An offer has been made to provide me with a summary of the study findings at the conclusion of the investigation upon my request. Upon my request the investigator has agreed to provide me with the name of a contact person to answer questions about my rights as a study participant.

---

Subject's signature

---

Date

APPENDIX B

PERSONAL DATA SHEET

Directions: Please answer each of the following items by placing an X in the most appropriate blank. The items are numbered consecutively so that you just follow the numbers in order. It is important for you to answer each item. Please DO NOT leave any item BLANK. If you do not understand the directions or any of the items, the examiner will provide assistance. Thank you for your cooperation.

1. Code number: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Age of husband: \_\_\_\_\_
4. Race of woman:
  1. \_\_\_\_\_ Caucasian
  2. \_\_\_\_\_ Black
  3. \_\_\_\_\_ Hispanic
  4. \_\_\_\_\_ Asian
  5. \_\_\_\_\_ Other
5. Race of man:
  1. \_\_\_\_\_ Caucasian
  2. \_\_\_\_\_ Black
  3. \_\_\_\_\_ Hispanic
  4. \_\_\_\_\_ Asian
  5. \_\_\_\_\_ Other
6. Marital status:
  1. \_\_\_\_\_ Single
  2. \_\_\_\_\_ Married
  3. \_\_\_\_\_ Separated
  4. \_\_\_\_\_ Divorced
7. Income Level:
  1. \_\_\_\_\_ Below \$5,000
  2. \_\_\_\_\_ \$5,000 to \$9,999
  3. \_\_\_\_\_ \$10,000 to \$19,999
  4. \_\_\_\_\_ \$20,000 to \$29,999
  5. \_\_\_\_\_ \$30,000 to \$39,999
  6. \_\_\_\_\_ \$40,000 to \$49,999
  7. \_\_\_\_\_ above \$50,000
8. Husband's present occupation (specify): \_\_\_\_\_
9. Your present occupation (specify): \_\_\_\_\_
10. If you are unemployed, is it because your husband will not allow you to work? \_\_\_\_\_ yes \_\_\_\_\_ no
11. Years of education completed (specify number of years in one blank only):
  1. \_\_\_\_\_ grade school (a) woman (b) man \_\_\_\_\_
  2. \_\_\_\_\_ high school
  3. \_\_\_\_\_ trade or technical school after high school
  4. \_\_\_\_\_ college
  5. \_\_\_\_\_ graduate school
12. Religion: (a) woman (b) man
  1. \_\_\_\_\_ Protestant \_\_\_\_\_ Protestant
  2. \_\_\_\_\_ Catholic \_\_\_\_\_ Catholic
  3. \_\_\_\_\_ Jewish \_\_\_\_\_ Jewish
  4. \_\_\_\_\_ Other \_\_\_\_\_ Other
13. Length of time in your present relationship: \_\_\_\_\_ years \_\_\_\_\_ months
14. When did the first incident of physical abuse occur in your present relationship? \_\_\_\_\_ years \_\_\_\_\_ months
15. When did you first experience psychological abuse in your present relationship? \_\_\_\_\_ years \_\_\_\_\_ months
16. Did you ever experience physical abuse in a previous relationship with another husband or male partner? \_\_\_\_\_ yes \_\_\_\_\_ no

17. Were you ever physically abused during a pregnancy?  yes  no
18. Have you ever received medical care for injuries resulting from spouse abuse:  yes  no
19. Have you ever been hospitalized for injuries resulting from spouse abuse:  yes  no
20. How often does your mate physically abuse you? (fill in one blank only)
  1.  number of times per week
  2.  number of times per two weeks
  3.  number of times per month
  4.  number of times per six months
  5.  number of times per year
21. Were you ever physically abused as a child by your parents, stepparents, or parent substitutes?  yes  no
22. Referring to question 21, check each person listed below who physically abused you:
  1.  mother
  2.  father
  3.  stepmother
  4.  stepfather
  5.  parent substitute
  6.  none
23. Did you ever witness physical abuse between your parents, stepparents, or parent substitutes?  yes  no
24. Do any of the persons listed below know you are a victim of spouse abuse?
  1.  parents
  2.  in-laws
  3.  siblings
  4.  other relatives
  5.  friends
  6.  co-workers
  7.  clergyman
  8.  children
25. How often do you see friends socially?
  1.  at least once per week
  2.  at least once per two weeks
  3.  at least once per month
  4.  less than once per month
26. Is the physical abuse increasing in frequency the longer you remain in the relationship?  yes  no
27. Is the physical abuse increasing in severity the longer you remain in the relationship?  yes  no
28. Most serious physical injuries received from a battering incident (check only one):
  1.  bruises
  2.  burns
  3.  black eye(s)
  4.  sprain(s) or torn ligament(s)
  5.  cuts
  6.  cuts requiring stitches
  7.  broken bone(s)
  8.  concussion or head injuries
  9.  miscarriage within two weeks following a battering incident
29. Do the incidents of physical abuse occur when your husband has been drinking alcoholic beverages?
  1.  always
  2.  sometimes
  3.  rarely
  4.  never

Code number: \_\_\_\_\_  
Personal Data Sheet -- Page three

30. Do the incidents of physical abuse occur when your husband has been using drugs? 1. \_\_\_\_\_ always  
2. \_\_\_\_\_ sometimes  
3. \_\_\_\_\_ rarely  
4. \_\_\_\_\_ never
31. Number of children: \_\_\_\_\_ ; Ages: \_\_\_\_\_' \_\_\_\_\_' \_\_\_\_\_' \_\_\_\_\_' \_\_\_\_\_'
32. Has your spouse ever physically abused your children? \_\_\_\_\_ yes \_\_\_\_\_ no
33. Have you ever called the police? \_\_\_\_\_ yes \_\_\_\_\_ no
34. Have you ever pressed assault charges? \_\_\_\_\_ yes \_\_\_\_\_ no

Comments: You may use the following space to make any comments you would like about your experiences as a battered woman.

I appreciate your cooperation in this study. I commend you for your courage in sharing your experiences. You have my pledge that I shall work diligently to enlighten others so that the plight of battered women everywhere can be eliminated.

APPENDIX C

APPENDIX D

APPENDIX E

Code Number \_\_\_\_\_

Please respond to each item by checking either a "yes" or a "no" response.

	Yes	No
1. Do you believe that most problems will solve themselves if you just don't fool with them?		
2. Do you believe that you can stop yourself from catching a cold?		
3. Are some people just born lucky?		
4. Most of the time do you feel that getting good grades meant a great deal to you?		
5. Are you often blamed for things that just aren't your fault?		
6. Do you believe that if somebody studies hard enough he or she can pass any subject?		
7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?		
8. Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do?		
9. Do you feel that most of the time parents listen to what their children say?		
10. Do you believe that wishing can make good things happen?		

	Yes	No
11. When you get punished does it usually seem its for no good reason at all?		
12. Most of the time do you find it hard to change a friend's (mind) opinion?		
13. Do you think that cheering more than luck helps a team to win?		
14. Did you feel that it was nearly impossible to change your parent's mind about anything?		
15. Do you believe that parents should allow children to make most of their own decisions?		
16. Do you feel that when you do something wrong there's very little you can do to make it right?		
17. Do you believe that most people are just born good at sports?		
18. Are most of the other people your age stronger than you are?		
19. Do you feel that one of the best ways to handle most problems is just not to think about them?		
20. Do you feel that you have a lot of choice in deciding who your friends are?		
21. If you find a four leaf clover, do you believe that it might bring you good luck?		

	Yes	No
22. <del>Did you often feel that whether or not you did your homework had much to do with what kind of grades you got?</del>		
23. Do you feel that when a person your age is angry at you, there's little you can do to stop him or her?--		
24. Have you ever had a good luck charm?		
25. Do you believe that whether or not people like you depends on how you act?		
26. Did your parents usually help you if you asked them to?		
27. Have you felt that when people were angry with you it was usually for no reason at all?		
28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today?		
29. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them?		
30. Do you think that people can get their own way if they just keep trying?		
31. Most of the time do you find it useless to try to get your own way at home?		
32. Do you feel that when good things happen they happen because of hard work?		
33. Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters?		

	Yes	No
34. Do you feel that it's easy to get friends to do what you want them to do?		
35. Do you usually feel that you have little to say about what you get to eat at home?		
36. Do you feel that when someone doesn't like you there's little you can do about it?		
37. Did you usually feel that it was almost useless to try in school because most other children were just plain smarter than you are?		
38. Are you the kind of person who believes that planning ahead makes things turn out better?		
39. Most of the time, do you feel that you have little to say about what your family decides to do?		
40. Do you think it's better to be smart than to be lucky?		