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The Relationship of Intimate Partner Violence and Help-Seeking with Eating Disorder Symptoms

Rachel Amerson
Stephen F Austin State University, amersonra@jacks.sfasu.edu

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By

Rachel Amerson, Bachelor of Arts

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By

Rachel Amerson, Bachelor of Arts

APPROVED:

_____
Sarah Savoy, Thesis Director

_____
Catherine Pearte, Thesis Director

_____
Sylvia Middlebrook, Committee Member

_____
Lauren Brewer, Committee Member

_____
Frankie Clark, Committee Member

_____
Richard Berry, D.M.A.
Dean of the Graduate School

ABSTRACT

The current study used the SVAWS, MMEA, BES, and EAT 26 to test the hypothesis that victims of IPV would have a greater number of and more severe eating disorder symptoms than those who have not been victimized. The current study also used the SRQ, BES, and EAT 26 to test the hypothesis that of those who experienced IPV and sought help, those who received positive reactions would have a different number and severity of eating disorder symptoms than those who received negative reactions. Two MANVOVAs did not find support for these hypotheses however, exploratory analyses did find relationships of IPV and frequency of receiving negative reactions to help-seeking with symptoms of Bulimia Nervosa. Implications are discussed.

Keywords: Intimate partner violence, help-seeking, eating disorders

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THE RELATIONSHIP OF INTIMATE PARTNER VIOLENCE AND HELP SEEKING WITH EATING DISORDER SYMPTOMS

Intimate partner violence (IPV) has high prevalence rates for both men and women throughout the lifetime. The National Intimate Partner and Sexual Violence Survey (2011) estimated that 22.3% of American women had experienced physical violence from an intimate partner in their lifetime, and 2.3% indicated that they had experienced this violence in the 12 months preceding the survey. Men also reported being victimized, with 14% of men experiencing physical violence in their lifetime and 2.1% reporting experiencing violence in the 12 months preceding the survey (Black et al., 2011). Sexual violence by an intimate partner had been experienced by 8.8% of women and 0.5% of men during their lifetime and by 0.8% of women in the 12 months preceding the survey (Black et al., 2011).

Those who suffer IPV are at risk for a variety of injuries to their physical and mental health. First, victims of IPV often sustain injuries to their person during an episode of violence (Capaldi et al., 2009). Bruises, cuts, and scrapes are the most common injuries, although women have also reported being knocked unconscious at times (Capaldi et al., 2009). The injuries sustained by victim often require medical care (Stets & Straus, 1990). Victims of IPV use medical services

at a higher rate than non-victims, with victims using primary care services 17% more, and specialist services 14% more than non-victims (Rivara et al., 2007).

In addition to injuries occurring as a direct result of IPV, the physical health of victims can be threatened by a heightened risk of chronic illness (Coker et al., 2002a). Coker, Smith, Bethea, King, and McKeown (2000) found that IPV was associated with chronic health issues such as arthritis, chronic pain, migraines, and frequent headaches. Approximately 1.3% of victims of IPV contract sexually transmitted infections, 1.7% experience rape-related pregnancy, and many suffer from chronic pelvic pain (Black et al., 2011; Coker et al., 2000; McFarlane et al., 2005). IPV is also associated with poor digestive health, including stomach ulcers, frequent indigestion, diarrhea, and constipation (Coker et al., 2000).

The violence can have an effect on victims' mental health as well. Coker and colleagues (2002b) theorize that the detriments to mental health are due to both the stress of living in fear and isolation, as well as a reduced sense of self-worth. Victims of IPV often report a higher level of depressive symptoms (22.8%) than those who have not been victimized (11.2%; Coker et al., 2002a; Coker et al., 2002b; O'Campo et al., 2006; Stets & Straus, 1990). In both cross-sectional and population-based studies, increased substance use appears to be linked to IPV victimization (Coker et al., 2002a; Coker et al., 2002b). Victims of IPV report experiencing high levels of general stress and anxiety (Coker et al., 2002b; Stets

& Straus, 1990). There appears to be a relationship between IPV and Post Traumatic Stress Disorder (PTSD), with 20% of IPV victims experiencing symptoms of PTSD in a national survey (Black et al., 2011; Coker et al., 2002b). Victims of other forms of trauma suffer from similar psychological risks as victims of IPV. Victims of childhood sexual abuse (CSA) are 12 times more likely to abuse substances or to attempt suicide than children who have not experienced sexual abuse (Felitti et al., 1998). One percent of CSA victims develop a major affective disorder, such as depression, compared to 0.5% of people who were not abused in a prospective cohort study (Spataro, Mullen, Burgess, Wells, & Moss, 2004). In the same study, CSA victims were found to have significantly higher prevalence of anxiety and stress disorders than non-abused participants, with prevalence rates at 1.9% and 0.6% respectively (Spataro et al., 2004). Increased risk of substance abuse and suicidality are also associated with dating violence in adolescence and sexual assault in adulthood (Burnam et al., 1988; Silverman, Raj, Mucci, & Hathaway, 2001).

Although research has stopped short of linking IPV to risk for the development of eating disorder symptoms, there have been a number of studies that have found these similar traumatic experiences to be linked to certain eating disorders. CSA perpetrated by an adult (usually a family member) has been

found to be linked to symptoms of both Bulimia Nervosa, an eating disorder characterized by episodes of binge-eating and inappropriate compensatory behaviors to prevent weight gain, and binge-eating disorder, an eating disorder characterized by episodes of binge-eating without the use of compensatory weight control behaviors (American Psychiatric Association [APA], 2013; Streigel-Moore, Dohm, Pike, Wilfley, & Fairburn, 2002; Wonderlich, Brewerton, Jocic, Dansky, & Abbot, 1997). Physical abuse perpetrated by an adult and bullying by peers experienced in childhood have also been linked to the development of binge-eating disorder symptoms (Streigel-Moore et al., 2002). Dating violence, both physical and sexual, in adolescence has been associated with unhealthy weight control strategies, such as using diet pills and laxatives (Silverman et al., 2001).

In addition to the link between the occurrence of childhood trauma and the development of eating disorder symptoms, eating disorder symptoms appear to be related to having experienced violence in adulthood, by someone who is not also an intimate partner. Specifically, Dansky, Brewerton, Kilpatrick, and O'Neil (1997) found an association between having been a victim of aggravated assault during adulthood and demonstrating symptoms warranting the diagnosis of Bulimia Nervosa. Sexual assault and rape occurring during adulthood have also been found to be linked to higher rates of Bulimia Nervosa and symptoms of Anorexia Nervosa, an eating disorder characterized by a restriction of caloric

intake and fear of gaining weight, in community samples of women and men (APA, 2013; Dansky et al., 1997; Laws & Golding, 1996; Waller, 1991). Additionally, victims of rape or sexual assault who reported Bulimia Nervosa symptoms tended to display a greater number of compensatory behaviors, such as vomiting, misusing laxatives, or excessive exercising (Dansky et al., 1997).

A common reaction for victims to have to these traumas and IPV is to seek help from outside of the relationship. There are many ways that victims can go about seeking help, and many sources from which they can seek help. Social, or informal, sources of help are often friends, family, neighbors, or coworkers (Belknap, Melton, Denney, Fleury-Steiner, & Sullivan, 2009). Institutional, or formal, sources of help can be law enforcement, health care workers, religious leaders, shelter workers, or mental health professionals (Belknap et al., 2009). These potential helpers can react in either a positive or a negative way to the victim's help-seeking attempts.

A positive response has been defined as one that is beneficial and provides the victim with support, whereas a negative response has been defined as one that is harmful and unsupportive (e.g., blaming the victim; Relyea & Ullman, 2015). Previous research has suggested that some sources of help are perceived by victims to be more helpful and supportive than others. Law enforcement were rated as being the least supportive source for help, and mental

health professionals and religious leaders were rated as being the most helpful by a community sample of female victims whose male partners had been charged with domestic violence, whereas informal helpers, such as family and neighbors were rated as being moderately helpful (Belknap et al., 2009).

Previous research has also studied the nature of the reactions victims receive when they seek help. A positive reaction can lessen the negative effects of IPV, especially positive reactions from social, rather than institutional, sources of help (Belknap et al., 2009). Cross-sectional studies have shown that receiving positive reactions to help-seeking is associated with lower levels of depressive, anxiety, and PTSD symptoms (Coker et al., 2002b). Positive reactions have also been associated with lower levels of alcohol abuse and lower risk of suicide in male and female samples recruited from family practice clinics and domestic abuse helplines (Coker et al., 2002b; Douglas & Hines, 2011).

Negative reactions to help-seeking attempts may have an even greater effect on victims than positive reactions. Goodkind, Gillum, Bybee, and Sullivan (2003) found that negative reactions were associated with higher levels of depression and lower overall well-being, but that positive reactions were not associated with lower levels of depression or better well-being. Negative reactions have also been associated with higher likelihood of reaching clinical thresholds for PTSD (Douglass & Hines, 2011).

Current Study

It has been theorized that adverse experiences, especially those based on gender, are linked to preoccupation with body weight and shape, as well as eating disorder symptoms. This is known as the "disrupted embodiment through inequity" model. This model theorizes that an experience which results in the "disruption to body ownership" contributes to girls and women developing body dissatisfaction and eating disorder symptoms. These experiences include many things which violate a person's sense of ownership of their body, such as sexual harassment and sexual and physical violations. These violations of bodily ownership can lead to a sense of shame and disgust with one's body, which in turn can lead to the development of eating disorder symptoms (Cash & Smolak, 2011).

Despite the similarities between other traumatic events and the trauma experienced by victims of IPV, little, if any, research has investigated the link between IPV and disordered eating symptoms. The current study addressed this gap by investigating the link between IPV and disordered eating symptoms. The current study also examined how the reactions victims received to their help-seeking attempts were related to the number and severity of disordered eating symptoms they reported.

In this study it was hypothesized that those who had experienced IPV would report a greater number of eating disorder symptoms and more severe experience with eating disorder symptoms than those who had not experienced IPV. It was further hypothesized that of those who reported experience with IPV, the type of reaction (positive or negative) to help-seeking they received would be related to the number and severity of eating disorder symptoms.

The literature includes a number of different terms to describe the phenomenon of abuse, including, but not limited to, domestic violence, family violence, intimate partner violence, and intimate partner abuse (DePrince, Welton-Mitchell, & Sirinivas, 2014; Douglas & Hines, 2011; Goodkind et al., 2003; Stets & Straus, 1990; Tsui, 2014). In this study, the term intimate partner violence (IPV) will be used to describe the use of physical or sexual violence, stalking, or psychological aggression (emotional abuse) by a former or current intimate partner (Breiding, Basile, Smith, Black, & Mahendra, 2015). An intimate partner is defined as anyone with whom an individual has a personal relationship (Breiding et al., 2015). This relationship may include an emotional connection and regular contact, which may be physical or sexual (Breiding et al., 2015).

Method

Participants

Participants were undergraduate psychology students from Stephen F. Austin State University (SFA). The participants were 59% Caucasian and 84.9% female with a mean age of 19.91. Participants were recruited through SONA, SFA's participant recruitment website, and received course credit for participation. Based on a power analysis completed with a power analysis application (i.e. G power), with power set at .8, and an effect size of $f^2(V) = .06$, a total of at least 158 participants were needed. After data cleaning, the total number of participants included in the analyses was 139.

Measures

Experiences of Violence**.** A positive history of intimate partner violence was determined through the use of the Severity of Violence Against Women Scale (SVAWS; Marshall, 1992). This scale was comprised of 46 items, which queried participants about experiencing both acts of violence and threats of violence. Higher scores on this measure indicated a greater frequency of violence experienced by the participant, whereas lower scores represented a lower frequency of violence. Sample items from the SVAWS included "How often has your partner pushed or shoved you?" and "How often has your partner made

you have sexual intercourse against your will?". The items were scored on a Likert scale which rates the frequency with which an act of violence was experienced in the past 12 months from 1 (*never*) to 4 (*many times*), participants' ratings on this scale were summed to measure their experience of physical abuse. The SVAWS had high reliability in the current study (α = .958), and has shown evidence of construct validity in previous research (Basile Hertz, Sitterle, & Thompson, 2006).

Participants also completed the Multidimensional Measure of Emotional Abuse (MMEA) by Hoover, Murphy, and Taft (1999). This scale also measured the participants' perpetration of abusive actions against their partner, however because the current study was designed only to investigate victimization the perpetration scores were only used for exploratory analyses. This scale consisted of 28 items in four subscales, including restrictive engulfment (isolation from family and friends, jealousy, possessiveness), hostile withdrawal (withholding emotional contact, acting distant), denigration (humiliation, verbal attacks), and dominance/intimidation (threats to person or property) with overall scale reliability score of α=.937 (Bonechi & Tani, 2011; Gormley & Lopez, 2010; Taft, Murphy, King, Dedeyen & Musser, 2003). The MMEA has shown evidence of convergent and criterion validity in previous research (Basile et al., 2006). Sample items from the MMEA included "How often in the last six months has your partner tried to make you feel guilty for not spending enough time together?"

and “How often in the last six months has your partner called you worthless?” (Hoover, Murphy, & Taft, 1999). The MMEA was scored on a scale from 0 to 7. The choices from 0 to 6 indicated how often these actions happened in the last six months with 0 indicating “This has never happened” and 6 indicating “more than 20 times”. Item 7 indicated “never in the past six months, but it has happened before”, this answer choice was rescored as 0 so that participants’ scores could be summed. Participants’ scores on the SVAWS and the MMEA were combined, and then dummy coded into a dichotomous variable in order to indicate whether they had experienced IPV. Participants who reported experiencing at least one incidence of IPV were coded as victims, and participants who reported experiencing no incidences of IPV were coded as non-victims.

Reactions to Help-seeking. Participants also completed the Social Reactions Questionnaire (SRQ, Ullman, 2000). The SRQ was a 48-item scale including 3 general scales and 7 specific scales. The 3 general scales included Turning Against (α = .92), Unsupportive Acknowledgement (α = .85), and Positive Reactions (α = .92, Relyea & Ullman, 2015). The 7 specific scales included Victim Blame, Treat Differently/Stigma, Taking Control, Distraction, Egocentric Reactions, Tangible Aid, and Emotional Support (Ullman, 2000). The scale had an overall reliability score of α=.959. The SRQ is a self-report checklist

which asked participants to indicate how frequently they received a specific reaction to their victimization on a scale from 0 (*never*) to 4 (*always*). Participants' scores for each general subscale were averaged, and their scores on the Unsupportive Acknowledgement and Turning Against subscales were combined into a single Negative Reactions subscale. Participants' scores on the Negative Reactions and Positive Reactions subscales were then combined into one dichotomous variable to indicate whether they received primarily positive or primarily negative reactions. Sample items included indicating how often someone "Told you it was not your fault", "Listened to your feelings", and "Told you to stop talking about it" (Ullman, 2000). The overall measure has been found to have acceptable construct validity (Ullman, 2000). This scale was originally developed for use with victims of sexual assault, but it has also been used by DePrince, Welton-Mitchell, and Sirnivas (2014) to study reactions to intimate partner violence.

Eating Disorder Symptoms. Eating disorder symptoms were measured using the Eating Attitudes Test 26 (EAT 26, Garner, Olmsted, Bohr, & Garfinkel, 1982). This 26-item scale was an abbreviation of Garner and Garfinkel's (1979) original 40-item measure of eating disorder symptoms (Garner et al., 1982). The EAT 26 retained acceptable criterion-related validity and an overall reliability score of α=. 886 (Garner et al., 1982). The EAT 26 measured behaviors and cognitions indicative of Anorexia Nervosa and Bulimia Nervosa in three

subscales; Dieting (α = .88), Bulimia and Food Preoccupation (α = .78), and Oral Control (α = .60, Garner et al., 1982, Prouty, Protinsky, & Canady, 2002). Items asked participants to indicate how often they engage in behaviors and cognitions that are symptomatic of an eating disorder (Garner et al., 1982). All items were scored on a Likert scale, items 1-25 are scored from 3 (*always*), 2 (*usually*), 1 (*often*), 0 (*sometimes*), 0 (*rarely*), or 0 (*never*), and item 26 is reverse scored (Garner et al., 1982). Items for each subscale were summed for participants' total score. Sample items included the participant indicating how often they "Engage in dieting behavior," "Have the impulse to vomit after meals," and "Display self-control around food" (Garner et al., 1982).

Participants' symptoms of Binge-Eating Disorder (BED) were evaluated using the Binge-Eating Scale (BES, Gormally, Black, Datson, & Rardin, 1982). This was a 16-item scale developed by Gormally et al. (1982) to measure behaviors and cognitions indicative of binge-eating disorder. Each item included 3-4 statements that were weighted from one to three to indicate the severity of the symptom measured by that item, and items are summed to create a participant's score (Gormally et al., 1982). Sample items included, "I worry about my appearance, but it does not make me unhappy", "Sometimes after I eat fast I feel too full", and "I have a habit of eating when I am bored and nothing can stop me" (Gormally et al., 1982). The BES had high reliability in the current study (α =

.896) and its concurrent validity has been supported in previous work (Duarte, Pinto-Gouveia, & Ferreira, 2015).

Demographics. Participants' demographics were collected as well. Participants were asked to answer questions about their age, gender, university classification, and current relationship status, along with other information.

Attention check. A single item was used to detect participants who were not fully engaging with the surveys. This item included a list of sporting activities, of which participants were seemingly being asked to indicate which ones they participate in regularly. Diligent participants, however, read, and followed the instructions directing them to choose the *other* option and to type "I read the directions" into the space provided (adapted from Hauser & Schwarz, 2015 and Oppenheimer, Meyvis, & Davidenko, 2009).

Procedure

Participants signed up for the study in SONA and were redirected to Qualtrics, where they completed the measures. They were first presented with the informed consent document, which described the purpose of the study as well as any foreseeable risks and compensation. All participants were required to indicate whether they wished to participate in the study before completing any other measures. If they indicated that they did not wish to participate, they were not allowed to continue to the measures.

Participants then completed the SVAWS, MMEA, SRQ, EAT 26, BES, the demographics questionnaire, and the attention check. The presentation of the measures was randomized for each participant in order to control for order effects; however, the attention check was always presented last. After completing all measures, participants were presented with the debriefing information, again explaining the nature of the study. It provided participants with contact information for the researcher as well as the Office of Research and Sponsored Programs. The participants were also given the contact information for the counseling center and the Family Crisis Center, as well as other confidential and non-confidential reporting services. After viewing the debriefing form, participants were redirected back to SONA. Participants had 1 hour to complete the study.

Results

Data Cleaning

Before performing the data analysis, the process of data cleaning and screening was conducted, and assumptions were tested to ensure meeting criteria for use of a MANOVA. The data cleaning consisted of excluding from analysis 18 participants who did not complete 90% of all the measures (Bennett, 2001). For participants who were missing less than 10% of any measure, mean

imputation was used to estimate their response to the missing items (Schafer & Graham, 2002). In addition, one univariate outlier on the severity of eating disorder symptoms was removed from the data, leaving 139 participants for the analyses. Mahalanobis distance revealed that there were no multivariate outliers. Participants who failed the attention check were compared to those who passed the attention check on each dependent variable, and when no significant differences were found, it was decided to retain the participants who failed the attention check.

Histograms were used to verify the assumption that the dependent variables were multivariately normally distributed across each of the independent variables. Box's M test indicated homogeneity of variance among the independent variables. The Variance Inflation Factor and the Tolerance statistic showed no multicollinearity in the data.

Main Analyses

To compare the number of eating disorder symptoms and the severity of ED symptoms in the IPV victims and those who have not experienced IPV, a one-way MANOVA was run on ED symptom number and severity scores. Victimization (IPV victims, vs. non-victims) was entered as the independent variable. The multivariate analysis revealed that there was not a significant overall effect of victimization on the combination of dependent measures, F (2, 136) = 1.36, p = .26; Wilks' λ = 0.99.

To compare the number of eating disorder symptoms and the severity of ED symptoms in victims who have received primarily positive reactions and victims who received primarily negative reactions, a second one-way MANOVA was run on ED symptom number and severity scores, with reaction (positive reaction, vs. negative reaction) entered as the independent variable. The results of this multivariate analysis revealed that there was not a significant overall effect of reaction on the combination of dependent measures , $F(2, 115) = 2.57$, $p = .08$; Wilks' $\lambda = 0.96$.

Exploratory Analyses

Although the main analyses did not find significance, an exploratory *t* test indicated that IPV victims had significantly higher scores on the Bulimia and Food Preoccupation subscale of the EAT 26 compared to non-victims, $t(126.82) = 3.94$, $p < .001$ (See Table 1). In addition, a significant, positive correlation was found between the severity of IPV reported and the number of eating disorder symptoms ($r = .33$, $p < .001$) as well as between the severity of IPV reported and the severity of eating disorder symptoms ($r = .33$, $p < .001$).

Table 1

Severity of Bulimia Nervosa Symptoms in Victims of IPV and Non-Victims

Severity of Bulimia Nervosa symptoms		
IPV status	*n*	*M* (*SD*)
Victim	109	1.14 (1.89)
Non-Victim	30	0.20 (0.69)

The number of eating disorder symptoms was also found to be significantly positively correlated with the frequency of receiving negative reactions to help-seeking. The frequency of receiving negative reactions to help-seeking was also found to be significantly correlated with the severity of eating disorder symptoms, $r = .33$, $p < .001$. There was not a significant relationship found with the frequency of receiving positive reactions to help-seeking.

The frequency of receiving negative reactions was significantly positively correlated with the severity of IPV reported, $r = .49$, $p < .001$. As shown in Table 2, an exploratory ANOVA also indicated that participants who identified themselves as heterosexual reported receiving negative reactions significantly less frequently than, participants who identified their sexual orientation as being homosexual, bisexual, “other” or who chose the “prefer not to answer” option, $F(4, 131) = 4.02$, $p = .004$.

Table 2

Frequency of Receiving Negative Reactions to Help-Seeking Among Different Sexual Orientations

	Frequency of Receiving Negative Reactions	
Sexual Orientation	*n*	*M* (*SD*)
Heterosexual	114	18.07 (16.71)
Homosexual	9	30.78 (16.06)
Bisexual	6	31.71 (23.74)
Other	3	34.00 (16.52)
Prefer not to answer	4	41.00 (13.74)

Discussion

The goal of the current study was to determine if the experience of IPV, and the reactions victims receive to their help-seeking attempts, were related to eating disorder symptoms. Although it was hypothesized that victims of IPV would have a greater number of and more severe eating disorder symptoms than non-victims, this hypothesis was not supported. The hypothesis that receiving positive or negative reactions to help-seeking would be related to different numbers and severity of eating disorder symptoms was also not supported.

Exploratory analyses also found relationships between the severity of IPV experienced and number of eating disorder symptoms reported, as well as

between the severity of IPV experienced and the severity of eating disorder symptoms reported. These results could be interpreted as expanding the Disrupted Embodiment through Inequity Model to include experiences of IPV.

The number and severity of eating disorder symptoms reported were also found to be related to the frequency of receiving negative reactions to help-seeking. Interestingly, these variables were not found to be related to the frequency of receiving positive reactions, suggesting that negative reactions were more impactful than positive reactions (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001).

Although the exploratory correlations showed a relationship between the experience of IPV and the experiences of eating disorder symptoms, a *t*-test showed evidence of a difference between victims of IPV and non-victims on scores on the Bulimia and Food Preoccupation subscale of the EAT 26 only. One way to explain why a difference was found on this subscale, but no others, is to look at the potential influence of shame.

Many victims of IPV report experiencing shame regarding their victimization (Ismail, Berman, & Ward-Griffin, 2007). These feelings of shame may be associated with the psychological distress that many victims of IPV experience (Beck et al., 2011; Shorey et al., 2016). Previous studies have found that feelings of shame, guilt-related distress, and guilt –related cognitions are associated with symptoms of PTSD among victims of IPV (Beck et al., 2011).

Similarly, Shorey and colleagues (2016) found that shame moderated the relationship between victimization and symptoms of depression and anxiety.

Previous studies have also found a link between shame and symptoms of eating disorders (Hayaki, Friedman, & Brownell, 2002; Murray & Waller, 2002; Sanfter, Barlow, Marschall, & Tangney, 1995). Specifically, shame has been found to be positively correlated with drive for thinness, body dissatisfaction, and bulimia (Sanfter et al., 1995). Additionally, Hayaki and colleagues (2002) found that shame accounted for a significant portion of the variance in symptoms of Bulimia Nervosa when controlling for other factors, including depressed mood. Given these relationships, it may be that shame serves as a link between IPV victimization and symptoms of Bulimia Nervosa the same way that it mediates the relationship between sexual abuse and Bulimia Nervosa(Murray & Waller, 2002).

Limitations and Future Directions

The current study did have some limitations. One limitation was that the analyses were underpowered. While this limits the conclusions that can be drawn from the results, the results still provide useful information as well as new avenues of research to pursue. It should also be noted that the upper anchor of the MMEA, 6 (*more than 20 times*), was mistakenly left out of the survey, however, the psychometric properties of the scale were unaffected.

The convenience sampling was also a limitation. The sample of undergraduate psychology students used in the current study may not be representative of the overall population of victims. It is also important to address the homogeneity of the sample. Due to the convenience sampling, the final sample was 84.9% female, 59% Caucasian, and 82.7% heterosexual. The lack of diversity makes it difficult to draw conclusions from any analyses involving demographic characteristics.

The lack of diversity is problematic because homosexual and bisexual individuals are at a higher risk of experiencing IPV, as well as being more likely to receive negative reactions to help-seeking (Finneran & Stephenson, 2013; Head & Milton, 2014; Walters, Chen, & Breiding, 2013). While the current study did not find support for a difference in likelihood of experiencing IPV among individuals with different sexual orientations, this could be due to the lack of diversity in the sample. The current study did, however, find that heterosexual individuals received negative reactions to help-seeking less frequently than individuals who identified as homosexual, bisexual, other, or "prefer not to answer". Future research should utilize a community sample rather than sampling college students. Doing so will increase the likelihood that the sample is more diverse and representative of the general population.

Future research should also explore the relationships of IPV and help - seeking with symptoms of Bulimia Nervosa more specifically. The current

findings are consistent with the literature on the relationship between eating disorder symptoms and other forms of trauma. The relationship of Bulimia Nervosa to childhood abuse and adulthood sexual assault is stronger throughout the literature than the link between these experiences and symptoms of Anorexia Nervosa (Dansky et al., 1995; Wonderlich et al., 1997). The current findings suggest that the relationship between IPV and eating disorder symptoms follow this same pattern.

Conclusion

The present research provided preliminary insight into adverse eating-disorder-related corollaries for those experiencing IPV, and raises questions as to whether these relations may be particularly pronounced for bulimic symptoms. Developing a better understanding of abnormal eating behaviors and concerns linked to IPV is an important step toward alleviating the psychosocial burdens experienced by its victims.

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APPENDIX A

Informed Consent

Study Title: The Influence of Intimate Partner Violence and Help-Seeking on Eating Disorder Symptoms

Introduction to the study: You are invited to be in a research study conducted by Rachel Amerson, who is a graduate student in the Psychology Department. This study will seek to determine college students' experiences of violence and eating habits.

What will happen during the study: You will be asked to complete five surveys about intimate partner violence and eating habits, as well as a demographics questionnaire. Participation in this study will take you approximately one hour.

Who to go to with questions: If you have any questions or concerns about being in this study you should contact Rachel Amerson at amersonra@jacks.sfasu.edu. Additionally, you may contact the SFASU Office of Research and Sponsored Programs at orsp@sfasu.edu or 936-468-6606 if you would like more information about your rights as a research participant.

How participants' privacy is protected: Every effort will be made to protect your privacy. I will not use your name in any of the information I get from this study or in any of my research reports. Any information I get from the study that lets me know who you are will be recorded with a code number. All informed consent forms and data collected and stored in Qualtrics' system and can only be accessed by approved members of the research team.

Risks and discomforts: Due to the personal nature of the surveys, you might experience some emotional discomfort.

Your rights: You should decide on your own whether or not you want to be in this study. If you do decide to be in this study, you have the right to stop participating in this study and stop being in the study at any time without penalty.

Compensation: If participating for credit, you will receive 1 credit for every 30 minutes of participation. You will have 1 hour to complete this study and you will receive 2 credits for your participation. If you decide you no longer want to participate in this study you will not be penalized and will still receive the participation credit.

Please Read the Following Statement and indicate below if you agree

I have had the chance to ask any questions about this study and my questions have been answered. I have read the information in this consent form and I agree to be in this study.

- ❍ I understand and agree to participate in this study (1)
- ❍ I do not agree to participate in this study (2)

If I do not agree to participa... Is Selected, Then Skip To End of Survey

APPENDIX B

Severity of Violence Against Women

During the past 12 months, you and your partner or ex-partner have probably experienced anger or conflict. The following questions ask about behaviors your partner or ex-partner may have done during the past 6 months. For each statement, describe how often your partner has done each behavior by selecting a number from the following scale.

1	2	3	4
Never	once	a few times	many times

Q1 How often in the past 12 months has your partner or ex-partner hit or kicked a wall, door, or furniture?

Q2 How often in the past 12 months has your partner or ex-partner thrown, smashed, or broken an object?

Q3 How often in the past 12 months has your partner or ex-partner driven dangerously with you in the car?

Q4 How often in the past 12 months has your partner or ex-partner thrown an object at you?

Q5 How often in the past 12 months has your partner or ex-partner shaken a finger at you?

Q6 How often in the past 12 months has your partner or ex-partner made threatening gestures or faces at you?

Q7 How often in the past 12 months has your partner or ex-partner shaken a fist at you?

Q8 How often in the past 12 months has your partner acted like a bully toward you?
Q9 How often in the past 12 months has your partner or ex-partner destroyed something belonging to you?

Q10 How often in the past 12 months has your partner or ex-partner threatened to harm or damage things you care about?

Q11 How often in the past 12 months has your partner or ex-partner threatened to destroy your property?

Q12 How often in the past 12 months has your partner or ex-partner threatened someone you care about?

Q13 How often in the past 12 months has your partner or ex-partner threatened to hurt you?

Q14 How often in the past 12 months has your partner or ex-partner threatened to kill himself/herself?

Q15 How often in the past 12 months has your partner or ex-partner threatened to kill you?

Q16 How often in the past 12 months has your partner or ex-partner threatened you with a weapon?

Q17 How often in the past 12 months has your partner or ex-partner threatened you with a club-like object?

Q18 How often in the past 12 months has your partner or ex-partner acted like he/she wanted to kill you?

Q19 How often in the past 12 months has your partner or ex-partner threatened you with a knife or gun?

Q20 How often in the past 12 months has your partner or ex-partner held you down, pinning you in place?

Q21 How often in the past 12 months has your partner or ex-partner pushed or shoved you?

Q22 How often in the past 12 months has your partner or ex-partner grabbed you suddenly or forcefully?

Q23 How often in the past 12 months has your partner or ex-partner shaken or roughly handled you?

Q24 How often in the past 12 months has your partner or ex-partner scratched you?

Q25 How often in the past 12 months has your partner or ex-partner pulled your hair?

Q26 How often in the past 12 months has your partner or ex-partner twisted your arm?

Q27 How often in the past 12 months has your partner or ex-partner spanked you?

Q28 How often in the past 12 months has your partner or ex-partner bitten you?

Q29 How often in the past 12 months has your partner or ex-partner slapped you with the palm of his/her hand?

Q30 How often in the past 12 months has your partner or ex-partner slapped you with the back of his/her hand?

Q31 How often in the past 12 months has your partner or ex-partner slapped you around your face and head?

Q32 How often in the past 12 months has your partner or ex-partner hit you with an object?

Q33 How often in the past 12 months has your partner or ex-partner punched you?

Q34 How often in the past 12 months has your partner or ex-partner kicked you?

Q35 How often in the past 12 months has your partner or ex-partner stomped on you?

Q36 How often in the past 12 months has your partner or ex-partner choked you?

Q37 How often in the past 12 months has your partner or ex-partner burned you with something?

Q38 How often in the past 12 months has your partner or ex-partner used a club-like object on you?

Q39 How often in the past 12 months has your partner or ex-partner beaten you up?

Q40 How often in the past 12 months has your partner or ex-partner used a knife or gun on you?

Q41 How often in the past 12 months has your partner or ex-partner demanded sex whether you wanted it or not?

Q42 How often in the past 12 months has your partner or ex-partner made you have oral sex against your will?

Q43 How often in the past 12 months has your partner or ex-partner made you have sexual intercourse against your will?

Q44 How often in the past 12 months has your partner or ex-partner physically forced you to have sex?

Q45 How often in the past 12 months has your partner or ex-partner made you have anal sex against your will?

Q46 How often in the past 12 months has your partner or ex-partner used an object on you in a sexual way?

APPENDIX C

Multidimensional Measure of Emotional Abuse

The following questions ask about the relationship with your partner or ex-partner. Please report how often each of these things has happened in the past 6 months. Please select a number using the scale provided to indicate how often you have done each of the following things, and a number to indicate how often your partner has done each of the following things. Indicate how many times you have done this where it says "you," and how many times your partner has done this where it says "your partner". If you or your partner did not do one of these things in the past six months, but it has happened before that, select "7".

Q1 How many times in the past 6 months has your partner or ex-partner asked you where you had been or who you were with, in a suspicious manner?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q2 How many times in the past 6 months have you asked your partner or ex-partner where they had been or who they were with, in a suspicious manner?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q3 How many times in the past 6 months has your partner or ex-partner secretly searched through your belongings?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q4 How many times in the past 6 months have you secretly searched through your partner or ex-partner's belongings?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q5 How many times in the past 6 months has your partner or ex-partner tried to stop you from seeing certain friends or family members?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q6 How many times in the past 6 months have you tried to stop your partner or ex-partner from seeing certain friends or family members?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q7 How many times in the past 6 months has your partner or ex-partner complained that you spend too much time with friends?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q8 How many times in the past 6 months have you complained that your partner or ex-partner spends too much time with friends?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q9 How many times in the past 6 months has your partner or ex-partner gotten angry because you went somewhere without telling him/her?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q10 How many times in the past 6 months have you gotten angry because your partner or ex-partner went somewhere without telling you?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q11 How many times in the past 6 months has your partner or ex-partner tried to make you feel guilty for not spending enough time together?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q12 How many times in the past 6 months have you tried to make your partner or ex-partner feel guilty for not spending enough time together?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q13 How many times in the past 6 months has your partner or ex-partner checked up on you by asking friends or relatives where you were or who you were with?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q14 How many times in the past 6 months have you checked up on your partner or ex-partner by asking friends or relatives where they were or who they were with?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q15 How many times in the past 6 months has your partner or ex-partner called you worthless?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q16 How many times in the past 6 months have you called your partner or ex-partner worthless?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q17 How many times in the past 6 months has your partner or ex-partner called you ugly?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q18 How many times in the past 6 months have you called your partner or ex-partner ugly?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q19 How many times in the past 6 months has your partner or ex-partner criticized your appearance?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q20 How many times in the past 6 months have you criticized your partner or ex-partner's appearance?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q21 How many times in the past 6 months has your partner or ex-partner called you a loser, failure, or similar term?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q22 How many times in the past 6 months have you called your partner or ex-partner a loser, failure, or similar term?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q23 How many times in the past 6 months has your partner or ex-partner belittled you in front of other people?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q24 How many times in the past 6 months have you belittled your partner or ex-partner in front of other people?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q25 How many times in the past 6 months has your partner or ex-partner said that someone else would be a better partner (better spouse, better girlfriend, or boyfriend)?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q26 How many times in the past 6 months have you said that someone else would make a better partner (better spouse, better girlfriend, or boyfriend)?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q27 How many times in the past 6 months has your partner or ex-partner become so angry that they were unable or unwilling to talk?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q28 How many times in the past 6 months have you become so angry that you were unable or unwilling to talk?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q29 How many times in the past 6 months has your partner or ex-partner acted cold or distant when angry?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q30 How many times in the past 6 months have you acted cold or distant when angry?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q31 How many times in the past 6 months has your partner or ex-partner refused to have any discussion of a problem?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q32 How many times in the past 6 months have you refused to have any discussion of a problem?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q33 How many times in the past 6 months has your partner or ex-partner changed the subject on purpose when you were trying to discuss a problem?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q34 How many times in the past 6 months have you changed the subject on purpose when your partner or ex-partner was trying to discuss a problem?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q35 How many times in the past 6 months has your partner or ex-partner refused to acknowledge a problem that you felt was important?

Never
Never in the last 6 months, but it has happened before
Once
Twice
3-5 times
6-10 times
11-20 times

Q36 How many times in the past 6 months have you refused to acknowledge a problem that your partner or ex-partner felt was important?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q37 How many times in the past 6 months has your partner or ex-partner sulked or refused to talk about an issue?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q38 How many times in the past 6 months have you sulked or refused to talk about an issue?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q39 How many times in the past 6 months has your partner or ex-partner intentionally avoided you during a conflict or disagreement?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q40 How many times in the past 6 months have you intentionally avoided your partner or ex-partner during a conflict or disagreement?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q41 How many times in the past 6 months has your partner or ex-partner become angry enough to frighten you during a conflict or disagreement?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q42 How many times in the past months have you become angry enough to frighten your partner or ex-partner during a conflict or disagreement?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q43 How many times in the past 6 months has your partner or ex-partner put his/her face right in front of your face to make a point more forcefully?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q44 How many times in the past 6 months have you put your face right in front of your partner or ex-partner's face to make a point more forcefully?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q45 How many times in the past 6 months has your partner or ex-partner threatened to hit you?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q46 How many times in the past 6 months have you threatened to hit your partner or ex-partner?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q47 How many times in the past 6 months has your partner or ex-partner threatened to throw something at you?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q48 How many times in the past 6 months have you threatened to throw something at your partner or ex-partner?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q49 How many times in the past 6 months has your partner or ex-partner thrown, smashed, hit, or kicked something in front of you?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q50 How many times in the past 6 months have you thrown, smashed, hit or kicked something in front of your partner or ex-partner?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q51 How many times in the past 6 months has your partner or ex-partner driven recklessly to frighten you?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q52 How many times in the past 6 months have you driven recklessly to frighten your partner or ex-partner?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q53 How many times in the past 6 months has your partner or ex-partner stood or hovered over you during a conflict or disagreement?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

Q54 How many times in the past 6 months have you stood or hovered over your partner or ex-partner during a conflict or disagreement?

- Never
- Never in the last 6 months, but it has happened before
- Once
- Twice
- 3-5 times
- 6-10 times
- 11-20 times

APPENDIX D

Social Reactions Questionnaire

The following is a list of behaviors that other people responding to a person who has experienced abuse often show. Please indicate how often you experienced each of the listed responses from other people by placing the appropriate number in the blank next to each item.

0	1	2	3	4
NEVER	RARELY	SOMETIMES	FREQUENTLY	ALWAYS

____ 1. TOLD YOU IT WAS NOT YOUR FAULT

____ 2. PULLED AWAY FROM YOU

____ 3. WANTED TO SEEK REVENGE ON THE PERPETRATOR

____ 4. TOLD OTHERS ABOUT YOUR EXPERIENCE WITHOUT YOUR PERMISSION

____ 5. DISTRACTED YOU WITH OTHER THINGS

____ 6. COMFORTED YOU BY TELLING YOU IT WOULD BE ALL RIGHT OR BY HOLDING YOU

____ 7. TOLD YOU HE/SHE FELT SORRY FOR YOU

____ 8. HELPED YOU GET MEDICAL CARE

____ 9. TOLD YOU THAT YOU WERE NOT TO BLAME

____ 10. TREATED YOU DIFFERENTLY IN SOME WAY THAN BEFORE YOU TOLD HIM/HER THAT
MADE YOU UNCOMFORTABLE

____ 11. TRIED TO TAKE CONTROL OF WHAT YOU DID/DECISIONS YOU MADE

____ 12. FOCUSED ON HIS/HER OWN NEEDS AND NEGLECTED YOURS

____ 13. TOLD YOU TO GO ON WITH YOUR LIFE

____ 14. HELD YOU OR TOLD YOU THAT YOU ARE LOVED

____ 15. REASSURED YOU THAT YOU ARE A GOOD PERSON

____ 16. ENCOURAGED YOU TO SEEK COUNSELING

____ 17. TOLD YOU THAT YOU WERE TO BLAME OR SHAMEFUL BECAUSE OF THIS EXPERIENCE

____ 18. AVOIDED TALKING TO YOU OR SPENDING TIME WITH YOU

____ 19. MADE DECISIONS OR DID THINGS FOR YOU

____ 20. SAID HE/SHE FEELS PERSONALLY WRONGED BY YOUR EXPERIENCE

____ 21. TOLD YOU TO STOP THINKING ABOUT IT

____ 22. LISTENED TO YOUR FEELINGS

____ 23. SAW YOUR SIDE OF THINGS AND DID NOT MAKE JUDGMENTS

____ 24. HELPED YOU GET INFORMATION OF ANY KIND ABOUT COPING WITH THE
EXPERIENCE

____ 25. TOLD YOU THAT YOU COULD HAVE DONE MORE TO PREVENT THIS EXPERIENCE
FROM OCCURRING

____ 26. ACTED AS IF YOU WERE DAMAGED GOODS OR SOMEHOW DIFFERENT NOW

____ 27. TREATED YOU AS IF YOU WERE A CHILD OR SOMEHOW INCOMPETENT

____ 28. EXPRESSED SO MUCH ANGER AT THE PERPETRATOR THAT YOU HAD TO CALM HIM/HER
DOWN

____ 29. TOLD YOU TO STOP TALKING ABOUT IT

____ 30. SHOWED UNDERSTANDING OF YOUR EXPERIENCE

____ 31. REFRAMED THE EXPERIENCE AS A CLEAR CASE OF VICTIMIZATION

____ 32. TOOK YOU TO THE POLICE

____ 33. TOLD YOU THAT YOU WERE IRRESPONSIBLE OR NOT CAUTIOUS ENOUGH

____ 34. MINIMIZED THE IMPORTANCE OR SERIOUSNESS OF YOUR EXPERIENCE

____ 35. SAID HE/SHE KNEW HOW YOU FELT WHEN HE/SHE REALLY DID NOT

____ 36. HAS BEEN SO UPSET THAT HE/SHE NEEDED REASSURANCE FROM YOU

____ 37. TRIED TO DISCOURAGE YOU FROM TALKING ABOUT THE EXPERIENCE

____ 38. SHARED HIS/HER OWN EXPERIENCE WITH YOU

____ 39. WAS ABLE TO REALLY ACCEPT YOUR ACCOUNT OF YOUR EXPERIENCE

____ 40. SPENT TIME WITH YOU

____ 41. TOLD YOU THAT YOU DID NOT DO ANYTHING WRONG

____ 42. MADE A JOKE OR SARCASTIC COMMENT ABOUT THIS TYPE OF EXPERIENCE

____ 43. MADE YOU FEEL LIKE YOU DIDN'T KNOW HOW TO TAKE CARE OF YOURSELF
____ 44. SAID HE/SHE FEELS YOU'RE TAINTED BY THIS EXPERIENCE

____ 45. ENCOURAGED YOU TO KEEP THE EXPERIENCE A SECRET
____ 46. SEEMED TO UNDERSTAND HOW YOU WERE FEELING

____ 47. BELIEVED YOUR ACCOUNT OF WHAT HAPPENED
____ 48. PROVIDED INFORMATION AND DISCUSSED OPTIONS

APPENDIX E

Eating Attitudes Test 26

What is your birthdate

What is your gender?
- ❍ Man
- ❍ Woman

What is your height?

What is your current weight?

What was your highest weight (excluding pregnancy)?

What was your lowest adult weight?

What is your ideal weight?

Q1 I am terrified of being overweight
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q2 I avoid eating when I am hungry
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q3 I find myself preoccupied with food
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q4 I have gone on eating binges where I feel that I may not be able to stop
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q5 I cut my food into small pieces
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q6 I am aware of the calorie content of the foods that I eat
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q7 I particularly avoid foods with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q8 I feel that others would prefer if I ate more
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q9 I vomit after I have eaten
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q10 I feel extremely guilty after I have eaten
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q11 I am preoccupied with a desire to be thinner
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q12 I think about burning up calories when I exercise
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q13 Other people think that I am too thin
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q14 I am preoccupied with the thought of having fat on my body
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q15 I take longer than others to eat my meals
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q16 I avoid foods with sugar in them
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q17 I eat diet foods
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q18 I feel that food controls my life
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q19 I display self-control around food
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q20 I feel that others pressure me to eat
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q21 I give too much time and thought on food
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q22 I feel uncomfortable after eating sweets
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q23 I engage in dieting behavior
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q24 I like my stomach to be empty
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q25 I have the impulse to vomit after meals
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

Q26 I enjoy trying new rich foods
- ❍ Always
- ❍ Usually
- ❍ Often
- ❍ Sometimes
- ❍ Rarely
- ❍ Never

In the past 6 months, have you:

Gone on eating binges where you feel that you may not be able to stop?
- ❍ Never
- ❍ Once a month or less
- ❍ 2-3 times a month
- ❍ Once a week
- ❍ 2-6 times a week
- ❍ Once a day or more

Ever made yourself sick (vomited) to control your weight or shape?
- ❍ Never
- ❍ Once a month or less
- ❍ 2-3 times a month
- ❍ Once a week
- ❍ 2-6 times a week
- ❍ Once a day or more

Ever used laxatives, diet pills, or diuretics (water pills) to control your weight or shape?

- ❍ Never
- ❍ Once a month or less
- ❍ 2-3 times a month
- ❍ Once a week
- ❍ 2-6 times a week
- ❍ Once a day or more

Exercised more than 60 minutes a day to lose or to control your weight?

- ❍ Never
- ❍ Once a month or less
- ❍ 2-3 times a month
- ❍ Once a week
- ❍ 2-6 times a week
- ❍ Once a day or more

Lost 20 pounds or more in the past 6 months?

- ❍ Yes
- ❍ No

APPENDIX F

BINGE EATING SCALE

The BES is a 16-item questionnaire assessing the presence of certain binge eating behaviors which may be indicative of an eating disorder.
Below are groups of statements about behavior, thoughts, and emotional states. Please indicate which statement in each group best describes how you feel.

Q1

- I do not think about my weight or size when I'm around other people.
- I worry about my appearance, but it does not make me unhappy.
- I think about my appearance or weight and I feel disappointed in myself.
- I frequently think about my weight and feel great shame and disgust.

Q2

- I have no difficulty eating slowly.
- I may eat quickly, but I never feel too full.
- Sometimes after I eat fast I feel too full.
- Usually I swallow my food almost without chewing, then feel as if I ate too much.

Q3

- I can control my impulses towards food.
- I think I have less control over food than the average person.
- I feel totally unable to control my impulses toward food.
- I feel totally unable to control my relationship with food and I try desperately to fight my impulses toward food.

Q4

- I do not have a habit of eating when I am bored.
- Sometimes I eat when I am bored, but I can often distract myself and not think about food.
- I often eat when I am bored, but I can sometimes distract myself and not think about food.
- I have a habit of eating when I am bored and nothing can stop me.

Q5

- Usually when I eat it is because I am hungry.
- Sometimes I eat on impulse without really being hungry.
- I often eat to satisfy hunger even when I know I've already eaten enough. On these occasions I can't even enjoy what I eat.
- Although I have not physically hungry, I feel the need to put something in my mouth and I feel satisfied or only when I can fill my mouth (for example with a piece of bread).

Q6 After eating too much:

- I do not feel guilty or regretful at all.
- I sometimes feel guilty or regretful.
- I almost always feel a strong sense of guilt or regret.

Q7

- When I'm on a diet, I never completely lose control of food, even in times when I eat too much.
- When I eat a forbidden food on a diet, I think I've failed and eat even more.
- When I'm on a diet and I eat too much, I think I've failed and eat even more.
- I am always either binge eating or fasting.

Q8

- It is rare that I eat so much that I felt uncomfortably full.
- About once a month I eat so much that I felt uncomfortably full.
- There are regular periods during the month when I eat large amounts of food at meals or between meals.
- I eat so much that usually, after eating, I feel pretty bad and I have nausea.

Q9

- The amount of calories that I consume is fairly constant over time.
- Sometimes after I eat too much, I try to consume few calories to make up for the previous meal.
- I have a habit of eating too much at night. Usually I'm not hungry in the morning and at night I eat too much.
- I have periods of about a week in which I imposed starvation diets, following periods of when I ate too much. My life is made of binges and fasts.

Q10

- I can usually stop eating when I decide I've had enough.
- Sometimes I feel an urge to eat that I cannot control.
- I often feel impulses to eat so strong that I cannot win, but sometimes I can control myself.
- I feel totally unable to control my impulses to eat.

Q11

- I have no problems stopping eating when I am full.
- I can usually stop eating when I feel full, but sometimes I eat so much it feels unpleasant.
- It is hard for me to stop eating once I start; I usually end up feeling too full.
- It is a real problem for me to stop eating and sometimes I vomit because I feel so full.

Q12

- I eat the same around friends and family as I do when I am alone.
- Sometimes I do not eat what I want around others because I am aware of my problems with food.
- I often eat little around other people because I feel embarrassed.
- I'm so ashamed of overeating; I only eat at times when no one sees me. I eat in secret

Q13

- I eat three meals a day and occasionally a snack.
- I eat three meals a day and I usually snack as well.
- I eat many meals, or skip meals regularly.
- There are times when I seem to eat continuously without regular meals.

Q14

- I don't think about impulses to eat very much.
- Sometimes my mind is occupied with thoughts of how to control the urge to eat.
- I often spend much time thinking about what I ate or how not to eat.
- My mind is busy most of the time with thoughts about eating.
- I seem to be constantly fighting not to eat.

Q15

- I don’t think about food any more than most people.
- I have strong desires for food, but only for short periods.
- There are some days when I think of nothing but food.
- Most of my days are filled with thoughts of food. I feel like I live to eat.

Q16

- I usually know if I am hungry or not. I know what portion sizes are appropriate.
- Sometimes I do not know if I am physically hungry or not. In these moments, I can hardly understand how much food is appropriate
- Even if I knew how many calories I should eat, I would not have a clear idea of what is, for me, a normal amount of food.

APPENDIX G

Demographics

Is English your first language?
__Yes
__No

What is your age?
_____

University Classification:
__Freshman
__Sophomore
__Junior
___Senior
__Graduate

Gender:
__Man
__Woman
__Transgender woman
__Transgender man
__Other
__Prefer not to answer

Sexual Orientation:
__Heterosexual
__Homosexual
__Bisexual
__Other
__Prefer not to answer

Current relationship status:
__Single
__in a dating relationship
__living with partner
__engaged
___married
___divorced
___widowed
__ other

Length of current relationship (if not currently in a relationship, length of most recent relationship) in months (12 months= 1 year; 24 months = 2 years, 36 months = 3 years:
_____

Ethnicity:
___Hispanic or Latino
___Not Hispanic or Latino

Race:
__White
__African American
__Hispanic
__Asian
__American Indian/Alaska Native
__Native Hawaiian or Other Pacific Islander
__More than one race please specify _____
__Other please specify _____

APPENDIX H

Attention Check:

(adapted from Hauser & Schwartz, 2015 and Oppenheimer, Meyvis, & Davidenko, 2009).

For the next item only, to demonstrate attention, respondents should click the *other* option and type “I read the instructions” in the corresponding text box.

Sports Participation

Which of these activities do you engage in regularly? (Select ALL THAT APPLY).

skiing
soccer
snowboarding
running
hockey
football
swimming
tennis
basketball
cycling
other

APPENDIX I

Debriefing Form

Thank you for participating in the present study, The Influence of Intimate Partner Violence and Help-Seeking on Eating Disorder Symptoms.

Intimate partner violence is a serious problem in society, which affects thousands each year. The current study aims to assess the relationship between victimization, others' reactions to the victim's attempt to seek help, and the development of eating disorder symptoms.

I appreciate your time and participation. If you have any questions or concerns, please feel free to contact the researcher now or at a later date. You may contact the researcher by phone through the Psychology Department 936-468-4402 or via email at amersonra@jacks.sfasu.edu.

Additionally, you may contact the Office of Research and Sponsored Programs at 936-468-6606 or via email at orsp@sfasu.edu.

If you feel any psychological distress or are currently in an abusive relationship or struggling with symptoms of an eating disorder, I encourage you to contact the SFA counseling Services office at 936-468-2401. The Counselors are located on campus in the Rusk Building, 3rd floor. If you are currently in an abusive relationship, in addition to the Counseling Services office the University Police Department (936-468-2608) or the Family Crisis Center (1-800-828-7233) can help you in leaving the situation.

VITA

After completing her work at Keller High School, Keller, Texas, in 2011, Rachel Amerson entered Texas State University at San Marcos, Texas. She received the degree of Bachelor of Arts from Texas State University in December 2014. In August 2015, she entered the Graduate School of Stephen F. Austin State University, and received the degree of Master of Arts in May of 2017.

Permanent Address: 1936 North St.
Nacogdoches, Tx 75962

American Psychological Association

This thesis was typed by Rachel Amerson