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UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

PATTERNS OF INTERACTION OF VICTIMS OF DOMESTIC ASSAULT

A Dissertation

SUBMITTED TO THE GRADUATE FACULTY

In partial fulfillment of the requirements for the

degree of

Doctor of Philosophy

By

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Norman, Oklahoma
2002

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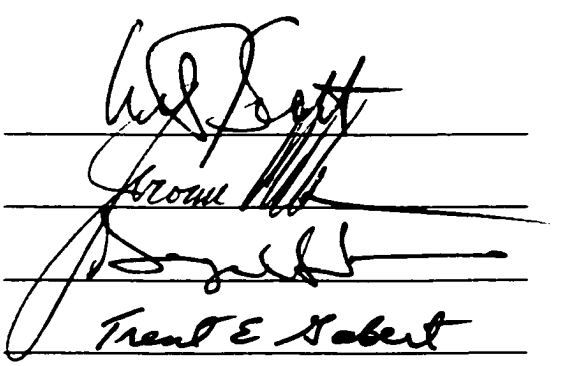
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CHAPTER ONE

STATEMENT OF THE PROBLEM

The prevalence of domestic violence is high in American families. It is estimated that 27 to 50 percent of married women are assaulted by their husbands during their marriage (Tifft, 1993: p.3). For unmarried couples who are living together, the incidence of domestic assault is even higher (Tifft, 1993). This does not include emotional abuse that can be just as or even more damaging than physical assault.

This research proposal addresses patterns of interaction exhibited by victims of domestic assault in a variety of settings. According to the literature, women who are the victims of such assault display common characteristics. Walker (1979) has described two modes of response to domestic assault. One is a passive posture that is characterized by becoming non-confrontational, nonassertive, compliant, overly willing to please, and sometimes depressed and self-blaming for the abuse. These women typically feel trapped in a state of "learned helplessness" in which they lack control or power over their situation. These women assume the role of peacemaker within the family and blame themselves if instances of abuse occur. They have learned how not to upset their spouses. These characteristics are the ones most commonly associated with the victims of domestic assault. Occurring less frequently is a second response characterized by assertive and aggressive behaviors. These women adapt to the abusive situation by becoming overly toughened and aggressive themselves. These women typically believe that no one can help them other than themselves.

However, previous research has not examined the roles that victims of domestic assault play in other settings. I am interested in looking at whether the personality assumed in the abusive relationship is typical or atypical in the other role sets. A key question is whether victims of domestic assault assume the same personality in all social settings or whether their personalities vary depending on the social setting in which they find themselves. Two possibilities present themselves. The first is that the personality or role that a woman plays in the abusive situation is duplicated in all social settings. For example, if she is passive, exhibits the characteristic behaviors of learned helplessness, and is a frenetic peacemaker in the abusive relationship, she may have assumed this posture in her family of origin, and may currently assume it at work and with other social contacts. Alternatively, the personality that she exhibits in other settings may be different than the one she exhibits in the abusive relationship. For example, while she may be the passive peacemaker in the abusive relationship, she may be aggressive and domineering at work, among peers, or with her friends and children. In this study, these two responses are identified as a **compliant-acquiescent (c-a)** posture and the other as **assertive-combative (a-c)**.

For the purposes of this study, several terms must be defined. The first is "role." Babbie (1988: pp. 26-7) defines role as the expectations and functions that are associated with a particular position in a given bit of social space. The term "role set" then refers to the entire set of roles played within a setting (Babbie, 1988, p. 27). A "status set," on the other hand, is defined as the list of roles a person plays as she or he moves from one bit of social space to the next. For the women in this study, their status set will contain certain entries such as mother, partner or spouse, employee, friend, daughter, *7-11* customer,

church member, etc. The listing of roles within each status set will be slightly different for each woman. For example, in a traditional spousal relationship, the woman may predominately do the cooking and cleaning, while in a more egalitarian arrangement, the chores may be shared. As a daughter, she may be the one who takes care of an elderly parent, while another woman may not have that responsibility for her parents (or her parents may already be deceased).

Closely aligned with the terms status and role is a social definition of "personality." Here the term personality refers to the character or interpretation that an individual brings to her or his role-playing. Not everyone plays the same role in the same way or equally as well – not all friends, for instance, are equally good friends or play that role equally well. The term personality carries particular importance in this study because it asks if the character or personality of the victim in the abusive situation is one that is generalized to other settings or is unique to the abusive situation.

The research will address the question by doing in-depth interviews with women who have been victims of domestic assault which is either currently occurring or has occurred within the last year. A semi-structured interview format, using a method called "A Day in the Life of . . ." (Winton, 1991), will explore each woman's perception of her relationships with her family of origin, her current male partner, her friends, and, if she is employed or a student, her colleagues. I will conduct these interviews. During the personal interview, I will ask each woman about her interactions in each of the following settings: her work environment, her social circles outside her domestic situation, the relationship in which the domestic assault occurred and her family of origin. These interviews will ask the subject to describe interactions based on a typical day's activities.

The interviews will be conducted either in person or over the telephone and will be audio-taped with the permission of the interviewee.

The analysis will take two forms. First, I will transcribe and prepare a description in a rich, narrative style of the interview with each of the women. Second, I will compare how each woman describes her interactions in the abusive domestic relationship with her personality in the other roles of her status set.

The research questions to be answered are as follows: What are the interpersonal behavioral patterns of women who are victims of spousal assault and do these patterns differ from women who have not been assaulted? Do women who are victims of spousal assault engage in behaviors that are passive and unassertive or do these women exhibit inappropriately aggressive communication patterns? What has influenced these women in the way they interact with others? Do the interaction patterns in the family of origin influence this? The key question is: Does the interaction pattern vary from the situation in which the domestic assault occurred to the current home situation, to work or school settings, and in social settings outside the home?

CHAPTER TWO

LITERATURE REVIEW

The literature reviewed in preparation for this research project is in four general areas. I conducted the first and most detailed search in the area of research on domestic violence, i.e., spousal abuse, spousal assault, and wife beating. This section of the literature review gives an overview of the current issues, including statistics regarding the frequency, causes, and various theoretical perspectives of domestic violence. I explored a second major literature review in the area of communication, particularly the studies that dealt with communication styles within the marital relationship. The third topic area is gender-specific communication, indeed a controversial topic. Because the communication in question is between men and women, differences in communication styles between men and women are essential to consider in this study. The fourth area of literature search addresses treatment modalities, as the implications of the information extracted from these studies may be applied to the existing treatment techniques. Additionally, the techniques that are successful in treating victims of spousal assault must be reviewed to determine how they may affect the interaction styles of the women treated.

Several cautions must be addressed in regard to the literature search for this project. First, in the field of domestic violence, the woman is predominantly the victim of abuse and the man is the abuser. This is not to discount the fact that women can be abusive in spousal relationships or that domestic violence occurs as one of many factors in a dysfunctional relationship between the partners. The patterns explored in this study will be the more typical occurrence in which the woman is beaten and the man is the

beater. Second, there is frequently a difference in perception between genders when determining if abuse actually did occur. Men do not see their actions as abusive as frequently as women perceive them to be and men are reluctant to report that they themselves have been victims of domestic assault. This study will utilize the perception of the woman as to whether domestic assault actually occurred. Third, another common phenomenon that occurs is "blaming the victim." In this situation, the husband does not admit to his abusiveness and the wife often blames herself that the abusive situation occurred. Sadly enough, Petretic-Jackson and Jackson (1996) point out that even therapists treating these families may fault the woman for the abusive situation. In finding ways to assist a woman who had been beaten, it is important to recognize the tendency to blame the victim. If this tendency to blame the victim is not addressed, it may deter the recovery of the abused woman. For this reason the testimony of the women in this study will not be questioned. It is the perception by each woman that the abuse occurred that is the key here.

Part One – Overview

The first area of literature reviewed addresses the subject of spousal assault. Several statistics are important to review. It is clear that there have been many studies of domestic violence. They do not all agree as data collection devices and sample sizes vary significantly in these studies, but general trends are evident in the following statistics. It must be remembered that reports of domestic violence are significantly lower than actual occurrence rates. Warren and Lanning (1992, p.1) report that, in 57 percent of the couples studied, physical force had been used against one another at some time in the

relationship. A study by Straus (cited in Kornblum and Julian, 1995, p. 347) reports that in research with 2,100 couples, 3.8 percent of the husbands had physically assaulted their wives within the previous twelve months. A United States Department of Justice study (1998) estimates that 3.9 million American women are victims of domestic violence each year. Additionally, a study by Reid (cited in Kornblum and Julian, 1995, p. 349) reports that between 2,000 and 4,000 women each year are beaten to death by their spouses. The Violence Prevention Center (Violence Prevention Center of Southwestern Illinois website, 2001) reports that medical expenses from domestic violence are about three to five billion dollars annually and businesses forfeit another $1 billion in lost wages, sick leave, non-productivity and absenteeism. The extent and severity of domestic violence are reflected in these statistics.

Further statistics reviewed show familial trends in domestic violence. Matlock (1994) found a positive correlation between a history of emotional or physical abuse as a child and being a victim of spousal assault in adult women. More than 50 percent of the victims of spousal assault in the Matlock study reported that their parents had experienced spousal assault. Additionally, a related statistic from this study is the high prevalence of drug and alcohol abuse in families in which spousal assault occurs. Another important factor to consider is that the majority of batterers are the sole source of support for the family. Of these, Matlock states that over 70 percent were unemployed at the time of the assault. A study by Erlanger (cited in Kornblum and Julian, 1995, p. 350) states that between 30 to 40 percent of the men who abuse their spouses also abuse their children. Koshland (1998) reports that an intergenerational influence is clear in

domestic violence. He states that 80 percent of batterers were the sons of batterers who observed their fathers abusing their mothers

In summary, the incidence of spousal assault is much higher in families in which there is a history of domestic violence and in which there is unemployment and drug or alcohol abuse. These characteristics are the cause of higher stress within the family. In addition, these characteristics may be cyclical within family histories. Multigenerational family histories show distinct patterns of domestic violence, both of child abuse and spousal assault. An element of modeling behavior may be present in these families.

Spousal assault is well described in numerous works by psychologist Lenore Walker (1984) who developed the concept of "the battered woman syndrome." Walker (1979, p. 31) describes the following as common characteristics of a battered woman:

1. Has low self esteem;
2. Believes in all the myths about battering relationships (for example, staying with a violent spouse for the sake of the children);
3. Has traditional beliefs about the home, family unity, and prescribed female roles;
4. Accepts responsibility for the batterer's actions;
5. Suffers from guilt, but denies fear and anger,
6. Presents a passive face to the world, but can manipulate the environment to prevent violence;
7. Has severe stress reactions;
8. Uses sex as a means to intimacy; and
9. Believes no one but herself can resolve her predicament.

Walker (1984) describes the importance of the battered woman's locus of control. Battered women frequently attempt to have full control over their environments. By manipulating the environment, the woman believes she can minimize the occasions when

the batterer will become angry. Battered women try to manipulate the environment by keeping the children quiet, keeping the house clean, preparing only certain foods, and so forth. No matter how she tries to control her environment, she cannot be successful, since many things are beyond her immediate control. This affects her perception of the world and the way she interacts with it, including her communication styles. She may choose to withdraw when attempts to placate the abuse fail, isolating herself, which leads to further abuse.

Walker (1989, p. 203) describes battered women as denying their own feelings. This is especially true regarding the expression of anger. Instead of reacting in an angry manner, battered women avoid the expression of anger, resorting to placating and appeasing the abuser. Walker contends that battered women who kill their spouses do so not out of anger, but out of fear. Denying emotions further exacerbates the communication problems between battered women and their spouses.

Predictably, one would think that a woman in a battering situation would report lowered self-esteem. Though this is generally the case reported by researchers, Walker (1984, pp. 80-2) did find that women entrenched in an abusive situation often score high on measures of self-esteem. Her explanation is that these women believed they had control over the situation because they had somehow survived the abuse. Walker also reports that women who have escaped a battering situation will show increased, rather than reduced, levels of depression. She believes that both these areas require future research due to the contradictory nature of the findings.

Women stay in battering situations for a variety of reasons. One explanation is a condition many battered women display called "learned helplessness." This is

characterized by survival techniques learned after repeated abuse occurs, such as becoming depressed and self-blaming rather than becoming angry, being passive rather than active, and believing that the situation will improve rather than addressing it realistically (Walker, 1989).

Walker (1989, pp. 49-53) reports that the condition of learned helplessness was originally studied by Seligman in experiments with dogs. By placing dogs in wire cages and administering random shocks, the dogs quickly learned there was nothing they could do to prevent the shocks. They began to passively endure the shocks. When they were shown an escape route, the dogs were often unwilling to try, instead remaining passive and unmotivated. Applications of this study have been made to battered women who do not attempt to leave a battering situation because they cannot predict their own ability to seek safety. They believe that nothing or no one can alter their terrible circumstances. They become trapped in a repeating cycle of abuse.

Walker (1979, pp. 55-70) describes this cycle of abuse as having three distinct phases: the tension-building phase, the acute, battering incident, and the calm, loving respite phase. Because of the cyclical nature of the abuse, ending with an idyllic, blissful period of "making up," the woman becomes more and more imbedded in the abusive relationship. The psychological principle applied here is that of "intermittent reinforcement." It is perhaps one of the most difficult behaviors to stop because the woman is exposed to the good and bad behaviors of her husband unpredictably. She is always filled with hope that the good will endure.

One study addressed the control issues present in battering situations. Warren and Lanning (1992) examine this in conjunction with sex role beliefs and social isolation of

women. They found battered women to be mostly traditional as far as sex role stereotyping (nurturing, compassionate, and yielding). They suggest that these women may be less able to protect themselves in a battering situation and need to learn more masculine qualities such as independence, assertion, and dominance instead of assuming a more passive approach.

Two studies reviewed address the issues of depression in battered women. Both Cascardi and O'Leary (1992) and Sato and Helby (1992) find correlation between the severity and frequency of abuse and the depth of the depression. As previously stated, Walker (1984) found that battered women who had just left an abusive relationship were more depressed than those who remained within a battering situation. Considering this information, the effects of depression must be considered in the study of the interaction patterns of battered women. Attention must be paid to whether the woman is currently in a battering situation or in the process of leaving an abusive spouse.

Another study found the presence of symptoms of post-traumatic stress disorder (PTSD) in women who are victims of both physical and verbal abuse. Victims of PTSD often used disengagement coping rather than dealing directly with the violence at hand. Interestingly, the Kemp et al. (1995) study identified a positive correlation of prior abuse (such as child abuse, rape) with spousal assault, whereas Walker did not.

Finally, a study by Petretic-Jackson and Jackson (1996), as described in the book, Helping Battered Women – New Perspectives and Remedies, by Albert Roberts (1996, pp.188-213), relates the coping strategies that women use in abusive situations may also be used in other interpersonal relationships. These include manipulation, expression of anger in a passive-aggressive way, dissociation, denial and minimization, and compliance

and a willingness to please. These coping strategies are apparent in the communication styles used by battered women, both within and outside the abusive situation. Jackson gives an example of the "yes, but" responses used by battered women that agree, on the surface, but are instantly negated by the "but." These communication patterns also have implications for the treatment techniques utilized.

Two studies reviewed describe patterns of assertiveness in battering situations. First, Follingstad et al. (1991) used a cluster approach in describing the various attributes of women who are in battering situations. One attribute studied was that of assertiveness. In this study, a sample of battered women was arranged in five clusters based on the frequency and severity of the abuse. Interestingly, the women who showed the lowest levels of assertiveness were those who were frequently and seriously abused and those who suffered abuse serious enough to warrant medical treatment. In a second study, Rudd et al. (1997) also describe that assertiveness can cause situations within which domestic violence will occur. It was observed that battered women often avoid these behaviors to "keep the peace" in order to avoid an abusive situation from occurring.

Another study, done by Costa and Holliday (1993), examines the dependency relationship that battered women have with their spouses. Often these women are observed to take on the emotional "parenting" of their spouses. These women may have, as children, become responsible for parenting their own parents. This selfless responsibility for others reinforces their responsibility to care for their spouses, regardless of the consequences.

On the other side, a study of batterers revealed that these men reported needing more nurturance from their wives, while, at the same time, having greater discomfort with

dependence issues and closeness of relationship (Jacobsen et al, 1994). The paradox regarding the man's perceived need for closeness and discomfort in close attachment, when coupled with a woman's desire to nurture or parent her spouse, can be predictive of a situation in which domestic violence will occur. This may be a key in analyzing the communication patterns between spouses in a battering situation. Both have high dependency needs in regard to the relationship. It may constitute a type of co-dependency that is often present in families in which alcoholism is an issue. The pathological basis for that co-dependency can be damaging for both spouses. The woman who subjects herself to continual battering suffers physical and emotional damage. The man is trapped in feeling a perceived need to be nurtured by his wife, but is unable to be emotionally intimate with her. This creates a situation in which the man cannot grow emotionally and violence is reinforced as a connection with the woman.

A number of works have been written about relational maintenance, which describe how and why couples stay together. The factors that are involved in relational maintenance are best described in research by Rusbult and Martz (1995). They describe an investment model of non-voluntary dependence that contributes to women remaining in abusive relationships. Rusbult describes an investment model of commitment in which satisfaction levels, quality of alternatives, and size of investment determine the level of commitment that leads to stay/leave decisions. Often, women in abusive situations have few alternatives in regard to financial resources and have a large investment in the relationship due to having one or more children. Satisfaction plays a lesser role in the commitment process, though it is acknowledged that women stay in relationships due to their "love" of their partner. Rusbult found that commitment level was significantly and

positively related to stay/leave decisions. In other words, the stronger the commitment, the more apt the woman is to return to a partner, even after a stay in a domestic violence shelter. Commitment was great among women with poorer alternatives (less education, fewer financial resources, lack of transportation) and greater investment in the relationship (more children, time in relationship) and weakly related to feelings of satisfaction. Treatment implications that relate to developing strategies to address diminishing the woman's "real helplessness" through education, job training, financial assistance, legal services, etc. are indicated as being beneficial from this study.

Ward et al. (1995, pp.27-8) further defined the issue of dependence in battering relationships. They describe research on dependency and differentiate between two types – objective and subjective dependency. Objective dependency is characterized by economic dependence upon the batterer, due to financial concerns, large numbers of children, or the wife's unemployment. Subjective dependency refers to the woman's rationale for commitment to the relationship. This may be for love, belief that the batterer's behaviors will change, or because there are no other alternatives available. Dependency issues are important to examine because they can affect the quality of communication a woman employs. A woman who is more dependent is less likely to be assertive and may remain in an abusive relationship longer than a woman who is more independent and self assured .

Ward et al. (1995, pp. 31-5) also describe a condition known as "cognitive deconstruction." This is a method many battered woman use to survive domestic violence. It does not allow them a means to escape the relationship, but is a powerful coping mechanism. In battered women this condition is evident when a woman

acknowledges that domestic violence is bad, but blames her own behavior for the abuse and thus rationalizes that she deserves the abuse. This theory is also closely aligned with studies of the self-esteem of women in battering situations. When the self-esteem decreases to the point the woman feels worthless, i.e., when a belief that she deserves the abuse develops, the woman will stay in the abusive relationship for long periods of time.

A related study by Kubany et al. (1996) describes the magnitude of guilt felt by women who are in abusive relationships. These women were rated on a Trauma-Related Guilt Inventory and compared with a sample of college students and a group of Vietnam veterans. Although these women are generally considered innocent victims, half reported at least moderate guilt and one fourth reported guilt in the considerable to extreme range. This information is important in considering the ways in which these women interact, not only with their abusive spouses, but also with other adults. Guilt is another factor that may keep them locked into abusive situations.

Rhodes' (1992) comparison study of battered and non-battered women using the Minnesota Multiphasic Personality Inventory (MMPI) revealed higher instances of low self-esteem, guilt, and depression in the battered women. Rhodes also found that battered women scored lower on the Social Imperturbability Scale, suggesting they may be more shy and withdrawn, tending to conform rather than drawing attention to themselves by expressing opposing feelings and beliefs. This finding is important in regard to the communicative assertiveness of battered women.

A common phenomenon reported in the literature of domestic violence, especially child abuse, is the loss of self, a form of dissociation. Women report feeling a pervasive numbness during times of abuse, such as being like a "robot" or a "zombie." This

dissociation is a coping device used to escape the trauma being endured (Gondolf, 1988, pp. 16-7). It can significantly impact both the verbal and nonverbal communication of women, even after the battering has occurred.

Stark and Flitcraft (1996) entertain a theoretical perspective of battering as a coercive control mechanism of men over women. Described in this study are the feminist perceptions that wife abuse is a pattern of patriarchal violence against women rooted in a masculine need to maintain control. They cite other researchers as seeing male violence as a culturally learned way of conflict resolution that men use in all types of family violence, to include elder abuse, child abuse and spousal assault. In their study of suicide attempts among battered women, Stark and Flitcraft (1996, p. 57) found that of the 176 women studied who attempted suicide, 29 percent were battered women. Treatment for these women is traditionally not accessible or available and these women are usually returned to their abusive homes without significant intervention.

In another study of batterers, Gondolf (1988) performed a cluster analysis and identified four different types of batterers, based on the severity and frequency of abuse. Type I is the Sociopathic Batterer. He is extremely abusive to his wife and children, and may also be sexually abusive as well. This batterer has been involved with the criminal justice system. Type II is the Antisocial Batterer. This type is extremely physically abusive and usually has been abusive with weapons. Type III is the Chronic Batterer. His style is to use verbal abuse, marital abuse, and child abuse, though the violence is less severe than the first two types. The Chronic Batterer will often threaten or blame the victim after the abuse has occurred. Type IV is the Sporadic Batterer. His physical abuse

is minimal, as is his verbal and sexual abuse. An alcohol problem is often associated with this batterer.

Tifft (1993) takes a different approach in describing batterers. He does acknowledge research that describes men who abuse women as being emotionally dependent and having difficulties in forming close relationships. These men usually express negative emotions through anger. They hold patriarchal and sex-stereotyped values, professing sex role definitions that are rigid. They believe that women should be punished for violating the male familial patriarchy. They are often extremely jealous. They have been exposed to violence as children.

Tifft is not satisfied with these generalizations about abusive men and prefers to take a contextual approach. He frames his observations of domestic violence within a hierarchical power structure. He sees physical violence as a means to maintain and reestablish power relations. His approach is an interactional one that is dictated by the context of the situation. Spousal discord can vary significantly from couple to couple and situation to situation when viewed as a power struggle between two people who are involved in an intimate relationship. This approach has a great deal of appeal because it does not generate stereotypes of what a batterer or a battered woman look like, but considers each on an individual contextual basis.

Part One of the literature review has covered a variety of approaches to the frequency, symptoms, and causes of spousal assault. Through this review, a variety of factors that may affect the interactional patterns of women who are the victims of spousal assault have been identified.

Part Two – Communication

Part Two of the literature review will examine the relationship between communication and conflict within abusive situations.

For the purposes of this study, a simple definition of communication will be utilized. Communication consists of a relationship between a message sender and a message receiver. Communication occurs when the message sender perceives that the message receiver has gotten the message. This entails a feedback loop from the receiver to the sender to verify that the message, or some semblance thereof, has been received (O'Hair et al., 1997, pp. 21-28).

A particular model of communication developed by Wiemann and Wiemann (O'Hair et al., 1997, pp. 21-28) is helpful in understanding the communication patterns of women who are victims of domestic violence. This model is based on the relationship between two individuals who are immersed in their culture. An element of "expectation for the future" is contained in the relationship. Central to each individual is the self-concept. A dichotomy is described within each individual between cognition and behavior. Cognition for each individual is based on unique attributions, memories, and perceptions. Behaviors are influenced by individual ethics and values, cultural identities and communication styles.

The interpersonal behaviors of a battered woman are influenced by how she perceives her situation. This is determined by her values, her sense of right and wrong, and her perception of good and bad. At the core is her self-concept, i.e., how she defines herself as a unique being. For a battered woman this self-concept may be damaged and will, according to the model, have a major impact on the communication that occurs.

Petretic-Jackson and Jackson (1996, pp. 204-6) describe five coping behaviors that battered women have learned that are extended to interactions outside the abusive relationship. These are indicative of the communication patterns of these women. The first is manipulation, her attempts to control an unstable world. Battered women often expect themselves to have perfect children and to interact with their spouses so as not to invite an abusive episode. They do not count on others to help and hold themselves entirely responsible for the failure if the situation explodes.

The second area is anger expression. Women who are presently in battering situations do not express anger directly. They often choose quiet resignation, depression, alcoholism, or suicide instead of the verbal expression of anger. Some battered women begin to feel anger and rage. They may express this indirectly by general hostility, gossip, sarcasm, and passive-aggressive behaviors. As battered women begin to address their situation while in treatment, it is common for them to start to express their anger vehemently. This is a healthy response and an indication that the healing has begun.

A third area is dissociation. Many battered women experience out-of-body experiences, especially if the battering is severe. By absenting themselves mentally, they are better able to cope with the mental and physical pain of the abuse.

The fourth area is denial and minimization. This can be as obvious as denial that bruises exist or as convoluted as claiming it was the situation, not the abuser that was at fault for the battering incident. Some women rationalize that they caused the abuse and wallow in self-blame.

The fifth area is compliance and a willingness to please. Placating behaviors and communications are common, such as agreeing to a therapist to remove herself from a battering relationship, but actually maintaining contact with the abuser.

All of these strategies have helped battered women to survive the abusive situation. They are not honest or rational ways of communicating and can stand in the way of effective treatment for these women.

Inherent in all battering situations is conflict. A classic definition of conflict is by Folger and Poole and is described as "the interaction of interdependent people who perceive incompatible goals and interference from each other in achieving those goals" (cited in Fitzpatrick, 1988, p.137). It is doubtful that a woman in a battering situation would describe conflict in this way, as she would probably deny that goals are incompatible or that interference was present. Deutsch offers a different definition, describing conflict as "the existence of incompatible activity in which the behaviors of one individual in a relationship prevent, obstruct, or make less likely or effective the behaviors of the other" (cited in Canary & Stafford, 1994, p.24). This definition seems much more applicable to a study of spousal assault, as the responsibility for the conflict is specifically designated to one individual, as is often the case when battering occurs.

Rollof and Cloven (1994, p. 5) speak of "relational maintenance" as a key concept. This occurs when individuals in intimate relationships take steps to limit the relational harm that might be caused by conflict. This is difficult for women in a battering situation to do, as they generally choose to avoid talking to their spouses and/or deny that the abuse is happening or minimize the severity of the abuse (Canary & Stafford, 1994).

Fitzpatrick (1998) studied communication in marriages between husbands and wives. One interesting finding reported was that husbands and wives were more accurate in communicating anger and depression than affection and pleasure. It is therefore easy to see how spouses can focus on the negative aspects of the relationship rather than the positive ones. This finding has significant impact on establishing treatment modalities in abusive relationships.

Another important observation of Fitzpatrick is that conflict in a marital relationship is inevitable. It is not the fact that arguments occur, but it is how they are handled within the relationship that is important. When arguments change from issue attacks to personal attacks, it is how the spouse responds to this change in tactics, not that the change to a personal attack occurred, that is critical. When couples both escalate the personal attacks is when the most serious relationship damage occurs.

Infante and Wigley (1986) developed a means of examining aggressiveness versus argumentativeness in the mid 1980's. They state that argument is necessary in conflict resolution and must be distinguished from verbal aggression. "Argument involves presenting and defending positions on controversial issues while attacking the positions taken by others on the issues" whereas "verbally aggressive messages attack an individual's self concept in order to make the person feel less favorably about self" (Infante and Wigley, 1986, p. 62). Verbally aggressive messages include character attacks, competence insults, ridicule and "put-downs." Interestingly enough, verbally aggressive communication can be expressed nonverbally, and often is.

Those persons who are low in argumentativeness tend to manipulate situations to prevent arguments from occurring. This is indeed the scenario of the battered woman and

how she attempts to control the situation to prevent escalation of the argument and to prevent a violent situation.

The fact that verbal aggression often escalates into physical aggression cannot be ignored. Children who are unable to express themselves verbally become physically aggressive. In a similar way, adults who are unable to verbally argue the issues of a matter at hand, often resort to verbal attacks or physical aggressiveness. A 1989 study by Infante et al. confirms this. They state: "Whereas people involved in nonviolent marriages have a greater tendency to attack their spouse's positions on issues, those in violent relationships are more likely to direct their attacks to their spouse's self-concept" (Infante et al., 1989, p.174). Infante et al. do not see violence as isolated events in people's lives, but as imbedded in the interpersonal communication styles people use. Verbal aggression is seen as a catalyst for physical violence. The ability of spouses to use the principles of argumentation, that is, debating the issues surrounding a problem, is a healthier alternative that does not usually lead to physical violence (Infante et al., 1989).

A Freudian analysis of aggression can be examined. If aggression is viewed as an instinctive biological drive, aggression may be viewed as the manifestation of a death drive and a means for one's own self-destruction. In a different light, aggression may be viewed as purely a phenomenon of evolution and survival of the fittest. The dominant male mates the most, ensuring the continuation of his lineage (Infante, 1986).

Infante and Wigley (1986) propose a personality approach to aggression which is multidimensional. They propose that symbolic aggression involves both verbal and nonverbal communication to damage another's self-concept. Assertiveness is described as a person's general tendency to be interpersonally dominant and forceful. It has a more

positive connotation than aggressiveness. Assertiveness contains both verbal and non-verbal aspects and is quite complex behaviorally.

· What are the causes for verbal aggression? The literature describes several, to include frustration, social learning (for example, boys are encouraged to physically solve problems through fighting), psychopathology (involving the principle of transference) and argumentative skill deficiency as described above.

Rudd et al. (1994) studied the communication patterns in women who were battered. They found that battered women used indirect strategies that are less confronting and less power based. The top two strategies reported by the women studied were aversive stimulation (pouting, sulking, and crying) and ingratiation (manipulation in the form of affection or favor doing). These findings were consistent with Lenore Walker's observations of battered women; they tried to avoid confrontations as they had little power in the relationships and preferred to use indirect methods to accomplish their ends.

Part Three — Gender Differences

The third area of literature review examines in the role of gender in communication. This area of communication has attracted popular public attention regarding different styles of communication between men and women. This literature review is based on the finding of research, not the conjectures of popular self-help books. The areas of communication decoding, the presence or absence of aggressiveness, and verbal and non-verbal areas of communication styles are reviewed here in regard to gender differences.

Bate (1998) suggests that women have not been traditionally trained to assert themselves verbally to establish power or control, whereas men have. She discusses the principle of empowerment and its significance in treatment implications for battered women.

Fitzpatrick's (1988, pp.113-35) study discusses ways in which communication between couples can be analyzed for both verbal and nonverbal content. She observes that when couple communication changes from an issue attack to a personal attack and conflict results, the important factor is how the spouse responds to this personal attack. She also states that conflict occurs between men and women not because they are of different sexes, but based on couple type (traditional, independent, separate and mixed). Fitzpatrick also studied the accuracy with which these couple types were able to interpret the nonverbal emotional cues of their spouses. Though it is generally accepted that women are better at decoding nonverbal communication, Fitzpatrick found that accurate decoding was also dependent on the type of couple.

Both Fitzpatrick (1988) and Bate (1988) discuss the importance of nonverbal communication and how the incongruence of affect and the content of the verbal message can result in communication confusion. For battered women who try to control situations and to avoid conflict from escalating, patterns of communication in which the verbal and nonverbal do not match have been observed. This may be a way in which the battered woman is seeking to minimize the conflict. Smiling and nodding approval when she states she is unhappy with a decision that has been made by her spouse is an example of the verbal and nonverbal communication not matching. In situations such as this, the

nonverbal will be more believable than the verbal, perhaps defusing a potentially volatile confrontation between the woman and her spouse.

Burgoon (1994, pp. 230-5) does identify several research-based differences in communication based on gender. These are as follows:

1. Men look more at a conversational partner during speaking than during listening, a display of visual dominance.
2. Women smile more and exhibit more facial affect than do men.
3. Women are approached more closely and tolerate spatial intrusion more than men.
4. Women talk less, listen more, and are interrupted more than men.
5. Women are more accurate at decoding nonverbal communication than men.
6. Women display more submissive postures and gestures than do men (examples are head tilt and open palms).
7. Women use more rising intonation of voice and hesitations than men.
8. Women adopt closer conversational distance than men.
9. Women accommodate to the communication patterns of men, but men do not.
10. Women are more inclined to express emotion. Men are more apt to express anger.
11. Women give as well as receive more touch than men.

These gender differences in communication patterns have been described by many, but few explanations of why these differences appear are conclusive. Eagly (1987) contends that it may be explained by a gender role theory which states that gender differences are due to men and women conforming to culturally defined gender expectations. In the study of the communication patterns of battered women it is important to understand these differences and the fact that they may be part of the socialization process that person has experienced. It may explain some "typically female" or "typically male" responses to situations and must be accounted for in analyzing the communication patterns of battered women. This must be tempered by a

statement by Aries that points out that generally less than 10 percent of the variance in behavior can be accounted for by gender, and typically less than 5 percent (Aries, 1996, p.7).

Communication differences between men and women are often described in terms of aggressiveness and assertiveness. Eagly (1987) examines aggressiveness through the use of gender roles. Typically, men are rated as more aggressive than women. Women's roles that are associated with caring and community are incompatible with aggressiveness. Many women have been influenced by the feminist movement and its promotion of assertiveness. The difference between assertiveness and aggressiveness is explained as the absence of the intent to inflict harm in the act of being assertive. This "do no harm" attitude is fundamental to the female gender role.

Deaux (1976) describes aggressive reactions in men and women based on either initiation or provocation. Men are more aggressive and are more apt to initiate aggression than are women. Women, Deaux reports (1976, pp 81-91), will exhibit aggressive behaviors on a par with men, if provoked, but tend not to initiate aggression. An example of this would be honking horns in a traffic jam. Men would be more apt to initiate this response than women. When cut ahead of while waiting in line, a woman will be just as aggressive as a man in her response and perhaps will show more aggression nonverbally.

Infante and his associates (1989, p.166) describe the causes of aggression in individuals as originating from four sources. These are psychopathology (repressed hostility), disdain (dislike for an individual), social learning (a result of the socialization process), or argumentation skill deficiency. Not being able to argue an issue, or debate

both sides of an issue, is often a trigger for aggressiveness to begin. Infante et al. found that males are more apt to respond to verbal aggression with verbal aggression, whereas women are more apt to counter verbal aggression with argumentation. This is an interesting finding considering that women are generally less argumentative than men. This finding must be considered when determining treatment modalities for women. Teaching women how to be more argumentative may have merit.

Part Four – Treatment Modalities

The fourth area of literature search involves the review of treatment modalities used with battered women. Few sources reviewed specifically address changing the patterns of interaction battered women utilize.

The most common type of treatment described is group therapy. This type is used predominantly because it addresses the social isolation most battered women experience and provides a safe environment in which to disclose the abuse and express the emotions associated with the abuse. Jackson describes some techniques for use in short-term therapy (cited in Roberts, 1996, pp. 208-9). This includes gathering information, assessing risk, providing education regarding community resources, dispelling myths regarding battered women, adopting a positive attitude, placing blame on the perpetrator, creating a safety plan, listing options to address future problems, identifying and using a social network and developing a "survivor" rather than a "victim" mentality. This is a long list to accomplish when a woman has had a traumatic injury and does not address the inter-psychic growth a woman may need to escape the cycle of violence.

Walker (1979, pp. 227-50) describes the adaptations of individual psychotherapy and crisis intervention techniques, which have been used most successfully with battered women. Unfortunately, many battered women's coping techniques are viewed as severe personality disorders instead of coping mechanisms to living lives filled with violence. Walker describes two types of counseling available to women who are victims. The first is a supportive type, which is provided by paraprofessionals. The second is psychotherapy provided by professional counselors. Some of the major therapeutic interactions that take place are a type of role modeling in which the victimized woman can observe another way of functioning and problem solving that she may not have experienced before. Walker recommends that only women who can function as these same gender role models provide this type of therapy. Other techniques that are utilized include encouraging families to break apart, an atypical approach in most therapeutic intervention. Building on the woman's strengths and dealing effectively with the ambivalent love/hate feelings most battered women feel are also critical components of a sound therapeutic approach.

A variety of treatment approaches have been discussed in the literature, as follows, but a systematic way of approaching the communication issues of battered women has not been developed. An individualized approach using a variety of techniques based on the individual identified communication needs of the woman and her spouse would seem most appropriate. Flax describes some couples treatment techniques related to addressing the incongruence of verbal and nonverbal cues and identifying and defusing aggressive behaviors before they become physical aggression (cited in Walker, 1979, pp. 245-7). Dutton-Douglas (1992) describes a four-step approach to treatment,

which entails working through the trauma, decreasing certain symptom patterns (to include aggressive behaviors), cognitive restructuring (addressing locus of control issues), and rebuilding a new life. Elgin (1993, pp. 284-92) suggests in her book, Genderspeak, several different treatment approaches. These include family therapy using the communication techniques of Virginia Satir, Gentle Art techniques as espoused by Thomas Gorden, and her own communication technique which responds to Verbal Attack Patterns. Learning the skills of confrontation and argumentation without verbal aggression and assertiveness are espoused by several authors (Infante, 1990), (Tifft,1993).

Infante et al. (1990, p. 370) state the issue of treatment for battered women most eloquently:

> "It seems apparent that a communication approach to the problem of interspousal violence is valuable and the communication discipline is uniquely able to provide such a perspective. Eventually, it may become clear that violence between people in intimate relationships is a communication problem, one that can be addressed and treated by communication researchers."

It appears from the literature that battered women often exhibit these communication patterns outside the battering relationship. Walker states that it is not uncommon for women to use coping strategies to include dysfunctional communication patterns, long after she has left the battering situation (as cited in Roberts, 1996). The impact of treatment for these women is critical, as life long patterns of communication problems can affect not only the woman herself, but also those with whom she enters relationships, whether at home, in social settings, or at the workplace.

CHAPTER THREE

DESCRIPTION OF STUDY

Terms

Many terms have been used in the previous pages, some of which must be defined and others, which will assume a common usage, such as in a dictionary. "Spousal assault" is a complex term, which, for the purposes of this paper, will refer to the physical or emotional maltreatment of a woman by a husband or a male partner. It is used synonymously with the term "spousal abuse" throughout this proposal. It is a form of domestic violence that can involve both verbal and emotional abuse and physical assault.

The term "battered woman" is used throughout. The definition that will be used for this study is from Lenore Walker. Walker (1987, p.132) defines a battered woman as a woman who is repeatedly abused physically, sexually, and/or psychologically by a man with whom she is intimate so he can have his needs met without regard to her needs. "Battering" refers to an intentional act that is used to gain power and control. The act of battering includes physical abuse (hitting, slapping, punching, kicking, assault with a weapon, restraining, or any other act that inflicts intentional pain or injury), sexual abuse (forced intercourse or variations thereof), and psychological abuse (threats, ridicule, restriction, or damage to property) (cited in Roberts, 1986, p.132).

"Physical aggression" is described as using one's body or extensions of the body (for example, using a gun) to apply force to another person's body in order to dominate or damage that person (Infante, 1987, p.163). "Verbal aggression" is the use of words to dominate, damage, defeat, or destroy another person's position on topics of

communication and/or the person's self-concept (Infante, 1987, p.159). "Argumentativeness" is the ability to recognize controversial issues in communication situations, to present and defend positions on the issues, and to attack the positions other people take (Infante, 1987, pp.159-60). "Assertiveness" is a general tendency to be interpersonally dominant, ascendant, and forceful (Infante, 1987, pp.165-6).

Purpose of Study

The research questions to be answered are as follows: What are the interpersonal behavioral patterns of women who are victims of spousal assault and do these patterns differ from women who have not been assaulted? Do women who are victims of spousal assault engage in behaviors that are passive and unassertive or do these women exhibit inappropriately aggressive communication patterns? What has influenced these women in the way they interact with others? Do the interaction patterns in the family of origin influence this? The key question is: Does the interaction pattern vary from the situation in which the domestic assault occurred to the current home situation, to work or school settings, and in social settings outside the home? Do such theories as learned helplessness or accommodation theory follow these women from setting to setting?

This study is a qualitative study to explore the types of interpersonal behaviors present in a sample of women, both victims of spousal assault and those who are not, across four settings. These settings include the family of origin, the work or school environment, the social setting, and the current living situation.

Assumptions

A major assumption is that interpersonal interaction styles can be analyzed and patterns be detected through interviewing women and analyzing the interviews. The qualitative nature of this study is important to provide information about the general characteristics of the interpersonal interaction of women in different settings and to see if similar or different patterns exist in social, work or school, the current family situation, and family of origin as compared with the situation is which the spousal assault occurred. This study may lay the groundwork for future study and the development of treatment modalities that will better address the needs of women who have been the victims of spousal assault.

Recruitment/Interviewing of Subjects

Respondents for the interview process were obtained in four different ways. Because of the difficulty experienced in recruiting women to participate in the study, no one method of recruiting interviewees would have obtained a large enough sample.

First, I sent letters to and made and personal contacts with three battered women's shelters in the Dallas, Texas, metropolitan area. The New Beginnings program in Garland, Texas, declined to participate. Hope's Door, a battered women's shelter in Plano, Texas, did not respond to letters or calls. The same occurred at the Family Place, a large battered women's shelter in Dallas, Texas.

Second, I placed recruiting posters at the following locations: Allen Community Outreach (a social services agency just north of Dallas), Collin Community College in Plano, three battered women's shelters (Genesis Women's Outreach in Dallas, The

Women's Shelter in Arlington, and the Women's Haven in Fort Worth), and the Vogel Alcove Childcare Center for the Homeless in Dallas. Six respondents were obtained from the Vogel Alcove, two from the Women's Shelter in Arlington, and one from the Women's Haven in Fort Worth.

Third, I placed newspaper advertisements in the *Green Sheet*, a local classified advertising publication, and the *UT Arlington Short Horn News*, a University publication. These efforts yielded three more interviewees.

Fourth, I posted a *Yahoo* Personals Ad. Several responses were obtained from this ad, but none followed through to be interviewed.

Of thirty contacts made through these recruiting efforts, three women declined to participate, eleven did not respond to the written information, one provided incomplete written information and was excluded from the study, two submitted written information, but could not be contacted to arrange an interview and one provided an insufficient mailing address and could not be contacted.

The best recruiting occurred by sitting in the lobby of the Vogel Alcove near my project poster and engaging in conversation with the women as they waited for appointments. Most of these women were interested in participating and all were victims of domestic violence. An incentive of receiving $10 once the interview was completed seemed to be a motivating factor. The Program's administrator supported the study and encouraged women to participate.

I conducted the interviews in a variety of settings, including the homes of the women interviewed or in an office at the Vogel Alcove. I started the interviews with a brief description of the interview process, the purpose of the research study, and some

informal conversation about the weather or other topics in order to establish rapport. I answered any questions at this time. The women completed a consent form and the Getting to Know You questionnaire if this had not been completed before. For some of the women, I completed the questionnaire, especially if the women were busy taking care of children or if there were concerns about their ability to complete the questions. I informed each woman that she would be reimbursed $10 once the interview process was completed.

The interview format was semi-structured and included similar questions about each of four areas -- the woman's family of origin, her work or school setting, her social situation, and the relationship in which the domestic violence had occurred, usually in that order. The woman's lead was followed in the interview, especially when sensitive areas were being discussed. At times, I used clinical judgment in how far to probe. One interview resulted in the woman being referred to her counselors due to her depressed emotional state that was present at the start of the interview. In some interviews, more probes were needed then others. Some women told their stories quite naturally, especially those who had been in treatment. When women had difficulty describing one of these four areas, I used more direct probes or gave examples of the information desired e.g., "Can you describe a time in your childhood that was particularly happy/unhappy?" followed by a statement such as "Maybe if you think about a special event—a birthday or a holiday celebration—what was that like, who was there, what were they doing?" Once the pattern was established in the interview process, it was followed throughout the other 3 areas. The interview technique is based on the model of "A Day in the Life of..." as described by Pamela Winton (Winton, 1991) and "Routines Based Interview", as

described by Robin McWilliam (McWilliam, 1998), both faculty at the University of North Carolina. Attempts were made to end the interview on a positive note and to leave the interviewee in a stable state of mind, especially since the interviews were often highly emotionally charged as the women described their situations.

The monetary payment at the end of the interview was well received by all of the women interviewed, though several stated they would have volunteered for the project without compensation, as they wanted to help others who were victims of domestic violence and that would be enough compensation for them. One woman needed the money to get diapers for her baby and was very appreciative. I answered questions about the study and shared my observations of the interviews already completed, if asked. One interviewee called me later for help with a social services issue. I shared with her information about community organizations that could help. Finally, I sent "thank you" notes to each woman for participating in the interview.

The presence of the audio taping device did not seem of concern to the women. None of the subjects asked to talk "off the record." The logistics of recording were difficult at times, especially in one interview where the three-year-old boy kept running off with the tape recorder and taking the batteries out of it.

Transcription was done for six interviews by a trained medical transcriber, instructed in the confidentiality of the material being transcribed. I transcribed the other six interviews. Transcriptions were done verbatim unless the tape was unclear. In these instances the content was recorded and the lack of clarity in the recording noted. This happened only in two instances for a short period of the interview.

I reviewed transcriptions of the audiotapes for content and took notes to summarize statements made about each of the four areas, recorded similarities and differences among the interviews noted in these areas and highlighted passages. These transcriptions were paired with the appropriate Getting to Know About You questionnaires to match demographic information to the interview content. I noted patterns of responses and compiled information regarding conditions under which some of the women have escaped the domestic violence, and their use of counseling support groups, and social and family support.

The process used was one of "grounded theorizing," i.e., a philosophy of science and basic direction for conducting scientific research articulated in the classic work of Glaser and Strauss (1967). The approach consists of examining the literature for applicable theory, using that theoretical insight to direct a set of initial observations, re-theorizing on the basis of what was discovered in these observations, and then subsequently and repeatedly re-observing and re-theorizing in an ongoing, structured way. For example, the literature provided insight to guide the interviews, and reflection and repeated reviewing of the transcripts suggested constructs and categories for organizing research findings and deriving conclusions. The exercise is essentially theory-building in character and yields a set of theoretical formulations grounded in observable evidence rather than one derived through axiomatic deduction.

Limitations of the Study

As in any study of human behavior, there is an innate difficulty in studying in a reliable manner differing styles of interpersonal interaction. The women's self report is

the basis for this qualitative study and may is subjective, depending of the status of the women at the time of the interview, the honesty and sincerity with which they respond to highly personal questions This leaves the burden of proof on the researcher to observe, reflect, and induce based on the interviews conducted.

There are five caveats with this research:

1. The women are self-reporting. The batterers have not been interviewed. This does not rule out unrealistic or inaccurate (exaggerated or minimized) self-reports by the women interviewed.
2. Audio-taping may inhibit the responses of the women interviewed.
3. Patterns are difficult to ascertain due to the small sample size utilized.
4. The type and extent of spousal assault will vary from woman to woman interviewed and may influence the results.
5. The types of experiences the women had in their families of origin and cultural backgrounds may influence the conclusions.

CHAPTER FOUR

FINDINGS

Thumbnail Sketches of Subjects

AA is a 20-year-old woman who has completed high school and is looking for a job. She has a five-year-old son and one-year-old daughter who live with her. She leaves her children at the Vogel Alcove Daycare while she looks for work. She describes herself as a single woman who does not ever want to get married. "Men are no good, " she states. Her first relationship lasted two years and started when she was in eighth grade. She describes this relationship as filled with verbal abuse. "He told me I was stupid and couldn't do anything right." She "got pregnant" when she was fifteen. Her second relationship lasted only four or five months and is the one in which the domestic violence occurred. Her comments about this relationship are as follows:

> "He was controlling. He got jealous if I ever talked to another man. He could talk to other women, but I couldn't talk to anyone else. He wanted to know where I was all the time. I tried to please him, but he put me down. He threatened to kill me one day and I left him."

AA is currently in a relationship with a man whom she fears. She states: "Maybe if I stay real quiet and keep away from him I will be okay." TT was tearful throughout the interview. She displayed a dim view of herself and described numerous instances where those around her put her down.

Because of her statements about currently being in a dangerous relationship and feeling very depressed and hopeless, I referred her to counselors at the end of the session.

BB is a 30-year-old woman who has completed three years of college and works as an office clerk. She has three children who live with her – two sons, ages 10 and 3, and a one-year-old daughter. She is an intelligent woman with good communication skills and a friendly demeanor. She described several relationships in high school, followed by two different boyfriends in college. Her last relationship lasted four years and is the one in which the domestic violence occurred. This relationship she described as starting off well and each of them was happy. Then her boyfriend lost his job, started drinking, became very depressed, and started taking out his frustrations on her:

> "Sometimes he would just sit and drink. There was something on his mind he could not talk about. When he let it out he would scream and shout. He took it out on me, but he was really frustrated with himself."

She described instances of being hit in the face and beaten up. She attributed his frustrations to financial problems and described him as the type of person who enjoyed giving to others. When he could no longer do this, she observed, it just "ate him up."

CC is an energetic, cheerful, 21-year-old woman who has three daughters, ages 4, 2, and 7 months. She has completed high school and is currently in school to become a medical assistant. She was in one relationship that lasted one and a half years and ended on good terms. It was a relationship she had after this in which the domestic violence occurred. She stated that things went badly right away:

> "He always wanted me to clean and he said I never did it right. He was jealous if I even talked to anyone else. He threw me on the floor, choked me, and pushed me into the wall. It all happened at his mother's house – I grabbed a knife and stabbed him. He just couldn't believe what I had

done. His momma came out of the room and told him he deserved to be stabbed for forcing me. She was on my side."

DD is an articulate, well-dressed, 20-year-old woman with a 17-month-old son who lives with her. She has gotten her GED and is working part time as a telemarketer. DD had been in a relationship that lasted for about eight months. She described several acts of domestic violence in this relationship. She stated: "I broke up with him because he wanted to have sex with me. I said 'no' and he hit me. He tried to break my thumb." She describes her current relationship as being unstable. She is concerned because her boyfriend is irresponsible. She likes him because he is good to her son. She does not let her son see his biological father because she had filed for child support and he has a very bad temper. "He might do something to my son to get back at me. I don't want that to happen."

EE is a 22-year-old woman. She has no children. She has competed high school and is currently in college. She also has two part time jobs – one as a tutor for school-age children and one working for *UPS*. She described a previous relationship in which domestic violence had occurred. Although this relationship started out to be a good one for each of them, it began to deteriorate and verbal abuse began, mostly yelling, arguing, and swearing. Once during a verbal argument her boyfriend slapped her face. She was very scared by this action and she broke up with this man shortly thereafter.

FF is a 59-year-old woman who has an associate's degree and works part time as a respiratory therapist. She has been in this profession for twenty-seven years and now works part time because of a severe arthritis condition. FF has one son and two daughters who are all grown and live on their own. Her current marital status is divorced.

She describes her first marriage as a good one that lasted for eighteen years. They divorced after they had "grown apart." Her second marriage is the one in which domestic violence occurred and it lasted for nine years. FF describes this relationship as a good one until they married. Then she discovered that her husband had a serious drinking problem and would go into drunken rages. FF described her husband as being mentally unstable and spending some time in a local mental hospital. She described him drinking malt liquor and stealing her blood pressure medication. She had to resort to hiding her medicine in the trunk of her car to keep him away from it. She stated:

> "He had a wild look in his eyes. When it first started I was so stunned. He broke my nose about two months after I married him. I should have walked out right then and there."

FF described several instances of serious physical abuse toward her to include blackened eyes, being hit with a wine bottle, being threatened with a gun, having her arms twisted and being thrown to the floor. She stated that she was lucky to be alive.

GG is a 20-year-old woman who is a student working on getting her bachelor's degree. She is single with no children. Her mother presently lives with her. She does not currently have a job. GG claims never to have been a victim of domestic violence. She did relate information about her childhood that indicated a strained relationship with her father and some difficulties in her current relationship. She stated: "My dad is the strict type. So I know not to get him upset. I have always been a good child." She is presently in her first serious relationship and reports that it is going well. She and her boyfriend broke up once and communicated about this break up via e-mail. They have "made up" and are now back together.

HH is a 35-year-old, soft-spoken woman who has a five-month-old child who lives with her. She does not have a high school diploma or GED and she is currently unemployed. She has been divorced twice. Her first marriage was for six years and had some instances of domestic violence, which, though of concern, were not severe and were not the reasons for the divorce. Her second marriage lasted less than a year and a half. HH divorced her second husband because of domestic violence. The violence was severe – she reported that he raped her, verbally abused her, and financially controlled her. She reported verbal abuse when she was pregnant. She stated: "It was funny because when I left it was like I had married the devil. I didn't know what the devil was until I was with this man."

Ironically, HH's husband was a preacher. She described having to read the Bible daily. She reports taking care of the family herself, even though she was pregnant, a pregnancy complicated by diabetes and long periods of hospitalization. Physical abuse also occurred. She describes being shoved against the wall with her arms being held so tightly that she suffered bruises. She concluded:

> "With this last relationship, I seriously believe that if I had stayed there I would be dead. He threatened to kill me on a couple of occasions. He held knives to me. He was evil."

II is an energetic 21-year-old female who is a senior in college studying child development. She is married and helps with the family income by doing a variety of part-time job such as babysitting, ironing, giving sports lessons, and helping her father who is a veterinarian. She is active in church and she and her husband regularly attend a couple's group. He also is a student and is getting a master's degree in addition to

working full time. Although II describes some tension and verbal bickering in her marriage, she has never been the victim of domestic violence. Because they are both so busy, she wishes they had more time together.

JJ is a 22-year-old woman who is attending college and working part time as a house cleaner. She described observing many arguments between her parents and experiencing much pain during the time when her parents were divorcing. She blames the problems between her parents on her father's alcoholism. She has been married two years and was pregnant at the time of the interview. She describes two prior relationships. The first one lasted for less than a year and she described this man as a "liar" and a "manipulator." This was the relationship in which domestic violence occurred. She describes this relationship as follows:

> "He was very controlling. I always felt under his thumb. Like he was watching me and controlling what I did. He wanted to be with me every second. He never hit me, but he would hold my arms so I couldn't walk away."

Others told JJ that this relationship was a bad one for her. She realizes this now, but not when she was in the relationship. She remembers him talking about how his father was abusive to his mother. She had another short relationship afterward, but broke up with this man because he wanted commitment and she did not truly love him. Her marriage has been strong with no reported instances of domestic violence toward her. JJ does report some instances of verbal arguments with her husband, but they are readily resolved. She stated: "No, I am more violent than he is. I throw things. Not every time and I don't know why I do it and I hate that about myself."

KK is a 19-year-old woman with two sons who live with her, ages two years and seven weeks. She presented herself in a calm, passive manner and cared for her children and nursed the baby during the interview. She is currently separated from her husband and living at her father's home. She works when she can, doing commercial cleaning, but was unemployed at the time of the interview. She described nine or ten instances of domestic violence in her three-and-a-half-year marriage. These included physical abuse in the form of pushing, shoving, hitting, biting, choking, and being restrained. She was subjected to danger on occasions when her husband left her in dangerous places and drove recklessly. She also was emotionally abused by being called names, threatened, and screamed at. She describes an instance when her husband abducted their oldest son for over two months. Her child had just been weaned from breast-feeding at this time and this forced separation was traumatic for both mother and child. She described one instance of domestic violence as follows:

> "He was yelling, drunk. He threw me on the bed, pulled my hair, and banged my head hard and spit on me. He then tried to justify what he had done by making it all my fault. He then said he wanted to kill himself because he had hurt me."

KK described several instances of her husband's emotional instability and depression. His parents, who were both preachers, were counseling them, but it didn't seem to help much. KK concluded:

> "Something would happen every four to six months. There was a pattern. ...He said I had driven him crazy...that I needed to be a better wife. I felt like in my whole marriage I tried to be a good wife. Then I started realizing it wasn't me or my fault."

LL is a sincere, articulate 50-year-old female who is currently separated from her second husband due to domestic violence. She described herself as chronically depressed. She is KK's mother. She recalls her first marriage as ending after thirty years due to irreconcilable differences. She and her daughter are currently staying at her first husband's home. She has come to Texas from Illinois to help her daughter, KK. There was no domestic violence in this first marriage. LL has been married to her second husband two times. She describes him as an alcoholic who would abuse her when he was intoxicated by pushing, shoving, and grabbing her to the extent that bruising occurred. Her husband attacked her two years ago when she reported that he crushed her head against a wall and threatened to kill her. She then reported him to the authorities and he never was violent to her again for fear of having to go to prison. He has been through treatment four times for alcoholism. She explained that she had been in battered women's shelters twice and had received counseling. She described her relationship with her second husband as "addictive," which resulted in her remarrying him six months ago after she had divorced him because of the domestic violence and alcoholism. She states: "He never developed emotionally. He did not love himself. He hated himself." She described a situation where the tables turned and she battered him after finding him in bed with another woman. "You can be an abuser yourself. The hurt goes from hurt to rage and you go to violence yourself."

Demographics

Of the twelve women interviewed, ten identified themselves as victims of domestic violence and two did not. One of the two who did not identify herself as a

victim (II) did share evidence of intense verbal arguments with her husband. The other woman who identified herself as a non-victim (GG) gave a somewhat guarded interview and described a long-term relationship that broke up and reunited via e-mail contacts. Reasons for the breakup were not elicited.

One woman interviewed (JJ) originally described herself as a non-victim. Through the course of the interview she described an instance of physical abuse when she was physically restrained by her boyfriend and held against her will. The man in the relationship was extremely possessive and stalked her when she tried to break up with him.

The age range of the women interviewed was from 19 to 59, with an average age of 25 years. The ethnicity of the women was six white, five African American, and one Hispanic. Most of the women (six) had finished high school or had a GED, three had some college, and two were college graduates. Only one had not yet completed high school. Three of the women were unemployed, eight were employed at full-time or part-time jobs, and one was in school full time.

All but three of the women had children. The average number of children was 1.67 with a range from 0 to 4 children. Most of the women had their children living with them at the time of the interview. In regard to marital status, two women were married, two were divorced, six were single and two were separated.

The majority of the women had been in only one or two serious relationships with a man. Two of the women had been in two or more abusive relationships. Most had only been in one. All but two of the women had been physically injured by a spouse or significant other.

In general, of the 12 women interviewed, eight reported areas of serious dysfunction within their families of origin, three presented a more neutral family background, with neither serious problems or exceptionally positive memories reported, 1 reported a very happy, almost idyllic childhood. Half of the women reported problems with alcohol abuse within their families of origin, though this question was not specifically asked. The two women, who did not report any instances of domestic violence in their own adult lives, reported either neutral or positive childhood experiences.

The dysfunction reported by the women ranged from severe poverty (evidenced by a lack of food clothing, shelter or supervision or other neglect, as children), the sudden loss of a mother at an early age, extreme interfamilial dysfunction (evidenced by domestic violence witnessed between the parents, divorce, blended family or step parenting stressors), or by indication of a serious mental illness or drug or alcohol abuse in one or both parents. A pattern of severity of family of origin issues and severity of subsequent domestic violence experienced by the woman herself emerged, indicating the repetitive, cyclical nature of violence in families.

The poor quality of life issues that the women experienced in their childhood included unstable familial composition to include absent or stepparents, and regular disruption of the home environment due to extreme poverty or sudden moves to new locations. The social isolation of the women begins here and follows the women who become victims. Perhaps the loyalty these women show toward an abusive spouse or significant other is because they so strongly seek an intimate attachment to another individual that has been denied to them in their growing up years. I found that women

who were able to escape from an abusive relationship usually had a strong social support system. Without this, women tended to fall back into yet another abusive relationship.

None of the women interviewed were fully employed. Two were actively looking for work, one has a small baby and was not looking for work at the time, three others had part time jobs doing office work, one was a part time respiratory therapist, and four had house cleaning jobs. None had exceptional job training and the jobs they most often took involved menial, unskilled labor. All of them were eager to improve their job skills. One was a full time student, training to be a medical assistant. None of the women interviewed had enough income to live comfortably without outside help. Several talked of supporting the men in their lives; others longed to meet a man who could support them.

Modes of Adaptation to Domestic Violence

The domestic violence literature contains the observation that women in abuse situations typically respond in predictable ways. Walker (1984, pp 42-53), for instance, has described two modes of response to domestic assault. One is a response pattern that I will call ***compliant-acquiescent*** (***c-a***). It is characterized by a posture that is non-confrontational, nonassertive, compliant, and overly willing to please. Women who respond in this manner typically feel trapped in a state of "learned helplessness" and experience depression and self-blame. A second and less frequent response pattern noted by Walker I will call ***assertive-combative*** (***a-c***). Here, women adapt to the abusive situation by becoming assertive and aggressive themselves. They often adopt a tough and

confrontational stance, believing that no one can help other than they themselves and, further, that they must protect themselves in most every situation.

To what extent may this typology be applied to the women interviewed in this study? I delineated some features that might be used to classify the subjects into one of these two groups. The first group, ***compliant-acquiescent*** (***c-a***), would be those who did not respond aggressively to the perpetrator of the violence or difficulties in their relationships. Rather, their pattern would have been one of avoiding their partner, passively enduring the abuse, or responding in a verbal manner that is generally non-confrontational. The second group, ***assertive-combative*** (***a-c***), would be those who may have initially endured the abuse, but reached a point where they themselves were violent toward their partner.

Applying these criteria, it was apparent from the interviews that AA, BB, DD, GG, HH, II, KK, and JJ may be classified as ***compliant-acquiescent*** (***c-a***). Instead of confronting her abuser, for example, AA simply left the situation and moved without his knowledge to an undisclosed location. BB analyzed the cause of the domestic violence as stemming from her abuser's personal pain and left him. DD simply left her partner after he tried to force her to have sex and attempted to break her thumb. GG described herself as a non-victim and presented herself in a passive, quiet, non- assertive manner during the interview. HH escaped severe abuse by her partner by furtively escaping with the help of her sister. II describes herself as a non-victim and has a busy, productive lifestyle. KK presents herself in a passive, submissive manner and escaped her partner and his family by secretly moving from a distant location with her two young children. JJ does not report being aggressive in the relationship in which the domestic violence occurred, but does

admit being somewhat aggressive in her current marriage. She states that she throws objects when angry, not at her spouse, but in an act of anger. She was the most difficult to categorize, as she has some very aggressive tendencies that may lead to a situation of domestic violence in her current relationship.

On the other hand, CC, EE, FF, and LL all spoke of violent acts toward their partners and may be classified as ***assertive-combative*** (***a-c***). CC describes stabbing her partner. EE spoke of confrontations with her partner that escalated to hitting. LL describes physically beating up her partner. FF displayed an earthy, forceful manner during the interview and handled the domestic violence toward the end of her relationship in a decidedly assertive manner by calling the authorities and pressing charges.

We see in the sample that about two-thirds of the sample falls in the ***compliant-acquiescent*** (***c-a***) category and about one-third in the ***assertive-combative*** (***a-c***) group. While the nonrandom nature of the sampling prohibits valid generalization of these percentages, these proportions, interestingly, are quite similar to those reported by Walker (1979). I now will track the performance of these two groups across the four settings of family of origin, employment/school, social situation, and current family situation.

Roles in Other Settings

The twelve women interviewed experienced various "quality of life" situations in the four areas studied: family of origin, employment/school, social situation, and current family situation. Nine of ten of the women who were victims of domestic violence were raised in families with serious problems. The majority of women who were victims of domestic violence had multiple stressors in their current lives, and few had close social

relationships with friends. On a positive note, most of the women described work or school as being highly pleasurable parts of their lives. There is a strong positive correlation between being a member of a dysfunctional family and being a victim of domestic violence. Additionally, I found a strong positive correlation between being a victim of domestic violence and having limited social contacts coupled with multiple stressors in daily life in the current family situation. The roles the women played as employees or students were the high points of their lives. The roles of spouse or significant other in an abusive relationship were always the lowest of the low. The women who escaped an abusive relationship counted on the support of someone outside the abusive relationship who, with only one exception, was a strong female role model, either a relative or a close friend. Accommodation theory, the theory that women stay in undesirable situations because they have few other options, did not seem to be supported by the women interviewed. Although having few resources may have lengthened the time they spent in an abusive situation, it did not prevent the women from escaping. These conclusions are based on descriptions of how the women functioned in each different role and situation in their lives, past and present, as reported in the following four sections.

Family of origin

Of the four women described as ***assertive-combative*** (***a-c***), all four reported serious problems in their families of origin with basic survival issues. Each of these women took a more active role in dealing with these survival issues than the **c-a** group did. The following examples confirm this.

LL, for example, describes her childhood as follows:

> "...not a happy childhood. Not at all. My mother was a very depressed woman, a single woman with six children, in poverty, hungry, no clothes, very, very, poor. My father was deceased. I was not close at all to him when he was alive. He was a worldly, self-centered man. He ditched his own kids and raised someone else's kids. This is why I chose the path I did because I did not have a father."

LL's response is of a child who had been virtually abandoned, a child who had to fend for herself because her mother was working to try to put food on the table instead of tending the children, a child who was raised by her older siblings.

FF described an alcoholic father who embarrassed her at times with his drinking. She referred to her mother as a "strong woman" who tolerated her father's undesirable behaviors. FF took charge of her own life by starting a family of her own at age 18.

CC described a chaotic, unpredictable childhood after her father died, escaping into motherhood at age 17 and committing herself to proactively creating a "good life" for herself and her three daughters. Far from assuming a passive approach, CC set personal goals for herself and proceeded to accomplish them.

CC recalls her mother as being a drug addict who disappeared for 8 years. At the same time their trailer home was repossessed. She did not know where her mother was. She was raised by her grandmother and had a "decent life." Then, "one day, totally out of the blue when I was in the eighth grade, my mother called. She was living with a man and I talked to her."

EE recalls a childhood as being somewhat chaotic with her parent separating twice and her observation of one family altercation. In response to this altercation EB

stated: "I was sad. There was a lot of arguing, nothing physical, but a lot of arguing, throwing of clothes and furniture and household items. It made me very scared". Her mother died when she was 16 and she had a stepmother as an adolescent. She still talks tearfully of her grief at the loss of her mother, the one constant in her life.

FF was raised by both parents. She described her father as an alcoholic and her mother as being strong and "putting up with it". She told of times when her father would buy her anything she wanted and other times when his drinking embarrassed her in front of her friends.

LL (KK's mother) described her childhood as not at all happy. "My mother was a depressed woman, a single mother with six children, in poverty, hungry, no clothes, very, very, poor. I remember coming home starving and eating crackers and water. My siblings were my parents." She went onto describe herself as fearful as a child, often clinging to her mother. She reported that she had two sisters who was also been victims of domestic violence and a brother who was an alcoholic.

Of the eight women who were identified as ***compliant-acquiescent*** (***c-a***) in response to domestic violence, three were from families of extreme poverty. These women described childhoods in which basic survival was a daily struggle. Rather than becoming aggressive in these settings they remained as passive victims. For example AA states, "Well, my family was big. There were five kids. My Daddy left and my Mother had to take care of us all. We didn't have much."

HH spoke of difficulties when her mother died when she was just two years old and the subsequent difficult relationship she had with her stepmother. As a teenager she

was quite unhappy and became very introspective instead of lashing out as most teens would do:

> "I spent a lot of time thinking, you know what would my (real) mother do in a situation, how she would respond, you know, and my (step)mom would tell me to do something and I'd say 'you can't tell me what to do. You're not my mother.' I was very ugly to her and I really shouldn't have been."

HH went on to say the following about her stepmother:

> "She came from a different situation—there were seven girls and a boy in her family....Her father left her mother for someone else. Then, a few years ago my (step) mom's sister's husband commit suicide. And so my (step)mom was going to counseling with my aunt. (Step) mom said to me "I never knew I was from a dysfunctional family.' I said 'Mom, I could have told you that a long time ago.'"

BB spoke of great uncertainty in her growing up years, marked by frequent, unpredicted, and unexplained moves. Each of these three women expressed issues related to abandonment and great loss in their lives. The fear of experiencing an unpredictable world may contribute to their c-a responses, so that in constantly striving to please and not "rocking the boat" their world becomes a more predictable one for them.

AA described her family as being large and her childhood being unhappy:

> "Well, sometimes we had fun at Christmas. We went to church together. But mostly things were bad. We moved around a lot, and I didn't have friends. When I was in school I remember that they called me 'stupid'".

BB, when asked to describe her childhood, stated:

> " It started off real bad. My Daddy left. We moved to my Mom's boyfriend's house. There were 11 of us. It was crowded. ... Things were worst when my 'Dad' lost his job. We went south, I thought just to visit. We never went back."

BB went on to talk about how hard this was for her because she never got to say goodbye to her friends and she moved to an area where people picked on her for her "Southern" accent. He parents did not let her know what was going on and she was very upset and confused by this sudden move.

DD describes a home life that was "fun" most of the time. Her father was in the military and their family lived overseas in Germany for a while and moved around a great deal between military bases. GG describe growing up in Mexico and being very close to her mother. She states: "I'm closer to my mother than I am my dad. I suppose because he was never there. He doesn't know how to handle children."

HH describes a childhood in which she was very angry. Her father was a minister and her mother died when she was 2 years old. "The reason for my anger is that my mother died and here's this woman that I don't know and she is trying to come in and take the place of my mother." II described a happy family life in which her family did lots of sports activities together. The only strain on the family system was when she and her sister where teenagers and they showed rather typical sounding adolescent rebellion toward their parents. This situation was resolved readily by the family.

JJ describes her early childhood as very happy. Problems started when she was a teenager. She acknowledged her father as being an alcoholic. She described herself as a middle child who felt pressured to save the marriage. She had witnessed verbal fights

between her parents, ending when her father left the house. She described her father, as "quiet and he never talked to us. He doesn't have a relationship with us and he never really did". Her parents divorced when she was 21.

KK describes her childhood as basically happy. Her parents worked a lot and she was very close to her sister. "When I think of my childhood, I think of my sister, four years older, as a role model. She is calm and kind. She was like a second mother to me. She kept my Mom from going insane."

One interesting dyad that contributes unique information to the study is the mother/daughter interviews of KK and LL. KK was classified as being in the **compliant-acquiescent** subgroup, while her mother, LL, as part of the **aggressive-combative** subgroup. KK was helped by her mother to escape the domestic violence of her partner. KK was aware of, but had not witnessed, the domestic violence her mother had experienced. LL was raised in an environment of severe neglect. KK was not and described her growing up years as "happy". She considered herself as raised by her sister and not her mother. KK left her family of origin at age 15 to start a family of her own before her mother entered the relationship in which the domestic violence occurred. The mentoring role of her mother was strong and KK was thankful for her support when she left the abusive situation and moved to a distant state. It is unknown whether KK would have become more assertive or combative, like her mother, if she had remained in the abusive relationship.

Employment

The women all described their employment or school in a positive way. This part of their life was reported to go well for each of them. Several commented on how nice the people at work were to them.

The four **assertive-combative (*a-c*)** women are more successful in the area of employment than are the eight **compliant-acquiescent (c-a)** women. FF has a part time job as a professional respiratory therapist, EE is working two part time jobs, LL established her own professional cleaning business and CC is actively pursuing education that will lead to a professional job in the medical field.

FF, the respiratory therapist who was employed at a rehabilitation hospital, described her job as follows:

> "I love my job. My job is my identity. I am a different person when I walk through the doors at work. I am totally dedicated to what I do. I even go after work and take some of the kids out, especially the ones on ventilators. They loved it."

LL described taking menial jobs to support her family:

> "I waitressed and cleaned houses all those years to have enough money to raise the kids. When I did this, I felt useful, I was okay . . . but I realized at age 47 that I had no skills. I went through many crises and went back to school. I now have 33 credits and want to be a counselor."

She smiled with pride as she talked of the success of her college experience.

CC was excited about being in school and wants to become a medical social worker someday. She is hopeful about her future. She said: "School is good for me. I

chose the medical profession because it is always needed. It is job security. I'll finish school next year. I'm ready."

EE described her situation of being a full time student and working two jobs. One job she hates and the other (tutoring children) she loves. She described herself as always "tired" trying to keep up with all the demands on her from school and two employers.

Of the eight **compliant-acquiescent (c-a)** women, four are employed part time in non-professional jobs, one is a student only and three are unemployed. Two of the **c-a** women do house cleaning for others a day or two a week. These women placed much less emphasis on "career" and tended to be more concerned about raising their young child as their first priority. They often were more comfortable in assuming a dependent role with a partner, rather than asserting themselves in the work world.

Several of the women talked of some difficulties at work. Little or no emotion was exhibited when these difficulties were described, a dramatically different reaction from when they described the abusive relationships in their lives. HH described an assertive, problem solving approach to correcting an issue at work:

> "I have a habit of when I have a 'blow up' with somebody, I'll go to that person and try to make things right. If that doesn't work, then I'll go to a supervisor or something like that. I'll always go and try to work things out with that person."

This response is very different from what she described as happening when she had a disagreement with her husband, resulting in a fight or flight response and usually leading to an instance of domestic violence in which she was always described as the victim.

AA had no job, was looking for work and was financially destitute. DD just started a new part time job in telemarketing. BB had just gotten a new job as an office clerk. She stated:

> "Everywhere I get along. I don't always like the jobs. I have met some good people at work, even though they were just temporary jobs. I have had some stressful jobs. This job is okay."

GG is in school and describes her classes as "fun". She had two more years to complete her B.A.degree.

HH is currently unemployed. In the past she had done clerical work. She described the relationships she had with her colleagues as good ones. She is still in contact with one work friend. In her role as an employee, she describes herself as being very placating and submissive. She avoids altercations and when they happen, she tries to smooth them over. She is very non–aggressive at work.

JJ had found work cleaning houses. She is currently pregnant with her first child. She expressed frustration with a former job cleaning stables because she just couldn't seem to do it right for her boss. She prefers to be self employed.

KK is looking for work in the area of childcare even though she has a toddler and an infant of her own. She has few job skills and needs to establish some income. She is feeling pressured to get a job quickly due to her present inability to provide basic necessities such as food and diapers for her children.

Social Life/Networks

Of the four **assertive-combative (a-c)** women, three described strong social relationships with friends. LL, because she was presently isolated from her usual environment due to her commitment to helping her daughter in Texas, did not mention friends, but did describe long-standing, strong relationships with a variety of family members, especially with her daughter and grandchildren.

Some women, particularly those in the **a-c** group, had friends they keep in touch with by telephone, some because of being separated by large geographic distances. CC states:

> "I have a best friend for 17 years and then some other friends. We can talk about anything. I can trust her. I can tell her anything. My girlfriend is with this guy who gets very angry. I told her to get out of that relationship. I told her that he could hurt her. She says she is not ready to leave him. I keep telling her there are lots of places she can go that will help her. She says she won't leave him until she gets her own car...."

LL described herself as happiest when she was with her daughter and grandchildren. FF described having a "best friend" for over 30 years.

Among the **compliant-acquiescent (c-a)** women interviewed, seven of eight reported close ties with friends and family. Several talked of going out with friends for dinner or to just "party," one talked about her church group involvement, several spoke of having strong familial relationships, but having little time for friends. At the opposite end of the spectrum, one **c-a** woman described having no friends at all and currently being in an abusive relationship. She was extremely isolated in her social connections

and depended on counselors and formal support systems to assist her at the time of the interview.

The Social Life/Networks area varied a great deal from interview to interview. The women in the most seriously abusive relationships typically had very few social contacts. The two women who did not report themselves as victims of domestic violence had active social lives involving friends and family and activities that occurred regularly. Conversely, AA, who is in her third abusive relationship, stated:

> "No, I don't have any girlfriends. I take care of the kids. I like the shelter. They help me. I go to a counselor and we talk about things. Once a week for an hour. We can talk."

These comments are significant because AA has substituted the services of an agency for a meaningful friendship. This often occurs in counseling situations in which the client sees the counselor as a "friend." To connect with someone as "down and out" and AA is, this technique may be powerful, but must also address helping AA find her own circle of friends and support systems outside of the agency.

HH spoke of not having any girlfriends. She stated:

> "I have a sister who is very good to me. She is really a great person. She helped me escape from my abuser. She gave me money and a place to stay. She was terrific."

Some of the c-a women described social relationships in which they hung out with friends, went clubbing, had friends over to play games, etc. Those who were involved socially described no major difficulties with friends. BB relates a close connection with both of her grandmothers. DD talks of going out with her girlfriends and

having a fun Thanksgiving with them. II is involved with a couples group, church and family. JJ describes having friends over to play games and just hang out.

The c-a women in the worst situations with abusive men had no other social outlets. Sometimes this was because the men were controlling and jealous and the women avoided doing things socially to avoid repercussions from their partners. These women were in the most physical danger.

Those who were closer to friends or relatives (usually sisters) used these relationships to tell their stories. The words "We could talk about anything together" were common. Often these friends or relatives had been involved in abusive relationships themselves. HH reported that she had no girlfriends, but was close to her sister who helps her emotionally and with material things such as financial, housing and food needs. LL lives with her father, is close to her mother and sister. Right now she has no time for friends, but she counts on family to help and support her.

Current Family Life

In general, the **assertive-combative (a-c)** women have created new lives for themselves and are doing better financially and socially than the **compliant-acquiescent** *(c-a)* women are. The **a-c** women have "taken charge" of their lives, just as they became assertive in dealing with their partner in the abusive relationship. The following examples support this finding.

The majority of the women interviewed had children living with them and were barely making ends meet. Most relied on some sort of public assistance or help from family and friends, or both to survive. All of them were dependent on others to maintain the necessities of life. LL, whose children are grown, ekes out a marginal existence,

working only part time cleaning houses. FF also has adult children and works only part time due to arthritis, which was severely aggravated by the domestic violence she endured. Her future is uncertain. AA has two young children who live with her. She had no money, no job, and a sick child when she was interviewed. She is currently living in a potentially abusive situation and does not see the way out. BB's life is very stressful, coping with three children, a new job, and trying to make visitation with the children's father work. CC appeared quite stressed during the interview. She has three young daughters who live with her, is struggling to get medical care for one of them and has no Medicaid, forcing her to seek medical care at the Emergency Room. She has limited income and is in school full time. DD has one child with her, a limited income, is going after child support and allows no current visitations with the child's father. "I don't feel comfortable leaving him with his real Dad. He might do something to him to get back at me. I don't want that." She is also afraid that the man who abused her will find her again. "I don't want him to know where I am. He would jump me."

EE admits to a stressful life. She is a student and works two jobs. She is tired. HH is clearly stressed. She is moving to a new apartment that is out in the country and she has no car. She is isolated and has few resources, yet she is responsible for her infant son. II reported that her marriage is strained. She is in school and has two or three part time jobs plus goes to school. Her husband is a fulltime schoolteacher yet goes to school for his Masters degree. The couple has no time together and arguments frequently arise. KK is stressed. She is living with her father and mother and two children in a small house. She has few resources and goes out every day to apply for work and try to get resources. She used the money earned doing the interview to buy diapers. She likes to go

to church, but feels she is looked down upon by others for being single and having two children.

GG, who did not report being a victim of domestic violence, described herself as having little stress, of having caring parents, lots of friends, and a compatible relationship with her boyfriend.

The women who are in the **compliant-acquiescent (c-a)** group have a variety of successes and problems in their current family lives. Four have serious problems in this area. HH is in poverty, depending on public assistance and the generosity of her sister to manage with her young baby. AA also has many serious financial and emotional concerns at this time regarding the father of her child. JJ, though generally a non-assertive person, does admit to throwing things when upset with her husband. She was raised in an alcoholic/abusive family, which may explain her comments about how she and her husband resolve disagreements:

> "Sometimes we are pretty good about discussing problems. Because of my dad yelling at my mom all the time, I hate yelling. So I can't even continue a conversation when someone raises their voice another octave. My husband is a very calm person, which is probably why we are together and doing so good....I think we've only have about two or three good fights [Please note this is not the relationship in which JJ reported the domestic violence]. Sometimes I throw things. He never does. I am more violent than he is. I don't know where in the world it is coming from and why I do it and I hate that about myself."

DD is having serious problems with her ex-partner, the biological father of her children. She doesn't want him to know where she is and doesn't allow visitation of her son with him because she fears what he might do to him to get back at her.

KK has little connection with her ex-partner. As she states: "I am pretty happy now because I can make my own choices. No one tells me to do things I don't want to do."

Of the four **assertive-combative (a-c)** women, LL is still acknowledging her addictive relationship with her abusive husband. Though she knows she cannot be with him, she still feels an attraction to him in some ways. She says: "He convinced me to marry him again. I was to learn right away that was a wrong decision on my part. We do not live together now." CC has become very career-focused for her own benefit and for the benefit of her children. FF has established a comfortable lifestyle and surrounds herself with close friends.

Resolution of Abusive Relationships:

Again, the **assertive-combative (a-c)** women were much more successful in seeking treatment and resolving the issues that resulted from the domestic violence. They were more aware of the interpersonal dynamics between them and the abusive partner than the **compliant-acquiescent (c-a)** women were. This same pattern was also reflected in the greater success the **a-c** women have in their current lives than the **c-a** women have.

Each of the women was asked what kinds of treatment they had received and who helped them to escape the abusive situation. Three of the 12 women, all in the **a-c** group, mentioned Alcoholics Anonymous. In each of these situations, the batterer was an alcoholic. These women stated they did not understand the dynamics of alcoholism until they attended an Al Anon meeting. Al Anon is a support group for family members who

have a relative with drinking problems, and is based on a 12-step program format such as Alcoholics Anonymous. FF states:

> "I remember toward the end he was making me crazy.... I called Al Anon and I went to a meeting and we all started talking. I couldn't believe it—they were describing him. That's exactly what he did. They all do it. My gosh, this is textbook. You have read my life. They talked about all the things I had experienced. I had thought I was the only one."

FF described this as her "turning point" which led her to "find herself" again.

LL describes attending Al Anon as a turning point for her, also. "I did not understand him until I went to the Al Anon meetings. He was telling me that I could not have feelings because he could not deal with my feelings. Al Anon teaches you a lot."

Several women talked of being in shelters and receiving counseling there. Most of them were in the a-c group. LL said it quite eloquently: "The people who helped me most were the ones that helped me to validate my feelings—whether I called him a jerk or a loser or if they allowed me to say I loved him." She then described a situation in which the shelter had given her two nice beds when she had no furniture at all. "I was thrilled". But when she went back to her abuser, the shelter turned their backs on her. Her thoughts were to "accept me where I am, help me where I am at that moment."

FF commented on the counseling she had received. "It must have helped. I had counseling for about a year and a half. It must have helped because I stopped being angry about the time I had wasted. I was angry for 14 years."

FF also describes a male friend as helping her the most. She states:

> "I had found a friend and he was a male, but he was just a friend. I had quit work and my husband had quit his job just to keep an eye on me. It

was Christmas. My friend knew we didn't have much. He brought steaks home and the way he got the steaks was he put them under his coat, he stole them. He didn't have any money. When he would go get my 'scripts (medicine) he would walk out of the store and not pay for them. I knew he was my guardian angel."

She later described how he convinced her to leave her husband and that she did not deserve to be treated the way she had been.

Among the c-a group, one spoke of a counselor who was more a friend to her and a good listener. Another described a counselor as someone who helped her get diapers when she had none, helped her to look for a job, and helped her get her basic needs met in a safe place.

A great deal of the help the c-a women interviewed had received was a service (such as child care) or concrete necessities (food, clothing, shelter). Sometimes these were given by agencies, sometimes by relatives or friends.

Most of the c-a women described the help that a significant female in their lives had given—a mother, grandmother, or sister or a close friend. HH speaks of her sister: "She has been really great. I have a new appreciation for her. We have a new relationship. She wired me $300 when I had decided I had to get out. She helped me to find the shelter." When asked who had helped her, AA said it was her mother. "She gave me a place to stay. I stayed with her. She kept me and the baby." AA went on to say that her mother constantly put her down and was always very "negative" toward her. But she appreciated the place to stay. "She helped when I needed her." BB described a friend who was in an abusive situation. "I told her to get help, counseling and to go home to her Momma. Let your Mother help you." DD talked about her mother helping. She

said, "My Mom got hit during her first marriage. My Dad hit her. When I am in trouble, I won't keep it in. I would tell someone. My Mom has helped. I talked to her and she helped." JJ talks about her mother who helped her get out of a violent situation: "She was a great Mom, very supportive, and gave us morals. So I think it was a great Mom and a great network of friends."

Advice to Other Women In Abuse Situations

Each woman was asked what she would tell another woman who was in a relationship that was abusive. The replies were varied and helped indicate where the women were in their own situations.

Among the **a-c** women, some gave advice that seemed "canned" from counseling received at a shelter, such as, "Always have a safety plan." Other responses were from the heart. Some were insightful and others more forceful.

CC gave a somewhat different response than the others. She said: "Be strong. Don't just give up and leave. Get some advice. Do what you think is right. Do what is in your heart."

LL gave a more "counseling based" answer: "Be sure to draw healthy boundaries. Decide what behavior is tolerable and what isn't. Realize that when you set limits; the other person will get angry. Get safe. Don't minimize the danger. It takes a second and it can be all over."

In general, the **a-c** women had more insightful advice based on their own experiences than the **c-a** women did. They obviously had given the issue much thought

and had carefully formulated their own ways of dealing with the domestic violence that they thought might help other women.

Among the c-a women, there were a variety of responses. AA said: "Leave! Just leave! Don't try to please. Please yourself. Go!". It must be noted that AA was in an abusive relationship at the time of the interview. BB stated: "I would tell her to get help, counseling, to go home to your mother", as she described what she was about to tell a girlfriend who was in a "bad" relationship. DD based her answer on what she wished she had done: "The first time he acts crazy, move along. He might beat you to the point he really hurt you. Let him know you don't like it. Go with your gut feeling. I left when the violence happened. I didn't know it was abuse because it wasn't a closed fist hit to the face. I learned what happened to me was abuse. My mother told me".

CHAPTER FIVE

SUMMARY AND CONCLUSIONS

Summary of the Study

This research study addresses the interaction patterns of victims of domestic violence in the setting in which the domestic violence occurred as compared to their family of origin, work/school, social, and current family settings. Two questions were asked. Do women who responded assertively toward their partner in the domestic violence situation show the same assertive patterns in the other settings? Conversely, do women who remained passive toward their partner respond in the same passive manner in the other settings?

To answer these questions, twelve women were interviewed using a semi-structured interview format. Interaction patterns were explored with the women across the four settings . The interviews were audio taped and transcribed. The women were studied in two groups—an **assertive-combative (a-c)** group and a **compliant-acquiescent** group **(c-a).** Interaction patterns were analyzed from these two subsets across all four settings.

Major Findings and Their Implications

The main research question to be answered is whether the women in the two groups, **assertive-combative (a-c)** or **compliant-acquiescent (c-a)** had the same interaction patterns in the relationship in which the domestic violence occurred, compared

to the other settings of their lives. Are the four women categorized as **assertive-combative (a-c)** also categorized in this way in the four other settings of family of origin, employment/school, social life, and current family life? Does the same principle apply to the eight in the **compliant-acquiescent (c-a)** group?

To answer these questions we cannot discount the effects of family of origin and the basic personality types of the women interviewed. The **a-c** women were all from families fraught with major difficulties. They were forced as young children to function in a "survival mode" at times that may have shaped their personalities. The women in the **c-a** group reported experiencing less severe neglect or abuse in their families of origin. These factors do tend to confound this type of research.

Patterns clearly indicate that the **assertive-combative (a-c)** women were more successful in most areas of their lives. They were more apt to seek treatment and escape the abusive situation, even though they usually suffered the most severe domestic violence. They were more often employed in or pursuing work in more professional, well-paid areas. They tended to have stronger social connections, and had learned to assume a much less dependent role than the women in the c-a group. The **a-c** group seemed committed to making major improvements in their lives and actively taking steps to achieve their goals. They seemed empowered and capable of taking charge of their lives once more.

The **compliant –acquiescent (c-a)** women were less assertive about taking charge of their lives. And, in general, the domestic violence they endured was less severe. Their efforts to escape the domestic violence were much less confrontational, such as running away from it, and in some respects this behavior may carry over into other parts of their

lives. They were less apt to seek treatment and more apt to depend on female friends and relatives to help them out when things got "bad." They were generally more passive in their attempts to earn a living independently. They had fewer long-term goals for themselves and their children. They had less insight into the causes and solutions for the domestic violence in their lives than the **a-c** women did. They tended to be younger and less experienced in dealing with difficulties in their lives.

Then again, a question is raised about the personality of the woman relating to the severity of the abuse. Were some women actively choosing more submissive paths that would successfully minimize the abuse they received? Do some women respond in a much more confrontational style and almost literally "grab the bull by the horns," putting themselves in positions where they would be more likely targets of domestic violence These are questions yet unanswered, though relationship theory is starting to acknowledge that there may be some "oil and water" combinations of partners that will surely lead to occurrences of domestic violence.

Another question that must be answered is: "Are victims of domestic violence functioning well in the other areas of their lives?" The answer is a resounding "yes" with few exceptions, especially for those women who have escaped or are escaping the domestic violence. The women who were interviewed did not seem to have major problems in the social or employment/student areas of their lives. For the women who did not have friends at all, their situations were much less promising than those who had a good network of friends and acquaintances. The connectedness or isolation of the woman seems to be a key element here and can be predictive of the woman successfully resolving the domestic violence. All of the women, both **a-c** and **c-a**, described positive things

about their work or school situations and stated that they got a lot of positive reinforcement from attending to studies or doing a good job at work. On the other hand, most of the women described situations in the relationship in which the violence had occurred indicating that they could never please their partner no matter what they did or how hard they tried. For some of the women this was a constant struggle, where others stated it was a problem sometimes and not at other times. Though some of the **c-a** women's personalities as "pleasers" or the **a-c** as "aggressors" filtered over to the work or social situation, they did not report the severity of the problem in these areas as they did in their relationship with the abuser.

The entire demeanor of all the women, whether in the **a-c** or **c-a** group, changed when they spoke of the domestic violence. Often their eyes were lowered and they spoke softly. At other times, anger was still apparent in her voice and demeanor. When the same woman spoke of school or work, her face lit up and she smiled and was enthusiastic about her successes in this part of her life. The difference in response was remarkable, even for those women who presented an overall somewhat depressed affect.

The cyclical nature of the abusive situation cannot be ignored and is clearly described by FF:

> "That's how you learn life is experiencing it. I know I don't need any man to make me complete. I've had hard times. but money isn't everything. I'm blessed. I feel so sorry for women that are there. It's like your foot is nailed down and you just go around and around like a roller coaster ride. Your emotions go up and you get all bent out of shape and you go down. I love you honey, I'm sorry; I didn't mean to do this. You re so exhausted from the experience that you are too tired to argue anymore so you end up getting right back into the swing of things and then it all builds up again."

The most eye-opening observation among the stories that the women told is the thin line between being abused and being the abuser. As LL stated:

> "Be true to the fact that you think you are dealing with it (the domestic violence), but you're not. You can become an abuser yourself. The hurt goes from hurt to rage and you go to violence yourself. You become the abuser. When you see signs of being able to hurt the person, moments of severe rage and anger — stop and get out of the situation."

She described an incident in which she caught her husband in bed with another woman and severely beat him.

> "I beat him and he stood there and took it. I stopped only when the blood came from his mouth. You remember the emotional scars when you love someone so much and they are incapable of loving you back. I never thought I would understand why women stay in abusive situations. But now I do."

There is also a need to examine the transition of women in long term relationships where domestic violence occurs to see if the response pattern changes from **c-a** to **a-c** or the opposite, from **a-c** to **c-a.** One woman, LL, changed over the course of years from being classified as **c-a** and later adopting a **a-c** approach as the violence escalated. The question posed here may be: "Was this necessary for her survival?". Conversely, some women who fall into the **a-c** category may change to a less confrontational **c-a** style. Is this also an attempt on her part to ameliorate the violent situation?

Two women described crossing the line from being the abused to being the abuser. This is an important area of study that is not adequately addressed in the

literature. Typically this did not happen, but it is an important aspect of the cycle of violence, when the passive victim becomes the aggressor herself. In this regard, the cycle of violence goes on in a quite unexpected way.

Many of the predominant patterns the women exhibited in this study are reflected in the literature. For example, a history of abuse in the family of origin is clearly correlated with instances of domestic violence in ten of the twelve women interviewed. Six of the ten who were in abusive relationships reported partners as being controlling or overly possessive. Furthermore, alcohol or drug abuse or both were specifically mentioned in four of ten interviews as a significant contributing factor associated with the domestic violence.

What the literature has not described, as noted in these four interviews, is that physical abuse in relationships where alcohol is a factor are much more severe, even to the point of being life threatening. The correlation of increased alcohol use and the increased severity of the domestic violence was not clearly addressed in the literature reviewed. Along with this, a suspicion of mental illness or depression was mentioned as contributing factors in four of ten interviews, often coinciding with instances of alcohol or drug abuse. This had not been specifically mentioned in the literature and may need a closer look. Additionally, two women spoke of joining their alcoholic partner in drinking episodes, which seemed to heighten the instances of significant physical injury to the women. It was surprising that three of these four women who had indicated that alcohol was a contributing factor to the abuse also received significant help from Al Anon. Hearing the stories of other women in similar situations and getting more information about the typical behaviors of an alcoholic seemed to give the women insight into their

situation and clarify issues for them. Perhaps the Twelve Step approach was also helpful, though the women did not specifically mention this.

One of the most interesting findings of the study was the relationship between having a strong female role model and support and being able to leave an abusive situation. This was reiterated again and again by the women, sometimes due to the influence of a mother, a sister, an aunt, a grandmother, or a close friend. This kind of support was mentioned by six of the ten women specifically. Conversely, the lack of strong familial or social support was evident for the women who continue to be "trapped" in abusive situations and often is accompanied by depression and low self-esteem. These patterns provide information in planning effective treatment for these women. As the literature states, there are familial patterns of abuse, from childhood to adulthood, from generation to generation, but the women who have managed to escape these patterns have provided excellent support to women who are attempting to escape. They, indeed, have "walked a mile in their shoes."

A bulk of literature addresses accommodation theory. One consistent theme in the interviews with the women is wanting to be loved by a man and a lack of viable alternatives. A great deal of objective dependency was described, as most of the women were students, unemployed or significantly underemployed and unable to support themselves and their children. A great deal of subjective dependency was also mentioned. These women stated that they loved their man; they hoped the behaviors would change (two stayed in relationships for over a decade with this hope) and believed that they had no alternatives. A strong female support helped to mitigate these dependencies. In fact, some of the women with the least amount of resources were the

ones who were able to escape the violence in their homes. This is again related to the presence of strong feminine support and the presence of non-judgmental support from the community. This presents us with important treatment implications. Perhaps the traditional group therapy is not the way to proceed, whereas a strong mentoring type program is, utilizing the talents of women who have escaped the cycle of abuse as mentors to others who are still trapped.

Recommendations for Future Research

The sample of women studied was quite small. Future research needs to address a larger sample. Many lessons were learned in this regard. It is important to be clear about the details of the research project before efforts are made to recruit potential subjects. This research project changed significantly over the course of four years, from committee input at the initial prospectus presentation, to Institutional Review Board (IRB) approval of informed consent and protection of human subjects, to continuing guidance and redirection from the dissertation committee. Identifying and attracting subjects for the study, while safeguarding confidentiality and consent, was a difficult and consistent problem at every stage of the research.

For example, I contacted several battered women's shelters to assess feasibility of the study during the proposal stage of the research. Two organizations would not respond to either verbal or written requests. One organization's board did respond. At that time, I was using specific labels to identify the women's responses to the domestic violence, calling, for instance, the response later labeled as **assertive-combative** as "wildcats." The Board said it would refuse to participate in such a study and took exception to this

label, indicating that they believed the research project, as stated at that time, would lead to re-victimizing the victim. In retrospect, this was well-deserved criticism because the label was demeaning to the subjects. A lesson learned is that all subjects must be treated with respect and the use of terminology that might be construed as negative must be closely monitored.

Input from the IRB changed the study from talking to other persons in each subject's place of work, family of origin, and current social situations. Correctly, the IRB indicated that this snowball sampling technique, used in this instance, might create excessive intrusion into the lives of the subjects. This did not allow for more objective assessments of interaction patterns by subjects across these settings. The research therefore was limited to the interview material of only the woman herself.

Additionally, use of a tool such as a sociogram would be helpful in identifying the support systems for each woman and across all settings. Getting permission to interview the significant "mentor" who helped the victim leave the violent situation would give insight into the perspective of the mentor as she viewed the situation and add to the richness of the materials gathered. It may also give insight into treatment for the women. Examining the **c-a** pattern changing to **a-c** or the opposite warrants further investigation. Although only one of the twelve women interviewed displayed this phenomenon, a larger sample size may reveal more information in this area.

Finally, there also is the issue of whether a "Hawthorne effect" occurred in my interviews, i.e., were the women more dramatic and did they stretch the truth because they knew that domestic violence was being studied and a monetary reward ($10) was promised for a successful interview? I do not believe this was the case. As a practicing

Social Worker for the past 30 years, I would believe that the women's responses were accurate based on the specificity of the information conveyed and the sincerity with which they spoke.

Conclusions

1. Women who are victims of domestic violence function better in work/school, social and current family settings than they do in the setting in which the domestic violence occurred.

2. Women who were aggressive toward their violent partners are more successful in current work/school, social, and family settings than the compliant women.

3. Women who responded in an **assertive-combative** manner toward the violent partner are more likely to seek treatment and leave the abusive partner.

4. Victims classified as either **compliant-acquiescent** or **assertive-combative** who sought the help of "mentors" were more able to leave and stay away from the violent partner.

Please note that this is a qualitative study in which a small sample of twelve women was interviewed. These results tell the stories of these twelve women in rich detail, give us information to better understand the lives of these particular women, and give insight into a variety of issues in the field of domestic violence. Generalization to the general population of women who are victims of spousal assault is not advised because this sample is not representative of the whole population.

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APPENDIX

A. Questionnaire: Getting to Know about You

B. Informed Consent Form

C. Interview Outline

GETTING TO KNOW ABOUT YOU

PURPOSE: This questionnaire contains needed information to accompany an audiotaped interview. Your name/ address/ telephone number and all other information will be kept confidential. This information is needed for a study in patterns of interaction of women who are victims of domestic assault.

NAME:

ADDRESS:

TELEPHONE NUMBER:

AGE: ETHNICITY:

EDUCATION LEVEL (CHECK ONE):

___ High School not yet completed

___ High School

___ GED

___ Associates Degree

___ Bachelor's Degree

___ Master's Degree

___ Other Education

EMPLOYMENT:

Job Title:

Hours Worked/week:

Length of time in current position:

CHILDREN:

Sons:_____ Ages:_____ Lives with you?_____

Daughters:_____ Ages:_____ Lives with you?_____

CURRENT MARITAL STATUS:

___Married ___Divorced ___Single ___Separated

___Widowed ___Living with significant other

PRIOR MARRIAGES/LONG TERM RELATIONSHIPS:

Date of marriage/relationship began: Date marriage/relationship ended: Reason:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WAS THERE EVER VIOLENCE IN YOUR RELATIONSHIPS/MARRIAGE(S)?
_____Yes ____No

IF YES, PLEASE DESCRIBE:

INFORMED CONSENT FORM

Title: Informed Consent Form. Research is being done under the auspices of the University of Oklahoma--Norman Campus. This form documents an individual's consent to participate in the research project.

Introduction: The study concerns interaction patterns of women who have been victims of domestic assault. The principal investigator is Janet E. Finch, LMSW-ACP, a licensed clinical social worker, who is a student in the European Ph.D. cohort of interdisciplinary studies with a focus on organizational leadership. Her faculty sponsor is Dr. Wilbur Scott, Chair of the Department of Sociology.

Description of study: This project is directed at understanding the interaction patterns of women, some who are victims of domestic assault across four settings: the home, within the family of origin, at work, and with friends. A brief social history questionnaire and a semi-structured interview will be conducted with each woman. .

Potential Risks and Benefits of Participation:
The subjects may be asked to discuss a portion of their lives that is painful to them which may evoke an emotional response. The interviewer is a trained clinical social worker who has conducted many such interviews and is available for therapeutic intervention if the interview causes the subject excessive discomfort. Interviewees may have negative impressions/reactions to the questions asked.
The benefits are increased understanding of the interaction patterns of women who may have been the victims of domestic assault, and which may provide information for future research.

Subject's Assurances:

Conditions of Participation: Participation in this study is voluntary. Refusal to participate involves no penalty or loss of benefits to which the subject is other wise qualified. The subject may discontinue participation at any time with no adverse consequences.

I understand that I must be 18 years of age or older to participate.

Confidentiality: Responses will be kept confidential. No one except the principal investigator and the dissertation committee will have access to the interviews. The names of the subjects will not be used in conjunction with the transcriptions of the interviews. Please keep in mind, however, that the researcher is required by law to report instances of child abuse or neglect.

The information will be used for academic purposes and will be destroyed within three years.

Compensation for Injury: Risk of injury is not foreseen. No compensation for injury is available.

Contacts for Questions about Research Subject's Rights: Questions about the research itself or about a research subject's rights may be referred to Janet E. Finch, LMSW-ACP, 972-359-1110 or at e-mail: jfinch@ticnet.com or to the Office of Research Administration, 1000 Asp Ave., Norman, OK 73019-0430, 405-325-4757, or at e-mail irb@ou.edu.

____ Yes, I grant permission to audiotape

____ No, I do NOT grant permission to audiotape

Signatures:

_____ _____
Participant Date

_____ _____
Janet E. Finch, LMSW-ACP, Investigator Date

Interview Outline

Think back to a typical day (at work, with friends, at home with your parents, with your spouse). Try to picture it in your mind.

Describe what it is like.

Is there a usual routine? Can you describe it?

Who is there?

What are they doing?

What are you doing?

What are you feeling?

Describe s situation in which you are happy.

Describe a situation where you are frustrated or unhappy.

What are the best things you think about (at work, with friends –include social groups, church, organizations, at home with your parents, with your spouse)?

The worst?

How do you deal with the bad things?

The good things?

Describe a perfect situation at (work, with friends, at home with your parents, with your spouse)

Would you like to change anything about (work, your friends, your family of origin, your spouse)?

What would you change?

If that change happened, how would you feel?

What kind of help would you need to make this change?

Would it be possible to accomplish?

Would you be available to do a follow up interview if needed?

ABSTRACT

PATTERNS OF INTERACTION OF VICTIMS OF DOMESTIC ASSAULT

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Major Professor: Wilbur Scott

This research study addresses the interaction patterns of victims of domestic violence in the setting in which the domestic violence occurred as compared to their family of origin, work/school, social, and current family settings. Two questions were asked. Do women who responded aggressively toward their partner in the domestic violence situation show the same aggressive patterns in the other settings? Conversely, do women who remained passive toward their partner respond in the same passive manner in the other settings?

To answer these questions, twelve women were interviewed using a semi-structured interview format. Interaction patterns were explored with the women across the four settings . The interviews were audio taped and transcribed. The women were studied in two groups—an **assertive-combative (a-c)** group and a **compliant-acquiescent** group **(c-a).**

The following conclusions were reached:

1. Women who are victims of domestic violence function better in work/school, social and current family settings than they do in the setting in which the domestic violence occurred.

2. Women who were aggressive toward their violent partners are more successful in current work/school, social, and family settings than the compliant women.

3. Women who responded in an aggressive manner toward the violent partner are more likely to seek treatment and leave the abusive partner.

4. **Both aggressive and compliant women who sought the help of "mentors" were more able to leave and stay away from the violent partner.**

Because of the small sample size of twelve, these finding are not generalizable, but do pave the way for future research.