



# VCU

Virginia Commonwealth University  
VCU Scholars Compass

---

Theses and Dissertations

Graduate School

---

2008

## An exploration of the effects of long-term intimate partner violence: listening to older women

Suzanne Lowe  
*Virginia Commonwealth University*

Follow this and additional works at: <https://scholarscompass.vcu.edu/etd>



Part of the [Public Affairs, Public Policy and Public Administration Commons](#)

© The Author

---

Downloaded from

<https://scholarscompass.vcu.edu/etd/1625>

This Dissertation is brought to you for free and open access by the Graduate School at VCU Scholars Compass. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of VCU Scholars Compass. For more information, please contact [libcompass@vcu.edu](mailto:libcompass@vcu.edu).

© Suzanne F. Lowe 2008

All Rights Reserved

An exploration of the effects of long-term intimate partner violence:  
listening to older women.

A dissertation submitted in partial fulfillment of the requirements for the degree of  
Doctor of Philosophy in Public Policy and Administration at Virginia Commonwealth  
University.

by

Suzanne Faries Lowe  
Bachelor of Science, James Madison University, 1966  
Master of Public Administration, Virginia Commonwealth University, 2002

Chairman of Committee Laura J. Moriarty, Ph.D.  
Professor of Criminal Justice  
Wilder School of Government and Public Affairs

Virginia Commonwealth University  
Richmond, Virginia  
December, 2008

## Acknowledgement

The author would like to thank the members of her committee, without whom this paper could never have been completed. In particular, Dr. Sarah Jane Brubaker, who offered much needed guidance and encouragement during the analysis portion of this project. And to Dr. Laura J. Moriarty, who's patience, encouragement, and editing expertise were invaluable over the years this has taken, you are surely one of the most patient, positive, and helpful women I have ever met.

Thank you to Amy McDermott from the Betty Griffin House for all of the time and assistance you willingly offered to help this project succeed. I would also like to offer a special thanks to the four women who so generously volunteered to tell their stories and answer all of my questions in the hope that their experiences might help other women.

I would also like to express my appreciation to my son, Andy, for his fantastic help in transcribing the roughly 22 hours of taped interviews. And to my best friend and sister, Joan Gray, without your encouragement and willingness to listen during this journey, I would not have been able to sustain the effort to finish. I owe you more than I can ever fully express.

## Table of Contents

Abstract .....	vii
Chapter 1 <u>Introduction</u> .....	1
Methods used .....	4
Outline of chapters .....	5
Chapter 2 <u>Literature review</u>	
Domestic violence defined .....	7
Theories of domestic violence .....	8
Intergenerational transmission of domestic violence .....	9
Feminist theory .....	12
Differential association and social learning theory.....	14
Social bond theory.....	17
Attachment theory.....	20
Exchange theory.....	23
Resource theory.....	23
Subculture variations and cultural acceptance of violence towards women.....	24
The role of alcohol.....	26
Characteristics.....	28
Cycle of violence .....	28
Learned helplessness .....	31
Characteristics of abusers and victims .....	32
Physical, psychological, and emotional consequences of IPV .....	35
Child witnesses .....	35
Victims of IPV .....	37

Legal responses to IPV .....	41
Protective orders .....	42
Separation: bars to leaving violent relationships .....	46
Community resources .....	51
Safe houses for victims and their children .....	51
Support groups .....	53
Abuser treatment .....	54
Integrated community-based approaches .....	56
Violence and aging .....	57
Defining “older women” .....	57
Are older women different than younger victims of IPV? .....	58
Ageism and the feminization of old age .....	59
Characteristics of older victims of IPV .....	61
Reasons for staying and obstacles to reporting .....	63
Life course of IPV .....	64
Support groups and shelters for older women .....	66
Lack of research .....	68
<b>Chapter 3    <u>Methodology</u></b>	
Introduction .....	70
Participants .....	72
Interviews .....	72
Analysis .....	75
Reflexivity .....	77
<b>Chapter 4    <u>Results and analysis</u></b>	
Section 1: Early life and childhood .....	80
Alcohol use and patterns of household members .....	81
Household structure and gender expectations .....	82
Relationships .....	86
Parents .....	86

Grandparents .....	88
Special friendships .....	89
Family and outside activities .....	91
Summary .....	92
Section 2: Relationship with abuser over the years .....	93
Courtship .....	94
Meeting and courtship behavior .....	95
Family's opinion of partner .....	98
Dreams and plans .....	100
Military service .....	102
Evolution and forms of abusive behaviors .....	104
First realized that he might hurt her and early forms of abuse ..	105
Usual treatment .....	108
Husband's behavior towards children .....	111
First, worst, and last assault .....	115
Strangulation and assaults during pregnancy .....	120
Frequency and severity of assaults over time and triggers .....	123
Abuser's, family's, and friend's reaction to abuse .....	128
Perceived effect on self-worth/self-confidence.....	133
Strategies to minimize abuse and experiences with shelter services .....	135
Seeking help, military and police response .....	136
Strategies and utilizing counseling services .....	140
Experiences with abused women's shelters .....	147
Summary .....	152
Section 3: Current life and participant recommendations .....	153
Living with or without abuser .....	154
Physical and psychological consequences of long-term abuse .....	159
Relationship with adult children .....	162
Suggestions for improvement of services and enforcement .....	166

Police and court response .....	166
Groups for women and integration of services .....	170
Summary .....	172
Participant's advice to other abused women .....	173
Chapter 5 <u>Summary and conclusions</u> .....	175
Policy recommendations .....	177
Future research .....	182
Study Limitations .....	186
Conclusion .....	188
References .....	190
Appendices	
A Research Subject Information and Consent Form (Florida) .....	213
B Research Subject Information and Consent Form (Virginia) .....	218
C Advertisement for Participants .....	223
D Contact information sheet .....	224
E Interview questions .....	225
Vita .....	228



## Abstract

### AN EXPLORATION OF THE EFFECTS OF LONG-TERM INTIMATE PARTNER VIOLENCE: LISTENING TO OLDER WOMEN

By Suzanne Faries Lowe, Ph.D.

A dissertation submitted in partial fulfillment of the requirements for the degree of  
Doctor of Philosophy at Virginia Commonwealth University.

Virginia Commonwealth University, 2008  
Chairman of Committee Laura J. Moriarty, Ph.D.  
Professor of Criminal Justice  
Wilder School of Government and Public Affairs

There has been a great deal of research during the past four decades on the topic of domestic violence. Very little research has been conducted, however, on the effects of long-term intimate partner violence on older women. The four women who participated in this in-depth study ranged in age between 63 and 70, and each had been in a violent and abusive relationship for at least twenty years. Two of the women were divorced from their abusers, while two were still married. Each of the women was interviewed twice, for a total of between 4 ½ and 6 hours. The interview topics included discussions of their childhood, courtship, marriage, and relationships with their now adult children. Social learning, social bond, feminist, and exchange theories were used as a framework

for understanding the dynamics involved in these abusive relationships. The respondent's experiences, observations, health issues and suggestions have been used, together with an examination of the pertinent academic literature on the topics, to formulate policy recommendations and ideas for fertile areas of future research.

## Chapter 1

An exploration of the effects of long-term intimate partner violence:  
listening to older women

### Introduction

According to the NIJ Violence Against Women Survey in 2000 (generally considered the most accurate by researchers because of the massive scale and thoroughness of the survey), as many as 22.1% of women have been the victim of violence (rape or assault) by an intimate partner during their lifetime (Tjaden & Thoennes, 2000). According to the U.S. Census Bureau ([www.census.gov](http://www.census.gov)), the current population of the U.S. is 305,188,000 (as of 9/17/08), of which 50.9% is female. If we accept the NIJ figure as accurate, that would mean that the astounding number of 34,330,293 American women currently living, will be the victims of domestic violence at some time during their life. Clearly, this is a problem that has major policy and social issues needing to be addressed.

Much research has been done on this topic over the past few decades. Most of it, however, has focused on violence against women generally or that which occurs in homes with children. Very little research has focused on the impact of women living in

a violent and abusive intimate partner relationship for twenty years or more. Most of the research on violence against older women does not differentiate between partner violence and caretaker violence. By lumping non-partner and partner violence together, we ignore the special dynamics that have existed in these particular relationships over their entire course.

We have been assuming that violence grown old (Astbury, et al, 2005; Farmer & Tiefenthaler, 2003) has the same impact on victims as abuse in couples who have lived together for only a few years. But we have not looked closely to see if this assumption is valid. Are women who live in violent and abusive partnerships for longer than twenty years different than their younger counterparts? If they are different, is this difference why they have remained in the relationship or because they have remained? Are there common background factors that appear consistently in this subset of women? Have these women developed particular survival strategies to minimize the violence? What are the long-term consequences (emotional, physical, and social) from extended victimization? What policies would best address the needs of women in similar situations?

By conducting in-depth interviews with 4 women between the ages of 63 and 70 years of age who have lived or are currently living in abusive intimate partner relationships lasting at least twenty years, I hope to open a window on their experiences that will help us to understand why they stayed, how they coped, and what sort of help could have been offered to them that would have enabled them to either leave or to eliminate the violence and abuse. By understanding the dynamics of long-term violent

relationships, it may be that a “tipping point” (the point at which an idea, fashion, or concept becomes sufficiently popular and widespread that it assumes general acceptance [Gladwell, 2000]) can be identified where intervention could be applied that would eliminate future violence for many couples.

As this is an exploratory research project, no definitive answers were expected. What is hoped is that the results may point the way to constructive research questions to be addressed by future researchers. It is the purpose of this research project to improve our understanding of the problems and issues confronting elderly victims of long-term intimate partner violence and to provide public and private service providers and legislators with the tools necessary to meet the needs of these women. The premise of the research is that women who have survived a violent long-term intimate relationship have much to teach us. By listening to their stories and asking the right questions, it may be possible to find those commonalties in their life experiences that will improve our understanding of the dynamics of violent long-term relationships. This knowledge may be used to assist policy makers and service providers with finding better methods of helping the victims and in reducing the prevalence of future cases of abusive intimate relationships.

The focus of this research was an exploration of their childhood and the relationship with their abusers of these participants. Their responses were interpreted by the researcher through the lens of theory, primarily social learning and feminist theories. Their responses as to why they remained, or continue to remain, were also explored with the help of the investment model developed by Rhatigan and Axsom (2006). I also

applied social learning and exchange theories in an effort to understand and account for the abusive behaviors of their male partners. The exchange theory offers an explanation for how and why the men were able to limit their violence to avoid serious or lethal injuries that would have resulted in arrest for their criminal actions. Based on the findings of this study, strong support for the usefulness of these theories in the understanding of the dynamics involved in violent and abusive domestic partnerships was found.

#### Methods used

One interviewee was from the Richmond, Virginia area. She was known to the Chair of the researcher's committee and agreed to participate. The other three participants lived in St. Augustine, Florida and were acquired with the help of the Betty Griffin House. The Betty Griffin House offers shelter as well as counseling and other services for abused women. An advertisement for the study, along with contact information, was posted at the administrative and counseling office at the BGH. The women called the researcher using a toll-free number and appointments for interviews were set. The researcher then traveled to Florida to conduct the interviews. Each of the interviews was conducted at the BGH while a counselor was available should any of the women become distraught.

The participants were interviewed twice, for a total of between 4 ½ to 6 hours apiece. All of the interviews were tape recorded and then transcribed. After transcription, the tapes were erased and then destroyed. A pseudonym was assigned for

each participant that did not correspond to either her first or last name. A semi-structured interview guide was used to assure that the major areas of inquiry were covered during each interview.

The data were subjected to interpretation through the perspective of multiple existing theories of interpersonal violence. This process of theoretical triangulation (Yin, 2003) was most useful in understanding the results. The primary theories used were: social learning (including intergenerational transmission), social bond, feminist, and exchange theories. The investment model proposed by Rhatigan & Axsom (2006) was also helpful in understanding why some women remain in abusive relationships, often for decades.

### Outline of chapters

This paper is divided into five chapters. The first has been introductory. Chapter 2 is a review of the literature and includes discussions of the various theories that have been used to understand IPV; the characteristics of both the abuser and victim; the physical and emotional consequences of IPV; legal responses; bars to leaving violent relationships; community resources; and a discussion of the issues specifically dealing with older women and IPV.

Chapter 3 is a review of the methodology used for this research project. Chapter 4 contains the results and analysis of the research. It is divided into three sections. Section 1 examines the early lives and childhood's of the participants and focuses on the areas of alcohol use patterns of household members, household structures and gender

expectations, relationships, and family and outside activities. Section 2 is devoted to an examination of the participant's relationship with their abusers during the time they have been together. It includes courtship, the military service of their spouses, the evolution of and forms of abusive behaviors, and the women's strategies to minimize the abuse as well as their experiences with shelters and shelter services. The last section of this chapter discusses the participant's current lives and their recommendations.

The final chapter includes a summary of the findings, policy recommendations resulting from those findings, and a brief discussion of potentially fruitful areas for future research.



## Chapter 2

### Literature review

#### Domestic violence defined

The definition of domestic abuse is evolving. In the past, physical violence alone was considered. Domestic violence was defined as “violence which occurs between people who are living in a conjugal-styled relationship” (Davis, 1998. p.1). Currently, however, most researchers agree that this definition needs to be broadened to include all forms of abuse that occur within intimate or formerly intimate relationships (DeKeseredy & Schwartz, 2002). This can include physical, sexual, financial, or psychological abuse (Mouton, et al, 1999; Allsworth, et al. 2004; Vinton, 1999). Evidence demonstrates that physical abuse is almost always associated with psychological mistreatment. “This can include coercion, physical threats, sexual intimidation, insults, and reminders of the abuse that has occurred in the past” (Graham-Bermann & Levendosky, 1998. p113). It has also been defined as an “ongoing experience of physical, psychologic, and/or sexual abuse in the home that is used to establish power and control over another person” (Stiles, 2002. p2052).

Interpretations of what constitutes a domestic relationship also vary. In order to be covered by the domestic violence statute in Virginia (Va. Code Sec. 16.1-228), a couple must be currently married, formerly married, have been living together in an intimate relationship within the past 12 months, or have a child in common. Including dating abuse and violence would dramatically increase the number of women included as victims of intimate partner violence (Gamache, 1991; Totten, 2001; Bateman, 1991; Grossman & Lundy; 2003; Rennison & Rand, 2003). By expanding the definition of domestic violence to include dating couples, more victims would be offered help and protection. Also, a more accurate picture of the problem of violence against women would emerge.

### Theories of Domestic Violence

There are several theories that have been used to explain the occurrence of violence within intimate relationships. While each of the theories that will be discussed is intuitively convincing, none of them satisfactorily explains all incidents of domestic violence. The theories selected for examination are: the intergenerational transmission of violent behaviors, feminist theory, differential association, social learning theory, social bond theory, attachment theory, exchange theory, and resource theory. Also included are a discussion of subculture variations and acceptance of violence, as well as a consideration of the role of alcohol in domestic violence. It will become clear that there is a great deal of overlap in these theories. For instance, it is not possible to

discuss resource theory without seeing its similarities to social bond theory, or feminist theory without also examining the roots of social learning theory.

While there is clearly no single unified theory that can explain all incidents of intimate partner violence, each offers valuable insight. Man is a complex intellectual and emotional animal. The same experiences that cause one man to be violent towards his partner fail to provoke a similar reaction in another person.

### Intergenerational transmission of domestic violence

The intergenerational transmission of violence is not so much a theory as it is a demonstrable phenomenon. According to the social learning theories (which will be explored more fully later), all behavior is learned. It is learned in both social situations and in nonsocial situations. The groups that comprise an individual's major source of reinforcement have the greatest influence on the development of behavior. Behavior is strengthened by positive reinforcement and weakened by negative reinforcement. If these theories are correct, we should expect to find that the most influential forces affecting a child's development of values and behaviors are in the home he is raised in. The child will spend most of their time absorbing the values and learning behaviors that the adults they love and who care for them consider acceptable or unacceptable. These significant adults will serve as the role models for the child.

Witnessing domestic violence in the home has a powerful effect on children (Graham-Bermann & Levendosky, 1998; Coyne, et al, 2000; Moore, et al, 2007).

Children who witness violence in their homes are far more likely to be the victims of

assaults themselves (Fantuzzo, et.al., 1997; Windom & Maxfield, 2001; Anderson & Cramer-Benjamin, 1999; Rossman, et al, 2000). While the intergenerational transmission of violence is firmly established (Miller, 2006; Hattendorf & Tollerud, 1997), Sugarman and Hotaling (1989) found that witnessing violence was a stronger predictor of severe husband-to-wife violence than was experiencing violence as a child.

Children who are exposed to domestic violence are harmed cognitively, emotionally, and developmentally (Task Force on Violence: American Academy of Pediatrics, 1999). Children exposed to parental violence often develop symptoms of posttraumatic stress (Anderson & Cramer-Benjamin, 1999; Rossman, 1998) as well as clinical levels of internalizing and externalizing behavior problems (Fantuzzo, et.al., 1997).

It is theorized that the impact of witnessing violence may be greater on girls because of girls' "greater sensitivity to the affective states of others" and their "different sensitivity to interpersonal conflict" (Cummings, et al, 1999. p150). Cummings, et al also found that "children identify with same-sex parents and develop self-concepts that mirror the self-concepts of their same-sex parent." This "same-sex identification with a battered mother may lead girls to developing a devalued and victim-like identity (p137)." Boys were found to identify more closely with the abusive males.

This patterning of behavior based on gender can have a most unfortunate consequence when the children become adults themselves. Females will be far more likely to become victims of intimate violence than girls who did not witness such violence, and boys are far more likely to grow up to be abusive partners themselves (Henning, et. al., 1996; Wolfe & Korsch, 1994; Straus, et al, 1980; Moore, et al, 2007).

Girls who grow up in homes witnessing violence are also more likely to remain in abusive relationships themselves (Gelles, 1987).

While aggressive behavior in child witnesses of domestic violence is well documented (Van Dalen & Glasserman, 1997; Hall & Lynch, 1998), research has found “these children tend to be at risk for developing delinquent behavior during adolescence or for manifesting violence inside and outside of the home during adulthood” (Graham-Berman, 1998. p113). This finding was further supported by a study conducted by Windom and Maxfield (2001), and by a study of children’s behavior in women’s shelters by Ware, et.al. (2001).

“In sum, adult violence in general and the more severe forms of family violence in particular appear to be strongly linked to childhood exposure to violence and early socialization experiences. Thus, it indeed seems that “violence begets violence” and that aggression may well be passed through generations” (Fagan & Wexler, 1987. p11).

On a macro level, there is strong empirical support for the intergenerational transmission of violent behavior. However, its weakness is its failure to explain why many children who witness violence do not grow up to become either abusers or victims. Nor does it explain why many children who did not witness violence grow up to commit violence against their intimate partners. There must be other overriding factors at work that this theory does not account for.

### Feminist theory

Feminist theory focuses on the concept of patriarchy and the social structures and institutions that help maintain it. A patriarchal society is defined as one that is male dominated and controlled. In such a society, both boys and girls are socialized to expect and accept that males will make and enforce the rules. They will also hold all positions of power and authority in government and the workplace. For example, until approximately the second half of the twentieth century, it was generally accepted that only men would be doctors, and only women would be nurses. Doctors, of course, were in charge within the medical setting, and nurses were to do only as the doctor directed. Strict gender roles defined permissible activities and occupational opportunities for both men and women. It is interesting to note that, even today, with the loosening of gender stereotypes, when men enter occupations usually associated with women, a disproportionate number of them rise to the tops of their professions (Kokopeli & Lakey, 1983).

Gender roles are socially constructed (Matthews, 2000). It is by our collective acceptance of the constituents of masculinity and femininity that we define what are appropriate characteristics for gender based behaviors. In a patriarchal society, a man is understood to be powerful, confident, intelligent, fearless, unemotional, and sexually dominant. Women are expected to be submissive, fearful, and physically, emotionally, and intellectually fragile. These stereotypes are assimilated by us as children and shape our understanding of not only what is expected of us, but also what we should expect from members of our own and the other gender (Kaufman, 1987). Hattendorf &

Tollerud (1997. p17) asserted that “male-perpetrated marital violence can often be predicted by premarital expressions of patriarchy,” though these clues are “misread or not regarded as significant by the women.”

Michael Kimmel (1993. p123) argued that the rules for confirming manhood in American society lead to “a sexuality built around accumulating partners (scoring), emotional distance, and risk taking.” This leads to sex being about excitement, adventure, and danger. And it is fertile ground for the exploitation and objectification of women. If women are objects rather than worthy individuals, then violence and sexual abuse of women becomes acceptable behavior.

For many men, being manly comes to mean that life is a competition to dominate others. Since roles and attitudes within a family unit mirror those of the larger society (Bogard, 1999), this means that man must reign supreme within his home. “Patriarchy benefits men by giving them a class of people (women) to dominate and exploit” (Kokopeli and Lakey (1983. p452). Even if a man is a failure in the outside world, he can still be powerful at home (Cohan, 2001).

It is the imbalance of power between men and women that is at the root of male violence towards their intimate partners according to the feminist perspective (Disch, 1997). This theory was supported in a cross-national test using data from the International Crime Victims Survey combined with United Nations statistics. “In countries where the status of women is low, prevalence of sexual violence against women tends to be higher... In comparison, in countries where the status of women is high, sexual violence against women is lower” (Yodanis, 2004. p655).

Feminist theory has been criticized for its narrow focus on patriarchy as the sole cause of intimate partner violence (Gelles, 1993). Others argue that this perspective does not explain the violence committed by women. There is strong evidence that suggests that some women are more violent than most men (Straus & Gelles, 1990). And the most obvious shortcoming of all: the fact that roughly ninety percent of men never commit an act of violence against a woman.

#### Differential association & social learning theory

Edwin Sutherland proposed his theory of differential association in his 1939 book Principles of Criminology. This is a general theory of criminal behavior, intended to explain the origin and development of criminal patterns of conduct. Sutherland (Sutherland & Cressey, 1978) believed that criminal conduct is, like all behavior, learned. As the French criminologist Gabriel Tarde proposed in his 1903 book Laws of Imitation, Sutherland held that criminal behaviors are acquired by the same mechanisms involved in the normal learning process. An individual must be taught how to commit criminal acts. Sutherland believed that a relationship must exist before criminal behavior will be learned. Criminal behavior is learned by interacting and communicating with another within that intimate relationship. Two primary things must be learned to provide a foundation for the behavior: the techniques and the definitions (values, motives, drives, rationalizations, and attitudes). Differential association

“implies that individuals as well as groups are exposed to differing associations with people who vary in the importance they attach to



respect for the law or law-abiding behavior. Individuals, then will lean toward or away from crime according to the cultural standards of their associates, especially those with whom they spend frequent and long periods of time” (Williams and McShane, 1999. p.81).

C. Ray Jeffery (1965) stated that learning theory “revolved around the concept of conditioning” (p.294). He believed that what a person learns and how he/she acts could be explained by use of a concept called operant behaviors: “those behaviors emitted in the presence of given stimulus conditions and maintained by their consequences, that is, the changes they produce in the environment” (p.294).

He said that all behavior is the result of stimuli. Stimuli can be either reinforcing or aversive. Results that strengthen a response are said to be reinforcing, while those that weaken a response are aversive. Aversive stimuli evoke a desire to avoid repetition. If a behavior is consistently met with unpleasant consequences, or punishments, the likelihood of such behavior recurring is significantly reduced. Jeffery stated that violent crimes could be explained as being the result of negative reinforcement, resulting from a desire of the individual to remove an aversive stimulus.

In 1966, Robert Burgess and Ronald Akers published an article in which they argued that if a criminal act is rewarded by positive results that outweigh potential or realized negative consequences, then the negatives will not prevent the same behavior in the future. The behavior will likely be repeated, since it has been reinforced. Each time the behavior has results that are more positive than negative, this reinforcement becomes

stronger. They emphasized their belief that the criminal act itself may be a sufficient reward to reinforce the criminal behavior.

Burgess and Akers stood on the shoulders of Sutherland and Tarde in developing their differential association-reinforcement theory, which Akers (1977) referred to as a social learning theory. Social learning theories are a natural outgrowth of the thinking and research associated with differential association. As previously discussed, child witnesses of IPV learn the attitudes and behaviors that lead to a much increased likelihood of engaging in violence themselves as adults in intimate relationships. As a result of his research, Jerry Neapolitan (1981, p831) concluded that since “the best indicator of violence at age 18 was aggression at age 8,” it was the dynamics within a child’s family that was the factor of greatest importance in the acquisition of violent behaviors.

There has also been much attention devoted in recent years to the effects of children watching violence on TV and in the movies, as well as listening to misogynistic and misanthropic lyrics in popular music (Bushman & Anderson, 2001). The family is clearly not the only mechanism for learning violence. Popular culture and violent associations outside the home also may play a role. These would be the associations Sutherland and those who followed him were referring to.

If we include exposure to violent attitudes from non-family sources and associations outside the home, we can see other avenues for learning violent behaviors. If we apply the reinforcement theories of Jeffery and Burgess & Akers further, we can see how a child could receive a feeling of power and satisfaction from striking a younger sibling

or playmate. If he did not also receive negative consequences (including an internal sense of guilt or shame), the pleasure and satisfaction could act to reinforce the violence. Thus violence could be learned by the absence of sufficiently negative restraint against the behavior (Kiselica, et al, 2007).

The weakness of the social learning theories is the same as with the intergenerational transmission of violence. Not all boys who grow up in violent homes or environments outside their home become violent as adults, and not all girls growing up in similar environments become victims of violence. By including learning influences outside the home, we increase the explanatory strength of the theory, though we can still only speculate about how and where some individuals learned to use violence.

### Social bond theory

Travis Hirschi was a sociologist who developed the social bond theory in an effort to explain delinquency among adolescents. He wanted to understand why certain children engaged in delinquent behaviors while other children, from almost exactly the same background, did not.

Hirschi proposed that the strength of a person's attachment, involvement, commitment, and belief determined the probability of participation in criminal behavior. By increasing the strength of these four elements, the likelihood of criminal or violent behaviors would be reduced. Another way of stating this is that if a person's "stakes in conformity" (a term coined by Jackson Toby in 1957) are great enough, they will not engage in unlawful behavior, because they have too much at stake to lose (Crutchfield

& Pitchford, 1997; Lackey & Williams, 1995; Pate & Hamilton, 1992; Sherman, et.al., 1992; Dakis, 1995; Nagin & Paternoster, 1991).

Some of the risk factors for violent relationships are poverty or low income, unemployment, substance abuse, communication deficits, personality disorders, anger, stress, depression, and violent behavior outside the home. Living in a violent environment, surrounded by social and economic failure, children learn that they are inferior to the people they see as successful on TV and in movies. They learn to expect to fail and that violence, particularly against women, is expected of them. The significant adults in their lives lack good parenting and communication skills. The child is trapped within a closed environment that teaches and then reinforces failure and violence. Their self-esteem or sense of self-worth is perilously low. Without more positive models, the child is significantly more likely to repeat the patterns he has learned when he or she become adults. The way a person thinks about himself/herself informs their behavior.

This is consistent with Robert Merton's (1938) anomie, or stress theory of socially deviant behavior. He felt that there are two elements of social and cultural structure. The first consists of socially defined goals, purposes and interests, essentially our range of aspirations. The second element is the way our society defines and regulates the acceptable means of achieving these aspirations. If our means are blocked (by poverty, lack of education, lack of access, etc.), we find other ways to define success. Power over others in an intimate relationship can meet this need for the otherwise powerless. He argued that "aberrant conduct...may be viewed as a symptom of dissociation

between culturally defined aspirations and socially structured means.” Lower class members may internalize cultural goals of wealth and status, but recognize their inability to attain them (Farnsworth & Leiber, 1989). This “disjunction between goals and socially structured opportunity” (Cloward, 1959. p166) may account for the greater use of violence among the disadvantaged.

The chance to escape this fate is offered by the social bond theory. If a child growing up in a violent home has enough (“enough” will vary by the individual) positive role models in their lives, they can learn different behaviors and beliefs. This is the concept behind mentoring programs for school age children. Positive role models can include grandparents, neighbors, older siblings, teachers, etc. Membership in groups and organizations can also provide boosts to self-worth and positive models. Some of these organizations are scouting, church membership and clubs, Big Brothers and Big Sisters, community organizations, sports team participation, etc. Any positive association the child has that enhances the way he/she feels about him/herself reduces the probability that the child will grow up to repeat the patterns of behavior and thought modeled in their home of origin.

By extending Hirschi’s theory to domestic violence situations, abusers who have the most to lose from their abuse should be the most amenable to interventions (jail, anger management, substance abuse counseling, etc.). The individuals most likely to alter their behavior should be those who are employed, have strong ties to the community, are involved in a committed relationship, are active in church, civic, sports, or social groups, and who feel they have the respect of their peers and the community. When

threatened with the potential loss of such relationships and social standing, the abuser is more strongly motivated to change his behavior than an abuser who does not have as much to lose.

Utilizing the social bond theory, we can understand why the relationship between learning violent definitions and attitudes from parents as children does not always result in violent adults. A strong argument can be made that by combining Hirschi's (1969) social control (or social bond) theory with the social learning theories, a solution for reducing the violence could be achieved (Lackey & Williams, 1995; Nagin & Paternoster, 1991; Pate & Hamilton, 1992; Sherman, et.al.,1992; Scheff, 2000).

### Attachment theory

In 1939, John Bowlby presented a paper to the British Psychoanalytic Society in which he proposed his theory that infant and early childhood attachments to caregivers have a critical impact on a person's emotional and psychological development. He believed that these early childhood experiences could lead to later psychological disorders. He argued that early human attachments were of paramount importance for emotional growth (Dutton, 1995).

He proposed that individual children had different attachment styles, based on both their innate temperament and their experience with their primary caregivers, mainly their mothers. When an infant is hungry, wet, soiled, or wanting in other ways, he cries to get his mother's attention. When she responds to meet his needs, he learns to cry when he needs her. If she doesn't respond quickly, he gets angry and cries more

insistently. In this way, mother and child forge a bond. When the mother responds with affection and patience, the infant and young child learns that he can depend on her when he needs help or attention. However, when the mother fails to respond within a reasonable time, is undemonstrative with affection and tenderness, or acts in a manner that demonstrates she is resentful or hostile, that bond is tenuous or uncertain.

Bowlby described three styles of attachment: secure, dismissing, and fearful. Secure children are comfortable with closeness, while those with dismissing styles are more likely to be wary and avoid relationships. Children who are fearfully attached can be subdivided into two groups: (1) “clingy and preoccupied with the romantic partner’s reaction; and (2) exhibits an ambivalence toward intimacy and to those with whom they are emotionally connected” (Dutton, 1995. p.109). Albert Bandura & Richard Walters (1959) stated their conclusion that “a lack of affectional nurturance on the part of one or both of his parents provides the child with continuing instigation to hostility and aggression.”

In 1998, Kesner & McKenry reported on a study designed to test their hypothesis that “unmet attachment needs, originating from the internal working model, may precipitate violent behavior by the adult male (p421).” They concluded that negative early attachment experiences had a powerful effect on subsequent relationship perceptions and behaviors. They stated that “fearful attachment could also be described as angry attachment (p429).” Another interesting result of their study was finding evidence that women who had lower secure or preoccupied attachment styles of endorsement or higher dismissing styles, were more likely to be abused by their

partners. They suggested that “women with these styles may be at risk for unintentionally evoking a violent response in men who are insecurely or fearfully attached (p429).”

Dutton (1995) stated that the “fundamental conclusion of attachment theory is that anger follows unmet attachment needs (p.109).” He reasoned that if a woman was being physically and emotionally abused by her partner, it was likely that she would not have the physical or emotional resources to meet the needs of her infant or young child. He believed that this inability on the part of some abused women might provide the explanation as to why some boys who witness violence grow up to be abusive while other boys do not. If the mother is able to provide the loving bond and care needs of her child, this may offer protection against the development of violent behaviors modeled by a boy’s male role model.

The weakness with this theory is that it tends to place blame for a grown man’s violence on his mother. Dutton’s explanation notwithstanding, this is repugnant to most women. It is reminiscent of the blame that used to be assigned to the mother if a child was autistic, which has now been thoroughly repudiated. All mothers are occasionally distracted and short with their children. To blame her, particularly if she is a victim of violence herself, for the abusiveness of her son, seems unreasonable. It is as if the researchers reasoned that: it must be someone’s fault, and the mother is the primary caregiver. Therefore it must be that the mother is not loving enough.



### Exchange theory

The fundamental principal of exchange theory is that individuals will engage in behaviors that offers rewards and avoid behaviors that result in punishment (Jasinski, 2001). If the rewards of a certain behavior are greater than the negative consequences, the behavior is reinforced and will probably be repeated (Michalski, 2004).

If violence against women is accepted, then it is an effective tool for the domination and control of women systemically (Gelles, 1987). This is the feminist position. It is only when the people important to the abuser refuse to accept his abusiveness and violence that he will change. This is the heart of both the feminist and exchange theories. The cost must be greater than the reward. The difference is that feminism is a macro theory that looks at society as a whole. Exchange theory is a micro theory that seeks to explain individual behaviors. They complement each other.

The weakness of exchange theory is that most people react before engaging in a cost/benefit analysis. Man does not always act as a rational being. While negative consequences undoubtedly alter the bad behavior of most people, it does not always act as a reliable deterrent in all cases. Some men are repeatedly violent, even murderous, in spite of the most dire of consequences. It nonetheless dovetails nicely with social learning, social bond, and feminist theories.

### Resource theory

Resource theory proposes that the use of violence depends on the resources an individual in a system or family can command. The more resources, the more force that

can be used, but the less force is actually employed. (Gelles, 1987). The person with the fewest resources has the greatest need to use violence as a tool to get his way or impose his will on another person. An individual who has power, doesn't need to use violence to get his way. The powerful person has more effective means at his disposal to get the response he desires.

This theory has mainly been used to explain violence that occurs within the family unit (Jasinski, 2001). The family is a contained power system. Children learn at a very young age that force is an acceptable means to achieve a desired goal. They learn this not only by watching the interactions of other family members, but also when they are punished or forcibly restrained or controlled. Children learn about the unequal distribution of power very effectively during interactions with their siblings. In the world of the child, "might" definitely "makes right."

While resource theory has the benefit of conforming to much of our experience, it is overly simplistic as an explanation for violence. There are too many instances where we should expect violence, but none occurs. All life and relationships are not about power. There are other factors in play that cannot be accounted for with resource theory.

#### Subculture variations and cultural acceptance of violence toward women

While IPV occurs among all races, cultures, and socio-economic levels, it does not occur evenly across them. In cultures where disrespect for women is institutionalized, it is far more prevalent than in our modern mainstream. In Hispanic cultures, for instance, the concept of machismo requires men to behave in ways that encourage them to always

be in control (Perilla, et al, 1994; Adames & Campbell, 2005). In interpersonal relationships, this results in a greater likelihood that they will use of force to impose their authority, particularly if they feel they are otherwise without much control over their lives outside the home.

Many Latinos and other minority groups (such as Asian, Russian, Islamic, etc.) in the U.S. face obstacles that are not faced by white or African-American women. They also face barriers of national origin or race, language, and social isolation (Menjivar & Salcido, 2002; Bui, 2003; Jiwani, 2003; Raj & Silverman, 2002). Even if immigrant women desire to seek help from police, the courts, shelters, or other services, the language barrier is often insurmountable. If the woman or her partner is in the country illegally, that also can keep her from seeking or accepting help.

Disabled women are a particularly vulnerable population of victims of IPV. Brodin & Siu (2007) found that women with disabilities experienced abuse at twice the rate of women without disabilities. Reporting on their analysis of data from the Canadian 1999 General Social Survey, Forte, et al (2005. p248) concluded that “an additive effect between IPV and activity limitations adds disproportionately to the burden of health for women with activity limitations.” These findings are applicable to the population of older victims of IPV who have developed activity limitations due to aging and the consequences of prior violence.

Carolyn West (2002) and Fowler and Hull (2004) argue that, while African-American women are more likely to be victims of IPV than are either white or Latina women, they are less apt to report their victimization. Within the black community,

there is the strong conviction of racial prejudice on the part of mental health (Fowler & Hill) and the legal (West, 2002) system (both police and the courts). The fact that such a high proportion of black males are in jail, prison, or on probation/parole lends credence to the belief that the cause of this is systemic bias against blacks. As a result, there is strong pressure within the community that acts to prevent women from reporting physical or sexual violence or from seeking help from outside their families or circle of friends. As a result, the actual violence is believed to be much higher than available studies or surveys indicate.

Partnerships occur within a dynamic and complex set of social and personal interrelationships. Systems of power (race, class, gender, etc.) and oppression (prejudice, class stratification, gender inequality, etc.) meet at the intersections in social contexts (Crenshaw, 1994). “While all women are vulnerable to battering, a battered woman may judge herself and be judged by others differently if she is white or black, poor or wealthy, a prostitute or a housewife, a citizen or an undocumented immigrant” (Bograd, 1999. p277). Intersectionality theory focuses on the multiple oppressions and cultural differences of victims of intimate partner violence (Sokoloff & Dupont, 2005). This theory seeks to clarify and increase sensitivity to all victims of violence, including those who have often been marginalized.

### The role of alcohol

Those who work with victims of domestic violence, abusers, or the friends and family of either, often hear the rationalization “he only hit her because he was drunk.

He's not like that when he's sober.” This association between marital violence and alcohol consumption has been examined in several studies. Alcohol has been shown to be strongly associated with violence generally (O'Farrell, et.al., 1999; Dawson, et al, 2007), but the “linkage between alcohol abuse and domestic violence is particularly ubiquitous” (Brown, et al, 1998). In another study of marital violence, it was found that approximately 50% of the reports of abuse were associated with a state of drunkenness by the aggressor (Natera, Tiburcio, & Villatoro, 1997). In the Metro-Dade Spouse Assault Experiment study, police officers reported that they suspected alcohol or drug use by 69.5% of the batterers they encountered while investigating domestic violence complaints (Pate & Hamilton, 1992)

Belenco and Peugh (1998) believe that alcohol provides an excuse for normally unacceptable behaviors, as well as lowering inhibitions, sharpening aggressive feelings, and increasing the likelihood of misinterpreting signals in aggressive situations. They add, in agreement with Leonard and Quigley (1999), that alcohol has strong neurochemical or pharmacological effects which contributes to violent behavior. While alcohol does not cause domestic violence, it certainly appears to add fuel to the fire (Davis, 1998). As Lundy Bancroft (2002) and Walker (1979) points out, even if alcohol abuse stops, other abusive behaviors do not. Alcohol acts as a disinhibitor (Dutton,1995; Jewkes, 2002), allowing physical violence.

## Characteristics

### Cycle of violence

In 1979, Lenore Walker published her seminal work titled: The Battered Woman. In it she discussed her observation that violence within intimate relationships is demonstrably cyclical in nature. The three phases of the cycle are: (1) tension-building; (2) the explosion or acute battering incident; & (3) the contrition, or “honeymoon” (Morgan, 1982) stage. Each phase has unique characteristics and signs.

In the first phase, minor battering incidents occur. The victim tries to avoid the abusiveness and calm the abuser by doing everything in her power to reassure him of her love by catering to and anticipating his wishes. She accepts the blame for the abuse of her partner, believing that she deserves it because she has failed in her mission to please him. By her acceptance, she tacitly acknowledges his right to abuse her, and the merit of his actions. However bad these “minor” incidents are, she knows they could have been much worse. Often, the victim will try to explain away these actions by attributing them to outside sources, such as the abuser’s work situation. If she convinces herself that these outbursts are caused by external sources, she realizes that she has no control over them.

Over time, these minor incidents lead up to the second phase in the cycle, the boiling point at which an explosion of violence occurs. This phase represents an “uncontrollable discharge of violence” (p.59). When this occurs, the man is so blinded by his rage that he is unable to control himself. It is only when he is spent or for some

other, unknowable reason, that he realizes how much injury he has inflicted. He invariably tries to justify his behavior by blaming his violence on outside causes (such as alcohol or work) or his partner.

Many women, either consciously or unconsciously, will trigger a phase two explosion of violence. This happens, according to Walker, because over time a woman may learn to sense when the acute violence is about to happen. This can be a very stressful period, waiting for the inevitable extreme violence, so she will provoke him to get it over with. In this way, she at least has some control over when the violence will occur, instead of being totally at his mercy. It is also true that sometimes a woman will provoke the acute episode early in the hope that the degree of violence will be less severe. Walker noted that during this phase, the anticipation of the violent outburst caused severe psychological stress for the victim.

Walker believes that most batterers are only violent in their own homes. They do not dare to display their violence in public. They know it is not acceptable behavior, at least on some level. He deeply fears that his violence may cause his partner to leave. But in his convoluted and dysfunctional thinking, he “becomes more oppressive, jealous, and possessive in the hope that his brutality will keep her captive” (p.57).

Walker’s book preceded current mandatory arrest laws that require police to arrest the primary aggressor if they are at the scene when the police arrive. While the research on the effectiveness of this policy is mixed, Walker provides the clearest reasoning to support the practice of immediate arrest and separation of the abuser from his victim

during her discussion of why the victim often tries to dissuade or prevent the police from arresting her abuser. As she put it, what the police

“fail to understand is that the battered woman knows that when the police leave she will be left alone with the batterer again, and she is terrified of being further abused. When she attacks the police, she is trying to demonstrate her loyalty to her batterer, hoping to avert further beating” (p.65).

After this severe beating, the abuser is often horrified at the damage he has inflicted. He is honestly (usually, though it may sometimes appear to be primarily manipulative behavior) contrite and repentant, and truly believes that he will never again hurt her. He begs her forgiveness and is kind and loving towards her. Many batterers, in an effort to escape guilt for their actions, apologize at the same time that they are engaged in blaming their partner for their own victimization (Murphy & Baxter, 1997). They may claim that if only the victim had not done something, or if only they had done what they were told, he would never have lost his temper.

A loving and attentive partner convinces the woman that she is truly loved, and that she is now safe and he will never hurt her again. For a while, this honeymoon stage is relatively free from psychological and emotional abuse. The duration may be weeks, months, or even years. But over time, the cycle becomes tighter and tighter. The periods between explosive episodes of violence are shorter, with the level of violence increasing, often to lethal levels (Fischer & Rose, 1995). The serenity of the honeymoon phase is inevitably replaced by the phase one buildup of tension.

It is the honeymoon phase that traps women. It is the time when her dream of what love should be like matches her experience. It may be short lived, but it keeps her in the



relationship. As Walker puts it, “their reward for accepting the abusive violence is a period of calm and kindness” (p.67). Hattendorf & Tollerud (1997) concluded that battered women identify with the man during the third stage and believe that this is what her partner is really like. These victims tends to “deny he is the same man who battered them in the second stage (p16).”

### Learned helplessness

In addition to her observation and articulation of the cycle of violence in intimate relationships, Lenore Walker (1979) also developed the theory of learned helplessness to explain why women remain with abusive partners. She believed that the key lay in Jeffery’s reinforcement theory of social learning.

As discussed earlier, Jeffery (1965) believed that learning theory revolved around the concept of conditioning. Results that strengthen a response are said to be reinforcing, while those that weaken a response are aversive. Aversive stimuli evoke a desire to avoid repetition. If a behavior is consistently met with unpleasant consequences, or punishments, the likelihood of such behavior recurring is significantly reduced. That is because it is the nature of man to avoid pain.

Walker argues that battered women learn, over time and after much abuse, that their behaviors cannot stop the violence of their partner. After a time, these women learn that they have no control over the outcome of their situation. This is learned helplessness. If she tries to leave, he will find her and compel her to return. If she fights back, she will be beaten more severely. If she passively submits, she will still be hurt, but perhaps not

as badly. Passivity becomes synonymous with survival. If neither fighting back nor running away helps, she cannot effect what happens.

Walker explains that the truth of whether or not a woman has control over outcomes is not as important as her belief that she does not. If a victim believes that there is nothing that she can do to alleviate her situation, then that becomes her truth. Our truth is what we believe it to be. Learned helplessness results in passive, submissive, and helpless behavior on the part of the battered woman. Walker also states that learned helplessness has “a debilitating effect on human problem solving” (p.48). If a woman believes she cannot control what happens, how can she be expected to figure out how to escape her abuser, find a place to live, and survive on her own? Walker adds that a woman suffering from learned helplessness is more likely to suffer from depression and anxiety. This association with depression has been strongly supported by later research (Miller, 2006; Ozment & Lester, 2001).

#### Characteristics of abusers and victims

To better understand domestic violence, it is helpful to consider the characteristics of the batterer. Daniel Saunders (1993) found 11 risk markers that he determined were causally related to domestic batterers:

“(1) witnessing parental violence or being assaulted oneself; (2) class and subculture (low income, blue-collar workers, unemployed, African Americans and Hispanics, and low educational level); (3) age (under 30 had a rate of wife assault 3 times higher than over 30); (4) chronic alcohol use; (5) behavior deficits (lack of communication skills, difficulty in being assertive, etc.); (6)

personality disorders (disorder patterns cluster around asocial/borderline, narcissistic/antisocial, and dependent/compulsive profiles); (7) violence towards children (violent husbands are seven times more likely to be violent toward their children as nonviolent husbands {50% vs. 7%}); (8) anger; (9) stress; (10) depression and low self-esteem; (11) and commission of violent crimes outside the home” (p.10-17).

Stalans & Lurigio (1995) added to this list: the need for control; poor impulse control when angry; and rigid stereotypes of male and female roles. High levels of marital or intimate partner relationship conflict have also been noted (Sugarman and Hotaling, 1989; Romans, et al, 2000). Hamberger and Hastings (1988. p765) found that batterers have “tendencies to deny, minimize, or lie” about their actions; “to externalize blame and responsibility for difficulties; and to exhibit difficulty in intimate relationships.”

The characteristics most victims display are depression, substance abuse and physical injuries (Riggs, et al, 2000; Walton-Moss, et al, 2005). Weaver & Etzel (2003) found in their study of women victims of IPV that fifty-eight percent were cigarette smokers. A study by Dawson, et al (2007) supports this finding that victims of IPV are more likely to be smokers than non-victims. Among the smokers, they noted that the women who showed the greatest dependence on nicotine were more likely to be unemployed, have less education, have experienced more recent violence, had more severe IPV-related sexual coercion, had more IPV-related dominance/isolation, and were experiencing more severe symptoms of PTSD and depression.

Psychologically, most victims of IPV have extremely low self-esteem (DeKeseredy & Schwartz, 2001; Browne, 1987). High self-esteem and success have been shown to be negatively related to victimization (Suls, et al, 2002; Turner, et al, 1998). If success is expected, dissonance theory says that it will more likely be achieved than if failure is expected (Chandler, et al, 1997; Markus, 1977; Updegraff, et al, 2004; Biswas-Diener, et al, 2004; Hosen, et al, 2002; Lyubomirsky, 2001). On the other hand, low self-esteem in adults is associated with unemployment or underemployment, social isolation, substance abuse, violent and criminal behaviors, as well as depression and personality disorders (Chandler, et al, 1997; Kaplan & Sadock, 2004; Morrison, 2001; Kesner & Magee, 1994). It is clear that if victims of IPV suffer from low self-esteem as a result of their treatment, they will be less successful in a workplace environment and in their personal lives, including their interactions with other people. They will also be less able to cope or make plans to escape their abuser.

Trying to describe the characteristics of women who become victims of violence is not possible. Almost any woman could potentially become involved in a violent relationship under conducive conditions. The women who come to the attention of researchers and workers in the field are already the victims of violence. How can we know what they would be like were it not for their victimization? We do know that as victims they share certain characteristics, but those may be the effects of victimization, not a contributing cause.

## Physical, psychological, and emotional consequences of IPV

### Child witnesses

As discussed previously, boys who witness their fathers (or father figures) abuse their mothers are significantly more likely to abuse their partners when they grow up than boys who do not witness abuse (Moore, et al, 2007). Girls are significantly more likely to become involved in violent relationships and to remain in them longer than girls who have not witnessed violence in their homes of origin. If this were the only reason to be concerned about children who observe violence in their homes, it would probably be sufficient to justify efforts to reduce their exposure. Reducing the number of violent couples now will reduce the number of couples modeling violent behavior for children in the future.

In a study conducted in five major cities in the U.S., Fantuzzo, et al (1997) found that children, particularly young children, were disproportionately present as witnesses in incidents of partner physical abuse. According to research reported by Hall & Lynch (1998), children living in violent households are three to nine times more likely to be injured or abused than children in non-violent homes. This increased risk is supported by other studies (Fantuzzo, et al, 1997; Huth-Bocks, et al, 2001; Astbury, et al, 2000; Anderson & Cramer-Benjamin, 1999).

Multiple studies have concluded that children who witness violent conflict between the adults in their households frequently show clear symptoms of posttraumatic stress disorder (Fantuzzo, et al, 1997; Huth-Bocks, et al, 2001; Astbury, et al, 2000; Anderson

& Cramer-Benjamin, 1999; Cummings, et al, 1999; Wolfe & Korsch, 1994; & Graha,- Berman & Levendosky, 1998). Symptoms of PTSD in children include: re-experiencing the trauma in their thoughts and preoccupation with the event; disinterest or reduction in normal activities; anxiety; fear; bedwetting; sleep problems; temper tantrums; isolation from peers; over or under eating; and psychosomatic symptoms.

Research has shown that boys are more apt to display externalizing reactions, such as anger, defiance, damaging property and aggression. Girls are more apt to display internalizing behavior, such as depression, withdrawal, sadness, crying, attachment problems, and somatic complaints (Anderson & Cramer-Benjamin, 1999; Astbury, et al, 2000). While even one episode of witnessing violence can have a damaging effect on children, more important in predicting the long-term outcome is the duration, severity, and frequency of the violence (Astbury, et al, 2000).

It has been noted that children who have witnessed family violence “display aggressive proclivities such as endorsing the use of physical force to resolve conflict, a tendency to exhibit hostile attributions of others intentions, and to favor aggressive responses to social problem solving” (Coyne, et al, 2000. p378). Studies of children in shelters mirror this conclusion (Ware, et al, 2001; Cummings, et al, 1999). In children, low self-esteem is associated with disruptive and aggressive behavior, academic failure or under-achievement, social isolation or having few friends, fearfulness, and being the victim of teasing and abuse (Wiest, et al, 1998; Graham-Berman, 1998; Graham-Berman & Levendosky, 1998; Huth-Bocks, et al, 2001; Ware, et al, 2001).

Huth-Bocks, et al (2001) conducted a study to examine the indirect effects of domestic violence on young children's (ages 3-5 years) intellectual functioning. They found evidence to support their conclusion that witnessing violence had the result of negatively impacting the intellectual functioning of these children. Certainly there is abundant evidence that their behavior and peer relationships are negatively effected (Rossman, et al, 2000; Anderson & Cramer-Benjamin, 1999; Coyne, et al, 2000; Cummings, et al, 1999; Graham-Bermann & Levendosky, 1998; Ware, et al, 2001). "Trauma related to abuse can significantly disrupt the development of children's affect regulation, self system, peer relationships, and school adaptation" (Fantuzzo, et al, 1997. p120). These effects follow children into their adulthood, impacting their future relationships, attitudes, emotional and psychological health, and their parenting tactics and skills.

### Victims of IPV

Women who are in abusive relationships usually have low self-esteem and a sense of powerlessness (learned helplessness) (Walker, 1979; Phillips, 2000). One of the most effective tactics used by abusers is to isolate their partner. By isolating her, they remove the support system that might protect her and allow her to realize that she does not need to endure the physical and psychological abuse (Brandl, et al, 2003; Penhale, 1998).

Writing about IPV and elderly dementia sufferers, Raymond Flannery (2003. p22) listed the characteristics of victims as "quiet, self-effacing individuals with a past history of victimization, limited interpersonal coping skills, and excessive denial." He

lists the characteristics of their abusers as “being dependent on the victim; having feelings of powerlessness, jealousy, or fear of being abandoned; being selfish and entitled; having a substance use disorder or history of personal victimization; having limited coping skills; and having poor self-esteem with accompanying depression (p21-22).” He warns that dementia sufferers are at an elevated risk for IPV.

Sexual abuse is an under-discussed aspect of domestic violence. According to statistics provided in an article by Evan Stark (2001), approximately half the victims of IPV were also sexually assaulted. He added that 1/3 of all rapes occur in abusive relationships. The consequences of repeated partner rape on older women over the lifetime of a relationship are significant. There is an increased incidence of HIV/AIDS and other STDs. Older women in particular are more likely to have grown up in patriarchal homes, thus predisposing them to accept domination by their spouses or male partners. If women accept the belief that their husbands have superior sexual privileges and are morally and legally permitted to require her to submit to their sexual appetites, a lifetime of rapes can result. And if rape is used as the final act in a battering, she may not recognize that what has occurred is rape (Campbell & Soeken, 1999). The physical, emotional, and psychological consequences of this situation for women are severe. “A woman who is raped by a stranger lives with a memory of a horrible attack; a woman who is raped by her husband lives with her rapist” (Mahoney & Williams, 1998, p.116).

Domestic violence has serious and often long-term effects on both a woman’s physical and mental health. The most common locations for physical IPV injuries are



the face, neck, upper torso, breast, and abdomen (Banks & Ackerman, 2002). Older women are more vulnerable to fractures due to osteoporosis and arthritis (Aitken & Griffin, 1996; Mouton, et al, 1999). Allsworth, et al (2004), in a longitudinal study of the inception of perimenopause, found that the “experience of abuse was associated with delayed onset (p938)” of perimenopause, that some research has found is related to an “increased risk of breast cancer (p942).”

According to Campbell, et al (2002), 40-45% of physically abused women are forced into sexual activities by their intimate partners. Victims of abuse are “more likely to have gynecological diseases, vaginal bleeding or infections, fibroids, pelvic pain, and urinary tract infections, all of which are associated with sexual abuse (p1158)”, as well as STDs, HIV/AIDS and cervical neoplasia (Coker, et al, 2002; Coker, et al, 2000; Plichta, 2004) (cancer and pre-cancerous cell changes). Campbell & Soeken (1999) further argue that men for whom control and domination are an issue, are far more likely to engage in high-risk sex with other partners. These men then expose their partner to STD's that they have acquired (Coker, et al, 2002; Coker, et al, 2000; Plichta, 2004; & Stark, 2001).

In an article focusing on the often unrecognized consequences of traumatic brain injuries suffered by victims of IPV battering, Banks & Ackerman (2002) found that brain injuries are cumulative, resulting in greater damage with repeat brain insult. They found that such injuries are often subtle and go unrecognized. These injuries can result in a “disruption in the speed, efficiency, execution, and integration of mental processes” (p.134). They reported that women with subtle or minor brain injuries often have

difficulty with decision-making, judgement, and abstract thinking. These deficits are often misdiagnosed as mild retardation or dementia. These difficulties further impair their ability to recognize the danger they are in and impedes the chances of making safety or escape plans. Verbal abuse can have a devastating effect on the mental well-being of all women, but particularly of older victims (Zink, et al, 2003).

Long-term IPV has consequences beyond the injuries of an individual episode of violence, as the previous discussion emphasizes. According to the article by Campbell, et al (2002. p1158), besides the fear and stress associated with IPV, the major long-term symptoms include “pain or discomfort from recurring central nervous system symptoms such as headaches, back pain, fainting, or seizures.” They further found that battered women also showed more “signs symptoms, and illnesses such as colds and flu, and cardiac problems, such as hypertension and chest pains (p1158)”, as well as depression, chronic pain, stress, osteoarthritis, gastrointestinal disorders and gynecological symptoms. Depression and its associated symptoms constitute a major concern for those treating abused women (Miller, 2006; Ozment & Lester, 2001). An article by Janet Wang (1997) adds symptoms of nervousness, irritability, weight gain or loss, fatigue, asthma, heart palpitations, choking sensations, and hyperventilation. It is strongly argued by most researchers that the reason for the increase in physical ailments among abuse victims is that high levels of stress are known to have depressive effect on the immune system (Campbell, et al,2002; Coker, et al, 2002; Carlson, et al, 2003; Nurius, et al, 2003; & Sutherland, et al, 2002).

## Legal responses to IPV

It wasn't until 1920 that women in the U.S. were entitled to vote. Even after that, they continued to be treated as property and were denied access to many professions and schools. If they were married, they were often denied the right to open bank or credit accounts in their own name. It is difficult for many of today's young women to fully understand the impediments that confronted their grandmothers and earlier female ancestors. Women were expected to marry, bear and raise children, run the household and keep it cleaned, prepare meals, do their husbands bidding, and keep quiet. It was not considered acceptable behavior for women to tell anyone if their husbands were abusive towards them. Telling others about physical abuse would have been considered a violation of the sanctity of the marriage. As a consequence, except in cases of the most severe beatings, women had nowhere to turn for help. If they did complain, they were often labeled "hysterical" and treated for mental illness. Their clergyman usually told these victims to submit to their husbands and not to complain.

In 1964, the first woman's shelter, called Refuge House, opened in London, England. In the United States, the first recognized shelter to open was the Women's Advocates and Haven House, which opened in Pasadena, California in 1972. That same year, the first hotline for battered women opened in St. Paul, Minnesota. In 1976, Pennsylvania became the first state to create a statute to provide orders of protection through the courts for victims of marital violence. Awareness of the problem increased

and became more visible when the National Coalition Against Domestic Violence organized its first national conference in 1980.

In 1985, a court case, *Thurman V. Torrington*, provided the greatest impetus of all for state legislatures and law enforcement to change the manner in which domestic violence was treated by the entire legal system. In this case, Tracy Thurman had been granted a restraining order against her abusive husband. After he beat her and slashed her throat in front of police officers, this permanently injured woman successfully sued the City of Torrington and its police department for failure to protect her from her husband's violence. She won a judgement of \$2 million dollars. This suit led to the passage of a mandatory arrest law in Connecticut. In 1994, the U.S. Congress passed the Violence Against Women Act as part of a crime bill, which also mandated the forming of the Violence Against Women Office in the U.S. Department of Justice.

One method now employed by most states is the mandatory arrest of the primary aggressor by police responding to complaints of domestic violence. The theory of arrest as a deterrent rests on the belief that man is a rational animal and can thus be influenced by incentives, especially the negative incentives involved in criminal sanctions.

### Protective orders

In 1994, the U.S. Congress passed the Violence Against Women Act (VAWA) as a part of the Violent Crime Control and Law Enforcement Act. This act provided grants and funding for added local and state police officers, as well as programs designed to enhance the safety of women. In this Act, Congress mandated that all protective orders

issued in the United States be afforded “full faith and credit” by all jurisdictions in all states. This means that a victim can obtain a protective order in one state, and it will be just as enforceable if she moves to another state as it was in the state where she obtained it. All 50 states and the District of Columbia have statutes establishing the procedures for the granting of protective orders, though the language may differ substantially (DeJong & Burgess-Proctor, 2006).

An additional provision of VAWA prohibited the possession or transportation of firearms by anyone convicted of domestic assault or who was the subject of a temporary or permanent order of protection (Eigenberg, et al, 2003). This provision, however, sounds better than it works. The Federal statute establishing the firearms provision is not enforceable by state or local law enforcement officers. Not all states have mirrored the provision themselves, except where it concerns protective orders.

The procedure for obtaining a protective order usually involves a two-step process (Eigenberg, 2003). First, the victim requests a Temporary Order of Protection that lasts for only a few days or a week. The second step is a hearing before a judge, where all parties are generally present. The judge listens to the testimony of victim, witnesses, police officers (if they responded to the scene of an assault), and the putative abuser. If he believes that there is danger of future violence, he issues a protective order that is good for up to one year, or in many states, two years. In some states, it can be renewed (DeJong & Burgess-Proctor, 2006; Logan, et al, 2005). Penalties for the violation of a protective order have been established in all states, though there is much variance in the severity of the response. In many states, there is an enhanced punishment for multiple

violations, and in some, a third violation becomes a felony offense (DeJong & Burgess-Proctor, 2006).

Many women seek protective orders themselves, without prior contact with law enforcement. Sometimes these women wish to charge their abuser with the crime of assault, but often they only want a protective order. They believe that their abuser will stop if he realizes that she is serious about his behavior. Sometimes they intent to stay apart from him, and sometimes they want to stay, but not be hurt anymore. In the case where the victim is reluctant to file criminal charges, a protective order offers a legitimate alternative. These orders offer more protection than a victim can secure on her own. She is telling her partner that she will no longer tolerate his battering and abusive behavior, and if he continues he will be held accountable. His abuse is no longer private and will become public knowledge if he persists. She is also giving him the unmistakable message that if he violates any of the provisions of the order, he will be subject to sanctions by the courts. Eigenberg, et al (2003) argues that women pursued protective orders, at least partly, because they “returned some sense of power and control to their lives.” In their study of 149 women, McFarlane, et al (2004) found that women who requested a protective order, whether or not it was granted, reported significantly lower levels of IPV and workplace harassment irrespective of whether the order was granted or not. But the task of doing all the necessary paperwork to obtain an order, as well as testifying in court, can be formidable for a victim, especially in light of the research that suggests that victim’s attachment to their batterers is a major factor in their decision making process (DeJong & Burgess-Proctor, 2006).

There is evidence that, in general, women who seek protective orders report a history of severe violence (Logan, et al, 2005). If police respond to the scene of violence, their reports evaluating the level of violence or injuries sustained by the victim usually show much less violence and injuries than reported by the victim herself (Harris, et al, 2001). Harris, et al (2001, p607) concluded that “the more blame placed on the victim by the police officer, the less likely they were to charge the perpetrator of domestic violence.” They found that unless the officers saw obvious signs of violence, they had a tendency to discount non-visible injuries or complaints by the victims.

Women requesting protective orders from the court most frequently seek protection for themselves and their children, no contact orders, temporary custody of the children, possession of the residence and the eviction of the abuser, and possession of a vehicle. In a comparative analysis of victim requests and court authorized relief as a result of protective order hearings, Yearwood (2005) found that the court was most apt to grant the requests, except for custody of the children. If the abuser is allowed visitation with his children, there is no practical way, in most situations, to avoid at least minimal contact between the victim and her abuser.

Multiple studies that looked at the rate of protective order violations found that they were violated between 23% and 70% of the time (Logan, et al, 2005). This issue needs to be examined further, as even the lower rate of 23% suggests a serious problem. Another issue that has been discussed, is the difficulty that some women experience in getting assistance from police in having their orders enforced. Eigenberg, et al (2003) reported that this is particularly a problem for poor women and women of color.

Women who are poor and/or minorities are precisely those who are at greatest risk for victimization (McFarlane, et al, 2004). This finding suggests that there may be bias at work in police response to IPV calls.

The rates of domestic violence have been found to be similar in urban and rural areas (Webdale & Johnson, 1998; Logan, et al, 2005). However, because of the services and police response readily available in communities with high population densities, the experience of women in rural communities is very different. Women in rural areas are more likely to have low educational levels, limited access to services, and suffer from limited employment opportunities, geographic isolation, and limited childcare and housing. Further, the community norms and values are apt to be more conservative. All of these factors conspire to reduce the chances that a victim of violence will report her situation and seek help from law enforcement and the courts (Webdale & Johnson, 1998; Logan, et al, 2005).

#### Separation: bars to leaving violent relationships

As previously discussed, the third phase of the cycle of violence (Walker, 1979) is the honeymoon stage. After a severe beating, the abuser is often horrified at the damage he has inflicted. He begs her forgiveness and is kind and loving towards her. Many batterers, in an effort to escape guilt for their actions, claim that if only the victim had not done something, or had done what they were told, he would never have lost his temper (Murphy & Baxter, 1997). Tragically, not only does a victim often accept her



batterers pleas for forgiveness, but she may also believe that if she were a better wife or mother, he would not have assaulted her. She believes that she was the cause of her own beating.

Other women accept their batterer's excuse that they would never have hurt her if they had not been drunk or high on drugs. By deflecting blame, abusers are not accountable in their own minds for the terrible toll their abuse takes on their partner. By accepting the excuses, the victim lets him escape responsibility, and more tragically still, repeat the violence in the future.

The honeymoon stage is very alluring to the victim. This is the time when she feels loved and cherished. A loving and attentive partner convinces the woman that she is truly loved, and that she is now safe and he will never hurt her again. The duration may be weeks, months, or even years. But over time, the cycle becomes tighter and tighter. The periods between explosive episodes of violence are shorter, with the level of violence increasing, often to lethal levels (Fischer & Rose, 1995). The serenity of the honeymoon phase is what traps many women. It is the time when her dream of what love should be like matches her experience. It may be short lived, but it keeps her in the relationship. As Walker (1979) puts it, "their reward for accepting the abusive violence is a period of calm and kindness" (p.67).

Another impediment to a victim's ability to leave a violent relationship is the issue of learned helplessness discussed earlier. If she tries to leave, she fears her abuser will find her and compel her to return. If she passively submits, she will still be hurt, but perhaps not as badly. Passivity becomes synonymous with survival. Learned

helplessness has “a debilitating effect on human problem solving” (Walker, 1979. p.48).

If a woman believes she cannot control what happens, how can she be expected to figure out how to escape her abuser, find a place to live, and survive on her own?

The question is often asked about victims in violent relationships, “Why don’t they just leave?” Besides the cycle of violence and learned helplessness, there are other bars that keep women in abusive situations. Battered women often suffer from a very poor self-image or sense of worth. Low self-esteem in adults is associated with unemployment or underemployment, social isolation, substance abuse, violent and criminal behaviors, as well as depression and personality disorders (Chandler, et al, 1997; Kaplan & Sadock, 2004; Morrison, 2001; Kesner & Magee, 1994; Nurius, et al, 2003; Lloyd & Taluc (1999). Spangler & Brandl (2007) found that older women (50+) remained in abusive relationships out of fear of being alone, financial dependency, health concerns, fear of retaliation, and spiritual and cultural values. Hattendorf & Tollerud (1997. p16) argued that the primary reasons women remained was three-fold: (1) psychological entrapment because the women’s sense of self-worth is dependent on her success at maintaining the relationship; (2) her belief that she has more to lose by leaving the relationship than by remaining; and (3) her “exaggerated negative beliefs regarding being alone and surviving without a partner.” They added that, as batterers frequently use the tactic of threatening to obtain custody of the children, women often remain out of a “profound fear of losing their children (p16).”

Repeated absences resulting from beatings make maintaining employment problematical. Abusive partners also tend to show up at the work places of their victims,

causing problems and getting the women fired (Browne, 1987; Costello, et al, 2005; Feld & Straus, 1990; Morgan, 1982). Without adequate financial resources, many victims feel they cannot support themselves and are unable to leave (Kalmuss & Strauss, 1990; Riggs, et al, (2000).

Fear of the unknown keeps many victims tethered to their abuser as well (National Center on Elder Abuse, 2005). Fear of the monster you can only imagine can be greater than your fear of the one you are living with and know intimately. Lack of self-confidence and depression can be immobilizing for victims. Older women victims of long term IPV appear to be particularly susceptible to depression (Osgood & Manetta, 2000).

Shame that they have somehow failed as a woman or a wife can act to prevent women from seeking help and escaping their abuser (Lederman & Malik, 1999). For many victims, particularly older ones, leaving even a terrible marriage violates deeply held religious and/or cultural values. Often, the reason a victim remains is that she simply is unaware that she has any good alternatives to staying (National Center on Elder Abuse, 2005; Vinton, et al, 1997; Brandl & Cook-Daniel; 2002; Wolf, 2000). Older women victims have often been in violent relationships since long before resources were available to help them (Lev-Wiesel & Kleinberg, 2002).

Rhatigan & Axsom (2006) have developed what they call the Investment Model to explain why some women leave while others remain in abusive relationships. This theory views commitment to a relationship as a function of the victim's "satisfaction with, alternatives to, and investments in the relationship (p153)." Their study included

69 participants recruited through battered women's service organizations in North Carolina. They summarized their theory in the following equation: commitment = satisfaction – perceptions of available alternatives + investments (COM = SAT – ALT + INV). They concluded that women who remained in violent and abusive relationships did so because they felt relatively satisfied, possessed lower quality alternatives, had more invested in the relationship, and tended to feel more strongly committed to the relationship.

This study (Rhatigan & Axsom, 2006) also found strong support for the findings of another study reported by Arias & Pape (1999), that found that women were more likely to leave their partner as a result of psychological abuse than for physical abuse. Rhatigan & Axsom concluded that these findings suggest that women disliked, resented, and feared the “consequences of psychological abuse more than those of physical violence (p154).”

The biggest bar for many victims is the most frightening of all: she fears that if she leaves he will find her and seriously injure or kill her (Brown, 1987; Walker, 1995; Tuerkheimer, 2004). It is this that has served as an impetus for state and federal anti-stalking statutes (Wood & Wood, 2002). The most dangerous time for a victim of intimate partner violence is when she tries, or threatens to leave the relationship (Wood & Wood, 2002; Rugala, et al, 2004; Jewkes, 2002; McFarlane, et al, 2000; Hart, 1993).

According to the Department of Justice's Bureau of Justice Statistics (Greenfield, et al, 1998), approximately 30% of female murder victims were killed by an intimate partner. Roughly 1 out of every 25 of these were killings by a former spouse. The

Bureau of Justice Statistics reported that in breaking down the violence by household income, the greater the income, the lower the rate of violence. Further, they found that 80% of all intimate violence occurs in the home, with another 8.1% in a vehicle or garage. In a report issued in 2005, they noted that seven in ten women reporting a rape or sexual assault stated that their assailant was a relative, a friend, or an acquaintance.

The risk of leaving a relationship may be perceived by the victim as greater than the risk of remaining. And the longer a victim remains in an atmosphere of violence and intimidation, the fewer emotional and psychological resources she retains that will permit her to seek a life independent from her abuser. These issues, along with possible physical limitations from prior assaults, poverty, and poor work histories, conspire to insure that her abuser will continue to control and dominate her. Leaving may sound like the easy and obvious choice to a person outside the relationship, but that is seldom the perception of the abused woman.

### Community resources

#### Safe houses for victims and their children

It wasn't until 1972 that the first shelter for battered women opened in the United States (My Sister's Place, 2001). Since that time, the shelter movement has spread to most areas of the nation, even the most rural. These facilities offer sanctuary to battered women and their young children in an atmosphere of communal living and mutual support. The range and quality of services provided to the women vary significantly. A

common offering is counseling in a group setting, often supplemented by individual support interventions. Among the support services provided are help finding employment and suitable housing, finding job training and child care, and, if needed, transportation to secure medical attention or mental health services. Shelter personnel often accompany victims to court hearings and offer emotional support during what is for many women a difficult ordeal.

Each shelter establishes their own residency limitations depending on a variety of factors, such as: financial resources of the shelter, space, utilization request rates, volunteer availability, etc. Shelter stay limitations can be as short as 30 days, but rarely exceed six months.

While at the shelter, women have the opportunity to begin to heal in body, mind, and spirit. Research by Wang (1997) showed women's perceptions of their physical health improved in as little as five days away from their abusers in the safety and supportive surroundings of a shelter environment. Not only do women feel betrayed by their partner for the abuse they have suffered at his hands; often this is accompanied by the sense that they have betrayed and abandoned him by leaving. This may not seem logical, but it is part of the psychological barrier that has prevented them from leaving the relationship earlier. And, unfortunately, it is what causes many of these women to ultimately return to their abuser.

The children of women at these shelters are frequently suffering from symptoms of post-traumatic stress disorder. If they are fortunate, the shelter will provide counseling for them. Research has shown that these shelter children have high rates of behavioral

and emotional issues that need to be addressed (Coyne, et al, 2000; Graham-Berman, 1998; Huth-Bocks, 2001; Rossman, 1998; & Ware, et al, 2001). These children also benefit from sharing space with other children from homes similar to their own. They begin to understand that not only are they not unique in their suffering, but they learn that they need not follow the path of their parents in their own adult relationships. Counseling for these children now may be effective in interrupting the intergenerational cycle of violence they have been born into.

### Support Groups

The greatest value in support groups is that they afford women the opportunity to establish healthy relationships with other women. By sharing similar experiences, the women acquire the “resources to deal with their fear, self-doubt, stress, and anxiety” (Wolf, 2001. p72). Since isolation is one of the main tactics used by abusers, support groups can help show victims that they are not alone. Other benefits are “(a) providing support and breaking isolation, (b) learning new survival strategies, (c) improving physical and mental health, and (d) promoting peace and hope” (Brandl, et al, 2003. p1493). By breaking the isolation, support groups and support services and counseling act to improve a victim’s perceptions of their overall health and reduce the number of health care issues reported by women (Constantino, et al, 2005).

Women in support groups learn that the tactics used by their abuser are not unique. While the women suffer alone during their victimization, they are able to discuss what has happened and discover that the same or similar traumas have been imposed upon

other women in the group. This knowledge helps free victims from the cloak of shame and embarrassment that has prevented her from exposing her abuser to others or even from acknowledging to herself the full extent of her abuser's degradations.

Understanding the truth of her situation can help the victim find the strength to leave her abuser, confront him and demand that he cease his abuse, or discover tactics of her own that work to moderate or end the abusiveness. The comfort that a woman feels surrounded by other women who have endured the emotional and physical pain of abuse by a loved intimate partner cannot be overstated. For some women, it is a life-line.

#### Abuser treatment

Batterer's treatment programs began emerging in the late 1970's as a response to battered women's advocates who demanded changes in the way society reacted to violence by men against women (Murphy & Baxter, 1997). The purpose of batterer's treatment programs is to eliminate abusive behavior. Basically, traditional treatment consists of forcing abusers to confront the consequences of their behavior, acknowledge and cease their rationalizations and excuses for their behaviors, hold them responsible for what they have done, and to teach them new behaviors and reactions (Bancroft, 2002; Dutton, 1995; Murphy & Baxter, 1997). The duration of treatment programs vary. Some last as little as three months and others last as long as a year, with follow-up sessions lasting even longer (Davis & Taylor, 2001; Palmer, et al, 1992).



Do these programs work? Results are mixed (Babcock & Steiner, 1999; Petrik, et al, 1994). It seems clear that some men stop physical abuse whether they attend treatment programs or not. The men most likely to stop are those who are employed, married to their victim, and have the most fear from the negative consequences of their public exposure as a wife beater (Schmidt & Sherman, et al, 1993; Dunford, 1990). Palmer, et al (1992) found in their study that abusers who were found to be suffering from depression at intake had significantly lower recidivism rates (based on police incident reports) than others. This finding needs further study.

A study conducted in Idaho found that at least some batterers programs are effective in reducing or eliminating the violence. Unfortunately, the researchers (Hayward, et al, 2007) also found that the programs failed to significantly reduce the use of emotional and psychological abuse. They further found that unless a batterer was committed to giving up his position of power and control in a relationship, he would eventually return to his use of threats or violence. These findings were confirmed in a study reported by Labriola, et al (2008), of 420 male batterers in Bronx, N.Y. They found that that there was “no significant difference in re-offending between those who were and were not assigned to a batterer program (p272)”. While programs for batterers seem to cause everyone involved in the situation (victims, families, courts, etc.) to feel like they are doing something positive to reduce violence, it is not at all clear that the programs actually change behavior long-term. Perhaps it is time to take a serious look at the costs and benefits of these programs and determine if another approach might be more helpful.

### Integrated community-based approaches

It is the purpose of integrated community-based programs to treat the multiple facets impacting the problem of violent intimate partner relationships. Some of these major facets include: police response; prosecutorial response; court sanctions; advocates to assist victims through the process; battering programs for abusers; counseling for victims and abusers; substance abuse treatment for both victim and abuser; emergency medical and follow-up treatment for victims; emergency shelters for victims of abuse and their children; job and skills training for victims; help in finding long-term housing for victims and their children; and support groups for victims and child witnesses (Allen, 2005; Dakis, 1995; Kelly, 2004). Participation by religious leaders and political leaders is also encouraged by coordinating councils.

The object is to include as many service providers and stakeholders as possible in order to provide a broad a range of help to all of the family members impacted by violence. In doing this, it is felt that not only will the abuse be reduced within today's families, but that the intergenerational transmission of violent behaviors will be interrupted in the next generation (Coyne, et al, 2000; Windom & Maxfield, 2001; Graham-Bermann & Levendosky, 1998). When the assets of state and local governments are combined with those of the community, it is believed that the efforts will have wider support (Pate, 1992). The coercive power of the state is combined with the assets and moral authority of the community to disavow interpersonal violence (Kelly, 2004). By involving the community in the effort, community tolerance for

domestic violence is reduced, thus increasing the social costs to the abuser for his disapproved behavior (Hirschi, 1969; Crutchfield & Pitchford, 1997; Jasinski, 2001).

Support for the effectiveness of coordinated community intervention programs has been affirmatively demonstrated in multiple studies (Murphy, et al, 1998; Tolman & Weisz, 1995; Allen, 2005). In exploring the value for advocacy services for victims of IPV, Sullivan and Bybee (1999. p43) found that “more than twice as many women receiving advocacy services experienced no violence across 2 years post-intervention compared with women who did not receive such services.” The more inclusive the coordinating council, the more effective it is perceived to be by those involved (Allen, 2005). Anderson, et al (2008) argue that by approaching IPV as a public health issue we can improve identification of victims and perpetrators, treatment, and prevention. As they point out: “where there is violence, there is intimate partner violence (p39).”

### Violence and aging

#### Defining “older women”

One of the difficulties with addressing the issue of violence towards older women in intimate partner relationships is in defining what we mean by “older women”.

Researchers set the minimum age at varying places, making the generalizability of research questionable. Some research establishes 50 years of age ( Straus & Gelles, 1990; Mouton, et al, 1999; Mouton, et al, 2004; Brandl, et al, 2003) as the line defining “older”, some use 55 years (Mezey, et al, 2002; Zink, et al, 2003; Grossman & Lundy,

2003; Zink, et al, 2005; Fisher & Regan, 2006; Rennison & Rand, 2003); & Aitken & Griffin, 1996), several chose 60 years old (Roberto, et al, 2004; Phillips, 2000; Brandl & Horan, 2002; Anetzberger, 1997; & Wolf, 2001; Bookwala, et al, 2005), and still others used 65 years (Vinton, 1999 & 2003; Mouton, 2003; Bonomi, et al, 2007). Other researchers simply chose not to define “older” at all (Penhale, 1998; Wilke & Vinton, 2003; Harrell, et al, 2002; & Astbury, et al, 2000), apparently on the assumption that it was unnecessary. For the purpose of this research project, “older women” will be defined as those women who are at least 55 years of age.

#### Are older women different than younger victims of IPV?

Many women who are older than 55 years were raised in an environment that encouraged them to be submissive and to anticipate a domestic role of housekeeper and mother. If they did work outside the home, the best they could hope for was work in a traditionally female, low-paying job. According to Zink, et al (2003. p1429), this resulted in “financial and social dependence, along with many other conditions of powerlessness and general public ignorance about IPV” that “gives older women’s experience of IPV a context and significance unlike that experienced by today’s younger abused women.” They add that, though these older women have witnessed the tremendous changes resulting from the social, legal, and economic advances occurring during and since the 1960s as results of the feminist, battered women’s, and civil rights movements, they have not always benefited from them.

While they were growing up, domestic violence and child abuse were not discussed or even recognized. Education and independent behaviors were not encouraged for women. Among girls, passivity and submission were valued more than ability and skills for employment outside the home. Raising children and running a household did not prepare these women for an independent life, either financially or psychologically. Consequently, as they matured and their children left home, many were trapped in their dependency with an abusive partner. Additionally, older women are more likely to have age and health issues (Bennet, Kingston, & Penhale, 1997) that restrict their employability and increase their social isolation.

#### Ageism and the feminization of old age

Ageism can be defined as discrimination based on age, especially prejudice against the elderly. Aitken and Griffin (1996) state that it is an insidious notion that implies that people cease to be people, or at least seem to become a distinct or inferior type of being, simply by virtue of having lived a specified number of years. Older people are seen to be like children, highly vulnerable and needing special protection because of their inability to act effectively on their own behalf (Brogden & Nijhar, 2000). Laws governing mandatory reporting and doctor-patient relationships (Vinton, 1999) differentiate their treatment from that of other adults. If power is expressed through employment, financial independence, physical fitness, and mental acuity, then ageism is a demonstration of the loss of power and status accorded older people. Ageist attitudes tend to isolate older people, particularly women, from the rest of society when they are

seen or portrayed as a “social problem or as parasitic on the younger generation” (Aitken & Griffin, 1996. p63). As expressed by Bridget Penhale (1998. p27): “the discrimination and lowered social status experienced by older people; the routinised devaluation which elders experience from living in an ageist society can exacerbate vulnerability which may already exist due to deterioration in physical and mental health.”

Even when an individual still has all his or her faculties and remains independent, we can still observe the effects of bias against older people in almost all aspects of society, particularly in advertising and its glorification of youth. One of the consequences of ageism is the objectification and depersonalization of older people. Older people are often treated as incompetent (even in their presence!) whether they are or not, simply by virtue of their age. If we see a woman who is a victim of abuse as merely an old woman needing protection, we may fail to recognize that she is a victim of domestic violence and caught within the same dynamics as younger victims of IPV (Vinton, 1999; Penhale, 1998; Aitken & Griffin, 1996; Brogden & Nijhar, 2000).

As life expectancy rises, the number of aged individuals in the population increases. However, far more women than men survive to reach old age (Brownell, 1998; Bennet, et al, 1997; Aitken & Griffin, 1996). Not only are women outliving their male counterparts, but they are far more likely to be living in poverty ([www.census.gov/](http://www.census.gov/)). This phenomenon places older women at the intersection of ageism and sexism. As pointed out in an article by Bridget Penhale (1998. p27), an “aging society is primarily a female society. It is well known that ageism and sexism combine to produce a socially

constructed dependency in older women of which the feminization of poverty is the key feature.” Most older women are acutely aware of this. Older women at the intersection of ageism and sexism are thus placed in double jeopardy. As Wilke & Vinton (2003, p230) point out, if service providers for older women were sensitized to this convergence of ageism and sexism and how it impacts them, it “would encourage a more individualized approach to working with midlife and older women who have experienced IPV.”

#### Characteristics of older victims of IPV

Much has been written in recent years about the abuse elderly people suffer at the hands of caregivers in their homes and in institutional settings. Overlooked and neglected in this research has been the violence perpetrated by the victims intimate partner. That this is so is apparent in the statistics gathered from multiple sources regarding the prevalence of spouse abuse among older couples in the literature. While it is generally agreed that most victims are women (at a rate of 5 to 1 [Wilke & Vinton, 2003; Tjaden & Thoennes, 2000]), there is virtually no agreement on the likelihood of the spouse being the perpetrator of abuse suffered by older women. This may partly be a reflection of how “older women” is defined, as mentioned earlier. The estimated rates of abusers who were spouses cover a wide range: 13% (Roberto, et al, 2004); 14 % (Mouton, 2003); 23%-33% (Wilke & Vinton, 2003; Kantor & Jasinski, 1998); 39% (Fisher & Regan, 2006); and up to as high as 58% to 62% (Wilke & Vinton, 2003; Bennet, et al, 1997; Penhale, 1998; & Rennison & Rand, 2003).

Part of the reason for this range may be how the researchers define abuse. Fisher and Regan (2006) identified five separate types of abuse in their study of 842 community dwelling women aged 60+. The types of abuse they measured were psychological/emotional, control, threat, physical, and sexual. They found that nearly half of the women in the study had experienced at least one type of abuse within the previous five years, most psychological/emotional abuse. They further found that many of the women experienced multiple types of abuse, and that abuse was suffered repeatedly and often. They also noted a convincing relationship between abuse and health problems. They concluded that abuse negatively affected the quality of life and the physical and mental health of older women.

The characteristics of older women victims include many of the same factors as for younger women. Some factors include low socioeconomic status, minority status, and cognitive impairment (Harrell, et al, 2002). Many older women are physically frail due to arthritis, osteoporosis, and the general physical decline associated with aging (Bennet, et al, 1997; Aitken & Griffin, 1996; Allsworth, et al, 2005). Added to the normal aging process is the high toll that living in an abusive relationship for many years has on the mental health of victims (Aitken & Griffin, 1996; Bennet, et al, 1997; Allsworth, et al, 2005; Anetzberger, 1997; Astbury, et al, 2000; Flannery, 2003; Sutor, et al, 1990).

Women who have been in abusive relationships for many years exhibit very low self-esteem and a sense of overwhelming powerlessness (Phillips, 2000). The primary tactic of the successful abuser is to isolate his victim. As a result of having been isolated



from family and friends, these women have come to rely on their abuser exclusively for companionship (Brandl, et al, 2003; Penhale, 1998).

#### Reasons for staying and obstacles to reporting

Older women remain in abusive relationships for many reasons, some of which they share with younger women. Older women in particular are painfully aware of how precarious their financial situation would be if they left (Vinton, 1999; Penhale, 1998; Aitken & Griffin, 1996; Brogden & Nijhar, 2000) and have often developed an emotional and psychological dependence on their abuser (Wilke & Vinton, 2003; Hattendorf & Tollerud, 1997). Substance abuse is common in both groups (Harrell, et al, 2002; Rennison & Rand, 2003; Mouton, et al, 2004; Kantor & Jasinski, 1998), although there is some evidence that older women are less likely to report having been intoxicated (possibly because they fear that it will place them at increased risk of injury [Mouton, 2003]) at the time of an assault.

Many older women who have tried to escape their abuser in the past and found their efforts to be futile and, in some cases, those attempts have only served to escalate the violence (Brandl & Horan, 2002). Older women today (particularly those over 60) are more likely than younger women to have the philosophy that marriage truly means “until death do us part” and to hold a more “self-sacrificing” view of their own lives (Phillips, 2000). They have usually invested more years in their families and communities and have had fewer opportunities for education or the development of marketable job skills (Zink, et al, 2003). As asserted by Kalmuss & Straus (1990. p379) in the conclusion of their study on marital dependency, “dependent wives have fewer

alternatives to marriage and fewer resources within marriage with which to negotiate changes in their husbands' behavior. Thus marital dependency reinforces that women will tolerate physical abuse from their husbands." Rennison & Rand (2003) add that leaving could result in possibly living in poverty and the loss of life and health insurance at a time when that is particularly needed. Plus, "by leaving, these victims risk stigmatization by friends and family and a loss of the social network to which they have belonged for some time (p1426)." For many older women, there is the added fear that if they report the abuse they will end up in a nursing home (Astbury, et al, 2000).

#### Life course of IPV

Desistance is a term that is used to refer to the cessation of a pattern of criminal behavior (Feld & Strauss, 1990). It has been noted by researchers that the likelihood of physical violence between intimate partners decreases as the ages of abuser and victim increase (Kantor & Jasinski, 1998; Straus & Gelles, 1990; Wilke & Vinton, 2003; Mezey, et al, 2002; Vinton, 1999). However, as Mouton, et al (2004) points out, if verbal abuse is counted in victimization statistics, abuse rates for young and older women are similar. Zink, et al (2006) add the caveat that while their study demonstrated that violence often decreases with age, psychological and emotional abuse often escalates.

One of the explanations for this observed pattern may be that after a physically abusive man has asserted his control and domination over his partner, he may no longer need to be physically violent in order to maintain his mastery (Feld & Straus, 1990;

Rennison & Rand, 2003; Mezey, et al, 2002). The threat of violence or its memory may be sufficient for control. Bookwala, et al (2005) theorize that as people age, they tend to utilize less confrontational tactics during conflicts, thus reducing aggressive reactions and responses during arguments. They refer to this as “mellowing across the lifespan (p804)”.

Another reason for desistance suggested by Straus & Gelles (1990) is (and there has been much research that demonstrates this trend) that the rate of alcohol consumption declines with age. Since alcohol consumption and violence are strongly correlated, this may offer a partial explanation for a parallel decline in IPV. Sutor, et al, (1990) add that the criminology literature suggests that the explanation is two-fold: (a) the greater cost of deviance with age; and (b) the greater the stakes in conformity for the abuser. They theorize that the courts may be increasingly harsh with abusers as they age, but also that informal pressure by society and associates convinces older abusers to conform to non-violent standards.

Mezey, et al (2002) found in their review of several studies, that the rates of a husband’s emotional abuse did not decrease, even when reports of physical violence did. These same studies also raised another issue: that of the onset of violence late in life. Some explanations offered to explain this occurrence are the reorganizing of relationships, retirement (Mezey et al, 2002), the pressure of financial hardships (Bennet, et al, 1997), and other life changes. Penhale (1998. p23) suggests that “deteriorating health, both physical and psychological; thwarted hopes, expectations and plans; a diminution in capacities to function and manage; an increase in

vulnerability and dependence may all contribute to the development or continuation of abusive situations within intimate relationships in old age.”

### Support groups and shelters for older women

Most support groups for women are open to all women victims, no matter what their age. The open groups, however, generally have very few, if any, older women members (Vinton, 1999; Wolf, 2001). The reason is that older women have little in common with their young counterparts. Most are not dating or involved in unmarried relationships. Very few have young children in the home. Most have been in long term or multiple abusive relationships. Many were raised to believe that what happened in their homes was not an appropriate topic to discuss outside the home, particularly with strangers (Wolf, 2001). And psychologically and emotionally, they feel apart from many of the values and issues discussed during the meetings. Having support groups designed specifically to meet the needs of older victims of IPV would make them more attractive and helpful to these women.

The greatest value in support groups is that they afford women the opportunity to establish healthy relationships with other women. By sharing similar experiences, the women acquire the “resources to deal with their fear, self-doubt, stress, and anxiety” (Wolf, 2001. p72). Other benefits are “(a) providing support and breaking isolation, (b) learning new survival strategies, (c) improving physical and mental health, and (d) promoting peace and hope” (Brandl, et al, 2003. p1493). By exposing them to other older victims, they have the opportunity to make friends and reduce their isolation.

Empowering older women helps them feel more in control and gives them an improved sense of self-worth (Hage, 2006; Spangler & Brandl, 2007).

One suggestion for increasing the participation of older women is to have support groups at senior centers (Zink, et al,2003; Vinton, 2003). Providing transportation has also proven to be beneficial for women who do not drive. Having older, specially trained volunteers available to respond to calls to IPV hot lines from older victims would also help. Support groups need to be open to women who are no longer living with their abuser. These women often need help to overcome the effects of PTSD and the physical effects of years of abuse (Brandl, et al, 2003).

Providing safe houses for older victims has proven to be valuable (Penhale,1998; Vinton, 2003). However, some of the problems faced by older women using shelters mentioned by Straka and Montminy (2006) were:

- \* Shelters may have higher noise and activity levels than is comfortable for older women.
- \* Some older women may have difficulty fulfilling their work assignments because of their physical or mental conditions.
- \* The time limit on occupancy can be inadequate in terms of the complexity of some older women's problems.
- \* Shelter staff are usually unfamiliar with aging and the special needs of older people.
- \* Problems with health and mobility can hinder the use of shelters, with many lacking wheelchair accessibility.
- \* Most shelters are not equipped to provide the care needed by some women with health problems (e.g., assistance with bathing, eating, or other activities of daily living or dispensing medications).

\* Older women may find it difficult to get to medical appointments and services, and most shelters are not set up to provide this kind of assistance.

### Lack of research

Most research on intimate partner violence has included victims of all ages. There is very little research devoted to the study of the patterns and effects of violence on victims of violence by age (Mouton, 2003; Rennison & Rand, 2003). And as Mezey (2002) points out, there is virtually no literature on the effects of non-physical abuse by age. Phillips (2000) argues that the reason for the absence of information on older women victims of domestic violence is due to several reasons. First, the gender-neutral terms elder abuse and elder mistreatment obscure the reality that two-thirds of victims reported are female. Second, these terms are used to include behaviors such as “abuse, neglect, financial exploitation and self-neglect (p118)”, with age as the critical attribute. These factors result in a conceptualization of the problem “as rooted in a specific context for the victim: vulnerability and dependence (p118).” Characterizing the problem in this way obscures the reality that “vulnerability and dependence are not essential features of the domestic violence that effects older women and that many older women who are not dependent are victims (p118).” Thirdly, she argues that most research attention has been rooted in an “inadequate care paradigm rather than the family violence paradigm (p118).” She adds that the research data that we do have indicated that, even in old age, most abusers are men and most victims of physical violence are women.

Most intervention networks designed to help older women in abusive situations reflect a dichotomous attitude toward older victims. One type of help is grounded in the belief that older people are victims of abuse because of their age. Adult Protective Services and social service agencies view elder abuse from this perspective. The other view is more often the feminist approach that sees victimization from a gender perspective. But as Straka & Montminy (2006) points out, older women victims of intimate partner violence fall at the intersection of these two perspectives. Both approaches meet some of their needs, but neither is designed to meet all of their needs.

A major shortcoming in the current literature on older women victims of IPV is the dearth of conversations with older women victims and survivors themselves. We need to hear what these women think about their past (and possibly current) victimization and what they see as their needs as a result of their experiences. What do they see as the barriers they face in getting the help they need? By listening, we can learn what is most important to the women we seek to assist.

## Chapter 3

### Methodology

#### Introduction

The research design employed in this dissertation is a phenomenological (descriptive) research project using multiple case studies. It is exploratory in nature, and not expected to provide definitive answers. The study sample is small, consisting of only four women between the ages of 63 and 70 years. Long interviews are used to allow for the examination of a relatively small group of individuals in great depth (McCracken, 1988). The in-depth interviews were divided into three parts: the focused life history, the details of the experience, and the subjects' reflections on the meaning of their experience (I.E. Seidman, 1991). Focused interviews using open-ended questions were used to encourage unfettered responses (Lin, 2003). The research sought to capture the "lived experience" of these women by seeing their lives from their perspective (Padgett, 1998).

Older women victims of IPV are usually reluctant to report to their situation. They seldom seek help at shelters and are thus unknown to shelter service providers. Older women victims of long-term IPV suffer in silence and seldom come to the attention of the service providers that might be able to help them. This makes finding a sample of women over the age of 55 who have spent at least 20 years with an abuser problematic.



With this introduction as background, I will now discuss the research methodology employed in this dissertation.

The researcher was unable to acquire participants in the central Virginia area where she lives and attends graduate school. After futilely contacting several shelter services in Virginia, a decision was made to contact a shelter in a populous area of Florida. The researcher recalled reading an article discussing a research project conducted by Linda Vinton, Ph.D. (Florida State University), in which the Betty Griffin House in St. Augustine, Florida had participated. The researcher contacted Joyce Marh, the Program Director at the Betty Griffin House. After discussing the study with the counselors and Beth Hughes (Director), she agreed that the study was worthwhile and that they would be willing to participate. She put me in touch with Amy McDermott, a counselor who worked with most of the older women they had contact with through their counseling services.

Amy McDermott proved to be most helpful. She agreed to post the advertisement soliciting participants and to point out the advertisement to likely candidates. Participants contacted the researcher using a toll-free number and appointments for interviews were arranged. Amy McDermott then scheduled rooms in which the interviews were conducted at the administrative and counseling services building. A copy of the advertisement is attached.

Additionally, two subjects living in the Richmond, Virginia area and meeting the research criteria, were identified by the Principal Investigator. The Principal Investigator asked both women if they would be willing to participate, and one of them

was agreeable. The two interviews with this participant took place on the campus of VCU.

### Participants

Each of the participants was interviewed twice, over two days. The period between the two interview sessions depended on the schedules of the participant and the interviewer. All of the interviews took place between May and December, 2007.

There was concern that the participants might become upset or distraught during the interviews because of the sensitive nature of some of the questions. In order to alleviate this concern, the agreement with the Betty Griffin House included the provision that there be at least one state certified counselor on the premises during the entire time the interviews were conducted. It was made clear to each of the women that they did not need to respond to any question that they did not wish to answer. The ordering of the questions was designed so that each interview session ended with questions that were positive and forward looking.

### Interviews

Participants were given \$5.00 at the start of each interview session for the purpose of compensating them for the cost of gas to travel to and from the interview site. They received a total of ten dollars for attending both interviews. In addition, a small gift with an approximate value of ten dollars was given to each of the participants at the end of the second interview, as a token of appreciation for their participation.

Each participant was given a consent form explaining the research and their rights. After they read it, the researcher reviewed it with them and asked if they had any questions. Because of concerns over the issue of confidentiality, they were asked for their assent, but were not asked to sign the document. The researcher signed and dated the form to certify that the participant had read it and agreed to its contents. A waiver of consent had previously been obtained from the IRB at Virginia Commonwealth University.

A copy of the interviewer's semi-structured guide is attached. This guide was used by the researcher to help assure that major areas of inquiry were covered during each interview. What questions were asked depended on the respondent's previous answers. If she had stated that she was an only child, no questions were asked concerning sibling relationships or birth order. The guide was intended to act as a prompt for the researcher to insure that similar areas and issues were covered with each subject. The researcher/interviewer was attentive to the responses of the subjects, but also was able to take notes during the interview. This was especially important for noting the way words were spoken as well as what the body language of the speaker may have been revealing (Seidman, 1991; Babbie, 1999; Strauss & Corbin, 1998).

The interviews began by exploring the background of the respondents, their experiences growing up and their relationships as children with friends and family members. Also explored was the subjects' courting relationship with her husband/partner and her current relationships with her grown children and her grandchildren. The discussion then progressed to her treatment socially and emotionally

by the partner, particularly during the early years. There were a few brief questions concerning his behavior and treatment of their children. Next, she was asked about any experiences she may have had involving the responses and treatment by police and the courts if she had ever become involved as a result of someone else calling or her own request for help.

Later, the interview focused on the actual physical assaults and any efforts the women may have made to get advice or help to stop the violence. Also, her feelings about the abuse she had endured and her experiences with shelter services were addressed. Finally, she was asked if, as a result of the help and services she had received, she now feels safe and what changes or additional services she would recommend to help other women victims of violence.

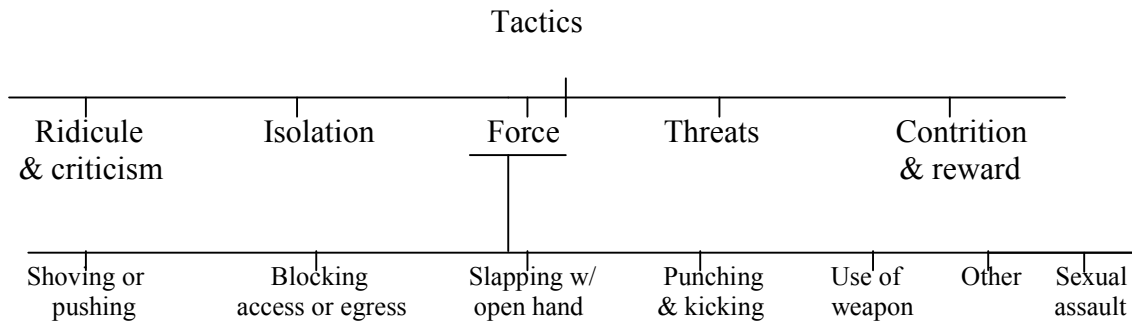
All interviews were tape recorded and then transcribed. Only first names were used in order to protect the respondents during the interviews. No identifying information was included in the results of this research. Only a pseudonym was used (not matching the initials of either the first or last name of the respondent) in the reports of these interviews. Nothing will appear in any written research report that might reveal the identity of any respondent. All interview tapes were carefully protected by storing them in a lock box until they were transcribed, after which they were destroyed.

During each interview, the researcher took notes to supplement the tape recordings. After each interview, she wrote memos containing impressions, ideas, and reactions (the participant's and hers) in an effort to capture nuances and interpretations while they were still fresh in her mind. The researcher kept a logbook to record her thoughts and

impressions throughout the entire process, beginning with preparations for interviews right through completion of the written report.

### Analysis

During the first stage of analyzing the data, the researcher used open coding to break the information gathered during the interviews into discrete categories and subcategories for closer examination (Strauss & Corbin, 1998). The following tree diagram will help visualize an example of a category and its subcategories. The category is the tactics an abuser may use to dominate and control his partner. The subtopics are in the second tier (isolation, force, threats, etc.). The dimensions of the subcategory force constitute the third tier.



This is merely an example and is not intended to indicate a pre-determined or a priori range of subtopics or dimensions. Changes or adjustments (Yin, 2003) were considered during the analysis of each interview. This allowed for the reconsideration of prior interview analyses in order to more closely examine areas of emerging interest (Strauss & Corbin, 1998). Use of in vivo categories (in the words of the interview participant)

that emerged improved the descriptive quality and power of the study (Strauss & Corbin, 1998; Berg, 1995).

As the open coding process was conducted, the researcher also engaged in axial coding. This is the process of relating the categories and subcategories along the lines of their properties and dimensions (Strauss & Corbin, 1998; Berg, 1995). It is during this process where the similarities were most apparent. Patterns of histories, choices, actions, and consequences emerged.

Once all the data was broken down and organized by categories and subcategories along the lines of their properties and dimensions, the process of selective coding began in order to integrate and refine the findings to determine what theories had emerged (Strauss & Corbin, 1998; Berg, 1995). It was during this process that central categories or themes became apparent. To enhance this step, the data findings were subjected to interpretation through the perspective of multiple existing theories of interpersonal violence. This process was suggested by Robert Yin (2003) and Berg (1995) and is called theoretical triangulation.

Because of the sample size, the generalizability of this study cannot be assured. However, it is felt that the depth and richness of the data will compensate for the small number of participants.

## Reflexivity

Reflexivity is a term that refers to the interaction between the interviewer and the interview subject. It is important to consider this relationship because the interviewer brings to the meeting her own history, biases, and social identity, all of which may influence the willingness to share and the accuracy of the interview subject's responses.

The interview subjects ranged in age from 63 to 70 years. Three of the women were middle class white women and one was a middle class African-American woman. The interviewer was a 63 year-old middle class white woman. I believe that our shared background made it easier for the women to open up and speak freely, improving the quality of the interviews.

Additionally, the interviewer has been a state magistrate in Virginia since 1982. It was my experience interviewing victims of domestic assaults for so many years that encouraged me to return to school in an effort to gain an understanding of the dynamics and issues involved in this problem. I also wanted to gain the academic credibility to put myself in a position to have a positive impact on reducing the violence.

Because of our similar backgrounds, my many years of experience developing interviewing skills, and my empathetic reactions to their stories, the women were very open and candid in their responses. Each of the women told me that she had enjoyed the interviews. Also, because of my experience with IPV victims over the years, I was able to deal emotionally with the stories that they shared.

## Chapter 4

### Results and analysis

The original plan for this research called for between six and eight participants. However, due to the difficulty with securing volunteers who met the criteria, as well as expense and time restrictions, we conclude that the study will be complete after interviewing four women. All of these interviews took place between May 7 and December 4, 2007. The names used to identify the participants are pseudonyms. No participant's actual first or last name begins with the same letter as the pseudonym for that person.

The interviews progressed at a pace that allowed the participants to fully express themselves and linger over any topic they wanted to spend time on. As much as is practically possible, this research will use the words of the participants. I feel that it is important to hear the voices of these women. Their words often evoke the strong emotions of their memories and feelings. They are at times both powerful and poignant. All of the participants reported that they had enjoyed the interviews, and that they felt upbeat and positive (one even used the term "buoyant") at the conclusion of each interview session.

The analysis will begin with the early lives and childhood of the participants, and include discussions of parental alcohol use, family structure and gender expectations, as



well as their relationships within and outside the home. The second section will discuss the participant's relationship with their abuser over the years. It includes courtship, military service, the evolution of their husband's abusive behaviors and the effects of those behaviors on the women, and the strategies employed by the women to limit the abuse. The final section discusses the women's current lives, their perceptions of the consequences of the abuse they suffered, their relationships with their adult children, and their recommendations and advice to other abused women.

To begin this analysis, I have included the following demographic information to make it easier for the reader to follow the narrative. None of the names used begin with either the first or last initial of their actual names. Because of the small sample size, diversity is not possible. Race is not included in the following chart because it would make identifying the one African-American participant too obvious to anyone familiar with the interviewees. The remaining three participants are Caucasian. All of the other data accurately reflects the information given by each participant.

#### Demographic information of participants

Names of participants (pseudonyms)	Alice	Beth	Cathy	Dot
Age	70	66	63	66
Place of birth	Bayreuth, Germany	Portsmouth Virginia	Boston, Mass.	Eustis, Florida
Current marital status	Married to abuser	Married to non-abuser	Divorced	Married to abuser
Years spent in abusive relationship	33	34	21	47
Occupation of father	Executive	U.S. Navy	absent, unknown	Automobile mechanic

Occupation of mother	Homemaker volunteer	Homemaker volunteer	homemaker disabled	Waitress, occasional
Current occupation of participant	not working	not working	Exec. Sec.	not working

Throughout these chapters, whenever a participant is quoted directly, her words will appear in italics, unaccompanied by quotation marks.

### Section 1: Early life and childhood

The literature suggests several things that we would expect to find in the childhood of women who lived in an abusive domestic relationship for an extended period. Primarily, we would expect to find alcoholic parents (particularly the father) (Dawson, 2007; O'Farrell, et al, 1999), an abusive and controlling parent (Sugarman & Hotaling, 1989; Moore, et al, 2007), and rigid gender roles and expectations (Cohan,2001). There is also some evidence that the role of abusive and controlling parent is sometimes filled by an older, abusive sibling (Kiselica & Morrill-Richards, 2007). Among the women in this study, I found support for these expectations.

One of the objectives of the research was to look for commonalties in the experiences of women that may predispose them to marrying an abusive man and remaining with him for twenty or more years, a victimological approach. Also, I was looking for factors in their childhood's that were protective and allowed the women to survive physically and emotionally in spite of the abuse they endured. For that reason, I asked them questions relating to their lives as children: their relationships, activities,

dating, and other topics that would allow a picture of their formative years to emerge. Possibly because of the limited sample size, with the exception of relationships, no patterns emerged in these areas.

#### Alcohol use patterns of household members

The association between alcohol abuse and domestic violence is overwhelming (O'Farrell, et al, 1999; Davis, 1998; Dawson, et al, 2007). There is evidence that alcohol acts as a disinhibitor (Dutton, 1995; Jewkes, 2002), allowing physical violence. It is believed that alcohol provides an excuse for normally unacceptable behaviors, as well as lowering inhibitions, and sharpening aggressive feelings (Belenco & Peugh, 1998; Leonard & Quigley, 1999). Growing up in a home where one or both parents is an alcoholic increases the chances that children living in the home will be exposed to the model of violent behavior. Social learning theory teaches that many of the children from these homes will repeat the same-sex behaviors they observed.

Three of the participants grew up with both of their parents. Of these, one had parents who were social drinkers, while one had an alcoholic father and the third had parents who were both alcoholic. The participant who grew up without a father had a non-drinking mother. The effects of the parent's alcoholism can remain with a child forever. The following story was related by Beth and occurred when she was 3 years old:

*I saw him come down the hall and he went to the kitchen and was screaming and threatening to kill my mother and he got this big butcher knife out of*

*the kitchen and went down the hall after my mother and then there was screaming and, and then I heard a thud and then there was crying and I saw blood and, and they went, the two of them ended up in the bathroom, ....and so I had to get in that bathroom and find out what happened so, so I walked down the hall rubbing my eyes and told them I had to go to the bathroom and they let me go to the bathroom and when I got in there I was relieved to see that he was so drunk that he stabbed himself.*

Even in this small sample, half of the women grew up in a home with at least one alcoholic parent. This suggests that there is indeed a link between alcoholism in the home of origin and the increased likelihood of a female child from such a home growing up to become involved in an abusive relationship. Also, it must be noted (as will be discussed later) that all four of the participants in this study married alcoholic men.

#### Household structure and gender expectations

Feminist theory states that it is the imbalance of power between men and women that is the root of male violence towards their intimate partners (Disch, 1997). It has been shown that where the status of and respect for women is high, violence against women is significantly lower (Yodanis, 2004). In families with a strong hierarchical structure, the male head of the household reigns supreme. Even if he is without power in the outside world, he is powerful in the home (Cohan, 2001). Girls growing up in these families often learn to be submissive and obedient to the will of the male head of the household. This lesson is then carried over into their adult relationships, making them

more vulnerable to choosing dominating men and becoming victims of abuse (Jeffery, 1965; Riggs, et al, 2000; Stiles, 2002; Rossman, et al, 2000). Their expectations are learned by the model of their parent's relationship (Jewkes, 2002), as would also be anticipated by social learning theory.

Two of the women claimed that their fathers had not been abusive towards them or their mothers. However, it is interesting to note that all four of the women acknowledged being at least verbally abused routinely during their childhood. Beth's father was verbally and physically violent towards her mother, her sister, and her. There was no question in the home that Beth's father was in charge and that he made the decisions. While her mother made some effort to protect her daughters, Beth indicated that these efforts were ineffective and timid. As the girls grew older, they assumed the role of her protectors. Beth stated that her older sister used to "*pick*" on her.

For Cathy, the abusive role was filled by her mother's younger sister, who lived in the same household. Cathy was the oldest of five siblings, three of whom were mentally retarded. They all shared a home with her aunt and the aunt's three younger children. Cathy said that her mother was generally supportive and loving, though not particularly demonstrative in her affections. She was unable to protect Cathy from her own sister however, because she was afraid of being physically assaulted herself. This aunt (Aunt B) was physically and verbally abusive towards all of the household members. She was the individual who dominated the home. She resented Cathy because Cathy was illegitimate and she considered her an embarrassment to the family.

Cathy's father had not been married to her mother. However, her mother married another man about the time of Cathy's birth. By the time Cathy was almost 6, he and Cathy's mother had had four children. Her Mother had an older sister, Aunt L, who was very close to Cathy and according to her, extremely loving and protective. When Cathy was almost six:

*Aunt L was very protective of me, more so than anybody else in the family. And my step-dad hit me and knocked me down and I bumped my head and I started screaming and she happened to be visiting. And she backed up the stairs to see what was wrong and I said 'He hit me and I have a bump on my head.' Well, she proceeded to go to the kitchen to get a knife and she was a big woman, and my granddad and my mom and my youngest aunt were all scrambling and holding her. Her name was L and we called her Aunt L. And they said, 'L, you don't want to do this'. She said, 'I will kill him, that's my niece, that's not his child'! Well, he backed down the stairs when he could get by everybody and we never saw him again.*

Dot stated that she was not physically abused by her parents or either of her older sisters. She also said that her parents did not argue around their children, and she was unaware of any physical or verbal abuse between them. However, in response to the question of whether her parents and siblings routinely used verbal putdowns and demeaned her while she was growing up, she answered that they had, although she was not so much aware of it at the time. But on reflection, she realized that they had. Thus, such treatment by her husband was not unusual or unexpected. She accepted it as common and normal. Dot is the only participant who did not indicate that one

household member was in charge and made the decisions. Whether or not her home was hierarchical is unknown.

Alice's father was not violent or verbally abusive towards anyone. However, he was the dominant figure in the household and he was unquestionably in charge. Germany in the time of Alice's youth was a rigidly hierarchical society. For Alice, it was her mother who was physically abusive. Alice claimed *my mother spanked me everyday. Slapped me on the face, or mostly hit you on the face, in the face, you know*. Alice did say that her mother was protective of her outside the home. She was very strict, as the following story indicates.

*I had this girlfriend, her name was W, she had this sister in the United States and she got this full skirt, like one of these dancers, square dancer, with all the colors, and I asked her 'can I wear your skirt one time?'. And so I had my skirt on and we were standing all in town in a really beautiful part. But anyway, I was standing down there in my skirt, and my mother, I can still see her in her green hat and gloves on, I'll never forget it. She walked up behind me and she slapped me so hard in the face. She said 'I told you not to do that' and all the kids were looking at me and I went right home after that.*

With the possible exception of Cathy's family, all of the women indicated that their households were rigidly hierarchical with clearly defined gender roles and expectations. This finding offers support for both a feminist and a social learning explanation of the roots of intimate partner violence.

## Relationships

Underlying social learning theories (Hirschi, 1969; Crutchfield & Pitchford, 1997; Jewkes, 2002) is the belief that children learn how to behave and think by modeling the behaviors and beliefs of the significant adults in their lives. While a child's parents are their major role models, positive role models can also include grandparents, neighbors, older siblings, teachers, etc. (Turner, et al, 1998; Leary & MacDonald, 2003). These relationships may also enhance the child's sense of self-esteem (Suls, et al, 2002; Biswas-Diener, et al, 2004; Updegraff, et al 2004; Hosen, et al, 2002).

Parents. By looking at the relationship the participants had with their parents, we can see what the structure of their families was like. Girls tend to develop self-concepts that mirror the self-concepts of their same-sex parent (social learning). This "same-sex identification with a battered mother may lead girls to developing a devalued and victim-like identity" (Cummings, et al, 1999), increasing the likelihood that she will herself become a victim of IPV.

We know that a loving and supportive relationship with a parent helps to promote the development of self-esteem (Leary & MacDonald, 2003; Turner, et al, 1998). If a woman has self-confidence when she begins adulthood, she is less likely to become involved in or remain in an abusive relationship. Low self-esteem, on the other hand, is a hallmark of victims of abuse (Astbury, et al, 2000; Coker, et al, 2002; Kalmuss & Straus, 1990).



All four of the women reported that their mothers were very involved in their lives. Beth's mother was a Brownie leader and played games with she and her sister. Cathy said her mother did the best she could, but was in poor health and struggled to support herself and five children on welfare. Dot's mother *loved to cook and prepare things. She was a baker, she loved to bake, make candy, desserts.*

Alice was the only participant who reported that her father was very involved in her life when she was young. The whole family used to take vacations together, and, as was the custom in Germany at the time, they would reach their destinations by bicycle. They did many activities together as a family. He did have very rigid expectations for female behavior and occupations, however. As Alice explained: *I wanted to be an interior decorator, the teachers were telling my parents how good I was in it. And my father said ' this in not a vocation, a job for a woman '.*

Dot responded that her father was involved in her life, but the only statement she volunteered about her relationship with either parent was *I don't remember having conflict with them.*

The relationship between Beth and her father was less ambivalent. Beth perceived that he favored her older sister, but acknowledged that he treated them both badly. He was nasty and primarily verbally abusive, but also there was some physical abuse. Beth said that she was thin and fast, and he couldn't catch her. She would run away from him when he was drunk and tried to hit her. Her father took the family on outings swimming and picnicking, but he mainly ignored them while he fished. He was so unpleasant to be around that her mother, sister and Beth were content with that arrangement. As a Navy

pilot, he was absent much of the time she was growing up. They were not at all close when she was young. He lived with Beth and her husband and children the last seven years of his life, after Beth's mother died in 1990. She stated that she developed a decent relationship with him during that time. He never attempted to defend her from her abusive husband, however.

It is apparent that all of the women replicated the roles of their mothers when they married. As a result of what they had observed in their childhood homes, they submitted to the will of their husbands and assumed the roles they believed defined then as women and wives. Even Cathy, whose aunt had filled the role of dominant figure, followed her mother's example. This behavior is consistent with the expectations of both social learning and feminist theories.

Grandparents. The reason for including the participant's relationships with their grandparents is that there is thought to be some protective benefit for children growing up in abusive homes if they have a close and supportive relationship with an adult other than a parent (Leary & MacDonald, 2003).

All of the women had at least one grandparent that they spent a significant amount of time with as children. Alice's paternal grandmother lived with her family until she died when Alice was eight. While Dot stated that she was very close to her maternal grandmother the whole time she was growing up, and Beth's maternal grandfather lived with them during her teen years, the woman with the most significant relationship with a grandparent seems to have been Cathy. She had a loving and nurturing relationship

with her maternal grandfather, who she called “Poppa”. This was particularly important for a child growing up without a male adult in the household, and he served as a surrogate father figure for her. He was blind as a result of diabetes and died at the age of 82, during Cathy’s second year of high school.

It was clear that the women in this study believe that they benefited from their relationships with their grandparents. Certainly, the sense that they were loved unconditionally must have been beneficial for their self-esteem. However, for these women it was not sufficient to protect them from involvement in abusive marriages as adults. Of course, this sample consists only of women who were abused, so it is not possible to learn from this study if a strong relationship with a grandparent might act as a protective factor for some women.

Special friendships. Children growing up in households in which violence or alcohol abuse are issues may find it difficult to find the positive attention that is helpful in developing self-esteem and self-confidence (Jewkes, 2002; Leary & MacDonald, 2003). The participants were asked if they had any special relationships with people not in their homes as children. While Dot couldn’t remember any, each of the others fondly remembered at least one. Until she died of breast cancer when Beth was 17, Beth was close to her mother’s aunt. She said the woman was *like a grandmother to me*.

Because of the war and the fact that her parents had a large home, Alice’s parents were required by the government (in Germany during WW II) to provide housing for other people who needed it. They had several non-family members in their household as

a result. Alice and her family became quite close to some of them, particularly one old woman who was a seamstress. They wrote to each other until the woman died in 1992.

Besides her grandfather, with whom she had a particularly close relationship, Cathy also was very close to her mother's older sister, Aunt L and her husband, Uncle G. Aunt L was much younger than Uncle G. They had no children, but were very happy together. They had a small one-bedroom house. Cathy used to spend many weekends with them, and at least 2 weeks every summer. They were very kind and loving towards her. Their home was a valued escape from her own home. *If it wasn't for Aunt L, Uncle G, and Rev. B, I don't know where, how I would have turned out. You know...they made me feel .... loved.*

All four of the women mentioned the close relationships they had with other children of their own age. Even though she moved around quite a bit as a child, Dot said she had always been able to find friends, some of whom she still has contact with. She also had lots of cousins that she spent a lot of time with who lived in the area. She would visit with friends in the summer, even after she had moved away. Her family moved around a lot within the same general area. Alice remains in touch with some of her school friends, even though she has not lived in Germany for many decades. Cathy also remains in touch with some of her childhood friends, although she mentioned that a couple of them have passed away. Even though Beth said she knew that the friendships she formed wouldn't last because, as a Navy brat she moved so frequently, she said that she always had friends wherever she lived.

As with the previous section on the participant's relationship with their grandparents, the sample in this study consists only of women who had long-term abusive relationships, and so it is not possible to learn if strong relationships might serve as a protective factor for some women. Further research using non-abused women as controls would be necessary before a judgement on this question could be made.

### Family and outside activities

By considering how a growing child interacts with her family members and other important individuals in her early life, we can learn much about the formative factors that shaped them. This section of the research was seeking commonalities in behaviors, activities, educational success and ambition, church participation and other organized activities, as well as dating patterns as teenagers and young adults. It was hoped that patterns might appear that would offer clues as to why these women all ended up in long-term abusive relationships.

Unfortunately, this proved an unproductive avenue of inquiry. There was such variability in this very small sample, that no conclusions can be drawn. All the families engaged in at least some activities together, all of the women finished high school (Alice alone has a college degree, though the other three have all earned college credits through the years), and all but Alice were active in their churches as children and adults. Their dating behavior as teenagers and young adults proved to be the most variable of all.

## Summary

Two of the four participants report having grown up in alcoholic homes. Alice reported that while her parents both drank regularly, they were only social drinkers. For all three then, alcohol consumption was a normal and expected part of adult behavior. Research shows that there is a strong correlation between alcohol abuse and domestic violence (O'Farrell, et al, 1999; Davis, 1998; Dawson, et al, 2007; Jewkes, 2002; Belenco & Peugh, 1998; Leonard & Quigley, 1999). The finding that all four women married alcoholic husbands lends support to the social learning theories.

Only Beth was raised in what we usually think of as a “traditional” physically abusive home, with her father physically and verbally abusing her mother and his two daughters. Cathy's aunt was the dominant and abusive figure in her home. Alice reported that while her father was the dominant member of her household, her mother was physically abusive towards her. Only Dot was unable to recall who made the decisions or dominated in her home. Other than stating that both of her parents were alcoholics and she moved around a great deal as a child, she claims not to remember much about the dynamics between her parents.

With the exception of Dot, the women noted that one member of their households dominated the other members. Alice and Beth were raised in homes where male dominance was unquestioned. Males and females had strict expectations and roles, with no deviation permitted. Even in Dot's home, it appears that gender roles were absolute. As feminist and social learning theory proposes, having grown up in an environment of male domination and strict gender expectations taught these women to be acquiescent

and submissive to their husbands. Their husbands' families were not discussed (although Alice mentioned that her husband had been brutalized by his father as a youth) however, so it can only be conjecture that they learned strict gender roles in their homes.

## Section 2: Relationship with Abuser Over the Years

Violent relationships, just as in non-violent relationships, evolve over time. People change through their experiences, and even the same event may have a different effect on the people who share it. As discussed earlier, women who are abused throughout a relationship sometimes develop what Lenore Walker (1979) refers to as “learned helplessness.” Learned helplessness can be defined as a “psychological state induced by previous experiences with situations perceived as uncontrollable. Disturbances in motivation, emotions, and cognitive processing result in symptoms including (a) passivity, (b) depression, and (c) decreased expectations regarding future outcomes” (Hattendorf & Tollerud, 1997. p16). Women learn, over time and much abuse, that they have no control over the outcome of their situation. If she fights back, she is beaten more severely. If she passively submits, she will still be hurt, but perhaps not as severely. Passivity becomes synonymous with survival. Abusers learn the tactics that work best to dominate and control their partner. While this theory is not universally supported (Miller, 2006), it is generally believed to be a clearly observable phenomenon (Ozment & Lester, 2001; Carlson-Catalano, 1996; Hattendorf & Tollerud, 1997).

It has been noted by researchers that the likelihood of physical violence decreases as the ages of the abuser and victim increase (Kantor & Jasinski, 1998; Wilke & Vinton, 2003; Mezey, et al, 2002). However, as Mouton, et al (2004) points out, if verbal abuse is counted in victimization statistics, abuse rates for young and older women are similar. Zinc, et al (2006) adds the caveat that while their study demonstrated that violence often decreases with age, psychological and emotional abuse often escalates. The findings of the current study support these findings. The theory that best explains change in the level of violence is feminist theory. According to this theory, domination and control are the overriding objectives of a male abuser. Even after physical abuse ceases as a necessary tool of subjugation, the exercise of mastery can usually be maintained with words. The threat of violence is always present as a remembrance to re-enforce domination.

This portion of the results seeks to examine how the relationships of the participants evolved from the time they first dated until the present or until their marriages ended in divorce. They will discuss their family's opinions of their partner and their own dreams and plans for their marriages. Also, they will discuss how they feel their husbands abuse has affected them over the years.

### Courtship

Why would a woman become involved with an abusive man? This is the obvious question to try and find the answer to. Unfortunately, there is no answer available from the data obtained in this study, because the women said they didn't realize their partners



would be abusive until after they were married to them. But there were hints. For instance, all of the men were heavy drinkers while they were dating. If the women had known to beware of this behavior, perhaps they would not have continued to date the men. The repeated behavior from the home of origin by some of the women is expected by the social learning theory. Maybe if they had listened to their families or friend's concerns, they would have thought harder before committing themselves to the relationship.

Meeting and courting behavior. Three of the women met their future husbands through mutual friends. The only exception was Alice, whose future husband had come to her home to see a Pekinese puppy she had for sale. She reported that he had been drunk and inadvertently killed the puppy by stepping on him.

The courtship behavior of the four abusers did not fall into a particular pattern. There was considerable variety, from courtesy and consideration to outright verbal abusiveness. On their first date Beth and her future husband won a dance contest at the Enlisted Men's Club at a Navy base. He kept all the money they won and never seemed to consider that she should share the cash prize. He got drunk on that first date. After several dates with him, he told her that *We're going steady*. She replied *excuse, me, you didn't ask me*. He said *No, but I'm telling you*. He got drunk on almost every date (she added that just about all the boys she knew in the military drank, so she hadn't thought this behavior was unusual.). Verbally, he was abusive and insulting.

When Cathy met her abuser, she was a 17-year-old high school student and he was 23. He was attentive and his behavior was respectful and fine towards her. *I just couldn't sense anything. I sometimes wonder, about not having a father around, I didn't know what to look for in a man.* He did miss a date one time. He told her he had fallen asleep and didn't wake up in time. Years later he told her that he had been drunk and had passed out.

Because of the shocking and dramatic change in his behavior immediately following their marriage after three years of dating, Cathy believes that she lacks the ability to tell if a man would be an abusive partner or not. She has never dated seriously since her divorce because of this fear.

*I never wanted to remarry because the turnabout was so surprising and disappointing and hurtful....I don't want to do that again because I would not be able to handle a person going from being nice and respectful to being mean, you know. It was just like two different people. It's like I married one type of person and they turn into somebody else, but he was that way all along. He just hid it well.*

Dot's husband was always very calm and didn't talk much on their dates. She stated that he always treated her respectfully. He was never abusive in any way until after their marriage. They both drank often, so she didn't consider his heavy alcohol use as a problem.

When Alice met her husband, she was in her mid-thirties and had been married previously for over twelve years to a non-abusive husband who did not have an alcohol problem (he died from cancer). She had one child, a son, with him. This child died at

the age of four from leukemia. Her husband had also had custody of two sons from a previous marriage, whom Alice helped to raise. She had loved being a mother.

They dated for two years.

*He was really possessive when he went with me. There was neighbors they would say how can you ever be around him, the jealousy, you know. And he would go everywhere with me if I went shopping or something. And I had to go to the doctor, and the doctor, he wanted to walk in with me, and the doctor he said 'let her breathe, let her breathe, you're not coming in. See, he wanted to be everywhere. And then, then he told me, I never did this with my wife, but I love you so much and everything, you know, everything, you know how when you meet someone...*

He was *charming* and the women Alice worked with urged her to marry him. Also, he said that he wanted to have a baby with her, which was something she desperately wanted. When he told her that, she agreed to marry him. She later found out that he had had a vasectomy so that at he couldn't have more children (after they had been married for a few years, she found out that he had had a son with his first wife). When they were dating, he told her he was born in 1935 and was 2 years older than her. It turned out that he was born in 1942. She believes he was trying to impress her with how active he was at the older age. He was frequently drunk when they were dating, but she thought that if he were happy he would stop drinking. She said she had not had experience with alcoholism and hadn't realized that he was an alcoholic.

As is evident from the words of the women, the only commonality in their stories is the heavy drinking of their beaux. Unfortunately, none of the women recognized the potential alcoholic drinking of their suitors. Only Dot joined her husband in heavy

drinking. Because they failed to recognize this problem before their marriages, all of them had to deal with the alcoholism and alcoholic behavior after their marriage. This finding supports the association between alcoholism and abusive conduct. Verbal abusiveness and possessive behavior prior to marriage do not show such a strong link. However, if verbal abusiveness and possessiveness are already present prior to marriage, it is apparent that these signs of abusive conduct are unlikely to disappear after marriage.

Family's opinion of partner. Parents are in a delicate position when their children come to them and say they plan to marry. If they disapprove of their child's choice, and they express their opinion, they may fear that they will actually push the child to express their independence by marrying against their wishes. If they don't warn against the marriage in spite of their misgivings, they may feel guilty if the marriage is unhappy. Three of the participants (Alice's parents were deceased by the time she met her current husband) in this study have now had the experience of being both the young woman planning to marry, and the mother deciding whether to speak her mind. And then they have watched the outcome of their children's choices. These experiences may have colored their responses when they were asked what their family's opinions of their husbands were prior to their marriage.

None of the families seem to have been pleased with their daughter's choice. Perhaps their parents recognized in the behaviors and attitudes of their daughter's suitors the characteristics of abusive partners. As Beth expressed it:

*My father didn't like him at all. My mother didn't say very much....  
I really feel bad about the fact that my mother never sat me down and  
said 'you know what, you should think about this'. I mean, I only knew him  
for six months when I got married. So, I really didn't know him. ....  
I knew him for three months when we got engaged and then three months  
later we got married. And I, you know, rushed into it and regretted it from  
day one.*

Dot's mother told her that she didn't want Dot to marry her beau, but never gave her a reason to explain why she felt that way. Alice's parents had loved her first husband, but were deceased by the time she met the abusive man who became her second husband.

The only parent who clearly expressed a negative opinion about her daughter's choice that seemed to have had any impact was Cathy's mother. Her husband (not Cathy's father) had been an alcoholic and extremely physically abusive. Her mother didn't like him or trust him. He was a high school dropout with a dead-end job. Her mother said he wouldn't be able to support her and *there was something not right about him but she couldn't put her finger on it*. She evidently failed to notice his drinking habits. He enlisted in the Army to satisfy her mother that he could support her and learn a job skill. Her mother tried to talk her out of marrying him, but she insisted that she loved him and her mother finally relented. They married when she was 20, after three years of dating. Because he was in the military, Cathy was able to escape the grinding poverty of her youth.

It is surprising that none of the parents mentioned the drinking behavior of their daughter's boyfriend. Perhaps they simply didn't recognize it or the danger it portended.

It is probable that the young women would not have listened anyway. It was clear from what the participants did say that none of their mothers was enthusiastic about their intended. Only Cathy's mother expressed a specific reason for her disapproval, and once her objection was remedied, she only indicated vague reasons for her dislike. Vague and unfocused disapproval by the parents is the only commonality. It is possible that many parents feel this way, even those of non-abused women.

Dreams and plans. Traditionally, according to feminist theory, women have been socialized to view marriage and motherhood as their ultimate goal. They idealize and romanticize what marriage will be like, believing that their husbands will change for the better after they are married. They often equate jealousy/possessiveness with love, and they commit to the responsibility for making their marriage work. Rather than believing they can succeed in life on their own, marriage (and men) are seen as the means for achieving their dreams. The women in this study grew up in a period when these expectations flourished and drove the dynamics that determined appropriate behaviors for women in the home, the workplace, and in most social interactions. They picked up these expectations from observing their mothers and other women they saw in their daily lives, and they internalized the messages as anticipated by the social learning theories.

While Dot said she couldn't remember her dreams, she did acknowledge that she probably had them. Alice's dream was to have children as her second husband

promised. Her dreams were dashed when she found out after marrying him that he had already had a vasectomy, and that he had lied to her about wanting children.

*I thought that once we were married that he would have me and he wouldn't continue to behave like he was doing. I figured he wouldn't have to drink anymore, he would have other things to do in the evenings and that things would be different. But I was very naive. (Beth)*

*I figured I'd travel, see some of the world, we'd have children and he'd retire, you know. We'd raise our family and he'd retire and we'd have a good life together and grow old together. I mean literally, this is what I'd envisioned. And I stayed eighteen years and I said I'm going to make this marriage work if it kills me. And my daughter laughs and said 'yeah Mom, and it almost did'! We can laugh now, but it wasn't funny then. (Cathy)*

The husbands of both Beth and Cathy wanted children. They were excited and happy when their wives told them they were pregnant. Beth had seven children (plus one stillbirth) and Cathy had three (boy-girl twins plus a single birth boy). Dot's husband had been one of thirteen children, and when they married, he told her that he thought he would probably like one child. He was pleased when she got pregnant and was happy with both of their children's births. As already discussed, Alice's husband did not want children. He had one son from the first of his four marriages, and he has not had any contact with him for many years.

Apart from a discussion about having children, none of the women spoke of any dreams they had for a life outside the home. None of their mothers worked regularly while the participants were growing up. This absence of thinking about a life separate from their responsibilities as a wife and mother reflects the expectations of the time they

were living in. Women working outside the home was not commonplace when they were young. Without a life outside the home, taking care of children and keeping house functioned as the purpose of a woman's life. As a result, they measured success by the reactions of their husbands. Passivity and compliance were necessary for approval. As feminist theory predicts, this is a formula for an unequal power relationship. As these stories demonstrate, domination and abusiveness by the partner with the power can result.

### Military service

Militarism has been described as "a habituated worldview that legitimizes and venerates organized violence as the means to obtain political goals" (Adelman, 2003). The term can be applied not only to a nation, but also to individuals belonging to the military organization within a nation. As Enloe (2000) put it:

"Militarization is a step-by-step process by which a person or a thing gradually comes to be controlled by the military *or* comes to depend for its well-being on militaristic ideas. The more militarization transforms an individual or a society, the more that individual or society comes to imagine military needs and militaristic presumptions to be not only valuable but also normal." (p.3)

An influential article by Morris (1996) provided evidence that supported his conclusion that the culture of objectification and denigration of women fostered by the consumption of pornography and the pervasiveness of sexist language, was part of a



process that led to military cohesion and hypermasculinity. He pointed out that it is the process of male bonding within this culture that fosters both negative attitudes towards women and the necessary esprit de corps needed for military effectiveness.

Godenzi, et al (2001) argue that social bond theory can be used to explain why a culture of violence, abuse and disrespect for women can often be found among military men. They believe that negative behavior towards women that is seen as criminal by society outside the military can actually be acts of group conformity, as asserted by Morris (1996). A later study conducted using 713 U.S. Army servicemen stationed in Alaska found significant group-level support for the findings of both Morris and Godenzi, et al (Rosen, et al, (2003).

All four of the women in this study married their future abusive husbands while they were in the military. Dot's husband spent the first five years of their marriage in the Army. Alice's husband spent the first ten years of their marriage completing his twenty years of service in the Army. Beth's husband completed the final fourteen years of his twenty-one years in the Navy after their marriage. And Cathy escaped her husband by divorcing him during one of his tours of duty in Germany. He spent over twenty years serving in the Army.

It must be remembered that these women married their husbands during the time of the draft. Most young men, particularly during the period of the Vietnam War, were required to serve in the military. By enlisting as volunteers, they were often able to avoid combat. Also, military service has traditionally been the route of a young man's

escape from poverty and a means of acquiring job skills. The fact that three of the four abusive husbands made a career of military service, however, is noteworthy.

### Evolution and forms of abusive behaviors

Abusiveness in a relationship is a process, not a static event that is established immediately and then remains constant. It can be defined as “an ongoing experience of physical, psychologic, and or sexual abuse in the home that is used to establish power and control over another person” (Stiles, 2002. p.2050). While physical abuse is the form that we usually think of, verbal abuse and intimidation also constitute a significant threat to a woman’s psychological and physical well being.

In this section, I will examine how abuse changes throughout relationships through the experiences of the four participants. Some key issues to be examined are: the early forms of abuse and when the women first realized that their husbands might physically harm them; the abuser’s everyday behavior toward their wives and children; the reactions of family and friends to the abuse; and the women’s perceptions of the effect of the abuse on their self-worth/self-confidence. Particular emphasis will be given to the assaults themselves: the first, last, and worst assault during the marriage; the frequency and severity of the assaults over the course of the marriage and the triggers that may have led to the abuse; and the separate, particularly alarming and potentially catastrophic, issues of the use of strangulation and of violence during pregnancy.

First realized that he might hurt her and early forms of abuse. Abuse in relationships often begins during dating (Chung, 2007; Merten, 2008; Marquart, et al, 2007). While none of the participants experienced violence during dating, two of them did marry men who had exhibited possessiveness or verbal and psychological abuse during dating. After marriage, the level of the abuse and violence escalated. Here, the women discuss the first time they felt they might be harmed by their partners and the forms his abusiveness took during their early years together.

As soon as they married, Alice and her husband moved to Germany and into Army quarters. They had a disagreement soon after and she tried to leave the home. He refused to allow her to leave and caught her leg in the door to keep her inside. Alice had been born with both hips dislocated. She was treated in a hospital for hip problems from the age of four until she was released as a patient at the age of eight. She had both of her hips replaced in 1971, and this incident occurred in 1974. She required surgery to repair her injured hip from this incident. But she said she was embarrassed and didn't want to get her new husband in trouble with the Army, so she told the doctors that she had slipped.

The following incident of what is clearly sexual abuse (coerced sexual activity) occurred during her hospital stay following surgery:

*I laid in the hospital and I laid in the room, and I really shouldn't say this, but we had a private room, the professor said 'you just got married, and I let you have a private room over Christmas'. Because I had to get surgery just before Christmas, see we got married on the 5<sup>th</sup> and I had to have surgery on the 16<sup>th</sup> or such. So, he let him be in the room and my*

*husband would come from behind me from the side and he would say 'look, just make love a little bit' and I had just had the hip put in. But you know you don't want to make a scene, and he would be loud and he would be nasty with me, and he wanted to make love, can you believe this?*

The first time Beth was aware that her husband might hurt her was on their honeymoon, when he pushed her against a wall. She said that within three or four months, his pattern of physical abuse was established. Dot reported that she did not feel fear of her husband until they had been married for twelve years. He had been verbally abusive the whole time, but had never done anything physically threatening. Since that time, however, he has threatened her with firearms and by drawing his fist back in a motion indicating that he intended to strike her. While he has never actually hit her, she is convinced that he may, possibly the next time he gets angry with her. She said that she does not consider pushing or squeezing her arm as physical abuse (clearly, not everyone agrees on the definition of physical abuse). He has told her many times during the 47 years of their marriage that he will kill her.

The first time that Cathy realized that her husband would hurt her was when he returned from Vietnam and their twins were 10 months old. She came home from work and he *was fussing, just mean*. She said she had no experience with people who drank, so she hadn't realize that he was drunk. After she got the kids fed, bathed, and put to bed, she showered and went to get into bed.

*He wouldn't let me get in the bed. I said what is wrong with you, so I attempted to get in the bed anyway. I said I've been sleeping here all along...and he strangled me to the point that I began to lose consciousness.*

*What made him stop was the twins...were screaming and crying.  
They were screaming and crying. They saw him and it scared me so bad,  
I thought, what was wrong with him?*

She slept on the sofa that night, and the next morning he asked her why she was sleeping on the sofa. He claimed to have no memory of the incident. She said *it was like two different personalities*. The next morning she was vacuuming the living room and when she pulled out the sofa she found *a whole line of beer cans and vodka bottles. My mouth fell open. I said this is what was wrong, he'd been drinking. I didn't know he drank, and it was all downhill from there.*

For all of the women, their abuser was verbally abusive from the very beginning of their marriages. In addition, Alice's husband sold all of the property, including her car, which she had brought into the marriage. He has kept total control of her assets and earned income over the years. As was seen in the previous section, he was also physically and sexually violent and coercive. Cathy said that her husband would drink on weekends, and when he drank *he would hit me, he would bite me, strangle me...*

While he employed tactics of shoving, pushing and some hitting, Beth claimed not to have been too concerned, because her husband never told her that he would kill her. She said that mainly,

*he took it out on other things, for instance he smashed furniture, for instance one time he flipped the dining room table over...he punched holes in the walls, so, you know, he just directed it somewhere else.*

It was interesting to learn that all four of the women married men that they knew, or should have known, had drinking problems. The only one of the women who reported

drinking with her husband was Dot. She said that when she was 40 she stopped drinking because *I just decided that it was bad for me, so I stopped*. Her husband stopped drinking after a DUI arrest and conviction about 20 years ago. Alice's husband stopped drinking after undergoing a military alcohol treatment program he was compelled to participate in towards the end of his Army career. Beth's husband stopped drinking after he got out of the Navy. She said that because he wasn't working, he didn't have enough money to buy alcohol. He never resumed drinking, even after he started working regularly. However, she said he began gambling addictively in the place of drinking.

In each of these marriages, verbal abuse was present from the beginning. All of the men were in the military at the time, where disrespect for women was considered normal and acceptable. Consistent with feminist theory, the pattern of abuse was set immediately. Physical abuse or threats to harm occurred either simultaneously or soon after.

Usual treatment. Abusive relationships are not uniformly unpleasant. During the honeymoon phase of the cycle of violence (Walker, 1979), abusers can be charming, loving, and attentive. But between the extremes of this phase and violence is where the less severe forms of abuse occur. This section explores the abuser's customary treatment and attitudes towards their partner. It is here that we see what their everyday interactions were like.

As expected by feminist theory, the women uniformly stated that their husbands were insensitive, hypercritical, disrespectful, and seemed to have a strong sense of

entitlement. This treatment still exists for the two women who remain with their abusive husbands. The other women say that on the rare occasions that they see their former spouses, they are unchanged. Both of these men profess to be mystified as to why their former wives left them. They both insist that they were never abusive and that the marriages were good and healthy. They blame the women for the failure of their relationships. Both Beth and Cathy said they are amazed by their former husband's blindness to the truth of their behavior towards their wives. The men's memory and interpretation of their marriage is so different from their own.

*He thought he was real intelligent, you know, by his standards he was Mr. Wonderful. He was an only child and his mother taught him that the sun rises and sets on him and that's what he expected, and to this day that's what he expects. (Beth)*

*He had no respect for women. When he retired from the army, he retired because they were beginning to let women in and he was having to deal with more women than men. He said it's time for me to retire, I can't stand it. Women should not be in the army. (Cathy)*

Fortunately for Alice, most of the abuse she deals with now is not assaultive. Her husband is still committing minor physical abuse as the opportunity presents itself, but he is not causing injuries. Now, if he gets angry with her, he refuses to buy groceries. He controls the money, so she can't buy food unless he gives her money. He has at times kept her from having any food for days at a time. Even though this behavior is not assaultive, it is physically abusive and harmful to Alice's well-being. He used to throw

things at her and break her belongings, but now the abuse is ordinarily verbal, financial, or preventing her from having access to food.

Insults, put-downs, criticism, slaps, pushing, dragging and shoving were the primary forms that Beth's abuse took. Her husband also kept her most of the time without money or a working car. This promoted her sense of isolation and helplessness. While he was in the Navy, he wouldn't allow her to work outside the home or go to school, insuring her continued dependence.

While Cathy stated that the forms that her abuse took (beatings, strangulation, insults and excessive possessiveness and jealousy) didn't change over time, they did increase in frequency and severity. This is the pattern predicted by the literature. She believes that if she had not escaped when she did, she would either be dead or one of her older children would have killed their father.

While Alice has no children with her abuser, he tells her constantly what a terrible wife and human being she is. She says that his near constant abusiveness wears on her. Dot reports that her partner of 47 years has been so critical that she has been made to feel that nothing she has done during their marriage has been adequate or pleasing to her husband. This includes her role as a mother raising their two children. Both Beth and Cathy had the same experience with their partners. Beth's ex-husband is still critical of her to their children, still trying to destroy the relationship she is working to form or maintain with them.

The two women who are still married to their abusers continue to endure verbal abuse and threats of harm. Neither feels safe. By maintaining the imbalance of power in



their favor, their husbands continue to dominate and intimidate them. Beth still has to cope with her ex-husbands efforts to dominate her by negatively impacting her relationships with her children by his criticisms and dismissive comments about her to them. Cathy has escaped her ex-husband's influence, but still seems stung by his denial of his ill treatment of her. This behavior and that of Beth's ex-husband demonstrates an apparent need to dominate even after the relationship ends.

Husband's behavior towards children. How a man treats his children can be revealing. Does he show them respect and affection? Is he physically abusive towards them? By examining his interactions with his children, we can see if he is abusive only to his partner or if he shows a need to dominate, control, and belittle everyone he considers subservient to himself, as feminist theory suggests.

The husbands of both Beth and Cathy wanted children. They were excited and happy when their wives told them they were pregnant. Beth had seven children (plus one stillbirth) and Cathy had three (boy-girl twins plus a single birth boy). Dot's husband had been one of thirteen children, and when they married, he told her that he thought he would probably like one child. He was pleased when she got pregnant and was happy with both of their children's births. As already discussed, Alice's husband did not want children. He had one son from the first of his four marriages, and he has not had any contact with him for many years.

Cathy reported that:

*As they were growing up he would call them dumb and stupid and*

*you'll never grow up to amount to anything....He was abusive to them, he didn't beat them like he did me, because I just would step in....when he got real aggressive and smart mouth because I would say don't call your children stupid. Don't do that. You should encourage your children and you talk kindly to them. They are babies, they are children and so he wasn't as physically abusive with them as he was with me because I'd step in and he ended up fighting me, which was what I preferred to him beating them.*

Interviewer: So he never struck them?

*Every now and then but not, not like he did me. He did to a certain extent but then when it got really rough I'd just step in. Because I remember my mother not protecting us from my aunt.*

When asked how her husband treated their children, Beth replied:

*He didn't do a lot of things with them... He got along with the children, but he wasn't nice to them.... He used to tell them they had shit for brains, that they had shit between their ears. He spoke to them, in general, the way he spoke to me.*

Beth added that he would promise the kids to take them somewhere or do some activity with them, and then find a reason not to do it. They learned young that they could not depend on him. They would say *Oh, well, that's dad. You know how dad is.* He was not, however, physically abusive with their seven children.

According to Dot, her husband was always angry with their two children. He criticized just about everything they did. It is difficult to understand why both Dot and Beth claim that these fathers have a better relationship today with their children than they do. Cathy is the only one of the three to have escaped this fate. She has a very close relationship with all three of her children. None of the three has any contact with

their father, although he now lives within a mile of Cathy's home. Her younger son, in fact, has told her that *I have a sperm donor, not a father*.

All of the women who had children stated that they felt their husbands had made an effort to turn their children against them. Dot said that her children have sided with their father and blame her for the times she has left the marriage. She claims that the only way she can maintain any sort of positive relationship with her children and grandchildren is if she remains in the home with him. She doesn't want to remain, but is resigned to this fate in order to have contact with her children and grandchildren. This reasoning is a prime example of the investment model (Rhatigan & Axsom, 2006). Dot's need for contact with and the love of her children is greater than her distaste for living with her verbally abusive husband.

By denying that he was ever abusive, Beth's children, who rarely witnessed the violence, tend to believe that it never occurred. At least that is what Beth believes. When the children were growing up, Beth said *if I said no, he said yes. If I said they couldn't do something, he said, 'aw, your mother's being too hard on you, you forget it. Don't listen to what she says, you can do it'*. In this way, she feels he was trying to turn the children against her. She added *I was always the bad guy. And to this day I'm the bad guy*. Beth believes that some of her children still blame her for the failure of the marriage.

Cathy's husband tried to say things to the children after the divorce to turn them against their mother, but they didn't like him and refused to listen to what he said. They had witnessed too much of his violent and abusive behavior to believe his lies. She said:

*Even in just talking mean to them, talking bad to them, cursing them, he knew that bothered me. And, when I threatened to leave, he'd say yeah, well, I'll take the children from you. No courts going to give you two children and then three and then when I was talking about leaving him after (3<sup>rd</sup> child) was born he would say to me, nobody's gonna want you, nobody's going to want a woman with three children. You might as well just stay here with me and you're not taking my kids anywhere. That type of stuff. And I was literally terrified of R. Why? I don't know. Today, I'm not.*

*When I divorced R, up until they were eighteen, I would say call your dad and see how he's doing, he's your dad and you owe him that respect. When they reached eighteen I said it's up to you. You have the option of whether or not and none of them interact with him. They have no respect for him....For the way he not only treated them, but particularly for the way he treated me.*

These results indicate that these abusive husbands also treated their children with disrespect. They were critical and dismissive in their comments and attitudes towards them. This behavior is consistent with a person who demonstrates a need to dominate others in order to feel that he is in control and in a position of power. Of course, this study does not provide the balance of the children's opinions of their treatment by their fathers. That input is beyond the scope of this research. However, the adult relationships of Beth and Dot's children indicate that they were accurate in their remarks. Social learning theory says that they are likely to repeat the behavior patterns of their parents.

First assault, worst and last assault. While this research was still in the planning stages, I attended a conference in Richmond, Virginia on the topic of elder abuse and domestic violence in later life (August 2006). I had the opportunity to talk with some of the experts working and lecturing on this issue while there. One of them (Candace Heisler, JD) suggested that an important and revealing question to ask my interview subjects was: “what was the first, last, and worst assault that you suffered at the hands of your partner?” She suggested that not only would it be telling about the depth of the violence in the relationship, but it would also reveal a great deal about the victim’s interpretation of and reaction to what happened to her during her years of victimization. Based on the answers, I believe she was correct.

For the first assaults on Alice and Cathy, please see the section titled: First realized he might hurt. Dot asserted that she has never been battered, but she has been pushed, shoved and threatened with guns and he has told her many times that he is going to kill her. When asked if she believes now that the threat to kill her is real, she answered that she does. She says that obviously he hasn’t killed her yet, but she never feels completely safe with him. She seems to accept the risk. This is an interesting finding, as it demonstrates how differently women themselves may define abuse compared to most researchers and advocates. Dot appeared to me to be very isolated emotionally, and she indicated that she has few social connections apart from her family. Her social isolation increases the risk of further abuse (Levendosky, et al, 2004).

*We were only married a couple of months. I don’t recall that he was drunk. I think he was just angry and I didn’t argue with him. He screamed*

*and yelled and hollered at me, and you know, I didn't do that and I didn't argue with him. If he hurt my feelings, I would cry. I cried a lot. In the beginning, I cried a lot. And then he'd get mad. That's why he slammed me against the wall. Because I was crying and he pushed me, pushed me up against the wall. He couldn't stand it when I cried. (Beth)*

Every victim of IPV will have her own idea of the worst abuse she ever suffered at the hands of her abuser. They may not match what others may think of as traditional violent assaults, with broken bones and serious injury. Abuse is very personal, individually felt and interpreted. For instance, when asked about the worst abuse she ever suffered at the hands of her husband, Dot didn't mention the time he held a gun to her head and threatened to kill her. She simply said that he had never beaten her, that what had hurt her the most were the constant put downs and criticisms and his belittling of her to her children.

Beth's assertion in the following passage that *he never beat me up* is particularly poignant. He never injured her so badly that she needed medical attention, but most people would consider being struck, pushed into walls, strangled, and dragged down a hallway by her hair as qualifying. In her response, she said that he struck her across her chest with the side of his open hand, like with a tomahawk.

*He left a big bruise across me that time. And he left bruises on my arms and when he pushed me down. When he shoved me against the wall it would bruise my shoulder or my back, or wherever I hit. But he never beat me up.*

The time that Cathy was pregnant with her youngest child she considered the worst because of her concerns for the consequences of the assaults on her unborn son. These

two beatings were not the most serious for her well-being, but her fear for her child made them the ones that stood out in her mind.

*The worst to me was the two beatings while I was pregnant. None of them were good, but the worst was, the two that I got when I was pregnant with R. Because I couldn't, I was just real vulnerable and it was near the end of the pregnancy, so I was off balance and you can't even get out of the way, you know.*

Alice's answer to this question was not an actual assault. But it is the example that she believes is the worst incident of abuse she has ever suffered. It illustrates powerfully her husband's disregard for her safety and well-being. It would be very difficult to feel loved and cared for by a person who behaved the way Alice's husband did during the following incident.

*We went to Mississippi, and on the way home we drove a big Cadillac. I had two little Yorkies in the back, clothes hanging all across. At two o'clock in the afternoon something goes click in the car, so he pulls over to the right by Tallahassee. I didn't even know Tallahassee because we were just going to move down here, we had just been in the campground, and when he had to go up because of his brother.*

*And he said 'Alice, I'm going to go back to St. Augustine and I'm going to come back with the van.' ....So I said 'oh my god, don't leave me here I've got to go to the bathroom'. He said 'no, the longer I stay here the more time it takes.' And I said, 'I have no money'. He gave me two dollars and left.*

*The wind blowing, rain, so I was afraid to get the window down or anything because I didn't know if the ignition, you know, what went wrong with the car.... So I sit there and I had to go to the bathroom so bad. Five o'clock comes around there's this Highway patrol coming next to me, he walked to the window and says 'Ma'am, can I help you? I went to and I*

*saw your car here and now you're still here.' And I said, I did not know how far Tallahassee was away from St. Augustine. And I said 'my husband, he hitchhiked'. The policeman said 'What! He left you in this car and went to St. Augustine?' I said 'yes.' He said "I will check on you every so often' .*

*About eight o'clock, ....here comes the highway patrol and stops over. And he says, 'I'm taking you out of here, I'm taking you over there'.... And he....(took me).... to the Holiday Inn'. And I, I took one of my puppies, my little bitty yorkie, and it was like at that time it was eight o'clock, and it was a good thing I had money. Three o'clock in the morning, next morning, knocking on the door it was my husband.*

About three months before the interview, Alice said her husband pinched her hand in the refrigerator door on purpose. She called the police and they came to her home. They took no action. There was probably no evidence of the assault since she had no injury. This is the last assault she could remember. She said she has called the police many times over the years, but says that they have never been willing to help her.

His assaults these days are not the kind that he is likely to be arrested for. Social bond and exchange theories offer a possible explanation for this. Social bond theory suggests that if an individual is committed to a relationship, invested in the community, and believes that by being seen as an abusing husband he will risk losing his standing in the community and the respect of his friends, he will not engage in behavior that he knows is socially unacceptable. The fundamental principle of exchange theory is that individuals will engage in behaviors that offer rewards and avoid behaviors that result in punishment. These complementary theories explain why he is no longer willing to



commit blatant acts of violence that will cause the police to arrest him and his abusiveness to become public knowledge.

Alice's injuries appear to be minor hurts that are spontaneous when an opportunity presents itself: catching her hand in a door, bumping into her, and other minor contacts that can be explained as accidents. By her numerous complaints to the police, she may be unwittingly hurting her credibility. It is his manner and response to her when the incidents occur that convinces her that these are not inadvertent accidents.

Cathy could not remember the last assault. She said that once she had devised her plan for leaving him and knew that she would soon be free from his abuse, she was able to stand up to him more.

The last assault that Beth suffered was the same as many others.

*He was mad at me about something, and he pushed me. We have a long hallway from the kitchen-dining area, there's a hallway maybe eight or ten feet to the back of the house where the master bedroom and bathroom are at....He pushed me down the hallway, just shoving me and the second or third time he shoved me he knocked me down. I fell on my back and on the floor in the hallway and it really hurt my back. I couldn't get up for a while cause it hurt me. And a couple of my kids saw that.*

Abuse is an intimate and usually private event. These responses have shown the variability of interpretations by the participants about how to define abuse, or getting "beaten up". It is by her definition of "abuse" that a woman interprets her situation in a relationship. If she does not consider pushing, shoving, or slapping as abusive, then she places herself in the position of not being able to demand an end to those behaviors.

And if she does not consider that conduct to be abusive, than surely her partner will not either. This may embolden him to commit more severe acts of violence.

Strangulation and assaults during pregnancy. Another suggestion that Candace Heisler made was that I ask the women if they had ever been choked or strangled. According to a study published by Plattner, et al (2005) of a forensic study of 134 survivors of strangulation in Switzerland, 85% of the victims were female, and all but 2 of their abusers were male. Strangulation is a particularly intimate form of violence, as the perpetrator must be holding his hands around his victim for the entire time.

Strangulation is one of the most serious forms of physical abuse that a woman can suffer. Not only is there the possibility of death, but there is always the danger of brain damage when a persons oxygen supply is interrupted (Banks & Ackerman, 2002; Malek, et al, 1999). These risks are particularly severe when the victim is strangled to unconsciousness. Unless there has been baseline testing before any strangulation has occurred, it is impossible to know if any permanent damage has been done, unless that damage is so severe as to be obvious. With long term victims of violence who report having been strangled to unconsciousness, this is a problem that must be considered.

Fortunately, two of the women in this study say they have never been strangled. Beth reported that her husband only did it once, and she never lost consciousness. His ability to exercise the self-control necessary to avoid seriously injuring or causing her to lose consciousness strongly suggest that his violence was purposeful and not the result of uncontrollable anger.

*Well, he realized at the time that he better not go too far. You know, we had all these little people and always he knew that he was going to have to make explanations. If I was unconscious or if something really dreadful happened or if I had to go to the hospital, he was going to have to make explanations.... He left bruises on me that time. He just grabbed me by the neck.*

Only one of the participants had used strangulation as a regular tactic of violence.

Cathy stated that her husband strangled her during the first assault and throughout the marriage. By good luck, she lost consciousness only twice. And while there is no way to know for certain, there is no obvious indication of permanent damage.

A small qualitative study by Bacchus, et al (2006, p.601) concluded that: “pregnancy may be specifically threatening to emotionally insecure and jealous men, which increases the risk of violence and makes it particularly difficult for women to escape the abuse.” During the last three or four months of pregnancy, most women are feeling physically awkward and off balance, adding to their concern of being able to protect themselves and their unborn child during a violent episode.

During Cathy’s first pregnancy, her husband had spent most of the time serving in Vietnam, not returning home until their twins were 10 months old. During her second pregnancy, however, he beat her twice. He stuck her on her face and stomach both times. During the second assault, she was close to term and was very concerned that he might have harmed the baby. Fortunately, he had not. During both beatings, which she said were unprovoked, she tried to cover up and protect her face and stomach.

While she was pregnant, Beth's husband was careful about where he struck her: *He was careful not to hit me down low. He hit me up here* [indicates her chest and arms] *because he figured that wouldn't do any damage.* The fact that Beth's husband was careful not to harm their unborn child during his assaults strongly suggests that his abuse was not the result of uncontrollable rage. He was able to exert sufficient self-control not to strike her in her abdominal region. While Bacchus, et al (2006) noted the increase in risk of assault during pregnancy, they also noted that for three of the sixteen women in their study, the abusers committed no assaults during the pregnancy. This finding flies in the face of the claim by many abusers that they are unable to stop themselves when they are angry. Exchange theory suggests that the reason some abusers may abstain from committing acts of violence that might endanger their unborn children is because their perception of the cost of harming a healthy child exceeds the benefit of acting out their anger and asserting their domination of their partner.

Although she says she has never been battered, Dot has experienced a great deal of verbal abuse. This appears to have begun during her second pregnancy, as evidenced by her following response:

*The first pregnancy, I don't remember anything ever being wrong.*

*The second pregnancy I remember quite a lot.*

Interviewer: Because of what?

Dot: *Of his demeanor, anger.*

Interviewer: Was that because you were pregnant?

Dot: *No, no, I don't believe it was that. I don't believe it was that. Just, you know, normal, just what he thought was normal.*

Interviewer: I don't understand.

Dot: *Just like he does now, you know, he'd be mean to me. He criticizes me. And those things and it would get to me, you know, and I would just cry.*

As previously discussed in this section, the two men who employed strangulation were able to stop strangling their partners before severe damage or death occurred. This ability to limit the time and force of the strangulation supports an exchange theory interpretation that the cost of further strangling was not worth the reward of total domination. Being able to control themselves suggests that they were not responding to uncontrollable rage, but rather to their need for power in their relationship. The same reasoning holds for their ability to stop themselves from so severely beating their partners that medical attention would have been necessary. They may have been drunk when the assaults occurred, but they were not acting out of control.

Frequency and severity of assaults over time and triggers. While it is common that the level of violence remains the same or intensifies over the years of a relationship, it is also very often the case that the level and frequency of violence decreases with time (Kantor & Jasinski, 1998; Wilke & Vinton, 2003; Mezey, et al, 2002). It is thought that after it is established that violence will be used a means of exerting dominance and control (the purpose of abusiveness, according to feminist theory), the victim becomes so cowed that she submits readily, and the abuser does not feel the need to use force or physical coercion (Feld & Straus, 1990; Rennison & Rand, 2003). The threat remains very real, however. Additionally, with age, there is evidence of a decrease in aggressive behavior (it is speculated that this may be due in part to reduced testosterone levels) in

many males as they tend to employ less confrontational tactics as they age (Bookwalla, et al, 2005). These factors, accompanied by the infirmities of old age, act to decrease violence in many relationships. However, even when the violence decreased, it has been found that verbal abuse is not reduced (Mezey, et al, 2002; Mouton, et al, 2004) and may actually escalate (Zink, et al, 2006). Social bond and exchange theories indicate that the cost of arrest and public exposure to abusers may be too great a risk for them to commit physical violence at this time in their lives.

The physical abuse has diminished over the years, according to Alice, but she still expresses the fear that he might hurt her. She calls the police whenever he assaults her now, however minor the assault. Probably because the assaults are minor and don't leave visible injuries, the police never arrest him. She believes that they may have concluded that her complaints are unjustified and a waste of their time.

Beth felt that the violence *stayed pretty much at the same level* during the course of her 34-year marriage. On the other hand, Cathy reported that the frequency and severity of the violence got worse throughout the course of her marriage. This might be explained by considering that Cathy was 20 when she wed and only 38 when she ended the marriage.

Mainly, Alice's husband restricted his physical abuse to pushing, shoving, or squeezing her arms. Beth's husband mainly hit her on her chest, arms, and back. Cathy's husband avoided breaking bones and beating her so severely that she would require medical attention. However, Cathy said:

*When I would go to work a lot of times, my side would be sore because*

*I would always try to protect my face so that I didn't go to work with bruises on my face. So I would protect my face and I would go to work with my side hurting or my back hurting from him just hitting me, you know. Fighting me like a man. And even now I think about it and I don't understand it. You know, I don't understand...he would sober up and then he would be apologetic and I'm not going to do it again and on and on and on. But it just never stopped.*

When asked if she ever needed medical attention for her injuries, Beth responded:

*No. If I did, I never went because I didn't want to have to explain to anybody.* As discussed earlier, Alice needed hip surgery within weeks of her wedding to repair damage her husband did when he intentionally closed a door on her leg. When she told the doctor that she had hurt herself when she slipped, her doctor told her that he knew better. Even when he told her that, she said that she still was unable to admit that her brand new husband was responsible. Alice added that she also had medical attention another time when he tossed her around and shoved her into a car. This time, the hospital doctor (a different hospital) did not question her explanation.

Cathy had to seek help at times for her injuries, but as she explained:

*I would go in to the doctor and say I bumped myself or I twisted wrong to get something and I normally would be given muscle relaxant. Because the doctors only go by what you tell them.*

Apparently the doctors never questioned her explanations.

During one assault when the twins were thirteen years old, the children tried to protect her. Cathy's daughter went to her room and got a heavy black baseball bat and

*brought it up and was bringing it down and I threw my arm up and protected his head and she hit my wrist. I had to wear an ace bandage for a*

*long time. She said she was trying to kill him. And I said it's time for me to leave because my children are going to kill him protecting me and somebody's going to jail and somebody's going to go to a cemetery. So I decided then...*

To cover up for this incident, Cathy told the ER doctor that she had fallen. He didn't question her response.

Often, when an abusive man injures his partner's pet, his actions represent displaced anger. He is in effect telling her that he is so angry that he has to hurt something, and the next time it might be the partner or a friend or relative of the partner. While it may be preferable that he hurt a pet to hurting his partner, it is a terrifying display of aggression. It can also be very effective as a means of controlling another person (Walton-Moss, et al, 2005).

Neither Cathy nor Dot ever had any pets threatened or harmed by their husbands. Beth had a small dog that she had since she was a child when she married. Her husband kicked it in anger one day, and the dog died shortly afterward from kidney damage suffered from the blow. Alice (whose husband had accidentally stepped on and killed her puppy at their first meeting) has a more frightening tale. Her fear and frustration is evident in her final comment.

*We had a tank with fish, and the fish was running after the other fish so he reaches in and grabs the fish and squashes his head off. He did the same with my bird. I had a big bird for my 60<sup>th</sup> birthday, and that bird made him angry and he twisted his head off. Now, see, I don't have no marks on me, so how do I get any help with that?*



A trigger is anything specific that causes abuse. The women all said that anything, anytime could be a trigger. As Dot put it: *I don't think there's special triggers, I think it's whatever is bothering him at the time. I mean yes, there's triggers. He can always find a trigger, I think. An excuse.* In addition, both Alice and Cathy's husbands are/were very jealous and possessive. This possessiveness acts as a trigger for both men. Cathy's husband was violently possessive, as this next story illustrates:

*We go to the commissary to buy groceries, go do the shopping that we needed to do. And I might run into you with whom I work, and I would introduce you as this is my coworker so and so. We would laugh and talk and the conversation would be like anybody, about the weather, about the work environment, it's good that it's the weekend and just briefly, and we'd get home and he'd beat the devil out of me. Saying that you and I were talking in code about our boyfriends at work. He just, just when I talked on the phone, he would listen in on the telephone conversation and I'd be talking to you on the phone and we holler and laugh about something stupid that you or I have done or something funny about the kids, and he would say we're talking about our boyfriends. He would pick up the phone and listen to our conversation. And god forbid I should run into a male coworker or my boss. Oh my god, I knew when I got home I was in for a beating.*

The findings from these participants tends to support the findings of Kantor & Jasinski (1998), Wilke & Vinton (2003), Mezey, et al (2002), Rennison & Rand (2003), and Bookwalla, et al (2005) that physical violence often decreases with advancing age. Both Dot and Alice (who remain with their abusers) report that the level of violence has decreased in recent years. Beth noted that her husband had pretty much ceased his

physical abuse during the last few years of their 34-year marriage. All of the women stated that their husband's verbal abuse either remained at the same level throughout the years of their marriage or had actually increased as the violence diminished. This pattern supports the findings of Mezey, et al (2002), Mouton, et al (2004), and Zink, et al (2006). They are also consistent with feminist, social bond, and exchange theories of violence and verbal abuse within intimate relationships.

Abuser's, family's, and friend's reaction to abuse. Of interest in any discussion of domestic violence is the issue of how much help and support the victims have from their family and friends as they are trying to deal with what is happening to them at the hands of their partners. Many women try to hide their situation out of embarrassment or a sense of failure (Walker, 1979; Lederman & Malik, 1999). They believe that they must be the cause of their own mistreatment. If they have grown up in an abusive home, they believe that their mistreatment is normal (Stiles, 2002; Graham-Berman, 1998; Hall & Lynch, 1998). It often takes a period of time, varying with each individual, before a victim is willing to share her story with another. Once she has, the reaction she gets is often pivotal in determining whether or not she remains or tolerates further abuse (Arias & Pape, 1999; Constantino, et al, 2005; Brandl & Cook-Daniel, 2002). The fact that all of these women remained for so many years is an indication that the help and support they received was not sufficient for them to leave the situation, but perhaps it helped them to cope.

The most prevalent reaction of the men who have physically abused their wives seems remarkably similar: they would deny that they had caused any harm (Murphy & Baxter, 1997; Dutton, 1995). The first time Alice's husband hurt her, she required surgery to repair the damage to her hip. She related that when she was in the hospital, he swore that he would never hurt her again and begged her not to tell anyone what had really happened. She believed him and didn't tell. Since that time, he has simply denied that he has ever hurt her.

After his assaults, Beth's husband never acknowledged them or apologized. *I'm sorry were two words that were never in his vocabulary.*

Since Cathy's ex lives only a few blocks from her, she sees him occasionally in the supermarket and such. When they have spoken, she said that he denies to this day that he did anything every other man doesn't do. There were times during their marriage when the injuries that he had caused were inescapable, even to him. After these severe beatings, he sometimes apologized:

*You know, I don't understand...he would sober up and then he would be apologetic and I'm not going to do it again and on and on and on. But it just never stopped.*

*He would deny that he fought me or that he caused this bruise or that my side was hurting or my back was hurting because he pushed me or had slung me across the room. He said no, I didn't. I said R, why would I, I'm not lying....He was the kind that would drink, he would have blackouts and not remember doing things.*

Dot was frequently guarded in her responses during the interviews. Her answer to this question at least partially illustrates the reason for her reticence. It is not possible

however, to know whether she is this way as a result of 47 years of verbal abuse, pushes, shoves and threats. But it is hard to believe that she would feel so vulnerable if she had spent these years in a loving and supportive environment. She said that she didn't tell anyone about his behavior towards her in the early years. She said:

*Later on my older sister. I would talk to her. But I've also found out that you really can't talk to anybody. You know, because, they just don't keep everything. Or if they do, they might use it against you later.*

Like many victims of violence, both Beth and Cathy kept what was happening to them secret, at least at first. Beth said: *My family knew. They didn't know to what extent. You know, I didn't tell them the really bad stuff.* She said that she was ashamed to let anyone else know what was happening to her. As Cathy put it:

*I didn't ask for help because I didn't really want anybody to know. I was ashamed that I was married to a man that thought so little of me that he abused me, he beat me, knocked me around, that he beat me when I was pregnant. It was a long time before I even told anybody.*

In spite of Cathy's efforts to hide her injuries, at least one person noticed and figured out what was going on.

*We were at the last duty station, Fort Campbell Kentucky and I worked at Human Resources, I had a co-worker to tell me, she said you know you come in on Monday and you are very low key. She said Tuesday, Wednesday you're yourself. You're happy-go-lucky and have a sense of humor. She said on Thursday you start going downhill, you start getting sad, you look sad and you look like you're depressed. And Friday, it's like you can barely get through the day. Because I know, the weekend, I know I'm going to end up having to deal with him and his foolishness. And she*

*said and sometimes you're limping or you're holding your side or you're sitting funny like your back hurts. And she said is anything going on?....And she said, I'm not being nosy, I'm on my third marriage. I was married to an abusive man. And I know the signs, is there anything I can do to help you? I can help you get, I can assist you in getting help. Get you someone to talk to. And um, I often wonder where is she....*

*And I said well, yeah, that is what I'm going through but I'll be okay, we'll work it out. But she said if you need any help I'll be glad to help.... But they [the beatings], all of them were rough and bad in that I was always sore and always hurting somewhere but I just tried to make sure that I didn't have bruises in my face because I didn't want anybody to know.*

It is not uncommon for a person to be abusive at home, but present himself as a wonderful, gentle, and supportive husband to the rest of the world (Dutton, 1995). This is the case with Alice's husband. She describes him as *charming* around other people. This makes her tales of abuse difficult for friends to believe. She expressed her belief that this is the reason why she has had very little help or understanding over the years. This and the fact that most of his abuse is verbal.

Alice added that her husband no longer allows her to maintain any friendships. He has isolated her and limited the contacts she is permitted. She complains that if she develops a friendship, he is so obnoxious and offensive to the person, that they end the friendship. This tactic of isolation is often used by abusers to maintain control and increase the dependency of their partner (Levendosky, et al, 2004; Farris & Fenaughty, 2002).

The literature strongly suggests that blaming the victim for the abuse is a typical tactic of an abuser (Zink, et al, 2006; Astbury, et al, 2000; Bancroft, 2002). Social learning and feminist theories both suggest that this behavior was probably learned at home when they were children, and then reinforced through successful use of the tactic over time. All four of the women agree that their abusers have always blamed them for causing both the physical and verbal abuse. By blaming the victim, they absolve themselves of responsibility for the consequences of their abusive and assaultive behaviors. Dot and Alice claim that their husbands criticize them constantly and blame them for every minor upset, normal difficulty, and frustration that they experience in their lives.

*Listen, everything that ever happened was my fault. It still is. Everything is my fault. Don't you know I drove him to drink? Everything's my fault.* This answer of Beth's demonstrates not only her belief about being blamed for everything, but she retains an intense bitterness. She has been divorced for several years and is currently married to a loving and supportive man. But still, she harbors the anger. Probably the difficult relationship she has with a few of her children keeps her anger boiling. Since most of the children never saw any of their father's many assaults, they accept his arguments that their mother has made them up to turn them against him. At least this is what she says she believes has happened.

During the early period in their marriage when he was still willing to admit that he assaulted her, Beth's husband would blame his assaults either as the natural consequences of Beth's behavior or his own excessive drinking. Either way, he did not

find fault with his sober self. After a while, she said he simply denied that he assaulted her.

The women's responses to the question of how their abusers, family, and friends reacted to the abuse they were enduring is consistent with what the literature on domestic violence tells us to expect. The abuser will beg for forgiveness and promise that he will never again harm her if the injuries are obvious. While his contrition may very well be valid at the time, this allows him to escape negative consequences at the same time he is maintaining his control over her. Later in the relationship, he learns to escape consequences by either blaming the victim for being the cause of his actions, or by simply denying that he engaged in any violent or abusive behavior.

All of the participants stated that they hid their abuse, or at least the severity of it, from their family and friends. They said that they had done this out of embarrassment and a sense that the abuse was the result of a personal failure on their part. Because they believed that they were at least partly responsible for their victimization, they remained in the relationship and by doing so actually ended up ceding power and control to their abuser.

Perceived effect on self-worth/self-confidence. Women who are in long-term abusive relationships usually have low self-esteem and a sense of powerlessness (DeKeseredy & Schwartz, 2001; Walker, 1979; Phillips, 2000; Astbury, et al, 2000; Hage, 2006; Lev-Wiesel & Bruria, 2002). One of the tactics used by most abusers is to isolate their partner from friends and family, thus removing them from the support

system that might cause them to report the abuse or leave (Brandl, et al, 2003; Penhale, 1998; Constantino, et al, 2005). It is not as likely that they would engage in this behavior if they had not observed it in their homes of origin. Learning disrespect for women generally, as well as how to limit and control them, is consistent with social learning theory. There is considerable evidence that victims of abuse display symptoms of depression and stress-related health issues (Campbell, et al, 2002; Nurius, et al, 2003; Sutherland, et al, 2002; Coker, et al, 2000; Osgood & Manetta, 2000). Each of the women was asked if she felt the abuse she suffered had any impact on her sense of self-worth or self-esteem. Their responses were affirmative and consistent with the literature.

The constant verbal abuse may explain why these women all remained (or remain) with their husbands for so many years: with their sense of self-worth and competence severely damaged, they were too fearful to try to survive on their own (Hattendorf & Tollerud, 1997). They grew to believe that their husbands were correct in much of what they said. Without the constant verbal assaults, perhaps they would have been unwilling to tolerate the physical abuse.

All of the women agree that the constant verbal abuse is, or was, devastating to their self-confidence. It was even worse than the physical abuse. As Alice put it: *It's more pain. I'd rather get a black eye and get it over with.* Beth's husband used to tell her:

*You can leave, but nobody's ever going to want you. You've had nine kids (Beth includes in her count a stillbirth and a miscarriage). Who wants a woman whose body's in a mess from having nine kids? I always thought he was right. Who would want me, you know?*



Alice responded:

*You really don't want the other people to know what's going on, you feel almost embarrassed. You feel guilty, like you do something wrong. After you so long in a relationship like this, you feel like wait a minute, do I do this wrong, why he treats me like this. Then you lose your self-esteem, totally.*

Dot claims to have no sense of self-worth, and this is her honest perception.

However, the very facts of her life indicate that she is stronger than she is aware: she has taken numerous classes over the years, she had always worked until she retired due to age and fibromyalgia. Additionally, she says she is becoming more assertive in her relationship with her husband as a result of the counseling she has been receiving at the Betty Griffin House. While she appears to me to be extremely isolated and guarded emotionally, she also demonstrates significant inner resources. The fact that she sought help illustrates her strength and self-awareness.

### Strategies to minimize abuse and experiences with shelter services

Women who are abused employ strategies or tactics to try to avoid or, at least, minimize the violence and verbal abuse they suffer (Walker, 1979; Dutton, 1995; Brown, 1987). As Walker (1979) discussed in her groundbreaking book, many victims grow to accept the claims of their abuser that he would not have assaulted her if she hadn't deserved it. After a while, they learn that they can't stop the abuse, that they have very little control over whether they are assaulted or not. However, since it is human nature to try to survive, many women will try to become the ideal person their abuser demands. Often, victims try to avoid abuse by being submissive and compliant.

Many victims report their abuse to military or civilian police in hopes that they will be protected.

In this section, the participants discuss the strategies they employed during the years of their abusive marriages. Some strategies worked for a while, others didn't seem to help very much. All of the participants sought help from counseling at some point during their marriages. By listening to what helped and what didn't, perhaps we can gain some insight into what are effective tactics. We also learn in what ways counseling seems to have helped the participants.

Seeking help, military and police response. All of the women married abusive men who were in the military at the time of their marriages. As discussed in the section on military service, the pervasive culture of hypermasculinity and the objectification and denigration of women act to promote attitudes that are negative to women (Morris, 1996; Godenzi, et al, 2001; Rosen, et al, 2003). This attitude results in an acceptance of abusive behavior towards women by military personnel, which includes members of the military police. Civilian police departments during the time that these women were in the early years of their marriages seldom had female officers. Because of the all-male nature of these departments, as well as the likelihood that the officers had previously served in the military, a culture of negative attitudes about women also existed. Negative attitudes, objectification, and acceptance of abusive and denigrating behavior towards women in an overwhelmingly male environment is consistent with feminist theory.

Fortunately, with the inclusion of females within the military (Rimalt, 2003; Yeager, 2007; [www.feminism.eserver.org](http://www.feminism.eserver.org)) and in civilian police departments ([www.fbi.gov](http://www.fbi.gov) ; Lott, 2000; Monago, 2003), that culture appears be slowly changing. In addition, as society has shown less tolerance for men who abuse their wives (as demonstrated by changes in criminal laws, protective orders, anti-stalking laws, the growth in the number of women's shelters, etc.), the attitudes of the law enforcement community and the courts seem to changing for the better. Abusers are more apt to be arrested on the spot, thanks to mandatory arrest laws. These changes offer women the hope of greater safety from their abusers.

About three years into her marriage, Cathy said her cousin tried talking to her husband without much effect. So the cousin told her own parents what was happening, and they contacted Cathy's long-time minister. This minister found a safe place for Cathy and her 2-year old twins to live, with one of the deacons and his wife.

*He (the minister) counseled both of us. He talked to both of us and he talked to R and R said he was going to stop drinking, and he was going to do better. And I said I believe him, if he gets better I'll go with him. We can go as a couple, we can go as a family, whatever it takes I'm willing. He promised Rev. B that he would seek help and that he would stop abusing me, but he was just telling Rev. B what he wanted to hear.*

Interviewer: Did Rev. B encourage you to leave? Or was he just supporting your decision?

Cathy: *No, he was supporting my decision, because he was surprised really, he had no idea that I was going through this....He said 'I'm not going to tell you one way or the other, the decision has to be yours You know what has to be done, and God knows your heart. Whatever you do he'll know how*

*you did it'.*

Dot has been getting help recently from the counseling center that is helping her to be more assertive towards her husband. This also seems to be having the benefit of enhancing her self-esteem, as she says she is being more assertive with him. Although she doesn't want to be with her husband, she has been unable to find the financial resources to enable her to leave. This is the first time she has ever sought help.

Beth said that she never sought help for the violence. She and her husband did, however, attend marriage counseling together for a short time a few years after he retired from the Navy. Interestingly, Beth and a few other women (including Amy McDermott, a current counselor at the Betty Griffin House) were instrumental in organizing and staffing the first shelter for women in the St. Augustine area.

Although she did not report the initial, and most severe, physical assault suffered at the hands of her husband, Alice has been reporting his abuse ever since. At first, she complained to his military superiors. They required that he participate in an alcohol treatment program and marriage counseling. He stopped drinking, but not his verbal abuse. Whenever he causes her pain now, she reports him to the police. Because there is never evidence of an intentional assault, they do nothing. She says that her husband has always been able to convince the police that she is crazy, exaggerating, or making up her story because she is angry with him. Alice has been receiving counseling at the Betty Griffin House for quite a while.

When the police have responded to Alice's home, it has always been because she called and asked for them to come to the home. The police were never called to Dot's home, nor were they ever called by or for Beth.

Cathy never called the civilian or military police. But one time the twins did. She had recently given birth to her youngest son and her twins were 8 years old.

*My twins got on the phone screaming and crying and called the MPs. He beat the tar out of me and was strangling me and I have a knot on the back of my head that never went away. I ran from him, ran in the bedroom and I fell back across the bed and we had nightstands that had sharp corners and I hit the back of my head on a corner...that's probably why I have real bad headaches. I have migraines, I have horrible headaches.*

Another time Cathy ran out of the house to stop a beating. She got in her car and drove around for a while, and then parked on the side of the road to rest and think. The person living in the house (on base housing) called the Military Police about the car parked in front.

Both times the MPs responded following assaults against Cathy, they talked to her and she told them that her husband had been beating her. Both times they talked to her husband and told him that if he would go to bed and go to sleep, they wouldn't do anything. But that if he didn't and they were called back, they would report the incident to his commanding officer and arrest him. If an official report had been made, it could have adversely effected his military career. They told her the same thing. So nothing was ever done except to stop that night's assault.

As discussed earlier, no charges were ever filed by the police following Alice's calls. She did have a positive response by the military following her complaints to them. Her husband received alcohol treatment and marriage counseling. The physical abuse has diminished dramatically, and he no longer drinks.

Strategies and utilizing counseling services. All of the women tried being non-confrontational and submissive as a strategy for reducing the violence and churlishness of their partners. Alice employs these tactics, along with calling the police when he first gets violent and consulting with her counselor at the Betty Griffin House. She says he is less violent, but still very mean. One of his tactics is refusing to give her money to buy groceries. However, when he stops eating and curls up in a fetal position on their couch for days at a time as she reports, he may be suffering from mental illness or depression rather than simple meanness.

At the encouragement of her counselors, Dot is trying to be more assertive with her husband.

*Recent, more recently, I think if I'm stronger with him and more assertive that he backs down. But I'm not always that way. I can't always be assertive.*

Interviewer: Is that an ability that you've come to later in life?

Dot: *Right.*

Interviewer: Were you able to stand up to him in the past, for the first 30 years?

Dot: *No, actually I did stand up to him at first. And then I guess after I had my second child it just seemed like I didn't want the confrontation. And so I just sort of stepped back and didn't, I wasn't assertive. I just let him take the reigns and be in control.*

When he was still drinking and they would go out, Beth watered down her husband's drinks with her glass of water when he wasn't looking. He caught her doing it one time when they were at a large party and exploded in anger in front of everyone. She never tried it again. Her other tactic was to be non-confrontational and not argue with him.

The futility of Cathy's strategies to avoid violence is clear in her response to this question:

*I guess in trying to talk to him, and trying to use a pleasant tone. Because I was never argumentative with him, because I knew it would only make it worse. So I would use a decent tone of voice, and say well R, no I didn't do so and so and so, I didn't do, are you hungry, do you want something to eat, come on sit down, you need to get something in your tummy. And he'd say 'no I don't want any GD food and I'm talking to you GD it'. And it would just go, you know, on and on. I would try to soothe the situation in any way that I could. But it didn't work. It didn't work. So I could aggravate him or make him angry at work, or while he was out drinking with his friends, and he'd come home and, and, take it out on me.*

All of the women have tried marriage counseling during their marriages, with varying success. Beth found that it helped her with some of their problems, primarily financial ones. It did not end the abuse, however. Cathy's husband attended counseling early in their marriage with her minister, but only long enough to convince her that he would change. She indicated that there was no improvement in their relationship long-term, as within a couple of months he had resumed both the physical and verbal abuse. Later on she asked him several times to go to counseling, but he refused. He told her

that she was the one with the problem, not him. When she went, she was put on antidepressants.

Dot's experience has been similar to that of Cathy. Several times she has gone to psychologists or counselors alone. Since her husband believes that all of the problems in their marriage are her fault, that was fine with him. Only once has he agreed to go to counseling with her. During their second session with the psychologist, he was asked to discuss his feelings and thoughts. He got up and walked out after telling the psychologist that his wife needed help, not him.

Because he is being treated for depression, Alice's husband has agreed as part of his treatment to attend marriage counseling with her. Their counselor has told both of them that his behavior indicates that he is a "dry alcoholic." This means that he is responding and acting as an active alcoholic would, even though he is not drinking. So far, she says his counseling hasn't improved her life noticeably. Alice also receives counseling from the Betty Griffin House.

At some point during their marriages, all of the women attempted to leave their abusive husbands. Beth first left her husband in 1987. She realized that she couldn't support her children, so she left them with their father. She went back to school and got a certificate in graphic arts and worked for a newspaper putting the artwork on ads. She claims to have spent every evening at her husband's house caring for and staying with her three youngest children. He would leave them alone, and the youngest was only 3 years old. She bought food for them, cooked and fed them, bathed and put them to bed. This continued for 14 months. She consulted a lawyer to try to get a divorce, and he told



her that if she wanted custody, she would have to return to the home. Otherwise, she would lose them when her husband asserted in court that she had deserted them. For this reason, she returned, reluctantly, to her husband. When she returned, she almost immediately became pregnant with her youngest child. *It took me years to get out again.* Beth stated that she never felt that he would harm her for leaving.

The first time that Cathy left her husband has previously been discussed. Her second attempt did not occur for another 15 years. At that time, her husband was transferred to Germany for the second time by the Army.

*I said I'm not leaving American soil with you ever again. And I knew what I was planning that when he, I had talked to a lawyer before and if we lived apart for a year, hadn't cohabited, you can get a divorce in the state of Virginia and he talked me into coming back which I did. So this time around since I knew if we lived apart for a year that I could start divorce proceedings so I said no, I'm ...we were getting ready to buy a house. And I kept thinking if I buy this piece of property, it's gonna make it more difficult to get rid of him, so we were getting ready to sign on the dotted line and I said you know what, why don't I get an apartment, the kids and I live in an apartment, until you come because I really don't want the responsibility of a house by myself and then when you come back we can get the house. And he said yeah we can do that. So that's what we did, because I was scheming, trying to figure out how I could get out of the marriage, and this inner voice kept saying this is your last chance. Because I felt like if we were living together it would have been harder to get rid of him.*

*So we got an apartment, the kids and I, and he went to Germany for two years and after he had been there about nine months I wrote him a*

*“Dear John” letter, I said you’ll be hearing from my lawyer in a few months. By then we’ll have lived apart a year and I’ll be sending the divorce papers and to this day he doesn’t know why.*

Asked if she had felt that her life would have been in danger if she had chosen to leave while they were still occupying the same residence, Cathy responded that she had been terrified of him. She replied that she would not have been able to leave him if he had been around. That is why she chose to divorce him while he was overseas: because he hadn’t been able to get at her. And she believed that after two years apart, plus the divorce, she would be safe.

When Dot first left her husband, they were living in Pennsylvania. *When I would get to the point where I thought he was so very angry, I would pack up the car and move to Florida.* Overall, she has left him *probably 7 times if not 8, I’m not really sure.* She said that he would get the message that she couldn’t deal with his treatment for a while after she returned, but *then things would just go back to the usual after a while.* The longest that she was gone was 2 years ago when she left for 9 months. *The first time was probably two weeks, and then it’s gotten a little bit longer each time.*

*One Christmas we had been to all the family that we always see, within a 50 mile radius. And he drank a lot that day. Inebriated. And when we left his brother’s house that night, he was in the back seat and my children and I were in the front seat and I was driving. And, he talked about wanting to kill me, all the way home.*

*My son he was 4 or 5 years old, and my daughter was 16, and for 50 miles that’s all he did, was talk about that, and my son finally screamed at him and told him to stop it, stop it, stop it. And when we got home, it was*

*almost midnight when we got home, and we came in the house, and of course I was very upset and I was afraid and so he went to the bathroom and I grabbed the children and left the house and I went to a motel. And stayed all night....*

*But the next day, I had nothing else to do but go home. So I went home. He was showing me how angry he was, with his fist, his look and everything.*

*I have feared that he's going to explode someday. I have to keep thinking that he never has, you know.*

While talking about the last time she left (for 9 months), she said that neither her son nor her daughter ever contacted her while she was gone. She contacted them and *I did go see them, you know, once or twice. They were not real glad to see me. They both blamed her for having left their father. They were really mad at me.*

Each of the 7 or 8 times she left him because of his abusiveness, *he always pursued me. Come back, come back. He was very pleasant. Yes, he knows how to be pleasant when he wants to be.* The last time she left, she said he courted her and worked to convince her that he would change.

*He came over and took me out to dinner, we went to see family together....I hoped it would last. But I guess if I really, really thought about it I would know that it isn't going to last, it, it's just the way people are. It just doesn't last.*

When asked why she has stayed with him, her answer was both sad and revealing:

*I think because my parents, you know, were on again off again. Not having that family security, or, or home security or that kind of thing. That I am so drawn to wanting to have that connection that I can't let it go. But it's just like living with anybody else, you know, if you were to live with your sister or family somehow, you just, you just go on....I care about him, but I*

*don't have any affection for him.*

She does not feel that her life would be in danger if she left. Nor does she believe that he will harm her if she remains. While he is still very abusive verbally, he no longer threatens to kill or harm her.

Alice has contacted attorneys on three different occasions to try to force her husband out of their home. The first time was about 25 years ago. She claims that each time, she has been told that since the house belonged to both of them, he could not be made to leave. When asked if she was afraid to leave him, she responded that she was very afraid of him.

*We've got big skylights in the living room, two big ones. He said 'if you ever leave me, I'm coming through those skylights or my car come straight through the garage into the kitchen.' And I believe this, trust me.*

As feminist theory predicts, the effectiveness of the different strategies these women have employed met with limited or no success. If intimate partner violence is indeed the result of an imbalance in the power structure in a relationship, than it is an expected outcome for the dominate partner to employ whatever strategies he feels are necessary to maintain his power and control. These women tried “sweet-talking,” silence, submission, reasoned conversation, leaving their abuser, affection and forgiveness, reporting abuse to his military commanding officer, covering up the abuse, and seeking counseling for themselves and their abusers.

The experience of the participants shows that reporting the abuse may increase the cost to the abuser sufficiently to cause him to eliminate overt violence (exchange

theory). However, the verbal abuse for both of the women who have remained with their husbands has either remained the same or actually increased. And as Alice's story shows, some abusers simply change to less publicly obvious tactics, such as denying food or medications. These women have remained, not because they feel love for their husbands, but because they feel they have so much invested (investment model) in their marriages (emotional, financial, children, social connections, health support, etc) that they cannot afford to leave, even for their physical and/or emotional safety.

Experiences with abused women's shelters. There were no women's shelters when these women first experienced physical abuse at the hands of their husbands. The first shelters were not open until the 1980's. While there are shelters available in most areas of the country today, there are very few that are equipped to offer housing to women with disabilities. This limits their usefulness as safe havens for older women with age and/or abuse related disabilities. The other services offered by shelters, on the other hand, have been a boon to all women, including the disabled and elderly. Counseling has been particularly helpful for two of the participants.

None of the women interviewed for this study ever spent time in a woman's shelter. By the time that women's shelters first opened, Cathy was already divorced. She has had counseling for depression since then, but none that was directly related to the violence she survived during her marriage. Dot has never asked for shelter, as since they have been in existence, she has not been assaulted nor had young children. She

indicated that she has not felt the need for this service at any time since she first heard about its availability.

Beginning in 1987 and continuing for a few years, Beth was separated from her husband and was actively involved in St. Augustine's initial efforts to provide emergency shelters for victims of IPV. She worked with Amy McDermott (a current counselor at the Betty Griffin House and the person this researcher worked with during the research for this study) and another woman, as she explained during her interview:

*There were no shelters, not even here. I was part of the first shelter in this county. I worked with Amy McDermott and another lady and we had the retreat house and we took care of abused women and children. We didn't have an up and running shelter at the time. We had a deal with the local motel on San Marco Avenue. They gave us three rooms and they would put up women for us at a reduced rate for up to three nights and we would provide what food and diapers and whatever they needed for their children. We had one beeper and we used to, we had shifts, and we'd each take a shift and pass the beeper on.*

*We didn't have an up and running shelter but we had a lot of community funding and we did fund raisers a lot. And the community was really great working with us because the community knew we had a bad problem here and we worked with the Sheriff's Department, and the victims advocate, Mary Ellis Colson. And then we saw it was a catch 22. There was federal funding available. But you had to have an up and running shelter to qualify for federal funding. And in order to get an up and running shelter, we needed federal funding. (laughter) So we were in a catch 22. We just couldn't do it. And so for lack of money, it all just finally came to an end. And then Mary Alice Colson's grandmother died and left her house to Mary Alice and Mary Alice donated it and it became the Betty Griffin House shelter. (Betty Griffin*

is the name of Colson's grandmother)

Interviewer: Are you active anymore?

Beth: *Not anymore. .... I had enough grief of my own to deal with..... I went back to that hell hole of a marriage that I had. And, you know, as they say, he kept me barefoot and pregnant, so I never had money to do anything.*

Soon after Alice and her husband moved to St. Augustine, she sought shelter from his abuse at the only shelter operating at that time in the northern area of Florida, the Hubbard House in Jacksonville. A neighbor drove her after she had gone to her and told her what was going on at her home.

*I went there and the lady looked at me, of course I drove a nice car and everything, she said you don't have a mark on you and you drive a good car. You have no children, if you had children it would be a different story.*

Because of this experience, Alice expressed frustration with a system that she said doesn't help victims of verbal and financial abuse who appear to have adequate resources, but are in fact married to very controlling men who may severely limit the money they have access to. She felt barred from the services that might have helped her because she and her husband were not poor and she was not being physically battered. She pointed out that the stress of verbal and financial abuse, exacerbated by forced isolation, seemed just as damaging to her as physical abuse.

Neither Beth nor Cathy use shelter services at this stage of their lives. Cathy has been receiving counseling for depression for the last 13 years, which she states has been very helpful. She has never sought help from a domestic violence service provider,

however. Beth's friendship and association with the shelter community affords her the security and support that she needs without the formality of using counseling services.

Dot and Alice are each using the counseling services offered by the Betty Griffin House. The BGH does not currently offer group counseling, except in their actual shelter sites. All other counseling is individual. Both women have found the counseling to be very helpful. They each said that they would recommend counseling to other women victims of IPV. Dot added:

*I have gotten what I need from here. I feel secure that I would act if I really felt like I needed to. And, in the years past, I don't think I could. I think I felt more isolated and stuff, and just not being able to move, just frozen in your actions and everything. But I really feel like the counselors I've had here, they especially have been helpful.*

As a group, the four participants in this study have experimented or attempted many different strategies to minimize or end the abusive behaviors of their partners. Some tactics didn't work at all, while others seemed to help, at least for a while. The only tactic that worked completely was leaving permanently and getting a divorce, the solution employed by Cathy (after a 21-year relationship) and Beth (after 34 years of marriage).

The tactics that all of the women mentioned were: trying to sooth him by offers of food or by speaking sweetly and comfortingly; being non-confrontational by not disagreeing or arguing with him; and remaining quiet and non-reactive during his criticisms or rants. While these strategies sound reasonable, the women all said that none of them ever seemed to stop the abuse. If their husbands felt like abusing them,



nothing they said or did would deter him. Beth tried watering down her husband's alcoholic drinks. That helped until he caught her doing it.

Each of the women also tried counseling in an effort to reduce the abuse. For Alice, the military compelled her husband to undergo alcohol abuse treatment and marriage counseling after she complained to his commanding officer about his behavior. He stopped drinking and the worst of his physical abuse, but it did not diminish the verbal abuse, and he discovered new forms of physical abuse (refusing to allow the purchase of food, for example). Beth and Dot's husbands also stopped drinking, but neither curtailed their verbal assaults.

When Dot, Alice, and Cathy found that counseling for or with their husbands did not end the abuse, they continued alone. They were prescribed antidepressants. While these certainly didn't solve the problem, it may have made it easier to bear. But medicating the victim does nothing to address the bad behavior of their abuser. Through the counseling that they are receiving currently, Dot and Alice say they are learning how to better deal with their husbands and assert themselves in ways they feel are improving the quality of their lives.

Alice attempted to find help many years ago at a woman's shelter, but found that verbal abuse alone did not meet their criteria. Alice said she also attempted to force him through legal channels to leave their home, but was not successful since she could not prove physical abuse. Both Dot and Beth tried leaving temporarily. Beth stated that it had not helped, but Dot reported that each time she left, her husband was less abusive

for a while after her return. During the period that Beth left, she took courses to acquire the skills that later allowed her to support herself and ultimately to divorce her husband.

### Summary

This section has looked at the evolution of the abusive relationships of the participants over the course of between 21 and 47 years. All of their stories are different, and yet much of what they have shared has shown a commonality in the experiences. Shortly after their marriages, three of the women were subjected to significant violence. Each of the four women expressed surprise and bewilderment that their new husbands were abusive, both verbally and, except for Dot, physically.

Each of the husbands was serving in the military at the time of marriage. The least physically abusive of the men was the only one who did not make the military a career. All four of the women stated that their abusers were alcoholics. Three of the four husbands eventually stopped drinking, but the verbal abuse never ceased. The physical abuse of Alice has continued, but its form is radically different. All but Dot realized early that her life might be in danger as a result of the violence. The three men with children were verbally abusive towards them, indicating a fundamental attitude of superiority and need for power and control in all close relationships.

In the two very violent marriages, strangulation was used as a tactic, but the men were able to restrain themselves so that it was non-lethal. This suggests that they were not truly acting out of uncontrollable rage at the time of their assaults. The women noted that there were no particular triggers that resulted in violence. It seemed to the

women that if their husbands felt like hurting them, they would find an excuse they claimed justified their behavior. The effect on the self-esteem and self-confidence of the victims was, according to their self-reports, devastating. Each felt that the result hampered her ability to leave the situation. Cathy only filed for divorce after her husband left the country on a military assignment. Beth left twice before she succeeded and won a divorce. Dot has left many times, but has always returned. Alice is afraid to leave her husband because he has told her that if she does, he will find her and kill her. She says she believes him.

All of the women tried counseling with their husbands at least once. It did not help in Cathy's marriage, but it did help for the other women. When their husbands stopped drinking, the significant physical assaults stopped for Beth and Alice. The minor assaults on Dot also ended. The verbal abuse never ceased. It continues unabated for Alice and Dot.

### Section 3: Current Life and Participant Recommendations

Each of the women participating in this study spent at least 20 years in an abusive relationship. No woman can escape unchanged after such an extended experience. It is my purpose in this portion of the analysis to explore their current living situation and what they view as the consequences of having spent so many years being battered physically and emotionally. Also discussed is their relationship with their now adult

children. This last issue I found to be a particularly fruitful area for possible future research.

When considering how our present range of offerings of assistance to victims of violence and our methods for delivering that help might be improved, it is important to listen to individuals who have experienced abuse at the hands of their partners. All of the participants in this study are mature women who have had the opportunity to reflect on their experience and think about services that might have helped them. Some of the services that were unavailable to them when they were young are now readily available to women who are being abused. But their responses to this question are the result of hard won experience with abuse and with the nature of people, particularly abusive men. Their advice to other abused women is especially heartfelt.

#### Living with or without abuser

Not all abused women remain with their abusers until death separates them. Increasingly, victims divorce or otherwise leave their abusers. We need to understand both the forces that keep some women from leaving, and the circumstances that allow other women to find a life apart.

Two of the women remain with their abusers. Both of them stated that they no longer feel love for their husbands. But both women said that they still feel some affection at times and feel emotionally bound by their shared experiences to the men that they have lived with for so long. The other two women have escaped from their abuser, but they still feel they are suffering the consequences of their long-term abuse.

For Beth, contact with her former spouse has been minimal. They had both been at a party for their youngest son's graduation from the local Community College this past spring. She said he hadn't changed at all. He still denies that he was ever drunk or that he was ever physically abusive towards her. She clearly had not enjoyed being near him.

Cathy makes it a point not to see her former husband. She said that he has called her a few times. He claims not to understand why she divorced him. He still denies that he was ever abusive or that he ever hit her. He also claims that he still loves her. She said that her response to that was: *you wouldn't recognize love if it jumped up and bit you on the behind*. He lives a couple of blocks from her current home, but she does not have contact with him.

Beth has remarried and she says her current husband is not an abuser, either physically or verbally. Cathy expressed a reluctance to become involved for fear that she would become trapped with another abusive man. As she put it:

*I dated some after I divorced him. And I met a couple of really nice people who actually wanted to get married. But I never wanted to remarry. Never, ever, ever. Because R did such an about face and it was so shocking over the years and so dreadful that I said I could not trust anybody to do that again. And my doctor and even the therapist said that's really sad, that you will not allow yourself to trust again and that you have so little confidence, lack of confidence in your own judgment. Because I said well, maybe I'm not afraid of other people. Maybe I don't trust my own judgment. I don't know what to look for, how to pick a decent person.*

Both Dot and Alice remain with their abusive spouses. Dot said:

*He works part time as an insurance inspector with his brother. And he is going out and doing that. Which is great, you know, it's good for him to get out and it's good for me too. Yes, I enjoy that.*

*I do get out. I do leave the house and go to the store, do those kinds of things. I guess it was last week one day, I was just going to go to the store, it looked like it was going to rain, and I told him I was going to go to the store, and he said 'Nope, you're not going, you just stay right here.' And so then I made sure I got out of the house. I just told him yes that I was going to the store and did he need anything and so on. I left. I think it does him good. I think it, sort of being assertive with him, I'm not, not doing whatever it is he wants me to.*

Alice tried to explain what her life is now like:

*How do I explain to you, if you don't live this life? Constantly, it's just like if he walks up to you, 'get your goddam ass out of the way' or 'you bitch this' or 'what the hell you in the refrigerator for, close the goddam refrigerator door'. It goes from morning to night. It's seven o'clock in the morning, if I get up and open the window or something, he's already chewing me out. He wakes up and he's having a pain or something, it's my fault. F'ing so and so, from morning to night.*

The two women who are no longer living with an abuser said that they do feel safe.

For the two women who are still with their abusers, however, that is not the case. As

Dot put it:

*I do know that now, just like I did at Christmas a few years ago, that if it gets to a certain point I will leave the house, or I'll call 911. I won't stay.*

*It's so much more talked about today. Women talk about calling 911 and not putting up with any of the physical stuff, you know. And we've*

*known other people that the wives have probably been hit and called 911. And so, we have talked about it. He probably, he knows it in the back of his mind...(that she would call).*

Far from feeling safe, Alice stated that she is certain that if she were to try to leave her husband, he would find her and hurt her. It is this fear, coupled with her poor health and financial entrapment, which keeps her in the relationship. Her fears are justified. The most dangerous time for a victim of IPV is when she tries or threatens to leave a relationship (Wood & Wood, 2002; Rugala, et al, 2004; Jewkes, 2002; McFarlane, 2000; Tuerkheimer, 2004). For older women, health issues and financial dependency have been found to be key concerns that often cause them to remain in these abusive partnerships (Spangler & Brandl, 2007; Kalmuss & Strauss, 1990; Riggs, et al, 2000; Bennet, et al, 1997). In their study of 842 community dwelling women, Fisher & Regan (2006) found a convincing relationship between abuse and health problems that negatively affected the quality of life and the physical and mental health of older women.

The issues of safety, health, and financial dependency do not occur singly for older victims of IPV. They occur together and are nearly impossible for the women to separate and consider one at a time. It is the interwoven nature of the concerns and fears that cause individually solvable problems to combine to form a steel web in the minds of victims, trapping them inexorably until death or a nursing home allows escape.

When asked if she would consider using shelter services in the future, should the need arise, Cathy answered that she didn't plan to allow that need to arise. Beth stated

that she didn't foresee a need, but if she ever feels unsafe, she wouldn't hesitate. Dot said that she would go to a shelter in an emergency.

Because of health problems, Alice is unable to consider staying in a shelter. Her hip problems necessitate the use of an elevated toilet seat she fears would be unavailable. She also has a micro-bacterial infection that makes her extremely vulnerable to infections. The medication she takes for the infection causes her to vomit every morning. She is also fearful of being around young children because of the sensitivity and fragility of her legs and hips. Alice plans to continue to take advantage of the counseling offered at the Betty Griffin House, however.

The fact that the women interviewed are aware of the availability of shelters and, except for medical disqualification, have expressed a willingness to use them, is encouraging. None of these women had this resource available to them when they needed it as young women. But they all enthusiastically applaud the benefit it provides for the woman who needs shelter from an abusive partner today. They all mentioned seeing public service announcements on television, posters, and print media. They are pleased by the growing public awareness and concern about an issue they felt had trapped them in silence and solitude.

For the women who are no longer married to their abusers, the financial picture looks secure. The other two women, however, are still tethered to their abusers by financial concerns. Dot finds that she is unable to live without help apart from her husband. Alice says her husband has total control of all money coming into the home, including her Social Security check. She stated:



*I want to go for a divorce, but I never get the money together because he's holding on to the money even though I went to the legal assistant and she was going to take my case. Now I need insurance for as sick as I am, how do I get, how do I get help if somebody holds me in the house? What do I do so I get help for that?*

Alice says that her counselors at the Betty Griffin House have worked with her to overcome the obstacles to leaving her husband, but she appears to be paralyzed by her fears and beliefs and doesn't seem able to process the information they give her. It may be that her fear of being alone and in such poor physical condition is what keeps her in the marriage even more than her financial concerns. Without her husband, she may also fear that she might end up in a nursing home sooner, due to her tenuous situation with her hips. She has already had multiple hip replacements on both hips and requires crutches to get around.

It is reasonable to expect that women living in a long-term abusive relationship would be suffering from some negative consequences. But what about the women who have escaped? As this research shows, it is important for service providers to consider the needs of both groups of women. This is an area that cries out for further research.

#### Physical and psychological consequences of long-term abuse

Beth and Cathy suffered far more physical violence than did Alice and Dot, but all four discussed both the physical and emotional toll of their long-term abusive relationships. The women's perceptions of their loss of self-confidence and self-esteem are consistent with the literature on the subject (DeKeseredy & Schwartz, 2001; Walker,

1979; Phillips, 2000; Astbury, et al, 2000; Hage, 2006; Lev-Wiesel & Bruria, 2002).

Their experience with depression and stress-related health repercussions is also consistent with the experience of other women who have been victims of abuse (Campbell, et al, 2002; Nurius, et al, 2003; Sutherland, et al, 2002; Coker, et al, 2000; Osgood & Manetta, 2000).

Because of Alice's history of hip problems as a child, it is unclear to what extent her current hip issues are related to the physical abuse she suffered at the start of her marriage, 33 years ago. She does seem to this observer to show signs of being psychologically traumatized and she expressed the feeling that she was under siege, with no good alternatives. She receives regular counseling from Betty Griffin House that she said is helpful.

The other women appear to have escaped damage from actual physical assaults, although Cathy feels that the migraine-like headaches that she sometimes suffers from may be related to a head injury she sustained during one particularly brutal assault ([www.healthline.com/channel/migraines\\_headaches\\_causes](http://www.healthline.com/channel/migraines_headaches_causes); Coker, et al, 2000). She had never had migraines prior to that beating. All of the women do, however, appear to be suffering from stress related medical problems. Beth has some lingering health issues, primarily digestive problems (Coker, et al, 2000). Dot was diagnosed with fibromyalgia in 1996.

Cathy has been receiving counseling and medication for depression since she was 50 years old. She was also diagnosed as having fibromyalgia several years ago. Her doctor

believes that the root of her ailment is the years of stress that she endured during her marriage ([www.webmd.com/fibromyalgia/guide](http://www.webmd.com/fibromyalgia/guide); [www.csmc.edu/5187](http://www.csmc.edu/5187); [www.healthline.com/adamcontent/fibromyalgia](http://www.healthline.com/adamcontent/fibromyalgia); [www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)) and then later, raising and supporting her three children alone. She has also been diagnosed with chronic fatigue syndrome. She stated that she was told by her doctor and psychiatrist that for some reason, these two maladies tend to occur together. Both are immune system disorders with some overlapping symptoms. She further stated that her symptoms improve with certain of the anti-depression drugs she has been prescribed. This suggests there may be a close relationship between these three problems.

Each of the women has health issues related to stress and age. Beth has had eight major surgeries. She seems to be enjoying good health now, but apparently some of her health problems over the years have been stress related, primarily digestive system ills (Coker, et al, 2000). Cathy and Dot both seem to have stable health situations (mainly fibromyalgia, chronic fatigue syndrome) that do not require the assistance of others.

The only one who has attempted to obtain or seems to need help is Alice. Her doctors have told her that she needs some help in her home because of the dreadful condition of her hips. But her husband's response was: *No way in hell anybody's coming in my house!* Also, when Alice tried to get home health care in her home (she can't even tie her own shoe laces), she found out that *if you can take a bath for yourself and all that, if you're able to take care of yourself, you can't get a home health aid, because you can do it yourself.*

The finding that two of the four women have been diagnosed with fibromyalgia raises the obvious question of how common this malady is in the group of women who have spent many years in abusive relationships. One of the women is still with her abuser, but the other has been divorced from hers for over two decades. Further research is needed to determine how common this problem is for this group of women compared to similar women who report no abuse. Additionally, both of the women suffering from fibromyalgia are also being counseled and treated for depression. If these are problems afflicting many current or former victims of abuse, it could improve their quality of life if health care providers were on the lookout for symptoms and had a course of treatment designed to meet their particular needs.

#### Relationship with adult children

One thing that was particularly striking about the women relates to their relationship with their now adult children. Consistent with social learning theory and the intergenerational transmission of abusive behaviors, the children of the women in this study observed the behavior and attitudes of their parents while they were growing up. Both of Dot's children most of Beth's seven children carried away their father's negative opinions of and disrespect for women. Their mothers report that the sons who adopted these attitudes have replicated them in their interactions with their own partners and behave abusively towards them. The daughters who have absorbed their father's attitudes have been or are involved in abusive relationships. The good news is that some of Beth's children and all three of Cathy's seem to have escaped this curse. Not all

children growing up in abusive homes carry the message away that abuse against women is normal and deserved. There are many children in such circumstances that determine that they will neither tolerate being abused nor be abusive themselves.

Dot is still with her abuser, and her 2 grown children blame her for the times she has left the marriage (she has left 7 or 8 times, but always returned). Her husband has always been extremely critical of her in front of their children and grandchildren. From what she said, it sounded as if he had purposely worked to turn her children against her. She cited the following as an example:

*Years ago, when my daughter was still living in Florida and we were living in Pennsylvania, she would call the house and if my husband answered the phone he'd say, 'oh, here's your mother'. And he wouldn't even talk to her. And that went on for a number of years while we were away. And then when we moved back to Florida, then he became very close with her. He would go and see her and paint her house. He wouldn't let me go. I had to stay wherever we were.*

Because of his treatment of and clear disrespect for her that he displays with their children, she claims that his relationship with their adult children is much better than her's is. She and her husband together are taking care of their son's two children (ages 3 and 2 months) while he and his wife work. Even so, her son treats her with what she interprets as contempt and disrespect. She has heard him treat his wife very abusively for years. She does not believe, however, that he is physically abusive towards her.

Dot's daughter has been married 3 times. Her first husband died in an automobile accident when their youngest child was 1 ½ years old. Dot stated that she knew that he was verbally abusive. She divorced her second husband. Dot doesn't know if he was abusive, because they (Dot & husband) were living far away and they didn't have much contact. She has had a lot of contact with the 3<sup>rd</sup> husband, however. She states that he *snipes and says mean things, sort of in the background*. Dot is not fond of him.

There are only two relatives that Dot seems to have a good relationship with now. One is her oldest grandson (now 28), and she states that they are very close. The other is the sister closest to her in age with whom she speaks on the phone to two or three times a week. This sister lives in another state and they seldom get to see each other.

Beth has remarried, but some of her 7 children blame her for the divorce and her relationship with them is not good as a result. She feels that their father's denials of abuse have poisoned her relationship with them to some extent. There are only a couple of her children with whom she finds understanding, and these are the ones who seemed to have escaped the curse of the intergenerational transmission of learned violent domestic relationships. It should be noted that the non-supportive children of both women are the same ones who their mothers say are themselves in abusive relationships, both as abusers and victims.

Only Cathy says she has an excellent relationship with all three of her children. These three children all witnessed and understand the abuse their mother endured. She seems to be the only one of the women with a healthy sense of self-esteem and self-confidence about her value in the world. And she is the only one who does not seem to

me to be at least partially estranged or alienated from the world. Also, while her daughter was in an abusive marriage, she did not remain with her abuser for long. According to Cathy, neither of her sons show any indication of abusiveness.

Cathy is very close to all three of her children. Her younger son and his wife and two-month old grandson live in Hawaii, but they talk by phone at least weekly. Her daughter (divorced) has a 17- year old son. She lives nearby and they have frequent contact. She also has an excellent relationship with her older son and his wife, who have no children.

Further study of the effect of emotionally supportive or non-supportive children on the general outlook of abused or formerly abused women might prove insightful regarding their worldview and feeling about themselves and their positions in society. An examination of this topic may also prove predictive of the likelihood that the adult children will be or are in violent or abusive relationships themselves.

#### Suggestions for improvement of services and enforcement

The women noted the tremendous improvement that has occurred since they were young women in the areas of public discussion of this topic and in the resources available to victims of IPV. Because of the discussion of the issue on TV, radio, in magazines, etc, women are now a great deal more aware of the resources that are available to them. They all agreed that this was a positive step towards helping women caught in violent relationships. Dot said:

*If it's like me and my situation,.... for many, many years I did not seek*

*counseling for myself, and it's been so much more open in these last few years. And there are articles about it all the time and you hear on television, it's so much more open today, which I'm so glad it is.*

*I can only speak for some people that I know now that have called 911 and had the person arrested....And I think it has changed, it has changed the situation. So that's very positive.*

The only one of the participants who offered any ideas for new services was Alice. She would like to see group counseling for older women. Also, she suggested help for women whose husbands control the finances and won't let their wives have cash. Alice stated that victims who experience only verbal abuse need help too. She said that she would rather be hit than constantly criticized and harangued.

Police and court response. Uniformly, the women applaud the positive changes that have taken place in the area of police response in the past 15 or 20 years. Cathy particularly noted her approval for the policy of immediately arresting the abuser and taking him to jail. She felt that the immediacy of the consequences sent a powerful message to the abuser that his violence would not be tolerated. She believes that this may limit the likelihood of future violence, or at least reduce the level of violence. The exchange theory supports her belief. It states that if the behavior results in negative consequences that the actor finds to be greater than the satisfaction he/she receives from the behavior, he/she is less likely to repeat the behavior. The social bond theory adds further support for the efficacy of arrest and negative legal consequences. If an abuser is arrested and his behavior revealed to his employer and friends, he may lose the respect



and friendship of the people who matter to him. The more he stands to lose by his abusiveness, the less likely he will be to risk similar behaviors in the future.

Because of her multiple contacts with the police following her calls for help, Alice feels the police need more training in how long term violence affects victims. She said she would like to see the police take older women seriously and not be fooled by crafty batterers who act charming and innocent for their benefit. The police need to understand how the years of abuse have impacted these older victims, and understand that they need the help and support of police, not a show of what she perceives to be their irritation and annoyance. She added that because the women have lived with an abusive husband for many years, that doesn't mean they enjoy his abuse or don't need help.

Beth strongly feels that when a woman is being abused, her abuser should not be able to threaten her with the loss of her children for fleeing the home. If she doesn't have the resources to support her children, she sometimes has no choice but to leave them temporarily with their father. This was the crux of Beth's dilemma, and the reason she. As she put it: *The legal system is just horrendous. And they are not on the side of women.*

Beth had never reported her abuse to the police or the military. She had never been hurt badly enough that she felt she had to go to an emergency room. The level of violence stayed below that level. After he stopped drinking, there were no more episodes of serious violence. But she said the verbal and emotional abuse never stopped. Without a demonstrable record of prior arrests or calls to the police for help, the courts often fail to consider a woman's unprovable claims of abuse in making its

decisions concerning custody of children. Beth suggests that the courts need to consider giving greater credence to a woman's financial situation when she feels compelled to flee her home and leave her children behind. There are situations that compel a woman to leave for self-preservation.

Alice said that she would like to see the courts recognize verbal and financial abuse and offer help and safety to its victims. She pointed out that these forms of abuse can be just as damaging to a woman psychologically and emotionally as physical abuse.

Dot added:

*I think anger management would be good for people. Yes I do, for men or women whoever it is, you know. Yes, if they were called in, if someone called 911 and had some assistance come in. I do believe they need to be given anger management classes. And other classes that might be helpful. Probably parenting classes or relationship classes, that sort of thing. I think for young people today, young people that are abusive, it would be helpful, I really do think it would.*

Cathy had the following recommendations for more effective court responses:

*I know the jails are overcrowded but I think he should get jail time. I really do. But there ought to be some kind of law in place and I don't necessarily mean the three strikes you're out. Because sometimes by the third beating you've killed your, you know. So there ought to be some kind of law where the first time you are arrested and it's because of spousal abuse, that you should spend time in jail.*

*I think for the first offense twelve months. A year in jail. And see, that's because I was abused and that's not much, that's not much time. But I'm thinking perhaps a year will get your attention. But then, if not, if you're caught again, if because if the spouse takes you back, which a lot of us do,*

*and you get caught again, then it should be doubled. And if a woman is foolish enough to take you back again, then the jail time should be longer, it should be.*

*And sometimes I wonder about....about forced therapy. For the woman. Because we don't realize. I knew we had problems and we needed to talk to somebody, but not everybody thinks that she, your self esteem is so low that you don't think you've got a problem. You don't need to talk to anybody. But therapy does help you realize that you are a human being and that you do not have to put up with this. So, in addition to him being, having to serve jail time, the woman should be forced into some kind of therapy. And by forcing I mean have it set up where she has to go to therapy, talk to somebody, so that she can see that she doesn't have to put up with this. She doesn't have to stay with this man. You do have options, you do have choices.*

*Women need therapy even though they don't realize they do. You know, you're brow beaten, you're brainwashed and if you have children you really need to be able to be strong, because your son's will think this is the norm. And your daughters will think this is the norm.*

The women uniformly felt that court follow-up to insure compliance with mandated counseling is essential to improving the likelihood of long-term improvement in behavior. If compliance has not occurred, they felt that mandatory jail time should be imposed. They believed that without counseling and significant penalties for non-compliance or later violent acts, little or no improvement in behavior would be achieved.

Groups for older women and integration of services. The participants were asked if they thought that getting together a group of older women whom either are or were in an abusive relationship would be beneficial. They all said that they thought it would be a good thing and very helpful. They felt that the social aspect of connecting with other women close to their own age who had similar experiences with abusive partners would be particularly helpful and enjoyable. Cathy's response was typical:

*It would be, yeah. I think it would be and I think with some of us, once you've matured and gotten older and you've raised your children and you've actually managed to survive it all, that it would probably end up being humorous. With me and my sense of humor, it really has helped me a lot. Things that are not funny, sometimes that's my way of coping, my coping mechanism.*

*And I think it would be, because, even though you're older, you can still laugh with other people, you can hear about their experiences and for those people who have still not worked their way through the abuse, the therapy would help them. Because they would think well, she went through that, mine did the same thing to me, and she's able now to laugh and put things in perspective.*

One suggestion that was mentioned was that the system would be improved if it was more integrated. Cathy stated that she would like to see the different agencies that deal with domestic violence work together with a greater sense on community and common purpose. Police, the courts, shelter services, counseling agencies, and all other associated groups need to communicate with each other if the needs of both the victims and abusers are to be met effectively. As she put it:

*I don't know how they work now if they're all tied in together where in a*

*given situation with the police and the sheltering and the court systems if a woman has a circle, you know what I mean, where you can talk to perhaps this policewoman or a policeman for that matter. And people who run the shelter and someone in the court system so that if you have a problem, because when you get.... restraining orders, that don't always work in a lot of situations. And to tell a man to stay X number of feet away from you when they just, if they know where you are they will find you and harm you. So the laws just need to be refined so that more can be done so that they can't get, he cannot actually get to the spouse or the children, you know. It's, you still hear of instances where that happens and it's scary.*

There have been several interesting journal articles reporting on studies of integrated community approaches to intimate partner violence (Allen, 2005; Dakis, 1995; Kelly, 2004; Anderson, et al, 2008). They indicate that the greater the degree of integration and communication, the more pronounced the benefit. All of the women in the current study would agree with that conclusion.

### Summary

Half of the women in this study are still living with their abusers. They both stated that they are grateful for the individual counseling they are receiving from the Betty Griffin House and feel that it is helping them to cope with their spouses and situations. All four of the women agreed that group counseling would be very beneficial for older women who are or were in abusive relationships.

All of the women reported stress related health problems as a result of long-term abuse. Fibromyalgia and depression have been diagnosed in two of the participants. All

the women said that the most difficult part of living with abusive men was the psychological beating to their confidence and self-esteem. They felt that this was more damaging and harder to take than the physical assaults.

The women's relationships with their adult children were particularly interesting. The findings of this study show a strong correlation between the strength of a child's relationship with his or her abused mother and the likelihood that they are in an abusive relationship themselves. The stronger the relationship, the less likely they are to be either abusers or victims of abuse. If further research bears out this finding, it could prove to be a powerful tool for reducing the prevalence of domestic violence. Counseling women victims and their children to help them improve their relationship could act as a protective factor for these children as they mature and begin families of their own.

There was a consensus that group counseling for older women would be helpful. Many of their issues are not the same as those of younger women, and they believe that they would feel more comfortable with women of their own age and experience. They also agreed that enforcing court mandated counseling and protective orders with jail sentences would encourage compliance. They further felt that better integration of services between law enforcement, courts, counseling services, medical personnel, and other public and private service providers would be helpful.

### Participants' advice to other abused women

All of the women wanted to share their advice to other women who are living in abusive relationships. Beth's was short and to the point: *Get out while you can*. The advice of the other women was essentially the same, but their words demonstrate their passion based on their hard won experience. Dot said:

*I have this friend from Alanon, and we talk a lot together. She lives in another state. And I just tell her how it is with me, and I tell her how it's always been. You know, we've talked for years, and it doesn't change. She's about 20 years younger than I am. She's got two teenage daughters that are, one's almost finished with high school and the other is going to college. But, I tell her things don't change and people don't change. My husband hasn't changed.*

Alice contributed:

*I've been thinking about this. I tell you what I thought the other day. If my husband would right now leave me and have another woman, more than likely she would be so in love and not pay attention to matters. I would feel like seeing if she would want to talk to me, and I would just tell her part of his character and to be very careful or run the other way. And she would probably say 'oh, she's just jealous or something'. You know what I mean? It's so hard, what would I tell a woman if she has family, you have somebody you can run to.*

*I would just say, if they have relatives or anything, or money, if they can put money away, nowadays all the women work so much more. Put some money away and then get you a lawyer.*

*But if you have, if you're older, tell somebody. Get your tape player and have it on tape. My friend here that just talked to me yesterday from church, she said, '(Alice), I didn't believe my half-brother was like*

*this' with her sister in law.' She said 'my brother has been so evil with my sister-in-law, and we used to say 'yea, we believe you'. But really, we didn't believe how bad he was' until the sister-in-law made a tape and played it to them. She said 'I got goose bumps, seeing how he treated her'. And he was friendly and well liked by everybody else. Nobody would have believed it.*

Cathy's advice was:

*Today, because they have shelters, I would say get out right away and with the first assault you should leave because it's only going to get worse. He'll tell you that, he'll, he'll cry and apologize and tell you what you want to hear, and this is based on experience. But then the beatings get worse, and it's always your fault. So I would say get out. Particularly if you have children, you know, if you have children. Whether you have children or not, you need to just leave. And with men like R, you have to go somewhere where they don't know where you are, because they will come and find you.*

*When you're married to a person who will beat you and curse you and knock you around they will really harm you. So if you're in a situation [like that], get out of it, don't keep going back.*



## CHAPTER 5

### Summary and conclusions

Although this study had only four participants, it did provide some interesting insights and questions for future research. The background and experiences of the women demonstrated overall consistency with prior research findings.

The purpose of social theories is to generalize observations and provide a framework for understanding behaviors and attitudes, as well as predicting future outcomes. Theory helps guide our reasoning, interpretations, and actions. The theories used to guide this research have proved useful in this endeavor. Social learning is the micro theory that helps to explain why children so often grow up to replicate the behaviors and attitudes of their parents or other significant adults in their lives. Feminism is the macro theory that is used to explain the social culture that encourages or permits the attitudes that foster a climate of negative perceptions regarding the competency and value of females generally. These negative attitudes support the abuse of and disrespect for women throughout the social structure. These negative attitudes are often accepted by the women they oppress.

Social bond and exchange theories have proven useful in understanding and explaining why not all men who grew up witnessing abusive behaviors towards women

while young repeat those behaviors and attitudes. These theories also explain why some men stop or limit the level of their violence. They also explain why so few men assault their wives in front of their friends or in a public setting. Those men who have the most to lose by violent actions are the ones who are least likely to act violently. When the unwanted consequences (cost) exceed the rewards or positive feelings (benefit) of a behavior, the individual is motivated to change the outcome by ceasing or moderating the behavior.

Probably the number one question asked about women in violent relationships is “why do they stay”? As this study has shown, three of the theories just discussed plus the investment model of Rhatigan and Axsom (2006), go a long way towards explaining why they stay. They have grown up in a culture that has a pervasive bias against women (feminism). Over time, they often come to accept the truth of their own inferiority. They have observed the disrespect, and often the violence, with which their father (or father figure) treats their mother. They learn to accept as normal that this is how men and women interact with one another (social learning). The women often believe that they cannot survive on their own financially or without their abuser to provide and protect them from the world outside their home. They accept his violence because they believe that he loves them and he is his true self during the honeymoon phase of the cycle of violence (exchange theory). The investment model is very similar to exchange theory, but based less on emotion and more on a woman’s analysis of her situation. She still places a high value on the emotional needs that he fulfills, but she also gives significant weight to what she perceives to be her investments in the relationship: time spent

together; shared experiences; children; sense of commitment; home and possessions; financial investments; and other tangible and intangible factors dependent on her circumstances.

The women in this study have shown the usefulness of these theories as a framework for understanding the dynamics of abusive relationships by their responses. Their experiences, observations, and suggestions have been used, together with an examination of the pertinent academic literature on the topics, to formulate the following policy recommendations and ideas for fertile areas of future research. These recommendations are consistent with and supported by the theories discussed above.

#### Policy recommendations

Formulate and enforce a policy of intolerance for expressions of hypermasculinity in the military services. This is the culture of objectification and denigration of women fostered by the consumption of pornography and the pervasiveness of sexist language (Morris, 1996; Godenzi, et al, 2001; Enloe, 2000). A culture of hypermasculinity impacts women serving in the military, the wives of servicemen, and those who have contact with ex-service members who have adopted the attitudes of that culture. Many ex-servicemen also become members of law enforcement and carry over their attitudes into their new careers. Sexist attitudes are unhelpful when confronting complaints of partner abuse. All four of the participants in this study married abusive men who were in the military, and three of the husbands made a career out of military service. It is

likely that the culture of hypermasculinity that these men were immersed in encouraged and supported their negative attitudes and abusive behaviors towards their wives.

Develop more aggressive programs to reduce drug and alcohol addiction generally, but particularly in those men who are abusive towards their domestic partners. As

discussed, there is a demonstrably strong association between alcohol/drug addiction and violent behaviors towards women (O'Farrell, et.al., 1999; Dawson, et al, 2007 Jewkes, 2002). All of the women in this study married men they later realized were alcoholics. While three of the men stopped drinking during the course of their marriage, the abuse continued even after most of the physical violence ceased. While alcohol does not cause domestic violence, it certainly appears to add fuel to the fire (Davis, 1998). As Lundy Bancroft (2002) and Walker (1979) point out, even if alcohol abuse stops, other abusive behaviors do not. Therefore, effective counseling to reduce domestic abusiveness is imperative as well. Policy makers need to fund research to determine those programs that work. Ineffective programs are not only a waste of taxpayer dollars, but the false belief that they are working may actually place women at greater risk.

More rigorous enforcement of court ordered counseling and sanctions. Without vigorous follow-up to insure compliance, counseling, drug/alcohol testing, community service requirements, etc, court imposed orders and sanctions are toothless. An abuser who is not held accountable for his abuse has little incentive to change his behavior.

Greater sense of community and common purpose among the different agencies that deal with domestic violence. It is the purpose of integrated community-based programs to treat the multiple facets impacting the problem of violent intimate partner relationships. Some of these major facets include: police response; prosecutorial response; court sanctions; advocates to assist victims through the process; battering programs for abusers; counseling for victims and abusers; substance abuse treatment for both victim and abuser; emergency medical and follow-up treatment for victims; emergency shelters for victims of abuse and their children; job and skills training for victims; help in finding long-term housing for victims and their children; and support groups for victims and child witnesses (Allen, 2005; Dakis, 1995; Kelly, 2004).

The object is to include as many service providers and stakeholders as possible in order to provide a broad range of help to all of the family members impacted by violence. When the assets of state and local governments are combined with those of the community, the efforts will have wider support (Pate, 1992). The coercive power of the state is combined with the assets and moral authority of the community to disavow interpersonal violence (Kelly, 2004). By involving the community in the effort, community tolerance for domestic violence is reduced, thus increasing the social costs to the abuser for his disapproved behavior (Hirschi, 1969; Crutchfield & Pitchford, 1997; Jasinski, 2001). The effectiveness of coordinated community intervention programs has been demonstrated in multiple studies (Murphy, et al, 1998; Tolman & Weisz, 1995; Allen, 2005; Kelly, 2004).

Address the issue of financial entrapment. The problem is not so much that men usually earn more than women do, but that in many abusive households, it is the men that control the household income. All of the women interviewed for this study noted that they felt financially trapped by their abusers. Beth was not permitted to work, and Alice, Dot, and Cathy were compelled to turn over their earnings to their husbands. Without money for rental deposits and other necessities, it is very difficult to find safety and financial security, particularly if a victim of abuse has dependent children. Shelters for battered women are one answer, but they do not have the resources to help all the women who need help. Additionally, they are able to offer only short-term housing. An innovative solution is needed.

Encourage the growth of support groups and group counseling for older women victims of IPV. None of the Florida participants in this study have access to group counseling or support groups for older women. These older women face different issues than the younger women who typically attend the groups. They do not have children, but instead they are dealing with the deterioration and infirmities associated with advancing age. The issues for the two groups of women are different. Most older women would not feel comfortable discussing the problems she is coping with in a group of young mothers. Likewise, young mothers would probably prefer not to spend their time discussing post-menopausal osteoporosis and the ravages and pain of arthritis. The dating habits and values of the two groups are also very different, causing the older women to feel

uncomfortable (Wolf, 2001). Having support groups designed specifically to meet the needs of older victims of IPV would make them more attractive and helpful to these women.

The greatest value in support groups is that they afford women the opportunity to establish healthy relationships with other women. By sharing similar experiences, the women acquire the “resources to deal with their fear, self-doubt, stress, and anxiety” (Wolf, 2001). Other benefits are “(a) providing support and breaking isolation, (b) learning new survival strategies, (c) improving physical and mental health, and (d) promoting peace and hope” (Brandl, et al, 2003). By exposing them to other older victims, they have the opportunity to make friends and reduce their isolation. Empowering older women helps them feel more in control and gives them an improved sense of self-worth (Hage, 2006; Spangler & Brandl, 2007).

One suggestion for increasing the participation of older women is to have support groups at senior centers (Zink, et al,2003; Vinton, 2003). Providing transportation has also proven to be beneficial for women who do not drive. Having older, specially trained volunteers available to respond to calls to IPV hot lines from older victims would also help. Support groups need to be open to women who are no longer living with their abuser. These women often need help to overcome the effects of PTSD and the physical effects of years of abuse (Brandl, et al, 2003).

Support the establishment of safe houses for older victims of IPV. These separate shelter facilities have proven to be valuable (Penhale,1998; Vinton, 2003). Solutions to

some of the problems faced by older women using current shelters (Straka and Montminy, 2006) that could be addressed by separate shelters are:

- \* Reduced noise and activity levels that are more comfortable for older women.
- \* Reduced work assignments for older women who may have deficits because of their physical or mental conditions.
- \* Expanded time limit on occupancy will allow the more complex needs of older women to be met.
- \* Shelter staff will be familiar with aging and the special needs of older people.
- \* Access, health, and mobility problems of older women can be specifically addressed, such as assistance with bathing, eating, or other activities of daily living and dispensing of medications.
- \* Transportation could be provided for medical appointments, court appearances, and other essential needs.

#### Future research

Need for more critical analysis of batterers programs. We need to know what techniques work and those that do not work. The experience of the women in this study shows that even if an alcoholic abuser stops drinking, his abusiveness towards his partner does not end. Specific strategies may work well for some batterers but not for others. By studying existing programs in detail, it may be possible to learn how to tailor a program to meet the needs of individual abusers. In order to accomplish this goal, it



will be necessary to study all phases of a program. The test of its success can be determined by the outcomes of follow-up interviews with the batterer, his victim (or current partner), an assessment of any calls to local law enforcement at the abusers residence, and any arrest warrants obtained against the abuser. In order to truly judge the effectiveness of a program, follow-up should continue for at least two years after completion of the program. By studying the effectiveness of batterers programs, the strengthening of our response towards domestic abusers will be more soundly grounded.

Spending large sums of money on ineffective programs is wasteful. It may well be that there are batterers who will never change their behavior, no matter what programs they attend and no matter what the negative consequences of their actions. If it is clear that a batterer will not discontinue his abuse, we need laws to permanently separate him from society.

Fibromyalgia, chronic fatigue syndrome, and depression. One of the findings of this research was the possible association of long-term abuse to the diagnosis of fibromyalgia in two of the four women interviewed. One of the women, Cathy, was also diagnosed with chronic fatigue syndrome. She reported that she was told by her doctor and psychiatrist that for some reason, these two maladies tend to occur together. Both are immune system disorders with some overlapping symptoms. Cathy and Dot stated that their symptoms improve with certain of the anti-depression drugs they have been prescribed. This suggests there may be a close relationship between these three problems. While the association between depression and abuse has long been noted

(Miller, 2006; Ozment & Lester, 2001; & Wang 1997), recognition of and the defining of symptoms for both chronic fatigue syndrome and fibromyalgia have only occurred in recent years.

It is strongly argued by most researchers that the reason for the increase in physical ailments among abuse victims is that high levels of stress are known to have a depressive effect on the immune system (Campbell, et al,2002; Coker, et al, 2002; Carlson, et al, 2003; Nurius, et al, 2003; & Sutherland, et al, 2002). Both chronic fatigue syndrome and fibromyalgia are immune system problems believed to be caused by prolonged exposure to stress ([www.webmd.com/fibromyalgia/guide](http://www.webmd.com/fibromyalgia/guide); [www.csmc.edu/5187](http://www.csmc.edu/5187); [www.healthline.com/adamcontent/fibromyalgia](http://www.healthline.com/adamcontent/fibromyalgia); [www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)).

If it is determined that long-term abuse is strongly and positively associated with fibromyalgia and/or chronic fatigue syndrome, then the case for assisting the victims with medical care and help with the tasks of daily living will be strengthened.

Relationship of adult children and their abused mother. One thing that was particularly striking about the women in this study relates to their relationship with their now adult children. Consistent with social learning theory and the intergenerational transmission of abusive behaviors, the children of the women in this study observed the behavior and attitudes of their parents while they were growing up. Both of Dot's children most of Beth's seven children carried away their father's negative opinions of and disrespect for women. Their mothers report that the sons who adopted these attitudes have replicated them in their interactions with their own partners and behave

abusively towards them. The daughters who have absorbed their father's attitudes have been or are involved in abusive relationships. The good news is that some of Beth's children and all three of Cathy's seem to have escaped this curse. Not all children growing up in abusive homes carry the message away that abuse against women is normal and deserved. There are many children in such circumstances that determine that they will neither tolerate being abused nor be abusive themselves.

There appears to be a clear association in this small study between the adult child's relationship with their mother and their own participation in abusive partnerships. Of the twelve adult children, the ones their mothers report having a poor relationship with are the same children who their mothers also report are themselves in abusive partnerships. Those children who the mothers say they have a good relationship with are the same children who their mothers say are in non-abusive partnerships. The mothers with good relationships feel that those children are emotionally supportive of them and treat them with respect and understanding. That is not the case with their children in abusive partnerships, however.

Further study of the effect of emotionally supportive or non-supportive children on the general outlook of abused or formerly abused women might prove insightful regarding their worldview and feeling about themselves and their positions in society. An examination of this topic may also prove predictive of the likelihood that the adult children will be or are in violent or abusive relationships themselves.

## Study Limitations

The primary limitation of this study is the small number of interview subjects. Four subjects are an insufficient number from which conclusions may be drawn. However, as the research is intended to be exploratory rather than definitive, it is felt that the broad scope and in-depth nature of the interviews will compensate for the small number. Finding participants who met the research criteria was challenging. Because of the necessary constraints (time and expense for the researcher; confidentiality and safety concerns for the participants) on acquiring my sample, I was unable to conduct additional interviews.

I suggest that researchers seeking larger numbers of participants for future studies involving older abused women employ the snowball method of acquiring their sample. I was told about several women who met the research criteria and would have provided additional cases for study, but was unable to interview these women because of the limitations of my IRB approval. I had not thought about requesting permission to use this method when I submitted the application for the IRB's approval. There are many women out there, but finding them requires flexibility and multiple methods for locating them.

An additional limitation of the study is the nature of the participants themselves. The participants were restricted to women who had spent at least twenty years in an abusive relationship. No control group of non-abused women was interviewed. The three women in Florida were all known to the counselors at the Betty Griffin House through

the services offered by the shelter. This meant that the women were not only familiar with the services available to abused women, but had benefited from counseling. The participants were similar in this respect. The size of the sample limited its diversity.

The study was limited to the recollections of the participants that they chose to share. People tend to remember only those incidents that have been important to them. Over time, those memories may be subtly altered simply from the act of remembering and thinking or talking about them. Also, as we mature and gain new perspectives, our interpretation of events and comments heard may influence our memories. While the core of the memory may be accurate, those who shared the incident with us may not remember it the same way that we do. This filtering and interpretation of remembered facts and feelings is normal. Some of the incidents reported by the women in this study occurred twenty, forty, or even sixty years ago. While the accuracy of these memories may not be precisely as the events occurred originally, they are the memories that have made the participants into the women they are today. We are the sum of our memories.

In the past twenty years, there has existed a controversy in the IPV research community concerning whether or not perpetrators of domestic violence specialize in this one type of criminal behavior (Bouffard, et al, 2008; Fagan & Wexler, 1987; Simon, 1997). Probably because of the method used to acquire the participants for this project, it has turned out that all of the husbands appear to specialize in IPV. Two of the husbands were arrested and convicted of driving under the influence of alcohol. No other arrests were reported by any of the women. As a result, it may be that the results of this research are applicable to that particular subset of domestic violence situations

rather than to those situations where the abuser engages in violence outside the relationship as well as other forms of criminality.

### Conclusion

It is my hope that this study will help encourage further research into the effects of long-term violent intimate partner relationships on older women. The violence and verbal abuse they were subjected to by their abusers significantly impacted all of the women in this study. Some of the common threads in each of their stories are alcoholism, patriarchy and stereotyped gender roles, domination and submission, extended military service, depression, and fear.

As their stories reveal, intimate partner violence and abuse among older couples is not merely “violence grown old”. The forms and frequency of abuse changed over time for these women. As their physical conditions changed, so did their needs and their perceptions of their ability to live apart from their husbands in spite of the abusiveness.

One of the more interesting revelations of this study was the possible association of the mother and adult child relationship to the likelihood that the adult child is involved in an abusive relationship themselves. If this association is confirmed by future research, it may help explain why the intergenerational transmission of abusive behaviors impacts some, but not all, children who observe abusiveness in their homes of origin. Finding the answer to this question may provide a key to interrupting the pattern of repeating violence from one generation to the next.

Two of the women in this study remain tethered in abusive marriages. Their needs help highlight the unique situation that older women face as they become frail and dependent physically and financially on their abuser. A solution to this dilemma needs to be found. We do not know how many women are currently trapped in abusive relationships as a consequence of their age and infirmity.

## List of References



## List of References

- Adames, Sandra B. & Campbell, Rebecca (2005). Immigrant Latinas' conceptualizations of intimate partner violence. *Violence against Women*. v11 n10 p.1341-1364
- Adelman, Madelaine (2003). The military, militarism, and the militarization of domestic violence. *Violence Against Women*. v9 n9 p.1118-1152
- Aitken, Lynda & Griffin, Gabriele (1996). Gender Issues and Elder Abuse. Thousand Oaks, CA: Sage Publications.
- Akers, Ronald L. (1977). Deviant Behavior: a social learning approach. Belmont, California: Wadsworth Publishing Co.
- Allen, Nicole E. (2005). A multi-level analysis of community coordinating councils. *American Journal of Community Psychology*. v35 n1 p49-63
- Allsworth, Jenifer E.; Zierler, Sally; Lapane, Kate L.; Krieger, Nancy; Hogan, Joseph W.; & Harlow, Bernard L. (2004). Longitudinal study of the inception of perimenopause in relation to lifetime history of sexual or physical violence. *Journal of Epidemial Community Health*. v58 p.938-943
- Anderson, James E.; Abraham, Mufiyda; Bruessow, Diane M.; Coleman, Robert D.; McCarthy, Kelly C.; Harris-Odimgbe, Trisha; & Tong, Cindy K. (2008). Cross-cultural perspectives on intimate partner violence: addressing intimate partner violence through and ecological model and viewing it as a matter of public health can improve identification, treatment, and prevention. *Journal of the American Academy of Physicians Assistants*. v21 n4 p.36-41
- Anderson, Stephen A. & Cramer-Bejamin, Darci B. (1999). The impact of couple violence on parenting and children: an overview and clinical implications. *The Journal of Family Therapy*. v27 p1-19
- Anetzberger, G.J. (1997). Elderly adult survivors of family violence: implications for clinical practice. *Violence Against Women*. v3 n5 p.499-514

Arias, Ileana & Pape, Karen T. (1999). Psychological abuse: implications for adjustment and commitment to leave violent partners. *Violence and Victims*. v14 p.55-67

Astbury, Jill; Atkinson, Judy; Duke, Janet E.; Easteal, Patricia L.; Kurrie, Susan E.; Tait, Paul R.; & Turner, Jane (2000). The impact of domestic violence on individuals. *MJA (E-journal)* v173 p.427-431.  
[http://www.mja.com.au/public/issues/173\\_08\\_161000/astbury/astbury.html](http://www.mja.com.au/public/issues/173_08_161000/astbury/astbury.html)

Babcock, Julia C. & Steiner, Ramalina (1999). The relationship between treatment, incarceration, and recidivism of battering: a program evaluation of Seattle's coordinated community response to domestic violence. *Journal of Family Psychology*. v13 n1 p46-59

Bacchus, Loraine; Mezey, Gill; & Bewley, Susan (2006). A qualitative exploration of the nature of domestic violence in pregnancy. *Violence Against Women*. v12 n6 p.588-604

Bancroft, Lundy (2002). Why Does He Do That? Inside the Minds of Angry and Controlling Men. The Berkley Publishing Group: New York, NY.

Bandura, Albert & Walters, Richard H. (1959). Adolescent Aggression: a study of the influence of child-training practices of family interrelationships. New York: Ronald Press Co.

Banks, Martha E & Ackerman, Rosalie J. (2002). Head and brain injuries experienced by African American women victims of intimate partner violence. From Violence in the Lives of Black Women: battered, black, and blue, edited by West, Carolyn M. Hawthorne Press Inc.: New York.

Bateman, Py (1991). The Context of Date Rape. In Dating Violence: Young Women in Danger. Edited by Barrie Levy. Seattle, Washington: The Seattle Press.

Belenco, Steven, & Peugh, Jordan (1998). Fighting crime by treating substance abuse. *Issues in Science and Technology*. v15 n1 p53-60

Belenko, Steven & Peugh, Jordon (1998). Fighting crime by treating substance abuse. *Issues in Science and Technology*. Fall, p.53-60

Bennet, Gerry; Kingston, Paul; & Penhale, Bridget (1997). The Dimensions of Elder Abuse: Perspectives for Practitioners. Suffolk, Eng.: MacMillan.

Berg, Bruce L. (1995). Qualitative Research Methods for the Social Sciences, 2<sup>nd</sup> Edition.

Allyn & Bacon, Needham Heights, Mass.

Biswas-Diener, Robert; Diener, Ed; & Tamir, Maya (2004). The psychology of subjective well-being. *Daedalus*. v133 p18-25

Bograd, Michele (1999). Strengthening domestic violence theories: intersections of race, class, sexual orientation, and gender. *Journal of Marital and Family Therapy*. v25 n3 p.275-289

Bonomi, Amy E.; Anderson, Melissa L.; Reid, Robert J.; Carrell, David; Fishman, Paul A.; Rivara, Frederick P.; & Thompson, Robert S. (2007). Intimate partner violence in older women. *The Gerontologist*. v47 n1 p.34-41

Bookwala, Jamila; Sobin, Joelle; & Zdaniuk, Bozena (2005). Gender and aggression in marital relationships: a life-span perspective. *Sex roles*. v52 n11/12 p.797-806

Bouffard, Leana; Wright, Kevin A.; Muftic, Lisa R.; & Bouffard, Jeffrey A. (2008). Gender differences in specialization in intimate partner violence: comparing the gender symmetry and violence resistance perspectives. *Justice Quarterly*. v25 n3 p.570-594

Brandl, Bonnie & Cook-Daniels (2002). Domestic abuse in later life. [Applied Research Forum of the National Electronic Network on Violence Against Women](http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_later-life.php). [http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR\\_later-life.php](http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_later-life.php) Retrieved 2/26/06

Brandl, Bonnie & Horan, Deborah L. (2002). Domestic violence in later life: an overview for health care providers. *Women & Health*. v35 n2-3 p.41-54

Brandl, Bonnie; Hebert, Michelle; Rozwadowski, Julie; & Spangler, Deb (2003). Feeling safe, feeling strong: support groups for older abused women. *Violence Against Women*. v9 n12 p.1490-1503

Brodwin, Martin G & Siu, Frances W. (2007). Domestic violence against women who have disabilities: what educators need to know. *Education*. v127 n4 p.548-551

Brogden, Mike & Nijhar, Preeti (2000). [Crime, Abuse and the Elderly](#). Cornwall, Eng.: Willan Publishing.

Brown, T.G.; Werk, A.; Caplan, T.; Shields, N.; & Seraganian, P. (1998). The incidence and characteristics of violent men in substance abuse treatment. *Addictive Behaviors*. v23 n5 p573-586

- Browne, Angela (1987). When Battered Women Kill. The Free Press (a division of Simon & Schuster): New York, NY.
- Brownell, Patricia J. (1998). Family Crimes Against the Elderly: Elder Abuse and the Criminal Justice System. New York: Garland Publishing, Inc.
- Bui, Hoan N. (2003). Help-seeking behavior among abused immigrant women: a case of Vietnamese American Women. *Violence Against Women*. v9 n2 p.207-239
- Bureau of Justice Statistics Crime Characteristics (2005). U.S. Department of Justice. [http://www.ojp.usdoj.gov/bjs/cvict\\_c.htm](http://www.ojp.usdoj.gov/bjs/cvict_c.htm) Retrieved 2/27/06
- Burgess, Robert L. & Akers, Ronald L. (1966). A differential association-reinforcement theory of criminal behavior. *Social Problems*. v.14 p128-147
- Bushman, Brad J. & Anderson, Craig A. (2001). Media violence and the American public: scientific facts versus media misinformation. *American Psychologist*. v56 n6/7 p.477-489
- Campbell, Donald T. & Stanley, Julian C. (1963). Experimental and Quasi-Experimental Designs for Research. Houghton Mifflin Co., Hopewell, N.J.
- Campbell, Jacquelyn; Jones, Alison Snow; Dienemann, Jacqueline; Kub, Joan; Schollenberger, Janet; O'Campo, Patricia; Gielen, Andrea Carlson; & Wynne, Clifford (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine*. v162 p1157-1163
- Campbell, Jacquelyn C. & Soeken, Karen L. (1999). Forced sex and intimate partner violence. *Violence Against Women*. v5 n9 p1017-1035
- Campbell, Jacquelyn, C.; Webster, Daniel; Koziol-McLain; Block, Carolyn; Campbell, Doris; Curry, Mary Ann; Gary, Faye; Glass, Nancy; McFarlane, Judith; Sachs, Carolyn; Saharp, Phyllis; Ulrich, Yvonne; Wilt, Susan; Manganello, Jennifer; Xu, Xiao; Schollenberger, Janet; Frye, Victoria; & Laughon, Kathryn (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health*. v93 n7 p1089-1097
- Carlson, Bonnie E.; McNutt, Louise-Anne; & Choi, Deborah Y. (2003). Childhood and adult abuse among women in primary health care. *Journal of Interpersonal Violence*. v18 n8 p924-941
- Carlson-Catalano, Judy (1996). You make the diagnosis: case study. *Nursing Diagnosis* v7 n1 p.24-27

Chandler, Theodore A.; Lee, Myung Sook; & Pengilly, Joy Wyatt (1997). Self-esteem and causal attributions. *Genetic, Social, and General Psychology Monographs*. v12 p479-491

Chung, Donna (2007). Making meaning of relationships: young women's experiences and understandings of dating violence. *Violence Against Women*. v13 n12 p.1274-1295

Cloward, Richard A. (1959). Illegitimate means, anomie, and deviant behavior. *American Sociological Review*. v24 n2 p.164-176

Cohan, Deborah J. (2001). Patriarchy encourages violence against women. *Off Our Backs*. v31 p.19-21

Coker, Ann L.; Davis, Keith E.; Arias, Ileana; Desai, Sujata; Sanderson, Maureen; Brandt, Heather M.; & Smith, Paige H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*. v23 n4 p260-268

Coker, Ann L.; Sanderson, Maureen; Fadden, Mary Kay; & Pirisi, Lucia (2000). Intimate partner violence and cervical neoplasia. *Journal of Women's Health & Gender-Based Medicine*. v9 n9 p1015-1023

Coleman, Frances L. (1997). Stalking behavior and the cycle of domestic violence. *Journal of Interpersonal Violence*. v12 n3 p420-432

Constantino, Rose; Kim, Yookyung; & Crane, Patricia A. (2005). Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: a pilot study. *Issues in Mental Health Nursing*. v26 p575-590

Coohey, Carol (2007). What criteria do child protective service investigators use to substantiate exposure to domestic violence? *Child Welfare*. v86 n4 p93-122

Costello, Mayet; Chung, Donna; & Carson, Ed (2005). Exploring alternative pathways out of poverty: making connections between domestic violence and employment practices. *Australian Journal of Social Issues*. v40 i2 p253-267

Coyne, Joseph J.; Barrett, Paula M.; & Duffy, Amanda L. (2000). Threat vigilance in child witnesses of domestic violence: a pilot study utilizing the ambiguous situations paradigm. *Journal of Child and Family Studies*. v9 p377-388

Crenshaw, Kimberly (1994). Mapping the margins: intersectionality, identity politics, and violence against women of color. In The Public Nature of Private Violence. Edited by M. Fineman & R. Mykitiuk. New York: Routledge

Creswell, John W. (2003). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches, 2<sup>nd</sup> Edition. Sage Publications, Thousand Oaks, Cal.

Crocker, Jennifer & Park, Lora E. (2003). Seeking self-esteem: construction, maintenance, and protection of self-worth. Handbook of Self and Identity; edited by Leary, Mark R. and Tangney, June Price (2003). New York: The Guilford Press.

Crutchfield, Robert D.; & Pitchford, Susan R. (1997). Work and Crime: the effects of labor stratification. *Social Forces*. v76 n1 p93-118

Cummings, Joanne G.; Pepler, Debra J.; & Moore, Timothy E. (1999). Behavior problems in children exposed to wife abuse: gender differences. *Journal of Family Violence*. v14 n2 p133-156

Dakis, Linda (1995). Dade County's domestic violence plan: an integrated approach. *Trial*. v31 n2 p444-447

Davidson, Terry (1978). Conjugal Crime: understanding and changing the wife beating pattern. New York: Hawthorne

Davis, Richard L. (1998). Domestic Violence: facts and fallacies. Westport, Conn.; Praegar.

Davis, Robert C. & Taylor, Bruce G. (2001). Does batterer treatment reduce violence? A synthesis of the literature. *Women and Language*. v24 n1 p56

Dawson, Deborah A.; Grant, Bridget F.; Chou, S. Patricia; & Stinson, Frederick S. (2007). The impact of partner alcohol problems on women's physical and mental health. *Journal of Studies on Alcohol and Drugs*. v 68 n1 p.66-75

DeJong, Christina & Burgess-Proctor (2006). A summary of personal protection order statutes in the United States. *Violence Against Women*. v12 n1 p68-88

DeKeserdy, Walter S. & Schwartz, Martin D. (2002). Definitional Issues. In Sourcebook on Violence Against Women. Edited by Renzetti, Claire M.; Edleson, Jeffrey L.; & Bergen, Raquel Kennedy. Thousand Oaks: Sage Publications.

Desai, Sujata & Saltzman, Linda E. (2001). Measurement issues for violence against women. In Sourcebook on Violence Against Women. Edited by Renzetti, Claire M.; Edleson, Jeffrey L; & Bergen, Raquel Kennedy. Thousand Oaks: Sage Publications.

Disch, Estelle (1997). General introduction and social contexts of gender. In Reconstructing Gender: A Multicultural Anthology. Edited by Disch, Estelle. Mountain View, CA: Mayfield Publishing Company.

Dunford, Franklyn W.; Huizinga, David; & Elliott, Delbert S. (1990). The role of arrest in domestic assault: the Omaha police experiment. *Criminology*. v28 n2 p183-206)

Dutton, Donald G. (1995). The Batterer: A Psychological Profile. Basic Books: New York, NY.

Dutton, Donald G.; Bodnarchuk, Mark; Kropp, Randall; Hart, Stephen D.; & Ogloff, James R.P. (1997). Wife assault treatment and criminal recidivism: an 11-year follow-up. *International Journal of Offender Therapy & Comparative Criminology*. v41 n1 p9-23

Eigenberg, Helen; McGuffee, Karen; Berry, Phyllis, & Hall, William H. (2003). Protective order legislation: trends in state statutes. *Journal of Criminal Justice*. [www.sciencedirect.com](http://www.sciencedirect.com) p411-422

Enloe, Cynthia H. (2000). Maneuvers: the international politics of militarizing women's lives. Berkeley: University of California Press.

Fagan, Jeffrey & Wexler, Sandra (1987). Crime at home and in the streets: the relationship between family and stranger violence. *Violence and Victims*. v2 n1 p5-23

Fantuzzo, John; Boruch, Robert; Beriama, Abdullahi; Atkins, Marc; & Marcus, Susan (1997). Domestic violence and children: prevalence and risk in five major U.S. cities. *Journal of the American Academy of Child Adolescent Psychiatry*. v36 n1 p116-122

Farnsworth, Margaret & Leiber, Michael J. (1989). Strain theory revisited: economic goals, educational means, and delinquency. *American Sociological Review*. v54 April: p.263-274

Farris, Coreen A. & Fenaughty, Andrea M. (2002). Social Isolation and domestic violence among female drug users. *American Journal of Drug and Alcohol Abuse*. v28 n2 p.339-351

Feder, Lynette (1998). Police handling of domestic and nondomestic assault calls: is there a case for discrimination? *Crime and Delinquency*. v44 n2 p335-349



Feld, Scott L. & Straus, Murray A. (1990). Escalation and desistance from wife assault in marriage. In Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families. Edited by Straus, Murray A. & Gelles, Richard J.. New Brunswick: Transaction Publishers.

Feldhaus, Kim M.; Koziol-McLain, Jane; Amsbury, Holly L.; Norton, Ilena M.; Lowenstein, Steven R.; & Abbott, Jean T. (1997). Accuracy of 3 brief screening questions for detecting partner violence in the emergency department. *The Journal of the American Medical Association*. v277 n17 p1357-1361

Fischer, Karla & Rose, Mary (1995). When “enough is enough”: battered women’s decision making around court orders of protection. *Crime & Delinquency*. v41 n4 p414-429

Fisher, Bonnie S. & Regan, Sandra L. (2006). The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. *The Gerontologist*. v46 n2 p.200-209

Flannery, Raymond B., Jr. (2003). Domestic violence and elderly dementia sufferers. *American Journal of Alzheimer’s Disease and Other Dementias*. v18 n1 p.21-23

Forte, T.; Cohen, M.M.; DuMont, J.; Hyman, I.; & Romans, S. (2005). Psychological and physical sequelae of intimate partner violence among women with limitations in their activities of daily living. *Archives of Women’s Mental Health*. v8 n4 p.248-256

Fyfe, James J.; Klinger, David A.; & Flavin, Jeanne M. (1997). Differential police treatment of male-on-female spousal violence. *Criminology*. v35 n3 p455-473

Gamache, Denice (1991). Domination and control: the social context of dating violence. In Dating Violence: Young Women in Danger. Edited by Barrie Levy. Seattle, Washington: The Seattle Press.

Gelles, Richard J. (1987). Family Violence. Newbury Park: Sage Publications.

Gelles, Richard J. (1993). Through a sociological lens: social structure and family violence. In Current Controversies on Family Violence. Edited by Gelles, R.J. & Loseke, D.R. Beverly Hills, CA: Sage

Gladwell, Malcolm (2002). The Tipping Point: how little things can make a big difference. New York: Little, Brown and Company.



Godenzi, Alberto; Schwartz, Martin D.; & DeKeseredy, Walter S. (2001). Toward a social bond/male peer support theory of women abuse in North American college dating. *Critical Criminology*. v10 n1 p.1-16

Graham-Berman, Sandra A. (1998). The impact of woman abuse on children's social development: research and theoretical perspectives. in *Children Exposed to Marital Violence: theory, research, and applied issues*. Edited by Holden, George W.; Greffner, Robert; & Jouriles, Ernest N.. Washington, D.C.: American Psychological Association

Graham-Bermann, Sandra A. & Levendosky, Alytia A. (1998). Traumatic stress symptoms in children of battered women. *Journal of Interpersonal Violence*. v13 n1 p111-128

Greenfield, Lawrence A.; Rand, Michael R.; Craven, Diane; Klaus, Patsy A.; Perkins, Craig A.; Ringel, Cheryl; Warchol, Greg; Maston, Cathy; & Fox, James A. (1998). Violence by intimates: analysis of data on crimes by current or former spouses, boyfriends, and girlfriends. U.S. Department of Justice.  
<http://www.ojp.usdoj.gov/bjs/pub/pdf/vi.pdf> Retrieved 2/27/06

Grossman, Susan F. & Lundy, Marta (2003). Use of domestic violence services across race and ethnicity by women aged 55 and older. *Violence Against Women*. v9 n12 p.1442-1452

Hage, Sally M. (2006). Profiles of women survivors: the development of agency in abusive relationships. *Journal of Counseling and Development*. v84 n1 p.83-94

Hall, David; & Lynch, Margaret A. (1998). Violence begins at home: domestic strife has lifelong effects on children. *British Medical Journal*. v316 n7144 p1551

Hamberger, Kevin L. & Hastings, James (1988). Characteristics of male spouse abusers consistent with personality disorders. *Hospital and Community Psychiatry*. v39 n7 p.763-770

Harrell, Regina; Toronjo, Christine H.; McLaughlin, Jan; Pavlik, Valory; Hyman, David J.; & Bitondo-Dyer, Carmel (2002). How geriatricians identify elder abuse and neglect. *The American Journal of the Medical Sciences*. v323 n1 p.34-38

Harris, Susan D.; Dean, Kamille R.; Holden, George W.; & Carlson, Matthew J. (2001). Assessing police and protective order reports of violence: what is the relation? *Journal of Interpersonal Violence*. v16 n6 p602-609

- Hart, Barbara (1993). Battered women and the criminal justice system. *American Behavioral Scientist*. v36 n5 p624-638
- Hattendorf, Joanne & Tollerud, Toni R. (1997). Domestic violence: counseling strategies that minimize the impact of secondary victimization. *Perspectives in Psychiatric Care*. v33 n1 p.14-23
- Hayward, Karen S.; Steiner, Susan; & Sproule, Kathy (2007). Women's perceptions of the impact of a domestic violence treatment program for male perpetrators. *Journal of Forensic Nursing*. v3 n2 p77-83
- Henneberg, M. (2000). Bureau of justice statistics 2000: at a glance [Publication #NCJI183014]. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics.
- Henning, Kris; Leitenberg, Harold; Coffey, Patricia; Turner, Tonia; & Bennett, Robert T. (1996). Long-term psychological and social impact of witnessing physical conflict between parents. *Journal of Interpersonal Violence*. v11 n1 p35-51
- Hirschi, Travis (1969). *Causes of Delinquency*. Berkeley: University of California Press.
- Hosen, Ron; Solovey-Hosen; & Stern, Louis (2002). The acquisition of beliefs that promote subjective well-being. *Journal of Instructional Psychology*. v29 p231-234
- Huth-Bocks, Alissa; Levendosky, Alytia A.; & Semel, Michael A. (2001). The direct and indirect effects of domestic violence on young children's intellectual functioning. *Journal of Family Violence*. v16 n3 p. 269-289
- Jasinski, Jana L. (2001). Theoretical explanations for violence against women. In *Sourcebook on Violence Against Women*. Edited by Renzetti, Claire M.; Edleson, Jeffrey L; & Bergen, Raquel Kennedy. Thousand Oaks: Sage Publications.
- Jeffery, C. Ray (1965). Criminal behavior and learning theory. *The Journal of Criminal Law, Criminology and Police Science*. v.56 n3 p294-300
- Jewkes, Rachel (2002). Intimate partner violence: causes and prevention. *The Lancet* v359 p1423
- Jiwani, Yasmin (2005). Walking a tightrope: the many faces of violence in the lives of racialized immigrant girls and young women. *Violence Against Women*. v11 n7 p.846-875

Kalmuss, Debra S. & Straus, Murray A. (1990). Wife's marital dependency and wife abuse. In Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families. Edited by Straus, Murray A. & Gelles, Richard J.. New Brunswick: Transaction Publishers.

Kantor, Glenda Kaufman & Jasinski, Jana L.(1998). Dynamics and risk factors in partner violence. In Partner Violence: A Comprehensive Review of 20 Years of Research. Edited by Jasinski, Jana L. & Williams, Linda M.. Thousand Oaks, CA: Sage Publications.

Kaplan, Harold I., M.D. & Sadock, Benjamin J., M.D. (2004). Synopsis of Psychiatry/Behavioral Sciences/Clinical Psychiatry. 9<sup>th</sup> Edition. Baltimore: Wilkins & Williams.

Kaufman, Michael (1987). The construction of masculinity and the triad of men's violence. In The Social Construction of Difference and Inequality: race, class, gender and sexuality. Edited by Ore, Tracey E. McGraw-Hill Publishers.

Kelly, Kristin A. (2004). Working together to stop domestic violence: state-community partnerships and the changing meaning of public and private. *Journal of Sociology & Social Welfare*. v31 n1 p27-47

Kesner, John E. & McKenry, Patrick C. (1998). The role of childhood attachment factors in predicting violence toward female intimates. *Journal of Family Violence*. v13 n4 p.417-432

Kessler, Ronald C. & Magee, William J. (1994). Childhood family violence and adult recurrent depression. *Journal of Health & Social Behavior*. v35 p13-27

Kimmel, Michael (1993). Clarence, William, Iron Mike, Tailhook, Senator Packwood, Spur Posse, Magic...and us. In Transforming a Rape Culture. Edited by Buchwald, Emile; Fletcher, Pamela; & Roth, Martha. Minneapolis MN: Mildweek Editions.

Kiselica, Mark S. & Morrill-Richards, Mandy (2007). Sibling mistreatment: the forgotten abuse. *Journal of Counseling and Development*. v85 n2 p.148-161

Kokopeli, Bruce & Lakey, George (1983). More power than we want: masculine sexuality and violence. In Race, Class and Gender: An Anthology. Edited by Anderson, Margaret & Collins, Patricia Hill. Wadsworth Publishing Company.

Labriola, Melissa; Remple, Michael; & Davis, Robert C. (2008). Do batterers programs reduce recidivism? Results from a randomized trial in the Bronx. *Justice Quarterly*. v25 n2 p.252-282

Lackey, Chad; & Williams, Kirk R. (1995). Social bonding and the cessation of partner violence across generations. *Journal of Marriage and the Family*. v57 n2 p295-305

Leary, Mark R. & MacDonald, Geoff (2003). Individual differences in self-esteem: a review and theoretical integration. Handbook of Self and Identity. edited by Leary, Mark R. & Tangney, June Price. New York: The Guilford Press.

Lederman, Cindy S. & Malik, Neena M. (1999). Family violence: a report on the state of research. *Florida Bar Journal*. v64 n252 p.24-40.

Leonard, Kenneth E. & Quigley, Brian M. (1999). Drinking and marital aggression in newlyweds: an event-based analysis of drinking and the occurrence of husband marital aggression. *Journal of Studies on Alcohol*. v60 n4 p537-545

Levendosky, Alytia A.; Bogat, G. Anne; Theran, Sally A.; Trotter, Jennifer S.; von Eye, Alexander; & Davidson, William S. (2004). The social networks of women experiencing domestic violence. *Journal of Community Psychology*. v34 n2 p.95-109

Lev-Wiesel, Rachel & Kleinberg, Bruria (2002). Elderly battered wives' perceptions of the spousal relationship as reflected in drawings of the couple. *The Arts in Psychotherapy*. v29 n1 p13-17

Lloyd, Susan & Taluc, Nina (1999). The effects of male violence on female employment. *Violence Against Women*. v5 n4 p370-392

Logan, T.K.; Nigoff, Amy; Walker, Robert, & Jordan, Carol (2005). Stalker profiles with and without protective orders: reoffending or criminal justice processing? *Violence and Victims*. v17 n5 p541-553

Logan, T.K.; Walker, Robert; Staton, Michele; & Leukefeld, Carl (2001). Substance abuse and intimate violence among incarcerated males. *Journal of Family Violence*. v16 n2 p93-114

Lott, John R., Jr. (2000). Does a helping hand put others at risk?: affirmative action, police departments, and crime. *Economic Inquiry*. v38 n2 p.239

Lyubomirsky, Sonja (2001). Why are some people happier than others? The role of cognitive and motivational processes in well-being. *American Psychologist*. v56 p239-249

Mahoney, Patricia & Williams, Linda M. (1998). Sexual assault in marriage: prevalence, consequences, and treatment of wife rape. In Partner Violence: A Comprehensive Review of 20 Years of Research. Edited by Jasinski, Jana L. & Williams, Linda M.. Thousand Oaks, CA: Sage Publications.

Malek, Adel M.; Higashida, Randall T.; Phatouros, Constantine C.; & Halbach, Van V. (1999). A strangled wife: carotid artery dissection from attempted strangulation. *The Lancet*. v353 p.1324

Markus, Hazel (1977). Self-schemata and processing information about the self. *Journal of Personality and Social Psychology*. v35 p.63-78

Marquart, Beverly S.; Nannini, Dawn K.; Edwards, Ruth W.; Stanley, Linda R.; & Wayman, Jeffrey C. (2007). Prevalence of dating violence and victimization: regional and gender differences. *Adolescence*. v42 p.645-657

Matthews, Nancy A. (2000). Generic violence prevention and gendered violence: getting the message to mainstream audiences. *Violence Against Women*. v6 n3 p.311-331

McCracken, Grant (1988). The Long Interview. Sage Publications, Inc., Newbury Park, Ca.

McFarlane, Judith; Willson, Pam; Lemmey, Dorothy; & Malecha, Ann (2000). Women Filing assault charges on an intimate partner: criminal justice outcome and future violence experienced. *Violence Against Women*. v6 n4 p396-408

Meeker, James W. & Binder, Arnold (1990). Experiments as reforms: the impact of the "Minneapolis Experiment" on police policy. *Journal of Police Science and Administration*. v17 n2 p147-153

Melton, Heather C. (1999). Police response to domestic violence. *Journal of Offender Rehabilitation*. v29 n1 p1-22

Menjivar, Cecilia & Salcido, Olivia (2002). Immigrant women and domestic violence: common experiences in different countries. *Gender & Society*. v16 n6 p.898-920

Merten, Michael J. (2008). Acceptability of dating violence among late adolescence: the role of competitive attitudes, and selected dynamics of relationship violence. *Adolescence*. v43 p.31-56

Merton, Robert K. (1938). Social structure and anomie. *American Sociological Review*. v3 p.672-682

Mezey, Nancy J.; Post, Lori A.; & Maxwell, Christopher D. (2002). Redefining intimate partner violence: women's experiences with physical violence and non-physical abuse by age. *International Journal of Sociology and Social Policy*. v22 n7-8 p.122-154

- Michalski, Joseph H. (2004). Making sociological sense out of trends in intimate partner violence: the social structure of violence against women. *Violence Against Women*. v10 n6 p652-675
- Miller, Debra K. (2006). The effects of childhood physical abuse or childhood sexual abuse in battered women's coping mechanisms: obsessive-compulsive tendencies and severe depression. *Journal of Family Violence*. v21 n3 p.185-195
- Monago, Emily, (2003). Women and men police officers: status, gender, and personality (book review). *Sex Roles: A Journal of Research*. v.49 n3-4 p.1950196
- Moore, Charity G.; Probst, Janice C.; Tomkins, Mark; Cuffe, Steven; & Martin, Amy B. (2007). The prevalence of violent disagreements in US families: effects of residence, race/ethnicity, and parental stress. *Pediatrics*. v119 n2 p.68-76
- Morgan, Steven M. (1982). *Conjugal Terrorism: a psychological and community treatment model of wife abuse*. Palo Alto, CA.: R&E Research Associates, Inc.
- Morris, Madeline (1996). By force of arms: rape, war, and military culture. *Duke Law Journal*. v45 n4 p.651-781
- Morrison, James, M.D. (2001). DSM-IV Made Easy: The clinicians guide to diagnosis. New York: The Guilford Press.
- Mouton, Charles P.; Rovi, Susan; Furniss, Kathy; & Lasser, Norman L. (1999). The associations between health and domestic violence in older women: results of a pilot study. *Journal of Women's Health and Gender-Based Medicine*. v8 n9 p.1173-1179
- Mouton, Charles P. (2003). Intimate partner violence and health status among older women. *Violence Against Women*. v9 n12 p.1465-1477
- Mouton, Charles P.; Rodabough, Rebecca; Rovi, Susan L.; Hunt, Julie L.; Talamantes, Melissa A.; Brzyski, Robert; & Burge, Sandra K. (2004). Prevalence and 3-year incidence of abuse among postmenopausal women. *American Journal of Public Health*. v94 n4 p.605-617
- Murphy, Christopher M. & Baxter, Victoria A. (1997). Motivating batterers to change in the treatment context. *Journal of Interpersonal Violence*. v12 n4 p607-619
- Murphy, Christopher M.; Musser, Peter H.; & Maton, Kenneth I. (1998). Coordinated community intervention for domestic abusers: intervention system involvement and criminal recidivism. *Journal of Family Violence*. v13 n3 p263-284

My Sister's Place (2001). Timeline of the battered women's movement.

[www.mysistersplacedc.org](http://www.mysistersplacedc.org) Retrieved 2/13/06

Nagin, Daniel S.; & Paternoster, Raymond (1991). The preventative effects of the perceived risk of arrest: testing an expanded conception of deterrence. *Criminology*. v29 n4 p561-587

Natera, Guillermina R.; Tiburcio, Marcela S.; & Villatoro, Jorge V. (1991). Marital violence and its relationship to excessive drinking in Mexico. *Contemporary Drug Problems*. v24 n4 p787-804.

National Center on Elder Abuse (2005). Domestic violence: older women can be victims too. [www.elderabusecenter.org](http://www.elderabusecenter.org) retrieved 12/6/05

Neapolitan, Jerry (1981). Parental influences on aggressive behavior: a social learning approach. *Adolescence*. vol.16 n.64 p831-840

Nurius, Paula S.; Macy, Rebecca J.; Bhuyan, Rupaleem; Holt, Victoria L.; Kernic, Mary A.; & Rivara, Frederick P. (2003). Contextualizing depression and physical functioning in battered women. *Journal of Interpersonal Violence*. v18 n12 p1411-1431

O'Farrell, Timothy J.; Van Hutton, Valerie; & Murphy, Christopher M. (1999). Domestic violence after alcoholism treatment: a two-year longitudinal study. *Journal of Studies on Alcohol*. v60 n5 p317-321

Osgood, Nancy J. & Manetta, Ameda A. (2000-2001). Abuse and suicidal issues in older women. *Omega*. v42 n1 p71-81

Ozment, John M. & Lester, David (2001). Helplessness, locus of control, and psychological health. *The Journal of Social Psychology*. v141 n1 p.137

Padgett, Deborah K. (1998). Qualitative Methods in Social Work Research: Challenges and Rewards. Sage Publications, Inc., Thousand Oaks, Ca.

Palmer, Sally E.; Brown, Ralph A.; & Barrera, Maru E. (1992). Group treatment program for abusive husbands: long-term evaluation. *American Journal of Orthopsychiatry*. v62 n2 p276-283

Pate, Antony M. & Hamilton, Edwin E. (1992). Formal and informal deterrents to domestic violence: the Dade County spouse assault experiment. *American Sociological Review*. v57 n5 p691-697



Penhale, Bridget (1998). Bruises on the soul: older women domestic violence and elder abuse. *Bold*. v8 n2 p.16-30

Perilla, Julia; Bakeman, Roger; & Norris, Fran H. (1994). Culture and domestic violence: the ecology of abused Latinas. *Violence & Victims*. v9 n4 p.325

Petrik, Norman D.; Gildersleeve-High, Lori; McEllistrem, Joseph E.; & Subotnik, Leah S. (1994). The reduction of male abusiveness as a result of treatment: reality or myth? *Journal of Family Violence*. v9 n4 p307-316

Phillips, Linda R. (2000). Domestic violence and aging women. *Geriatric Nursing*. v21 n4 p.188-193

Plattner, Thomas; Bolliger, S.; & Zollinger, U. (2005). Forensic assessment of survived strangulation. *Forensic Science International*. v153 n2-3 p202-207

Plichta, Stacey B. (2004). Intimate partner violence and physical health consequences: policy and practice implications. *Journal of Interpersonal Violence*. v19 n11 p1296-1323

Raj, Anita & Silverman, Jay (2002). Violence against immigrant women: the roles of culture, context, and legal immigrant status on intimate partner violence. *Violence Against Women*. v8 n3 p.367-398

Rennison, Callie & Rand, Michael R. (2003). Nonlethal intimate partner violence against women: a comparison of three age cohorts. *Violence Against Women*. v9 n12 p.1417-1428

Rhatigan, Deborah L. & Axsom, Danny K. (2006). Using the Investment Model to understand battered women's commitment to abusive relationships. *Journal of Family Violence*. v21 n2 p.153-162

Riggs, David S.; Caulfield, Marie B.; & Street, Amy E. (2000). Risk for domestic violence: factors associated with perception and victimization. *Journal of Clinical Psychology*. v56 n10 p1289-1316

Rimalt, Noya (2003). When a feminist struggle becomes a symbol of the agenda as a whole: the example of women in the military. *Nashim: A Journal of Jewish Women's Studies and Gender Issues*. v6 Fall p.148-165

Roberto, Karen A.; Teaster, Pamela B.; & Duke, Joy O. (2004). Older women who experience mistreatment: Circumstances and outcomes. *Journal of Women & Aging*. v16 n1-2 p.3-16



Romans, Sarah E.; Poore, Marion R.; & Martin, Judy L. (2000). The perpetrators of domestic violence. *The Medical Journal of Australia*. v173 n9 p.484-488

Rosen, Leora N.; Kaminski, Robert J.; Parmley, Angela Moore; Knudson, Kathryn H.; & Fancher, Peggy (2003). The effects of peer group climate on intimate partner violence among married male U.S. Army soldiers. *Violence Against Women*. v9 n9 p.1045-1071

Rossman, B.B. Robbie (1998). Descartes's error and posttraumatic stress disorder: cognition and emotion in children who are exposed to parental violence. In Children Exposed to Marital Violence: theory, research, and applied issues. Edited by Holden, George W.; Geffner, Robert; & Jouriles, Ernest N. Washington, D.C.: American Psychological Association

Rossman, B.B. Robbie; Hughes, Honore M.; & Rosenberg, Mindy S. (2000). Children and Interpersonal Violence: the impact of exposure. Philadelphia, Pa.: Taylor & Francis

Saunders, Daniel G. (1993). Husbands who assault: multiple profiles requiring multiple responses. In Legal Responses to Wife Assault: current trends and evaluations. Edited by Hilton, N. Zoe. Newbury Park, Cal.: Sage Publications

Scheff, Thomas J., (2000). Shame and the social bond: a sociological theory. *Sociological Theory*. v18 n1 p84-99

Schmidt, Janell D. & Sherman, Lawrence W. (1993). Does arrest deter domestic violence? *American Behavioral Scientist*. v36 n5 p601-609

Seidman, I.E. (1991). Interviewing as Qualitative Research: a guide for researchers in education and the social sciences. Teachers College Press, Columbia University, New York.

Shalansky, Catriona; Ericksen, Janet; & Henderson, Angela (1999). Abused women and child custody: the ongoing exposure to abusive ex-partners. *Journal of Advanced Nursing*. v29 n2 p416-426

Sherman, Lawrence W.; Smith, Douglas A.; Schmidt, Janell; & Rogan, Dennis (1992). Crime, punishment, and stakes in conformity: legal and informal control of domestic violence. *American Sociological Review*. v57 n5 p680-690

Simon, Leonore M.J. (1997). Do criminal offenders specialize in crime types? *Applied & Preventive Psychology*. v6 p.35-53

Sokoloff, Natalie J. & Dupont, Ida (2005). Domestic violence at the intersections of race, class, and gender: challenges and contributions to understanding violence against marginalized women in diverse communities. *Violence Against Women*. v 11 n1 p.38-64

Spangler, Deb & Brandl, Bonnie (2007). Abuse in later life: power and control dynamics and a victim-centered response. *Journal of American Psychiatric Nurses Association*. v12 n6 p322-331

Stalans, Loretta J. & Lurigio, Arthur J. (1995). Public preferences for the court's handling of domestic violence situations. *Crime and Delinquency*. v41 n4 p399-413.

Stark, Evan (2001). Health interventions with battered women. In Sourcebook on Violence Against Women. Edited by Renzetti, Claire M.; Edleson, Jeffrey L.; & Bergen, Raquel Kennedy. Thousand Oaks: Sage Publications.

Stedman, Beirne (1917). Right of husband to chastise wife. *Va. Law Register*. v3 n4 p30-33.

Stiles, Melissa M. (2002). Witnessing domestic violence: the effect on children. *American Family Physician*. v66 i11 p.2052-2055

Straka, Silvia M. & Montminy, Lyse (2006). Responding to the needs of older women experiencing domestic violence. *Violence Against Women*. v12 n3 p251-267

Straus, Murray A. & Gelles, Richard J. (1990). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. In Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families. Edited by Straus, Murray A. & Gelles, Richard J.. New Brunswick: Transaction Publishers.

Straus, Murray A.; Gelles, Richard J.; & Steinmetz, Suzanne K. (1980). Behind Closed Doors: violence in the American family. Garden City, N.Y.: Anchor Press/Doubleday.

Strauss, Anselm & Corbin, Juliet (1998). Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory, 2<sup>nd</sup> Edition. Sage Publications, Thousand Oaks, Cal.

Sugarman, David B. & Hotaling, Gerald T. (1989). Violent men in intimate relationships: an analysis of risk markers. *Journal of Applied Social Psychology*. v19 n12-13 p1034-1048

Suitor, J. Jill; Pillemer, Karl; & Straus, Murray A. (1990). Marital violence in a life course perspective. In Physical Violence in American Families: Risk Factors and

Adaptations to Violence in 8,145 Families. Edited by Straus, Murray A. & Gelles, Richard J.. New Brunswick: Transaction Publishers.

Sullivan, Cris M. & Bybee, Deborah I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*. v67 n1 p43

Suls, Jerry; Lemos, Katherine; & Stewart, H. Lockett (2002). Self-esteem, construal, and comparisons with the self, friends, and peers. *Journal of Personality and Social Psychology*. v82 p.252-261

Sutherland, Cheryl A.; Bybee, Deborah I.; & Sullivan, Cris M. (2002). Beyond bruises and broken bones: the joint effects of stress and injuries on battered women's health. *American Journal of Community Psychology*. v30 i5 p609-636

Sutherland, Edwin H. & Cressey, Donald R. (1978). *Criminology* (10<sup>th</sup> ed.). Philadelphia, Pa.: Lippincott.

Tjaden, Patricia, & Thoennes, Nancy (2000). Full report of the prevalence, incidence, & consequences of violence against women. *Findings from the National Violence Against Women Survey*. NCJ183781

Tolman, Richard M. & Weisz, Arlene (1995). Coordinated community intervention for domestic violence: the effects of arrest and prosecution on recidivism of woman abuse perpetrators. *Crime & Delinquency*. v41 n4 p481-495

Totten, Mark (2000). Guys, Gangs, and Girlfriend Abuse. Peterborough, Ontario, Canada: Broadview Press, Ltd.

Tuerkheimer, Deborah (2004). Recognizing and remedying the harm of battering: a call to criminalize domestic violence. *Journal of Criminal Law and Criminology*. v94 i4 p959-1031

Turner, Lisa A.; Pickering, Shannon; & Johnson, R. Burke (1998). The relationship of attributional beliefs to self-esteem. *Adolescence*. v33 p477

Updegraff, John A.; Gable, Shelly L.; & Taylor, Shelley E. (2004). What makes experiences satisfying? The interaction of approach-avoidance motivations and emotions in well-being. *Journal of Personality and Social Psychology*. v86 p496-504

U.S. Census Bureau. Population of U.S. [www.census.gov](http://www.census.gov) Accessed on web 12/06/05

U.S. Census Bureau. Population over 55 years and poverty status in 1999 by sex and age. [www.census.gov/population/socdemo/age/ppl-147/tab16.xls](http://www.census.gov/population/socdemo/age/ppl-147/tab16.xls) retrieved 4/1/05

Van Dalen, Annaclare, & Glasserman, Martha (1997). My father, Frankenstein: a child's view of battering parents. *Journal of the Academy of Child Adolescent Psychiatry*. v36 n7 p1005-1007

Vinton, Linda (1999). Working with abused older women from a feminist perspective. *Journal of Women & Aging*. v11 n2-3 p.85-100

Vinton, Linda (2003). A model collaborative project toward making domestic violence centers elder ready. *Violence Against Women*. v9 n12 p.1504-1513

Vinton, Linda; Altholz, Judith A.S.; & Lobell-Boesch, Thea (1997). A five-year follow up study of domestic violence programming for older battered women. *Journal of Women & Aging*. v9 n1-2 p3-15

Walker, Lenore E. (1979). The Battered Woman. Harper & Row, Publishers, Inc.: New York, NY.

Walker, Lenore E.A. (1995). Understanding battered woman syndrome. *Trial*. v31 n2 p30-36.

Walton-Moss, Benita J.; Manganello, Jennifer; Frye, Victoria; & Campbell, Jacquelyn C. (2005). Risk factors for intimate partner violence and associated injury among urban women. *Journal of Community Health*. v30 n5 p.377-389

Wang, Janet F. (1997). Battered women's perceptions of loss and health. *Holistic Nursing Practice*. v11 n2 p50-59

Ware, Holly Shinn; Jouriles, Ernest N.; Spiller, Laura C.; McDonald, Renee; Swank, Paul R.; & Norwood, William D. (2001). Conduct problems among children at battered women's shelters: prevalence and stability of maternal reports. *Journal of Family Violence*. v16 n3 p291-307

Weaver, T.L. & Etzel, J.C. (2003). Smoking patterns, symptoms of PTSD and depression: preliminary findings from a sample of severely battered women. *Addictive Behaviors*. v28 n9 p.1665-1679

Webdale, Neal & Johnson, Byron (1998). An ethnostatistical comparison of the forms and levels of woman battering in urban and rural areas of Kentucky. *Criminal Justice Review*. v23 n2 p161-196

West, Carolyn M. (2002). Battered black and blue: an overview of violence in the lives of black women. In Violence in the Lives of Black Women: battered black and blue. Edited by Carolyn M. West. New York: The Haworth Press, Inc.

Wiest, Dudley J.; Wong, Eugene H.; & Kreil, Dennis A. (1998). Predictors of global self-worth and academic performance among regular education, learning disabled, and continuation high school students. *Adolescence*. v33 p601

Wilke, Dina J. & Vinton, Linda (2003). Domestic violence and aging: teaching about their intersection. *Journal of Social Work Education*. v39 n2 p.225-235

Williams, Frank P. III & McShane, Marilyn D. (1999). *Criminological Theory*. Upper Saddle River, New Jersey: Prentice Hall.

Windom, Cathy S. & Maxfield, Michael G. (2001). An update on the “cycle of violence”. *National Institute of Justice – Research brief*. February

Winters, Jason; Clift, Robert J.W.; & Dutton, Donald G. (2004). An exploratory study of emotional intelligence and domestic abuse. *Journal of Family Violence*. v19 n5 p255-267

Wolf, Rosalie S. (2000). The older battered woman. National Violence Against Women  
<http://www.vawprevention.org/research/olderbattered.shtml> Retrieved 2/26/06

Wolf, Rosalie S. (2001). Support groups for older victims of domestic violence. *Journal of Women & Aging*. v13 n4 p.71-83

Wolfe, David A. & Korsch, Barbara (1994). Witnessing domestic violence during childhood and adolescence: implication for pediatric practice. *Pediatrics*. v94 n4 p594-599

[www.fbi.gov](http://www.fbi.gov) Retrieved 6/28/08 (female police officers)

[www.feminism.eserver.org](http://www.feminism.eserver.org) Retrieved 6/28/08 (women in the military)

[www.healthline.com/adamcontent/fibromyalgia](http://www.healthline.com/adamcontent/fibromyalgia) Retrieved 5/12/08

[www.healthline.com/channel/migraines\\_headaches\\_causes](http://www.healthline.com/channel/migraines_headaches_causes) Retrieved 5/12/08

[www.csmc.edu/5187](http://www.csmc.edu/5187) Retrieved 5/12/08

[www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus) Retrieved 5/12/08

Yeager, Holly (2007). Soldiering ahead: women in the U.S. military. *Current*. v496 Oct. p.19-24

Yearwood, Douglas L. (2005). Judicial dispositions of ex-parte and domestic violence protection order hearings: a comparative analysis of victim requests and court authorized relief. *Journal of Family Violence*. v20 n3 p161-170

Yin, Robert K. (2003). Case Study Research Designs and Methods, 3<sup>rd</sup> Edition. Sage Publications, Thousand Oaks, Cal.

Yodanis, Carrie L. (2004). Gender inequality, violence against women, and fear: a cross-national test of the feminist theory of violence against women. *Journal of Interpersonal Violence*. v19 n6 p655-675

Zink, Therese; Jacobson, C. Jeffrey; Regan, Sandra; Fisher, Bonnie; & Pabst, Stephanie (2006). Older women's descriptions and understandings of their abusers. *Violence Against Women*. v12 n9 p.851-865

Zink, Therese; Regan, Sandra; Jacobson, C. Jeffrey, Jr.; & Pabst, Stephanie (2003). Cohort, period, and aging effects: a qualitative study of older women's reasons for remaining in abusive relationships. *Violence Against Women*. v9 n12 p.1429-1441

**Appendix A**  
**RESEARCH SUBJECT INFORMATION AND CONSENT FORM**  
(Florida)

**TITLE:** An exploration of the effects of long-term intimate partner violence: listening to older women

**VCU IRB NO:** HM10486

Principal Investigator: Laura J. Moriarty, PhD

Student Researcher: Suzanne F. Lowe

This consent form may contain words that you do not understand. Please ask the researcher to explain any words that you do not clearly understand. You may take home a copy of this consent form to think about or discuss with family or friends before making your decision.

**PURPOSE OF THE STUDY**

The purpose of this research study is to improve our understanding of the effects of long-term intimate partner violence on women victims, particularly older women.

**DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT**

If you decide to be in this research study, you will be asked to sign this consent form after you have had all your questions answered and understand what will happen to you.

In this study you will be asked to answer general questions about your childhood and family. You will also be asked to discuss your courtship and relationship with your husband or partner. Your experience with violence is of particular interest. Conversations will be tape recorded to insure accuracy, but only first names will be recorded on the tape. You will be asked to participate in two interview sessions. Each session will last approximately two hours.

**RISKS AND DISCOMFORTS**

Sometimes talking about these subjects causes people to become upset. Several questions will ask about things that have happened in your family that may have been unpleasant. You do not have to talk about any subjects you do not want to talk about, and you may leave at any time. If you become upset, the researcher will call a counselor or make arrangements for you to talk with one as soon as possible, so you can get help in dealing with these issues. A counselor will be on site (in the building) during the interview should you feel the need to talk to her.

**BENEFITS**

You may not get any direct benefit from this study, but the information we learn may help us to better understand the needs and issues of older women who have experienced

domestic violence. This improved understanding may help us to develop programs and policies that better meet the needs of women in the future.

At the conclusion of the second interview, you will receive a small gift (approximate value: \$10.00) to show the student researcher's appreciation for your participation. You will receive this gift whether the second interview is completed or not.

### **COSTS**

*The only cost to participants is the cost of traveling to and from the site of the interviews. You will be given \$5.00 at each meeting to help cover this expense. This will total \$10.00 if you participate in both interviews, even if you leave before completing an interview.*

*The total time involved for your participation in this research will be approximately 4 to 5 hours.*

### **CONFIDENTIALITY**

We will not tell anyone the answers you give; however, information from the study and the consent form signed by you may be looked at or copied for research or legal purposes by Virginia Commonwealth University or the Department of Health and Human Services. What we find from this study may be presented at meetings or published in papers, but your name will not ever be used in these presentations or papers.

Be assured that no information discussed by you during either interview will be disclosed to any member of the staff at the Betty Griffin House. However, if you should reveal that you are currently being physically abused or that you may be considering harming yourself or another person, Florida's mandatory reporting laws require that the student researcher comply with this requirement.

*The interview sessions will be audio taped, but only first names will be recorded. The tapes and the notes will be stored in a locked cabinet. After the information from the tapes is typed up, the tapes will be destroyed. When the tapes are typed, a letter will be substituted for your name. The letter will not match either your first or last name.*



### ***IF AN INJURY HAPPENS***

*If you are injured because of being in this study, tell the study staff (researcher) right away. She will arrange for short-term emergency care or referral if it is needed.*

*Virginia Commonwealth University and the VCU Health System (also known as MCV Hospital) do not have a plan to give long-term care or money if you are injured because you are in the study.*

*Bills for treatment may be sent to you or your insurance. Your insurance may or may not pay for taking care of injuries that happen because of being in this study.*

### ***VOLUNTARY PARTICIPATION AND WITHDRAWAL***

You do not have to participate in this study. If you choose to participate, you may stop at any time without any penalty. You may also choose not to answer particular questions that are asked in the study.

### ***QUESTIONS***

*In the future, you may have questions about your participation in this study. If you have any questions, contact:*

*Suzanne F. Lowe, Student Researcher*

*PO Box 1504*

*Tappahannock, Va. 22560*

*Telephone: 804-443-2353*

*Laura J. Moriarty, PhD., Principal Investigator*

*901 West Franklin St., PO Box 842527*

*Richmond, Va. 23284*

*Telephone: 804-828-6976*

*If you have any questions about your rights as a participant in this study, you may contact:*

*Office for Research Subjects Protection*

*Virginia Commonwealth University*

*800 East Leigh Street, Suite 111*

*P.O. Box 980568*

*Richmond, VA 23298*

*Telephone: 804-828-0868*

## WHY IS THE STUDY INVESTIGATOR DOING THIS STUDY?

The researcher is doing this study as a part of the requirements for a Ph.D. in Public Policy and Administration at Virginia Commonwealth University in Richmond, Virginia.

**CONSENT**

*I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered.*

*Participant Code:* \_\_\_\_\_

*Date:* \_\_\_\_\_

---

*Principal investigator signature*

*Date*

---

*Student investigator signature*

*Date*

**APPENDIX B**  
**RESEARCH SUBJECT INFORMATION AND CONSENT FORM**  
(Virginia)

**TITLE:** An exploration of the effects of long-term intimate partner violence: listening to older women

**VCU IRB NO:** HM10486

Principal Investigator: Laura J. Moriarty, PhD

Student Researcher: Suzanne F. Lowe

This consent form may contain words that you do not understand. Please ask the researcher to explain any words that you do not clearly understand. You may take home a copy of this consent form to think about or discuss with family or friends before making your decision.

**PURPOSE OF THE STUDY**

The purpose of this research study is to improve our understanding of the effects of long-term intimate partner violence on women victims, particularly older women.

**DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT**

If you decide to be in this research study, you will be asked to sign this consent form after you have had all your questions answered and understand what will happen to you.

In this study you will be asked to answer general questions about your childhood and family. You will also be asked to discuss your courtship and relationship with your husband or partner. Your experience with violence is of particular interest. Conversations will be tape recorded to insure accuracy, but only first names will be recorded on the tape. You will be asked to participate in two interview sessions. Each session will last approximately two hours.

**RISKS AND DISCOMFORTS**

Sometimes talking about these subjects causes people to become upset. Several questions will ask about things that have happened in your family that may have been unpleasant. You do not have to talk about any subjects you do not want to talk about, and you may leave at any time. If you become upset, the researcher will call a counselor or make arrangements for you to talk with one as soon as possible, so you can get help in dealing with these issues.

**BENEFITS**

You may not get any direct benefit from this study, but the information we learn may help us to better understand the needs and issues of older women who have experienced domestic violence. This improved understanding may help us to develop programs and policies that better meet the needs of women in the future.

At the conclusion of the second interview, you will receive a small gift (approximate value: \$10.00) to show the student researcher's appreciation for your participation. You will receive this gift whether the second interview is completed or not.

### **COSTS**

*The only cost to participants is the cost of traveling to and from the site of the interviews. You will be given \$5.00 at each meeting to help cover this expense. This will total \$10.00 if you participate in both interviews, even if you leave before completing an interview.*

*The total time involved for your participation in this research will be approximately 4 to 5 hours.*

### **CONFIDENTIALITY**

We will not tell anyone the answers you give; however, information from the study and the consent form signed by you may be looked at or copied for research or legal purposes by Virginia Commonwealth University or the Department of Health and Human Services. What we find from this study may be presented at meetings or published in papers, but your name will not ever be used in these presentations or papers.

*The interview sessions will be audio taped, but only first names will be recorded. The tapes and the notes will be stored in a locked cabinet. After the information from the tapes is typed up, the tapes will be destroyed. When the tapes are typed, a letter will be substituted for your name. The letter will not match either your first or last name.*

*If you tell me that you are at risk of harming yourself or another person, or are being abused, the researcher must report this to the appropriate authorities.*

### ***IF AN INJURY HAPPENS***

*If you are injured because of being in this study, tell the study staff (researcher) right away. She will arrange for short-term emergency care or referral if it is needed.*

*Virginia Commonwealth University and the VCU Health System (also known as MCV Hospital) do not have a plan to give long-term care or money if you are injured because you are in the study.*

*Bills for treatment may be sent to you or your insurance. Your insurance may or may not pay for taking care of injuries that happen because of being in this study.*

### ***VOLUNTARY PARTICIPATION AND WITHDRAWAL***

You do not have to participate in this study. If you choose to participate, you may stop at any time without any penalty. You may also choose not to answer particular questions that are asked in the study.

### ***QUESTIONS***

*In the future, you may have questions about your participation in this study. If you have any questions, contact:*

*Suzanne F. Lowe, Student Researcher*

*PO Box 1504*

*Tappahannock, Va. 22560*

*Telephone: 804-443-2353*

*Laura J. Moriarty, PhD., Principal Investigator*

*901 West Franklin St., PO Box 842527*

*Richmond, Va. 23284*

*Telephone: 804-828-6976*

*If you have any questions about your rights as a participant in this study, you may contact:*

*Office for Research Subjects Protection*

*Virginia Commonwealth University*

*800 East Leigh Street, Suite 111*

*P.O. Box 980568*

*Richmond, VA 23298*

*Telephone: 804-828-0868*

#### WHY IS THE STUDY INVESTIGATOR DOING THIS STUDY?

The researcher is doing this study as a part of the requirements for a Ph.D. in Public Policy and Administration at Virginia Commonwealth University in Richmond, Virginia.

**CONSENT**

*I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered.*

*Participant Code:* \_\_\_\_\_

*Date:* \_\_\_\_\_

---

*Principal investigator signature*

*Date*

---

*Student investigator signature*

*Date*



## APPENDIX C

# Participants needed

You are invited to be a part of a study of the experiences of older women who have lived or are living in violent relationships.

The study will consist of two interview sessions on different days, conducted at the Betty Griffin House. You will be asked questions about your youth, the early years of your marriage, violence in your relationship, and how you feel the violence has effected you and your family. Also, your feelings and suggestions concerning your experiences with police, courts, doctors, religious counselors, shelters and others as a result of the violence are an important part of this study.

Your privacy and confidence will be protected. You will be given a consent form that will explain the measures that are being taken to insure your privacy before the first questions are asked.

The student researcher is a 63 year-old doctoral student at Virginia Commonwealth University. The title of the study is *An exploration of the effects of long-term intimate partner violence: listening to older women*. The student has spent the last 25 years working in Virginia as a magistrate. As a result of her work, she has had contact with hundreds of victims of violence. It was this experience that motivated her to return to school in hopes of finding some means of addressing this violence.

The only requirements for participation are that you be at least 55 years old and have lived or are living in one or more violent relationships for a total of at least 20 years. You will be reimbursed for your expenses.

If you are willing to participate, please contact the researcher at the following phone number. If she is not at home, she will return your call if you leave a message.

Sue Lowe  
Toll free  
866-603-1944

Sue Lowe  
Toll free  
866-603-1944

Sue Lowe  
Toll free  
866-603-1944

Sue Lowe  
Toll free  
866-603-1944

Sue Lowe  
Toll free  
866-603-1944

**APPENDIX D**  
**Contact Information**

*In the future, you may have questions about your participation in this study. If you have any questions, contact:*

*Suzanne F. Lowe, Student Researcher*  
*211 Falls Circle*  
*Tappahannock, Va. 22560*  
*Telephone: 804-443-2353*

*Laura J. Moriarty, PhD., Principal Investigator*  
*901 West Franklin St., PO Box 842527*  
*Richmond, Va. 23284*  
*Telephone: 804-828-6976*

*If you have any questions about your rights as a participant in this study, you may contact:*

*Office for Research Subjects Protection*  
*Virginia Commonwealth University*  
*800 East Leigh Street, Suite 111*  
*P.O. Box 980568*  
*Richmond, VA 23298*  
*Telephone: 804-828-0868*

## APPENDIX E

### Interview questions: Older women victims of violent intimate partners

(1) Tell me about your life growing up.

Siblings  
Place of birth  
Place in birth order  
Occupations of parents  
Location(s) of home(s)  
Grandparents  
Relationship with parents  
Parents relationship  
Adventures  
Special friendships  
Misadventures  
Deaths  
Chores or jobs  
Special relationships with adults outside family  
Church attendance & activities  
Outside activities (scouts, youth programs, etc)  
Family activities (trips, games, beach, hiking, etc)

(2) Tell me about your courtship and the early years of your marriage.

Meet  
Military experience  
Family's opinion  
Courting behavior  
Dreams & plans  
Attitude about children  
Reactions to pregnancy  
# of children  
First realized he might hurt  
Forms of abuse

(3) What was your relationship like over the years? Did it change as time passed?

Usual treatment (respectful, critical, insensitive...)  
Behavior towards children  
Use of children as tools of abuse

His opinion of your abilities as a mother and wife  
Tell me about the first assault; last assault; worst assault  
Attempts at strangulation (loss of consciousness, multiple times during an incident, etc)  
When did choking start as a tactic  
Assault during pregnancy  
Frequency and severity of assaults over time  
Where on your body did he hurt you?  
Injuries requiring medical attention  
His reaction to injuries  
Reaction of medical providers to injuries  
Family or friends responses to abuse  
Blame victim for assault  
Triggers  
Did he ever threaten or harm pets  
Strategies or tactics to minimize violence  
Alcohol or drug use  
Effect on self-worth/self-confidence  
Forms of abuse over the years  
How long did the violence occur before you sought help?  
Efforts to get help to stop the abuse  
Police called (by whom)  
Police personal reaction and official response  
Press charges  
Protective orders  
Court  
Attitude of judge and court personnel  
Marriage counseling  
Anger management or violence counseling - compliance  
Ever try to leave  
Reason for returning  
Feel life in danger if you left

#### (4) Experiences with domestic violence services

Stay in a shelter facility  
Services most/least helpful  
Group/individual counseling - helpful?  
Approximate age of group members

(5) How would you describe your life now?

With/without abuser  
Another relationship (abusive?)  
Contact with former spouse/partner  
Feel safe  
Permanent physical consequences of assaults  
Age & fear of future assaults  
Relationship with children and grandchildren  
Use of shelter services in future  
Friendships from shelter  
New services that would be helpful at the shelter  
Advise to other women  
Safety plan  
Shelter services  
Financial situation  
Housing  
Physical care needs

(6) What improvements would you like to see that would better help women who are being abused?

Police response  
Medical response  
Court response  
Sanctions or punishment of abusers  
Mandatory jail time  
Enforcement of sanctions and counseling  
Availability of information  
Reporting requirements  
Shelter space  
Groups for older women

## VITA

Suzanne Faries Lowe  
DOB: 6/3/1944  
Place of birth: Pensacola, Florida

### Home address

211 Falls Circle  
Tappahannock, Va. 22560  
Phone: (804) 443-2353  
E-mail: [suelowe44@hotmail.com](mailto:suelowe44@hotmail.com)  
[s2sflowe@vcu.edu](mailto:s2sflowe@vcu.edu)

### School address

Virginia Commonwealth University  
School of Public Policy & Adm.  
P.O. Box 843061  
Richmond, Virginia, 23284-3061  
Phone: (804) 828-6837

## Education

- 8/02 – present    Doctoral program student: Virginia Commonwealth University, L. Douglas Wilder School of Government and Public Affairs, Public Policy and Administration, Richmond, Virginia. Dissertation Chair: Dr. Laura Jean Moriarty, Ph.D., Vice Provost, VCU.
- Dissertation  
Title: “An exploration of the effects of long-term intimate partner violence: listening to older women.” VCU IRB assigned #HM10486, approved February 27, 2007.
- 8/98 – 5/02    Master of Public Administration, Virginia Commonwealth University, Richmond, Virginia. Concentration in Criminal Justice
- 9/62 - 5/66    Bachelor of Science in History and Social Studies in Secondary Education, James Madison University (formerly Madison College), Harrisonburg, Virginia. Minor in Sociology.

### Work Experience

- 5/82 – present Magistrate, Commonwealth of Virginia. Hold probable cause and bond hearings; issue arrest warrants, search warrants; set bonds; issue Emergency and Temporary Commitment orders (mental commitments); issue Emergency Protective Orders (domestic violence); take citizen complaints; issue some civil processes; and other duties.
- 8/06 – 12/06 Adjunct Professor, Virginia Commonwealth University. Criminal Justice department of the L. Douglas Wilder School of Government and Public Affairs. Taught course titled: “Courts and the Judicial Process.”
- 9/77 – 5/82 Substitute teacher, Essex County, Virginia public schools. Grades K - 12.
- 5/72 – 11/73 Eligibility Technician, Arlington County, Virginia, Arlington County Social Services Department. Determine eligibility for local, state, and federal assistance programs. Interview new and ongoing clients.
- 8/67 – 10/67 Teacher, 8<sup>th</sup> grade Social Studies, English, and Physical Education, Rockingham Co., Virginia. Resigned due to pregnancy complications.
- 8/66 – 6/67 Teacher, 3<sup>rd</sup> grade, Rockingham County, Virginia.

### Scholarly Papers & Presentations

- 04/12/08 “An exploration of the effects of long-term intimate partner violence: listening to older women.” Paper presented to the Southern Sociological Society annual conference in Richmond, Virginia, April, 2008.

### Honor Societies

- 2002 The Honor Society of Phi Kappa Phi, Virginia Commonwealth University Chapter.
- 2002 The Honor Society of Pi Alpha Alpha, Virginia Commonwealth University Chapter.

### Professional Memberships

1982 – present	Virginia Magistrates Association
2007 – present	Academy of Criminal Justice Sciences
2007 – present	Southern Sociological Society