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THE EXPERIENCE OF RURAL BATTERED WOMEN:

OVERCOMING CHALLENGES

By

Joanna Legerski

B.S. Utah State University, Logan 2003

Thesis

presented in partial fulfillment of the requirements

for the degree of

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in Clinical Psychology

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The Experience of Rural Battered Women: Overcoming Challenges

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The purpose of this study is to examine the impact of physical isolation in rural battered women. The relationships between physical isolation, level of traumatic symptoms and social support are assessed. By definition rural women are usually geographically isolated, which may contribute to the difficulty of leaving abusive relationships. Strong rural, socio-cultural norms such as traditional gender and marital roles, combined with a lack of access to beneficial services may prevent rural victims from fleeing to safety. As a result victims may be even more vulnerable to their batterers. To more fully understand difficulties faced by battered women, archival data containing a community sample of 394 women, who had experienced violence in a current or past romantic relationship, were examined. Overall quantitative findings from this sample suggest that for battered women higher violence frequency and severity are associated with greater physical isolation. In addition, high trauma symptoms are associated with greater help-seeking. Findings obtained from qualitative and quantitative data discuss isolation, culture, frequency and severity of violence, social support, and trauma symptomatology in a battered female population. Findings may provide a deeper understanding that is sensitive to the needs of women living in rural settings.

Dedication

To my adored grandfathers
Golden Hansen Bingham and Sidney J Teuscher
and my beloved grandmothers
Alice Lenore Cazier Bingham and Zlata "Goldie" Johanna Tadevich Legerski Teuscher.
They would say they lived very humble and simple lives "in the country"
and yet their journal entries, private letters, and stories told
gave me courage to explore the voice of individuals
who need to be heard.

Acknowledgements

I would like to thank everyone who made contributions to this project. Most importantly, I would like to thank my thesis chair and program advisor, Christine Fiore, Ph.D., for her unwavering dedication, keen insight, and the gracious availability of her data for this project. Dr. Fiore has served as an important mentor and guide throughout my graduate school and thesis experience. Dr. Fiore's dedication to helping women and children through a variety of community and state-wide efforts has been extremely inspiring to me. I very much appreciate her support.

I would like to thank the other members of my committee, which includes David Schuldberg, Ph.D., Tom Seekins, Ph.D., and Nancy Arnold, Ph.D. for their hard work, insightful comments, and unfailing optimism toward this endeavor. Additionally, any ambitious enterprise such as a thesis needs a "wraparound" support team; therefore, I would also like to thank Ali Pepper, M.A. and my brother John-Paul Legerski, M.A. for their statistical guidance. John-Paul patiently availed himself many times at strange hours of the night from Lawrence, KS via telephone as I triple-checked my analyses. Last but not least, Cryse Heiner, M.A. made sure I ate "real meals" during the final writing phase, while her children Brant ("Peter Parker") and Olivia provided lots of hugs and kisses.

Finally, I would like to thank all the valiant individuals who contributed to the Domestic Violence Project. I sincerely hope that their voice will be considered as researchers, service providers, and advocates continue to strive to comprehend the unique challenges for rural and frontier populations enduring the experience of domestic violence.

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Chapter I

INTRODUCTION

One in four women in the United States is assaulted by her partner (National Center for Injury Prevention and Control, 2003). In the United States it has been estimated that two to three million women are assaulted by their partners each year (Straus & Gelles, 1990). As a result of violence in relationships, research has consistently reported evidence that battered women tend to experience trauma symptoms (Astin, Lawrence, & Foy, 1993; Houskamp & Foy, 1991; Kemp, Rawlings, & Green, 1991; Walker & Browne, 1985). Research on battering has found that Post-traumatic Stress Disorder (PTSD) positively correlates with severity of battering and low levels of social support (Astin et al., 1993; Dumas & Wahler, 1983; Houskamp & Foy, 1991). Research has also found that physical isolation may contribute to difficulty in leaving abusive situations (Ciarlo & Zelarney, 2002). In addition, it has been found that the more dependent a woman is upon her abuser; the more likely she is to suffer domestic violence (Crandall, Nathens, Kernic, Holt, & Rivara, 2004; Navin, Stockum & Campbell-Ruggard, 1993).

While the experience of battered women has been studied since the 1970's (Dobash & Dobash, 1979; Gayford, 1975; Gelles, 1976; Labell, 1979; Walker, 1979), the experience of rural battered women is not well understood. To date, prevalence and incidence rates of rural domestic violence is relatively unknown (Johnson, 2000); although some studies suggest that rural and urban communities experience family violence at similar rates (Bachman & Saltzman, 1995; Websdale, 1997). Rural and urban women may experience similar problems; however, geographic isolation, rigid family

roles and scarcity of resources may intensify problems faced by rural battered women (Adler, 1996; Goeckermann, Hamberger, & Barber, 1994; Kenkel, 2003; Olson, 1988). Considering the perspective of rural battered women is an active step in understanding the needs of this underserved population. Further evidence of the difficulties and obstacles experienced by rural victims of domestic violence, such as physical isolation, social support, cultural norms and traumatic experiences, may guide the design and implementation of programs and resources that may be more sensitive to the needs of women living in rural settings.

Rurality Defined

What constitutes a "rural" label is quite complex and is frequently described by what rural is not (rural areas generally have low population density, low services available, longer distances to travel to obtain services, etc.). For instance, using the Bureau of the Census definition, urban is defined very precisely, and rural is defined using exclusion criteria, meaning whatever is not urban is considered rural (Isserman, 2005; U.S. Census Bureau, 1995). A rural area is a "land mass" which has not been designated as urban and contains a population of less than 2,500 persons (Figure 1).

Secondly, the Office of Management and Budget (OMB) defines geographic designations as either metropolitan or micropolitan statistical areas, such that a metro area contains a core urban area of 50,000 or more population, and a micro area contains an urban core of at least 10,000 (but less than 50,000) population (U.S. Office of Management and Budget, 2005). In addition, each metro or micro area consists of one or more counties and includes the counties containing the core urban area, as well as any adjacent counties that have a high degree of social and economic integration (as

measured by commuting to work) with the urban core (Figure 2). The problem with the OMB definition is that many rural and metropolitan areas overlap (Isserman, 2005).

A third definition for rural is provided by the Economic Research Service with the U.S. Department of Agriculture (Figure 3) using a "rural-urban" continuum code (also known as the Beale code) by making distinctions between metro and non-metro counties by size and degree or urbanization or proximity to metro areas (U.S. Department of Agriculture, Economic Research Service, 2003). Lastly, a frequently forgotten area is the regions designated as "frontier," which is generally defined as areas based on a population of less than seven persons per square mile and characterized by extreme isolation (Figure 4).

Within rural policy and research, it is important to note that allocation of federal dollars has historically been designated by rates of population within counties and states.

Rural Montana. The state of Montana ranks fourth in size in the nation (approximately 145,000 square miles), but has a relatively low population (with only six states having fewer people) and consequently a very low population density (an average of 6.2 persons per square mile). Its major agricultural yield consists of cattle, wheat, barley, sugar beets, and hay. Its industrial production are mining, lumber, wood products, and food processing. In addition, tourism is an extremely important facet of Montana's economy. Personal income per capita for Montana residents in 2003 was $25,920, ranking it 45th in the nation (U.S. Bureau of Economic Analysis, 2006).

Ten federally recognized American Indian tribes are found within the state of Montana. Seven Indian reservations, all with rural or frontier geographic designations, are located in Montana: Blackfeet Indian Reservation, Crow Indian Reservation, Flathead

Indian Reservation, Fort Belknap Indian Reservation, Fort Peck Reservation, Northern Cheyenne Indian Reservation, and the Rocky Boys Indian Reservation. Members of the Little Shell tribe reside within the state of Montana although they are not federally recognized nor located on a reservation.

Western Montana encompasses approximately the western third of the state, roughly on a dividing line running north from Yellowstone National Park through Helena and Browning to the Canadian border. It includes the mountainous parts of Montana, including the Continental divide and the eastern slope of the Rocky Mountains. The estimated population for Western Montana, according to the US Census Bureau as of 2000, was 510,366 out of Montana's total estimated population of 926,865.

Only one community in the Western Montana region, Missoula, is a metropolitan statistical area. As of the United States 2000 Census, it had a total population of 57,053, making it the second-largest city in Montana, behind Billings. One other community, Kalispell, is a city located in Flathead County, Montana, USA. As of the 2000 census, the city of Kalispell had a total population of 14,223.

Women in Montana. Montana has the 8th smallest population of women in the United States (n = 460,000; 2000 Census data). Montana is much more rural than the rest of the country, with 66 percent of women living outside metropolitan areas, more than three times the national figure of 18 percent. Ninety percent of the female population in Montana is Caucasian; with American Indian women as the second largest group of women in the state (6%).

Domestic Violence Defined

Domestic violence, also known as wife battering, marital violence, spouse abuse or intimate partner violence is commonly defined as physical or sexually assaultive behavior, most often in the context of an intimate relationship, with the intent to control, intimidate, degrade, and/or harm (Bornstein, 2006; Briere & Scott, 2006). Research has found that emotional abuse also commonly occurs in domestic violence relationships (Claussen & Crittenden, 1991; Straus & Gelles, 1990).

Common Posttraumatic Responses

In violent relationships, symptoms related to traumatic stress may be displayed, such as: fatigue, helplessness, anxiety, memory loss, dissociation, and re-experiencing the traumatic event (Astin et al., 1993). Depression frequently occurs after a traumatic event such as battering (Vitanza, Vogel, & Marshall, 1995). Studies indicate that one of the most common co-morbid diagnoses with PTSD is depression (Breslau, Davis, Andreski, & Peterson, 1991; Kessler & McLeod, 1985). Survivors of a traumatic event may describe a loss in the ability to hope and trust, in addition to feeling a profound sense of emptiness (Herman, 1992).

Traumatic events, including domestic violence, vary in type and frequency, and just as the events themselves vary, so do the responses or the symptomatic outcome of the stressor vary by the victim. Of victims who have experienced rape, life threat and or physical injury, PTSD has been found to develop at a rate of almost 80% (Kilpatrick et al., 1989). In addition, post-traumatic stress related symptomatology has been found to correlate positively with the severity level of battering (Astin et al., 1993; Houskamp & Foy, 1991; Kemp et al., 1991).

Stressors and Violence

Not all persons who experience a traumatic event will develop PTSD or experience psychological distress. However, research indicates that certain factors can serve as a protective buffer or, conversely, put one more at risk for developing a stress response. Briere and Scott (2006) postulate that how an individual responds after a violent experience depends on the following factors: 1) variables specific to the victim, 2) characteristics of the stressor, and 3) response of individuals around the victim.

Research indicates that victim risk factors which may influence a traumatic stress response after a traumatic event may include: a previous history of trauma exposure (Breslau, Chilcoat, Kessler, & Davis, 1999; Ozer, Best, Lipsey, & Weiss, 2003), lower socioeconomic status (Rosenman, 2002), and female gender (Breslau et al., 1999; Leskin & Sheikh, 2002). Female gender is not a risk factor due to a lower capacity to handle stress than males; rather, females are more likely to experience trauma and stress due to gender inequality (Briere & Scott, 2006). Research on women's economic dependency has found that women with low-paying occupations have a significantly increased risk of staying in their abusive relationships (Rusbult & Martz, 1995). Family variables, such as presence of children in the home, availability of alternative housing, in addition to women's unemployment status, have also been found to be associated with a decreased likelihood of leaving their abusive relationship (Strube & Barbour, 1983, 1984).

Previous traumatic experiences from childhood have also been found to impact adult women who have been battered. A recent study found that repeated physical abuse during childhood triples the risk of becoming a battered adult (Coid et al., 2001). Early childhood experience apparently creates a template from which future adult experiences

are internalized (Perry & Pollard, 1998). Studies examining the impact of witnessing parental violence and the experience of physical abuse during childhood found this predicted a greater likelihood of violence and sexual assault in adult romantic relationships (Cloitre, Tardiff, Marzuk, Leon, & Portera, 1996; Maker, Kemmelmeier, & Peterson, 1998). Research on adults with a history of childhood sexual abuse has found an increased vulnerability to develop post-traumatic stress symptoms in adulthood; in addition to severity of symptoms, susceptibility has been linked to the type, duration and frequency of childhood trauma previously experienced (Briere, 1992; Briere, & Runtz, 1989).

Research has found characteristics of stressors within a violent event that may influence the development of a distressed response to include: intentional acts of violence (Briere & Elliot, 2000; Green, Grace, Lindy, & Gleser, 1990); presence of life threat (Holbrook, Hoyt, Stein, & Sieber, 2001; Ullman & Filipas, 2001); physical injury (Briere & Elliott, 2000; Foy, Resnick, Sipprelle, & Carroll, 1987); unpredictability and uncontrollability (Carlson & Dalenberg, 2000; Foa, Zinbarg, & Rothbaum, 1992); and sexual victimization (Breslau et al., 1991). Each of these stressor characteristics are generally found in the experience of domestic violence.

Impact of Social Support

Research suggests that social support plays a considerable role in both the battered woman's response to violence and to the psychological impact of the violence (Bosch & Schumm, 2004; Dutton, 1992; Tan, Basta, Sullivan, & Davidson, 1995). Previous research examining social support and psychological health has found a relationship such that individuals with more informal support are healthier than

individuals with limited supports (Cohen & Wills, 1985; Kessler & McLeod, 1985). Several studies examining battered women found that perceived social support was associated with lower levels of PTSD symptoms (Astin et al., 1993; Kemp, Green, Hovanitz, & Rawlings, 1995). An inverse relationship has also been found between perceived helpfulness of social supports and the frequency of trauma symptoms (Peters, Baldwin, Hopes, Peppenger, & Kennedy, 1998). Although evidence has not yet demonstrated a relationship between physical isolation and post-trauma adjustment for battered women, findings concerning social support and trauma suggest that social isolation may be a predictor of poor psychological outcomes following domestic violence (Lewis, 2002). In addition, the subcultural community values and beliefs may discourage women from seeking help or leaving a relationship that is violent. Violence within a cultural context that condones men's control of women and offers few supportive networks for protection or escape may represent the threat that ensures submission (Dutton, 1992; Gagné, 1992; Greeley, 1981). Therefore, it is important to recognize that the degree of isolation experienced by women may interact with the degree of community awareness and support, and may determine how much more likely women will be battered (Baumgartner, 1993). More current examination reveals the complexity of the role of social support (see Dunham & Senn, 2000; Lepore, 2001; Levendosky et al., 2004; Taylor, 2003; Ullman & Filipas, 2001).

Isolation and Domestic Violence

Ecological theorists view isolation as a factor in maladaptive stress response (Cochran & Brassard, 1979). Research suggests that isolation may increase family abuse and limit access to domestic violence resources (Pinn & Chunko, 1997; Websdale, 1995).

Physical isolation may compound the effects of social isolation and create conditions that become a critical factor in abusive relationships (Rosenberg & Reppucci, 1983). For example, an isolated rural family may turn to extended kin for support during adversity, but the family and kin may not have adequate means for dealing with stress (Urey & Henggeler, 1983).

When discussing issues for battered women, it is important to understand that although social isolation may be a product facing abuse experienced by both rural and urban women, geographical isolation may also contribute to the abuse (American Bar Association Commission on Domestic Violence, 1997; Navin, et al., 1993; Women's Rural Advocacy Programs, 1998). Rural women may be more physically isolated than non-rural women, which may contribute to difficulty in leaving their abusive situations (Ciarlo & Zelarney, 2002; Feyen, 1989; U.S. Census Bureau, 2000; Yoder, 1980).

Geographic isolation also plays a role in a person's finding and gaining access to beneficial resources, such as social and health services, childcare services, transportation, independent housing, education, and well-paying employment (Fletcher, Lunn, & Reith, 1996; Kenkel, 2003; Mulder, Kenkel, Shellenberger, et al., 2000). Common resources found in urban areas may be difficult to access, limited, or simply unavailable in rural areas. Shelters for battered women tend to be located in urban areas, and many intervention programs do not have the capacity to travel to pick up rural women very easily (Adler, 1996). In addition, law enforcement may have to cover a large area with short staffing, and therefore be unable to respond as quickly in isolated settings (Goeckermann et al., 1994).

Rural Domestic Violence

National prevalence rates have found that domestic violence occurs at similar rates for both rural and urban women (Bachman, 1992, 1994; Donnermeyer, 1995; U.S. Department of Justice, 1997); however, one study to date (Johnson & Elliot, 1997) has found rural women to have a higher incidence of abusive relationships (25%) than urban women living with male abusers (12%). In addition, higher rates of homicide are found in rural populations throughout the United States and frequently correlate with levels of poverty (U.S. Department of Justice, 2006). Although not all American Indian women live in rural areas, an additional concern is the finding that suggests that the third leading cause of death is homicide for American Indian women, aged 15 to 34 years of age (National Center for Injury Prevention and Control, 1998); and this is more likely to be at the hand of an intimate partner.

Within a non-rural setting a battered victim may have greater contact with formal and informal supports facilitated by geographical accessibility. Websdale (1997) described control tactics employed by rural abusive men, such as disassembling the phone receiver, locking the thermostat, destroying the automobile and discharging firearms, as effective tools to intimidate rural women, specifically in relation to the difficulty of leaving a residence on foot that is several miles away from a paved road or seeking help through supportive neighbors.

In addition to physical violence, batterers may use means other than life threat to control their partners. A recent study of rural domestic violence in Texas found social control, gossip, law enforcement, church, community attitudes and community resources as factors contributing to isolation (Revuelto, 2002). This study also found that batterers

manipulated these factors related to isolation as an effective weapon of control with their partners. In Gagné's (1992) study with Appalachian women, persuasive control was used by men to isolate women from each other. Gagné (1992) defined persuasive control as the nonviolent means to control women using tactics such as, denying transportation, forced parenthood and manipulating cultural acceptance of men's authority and domination over women. Within the Gagné study, although women tried to maintain regular contact with family and friends, geography, threats of violence, and use of persuasive control by their batterers presented barriers and increased isolation. As a result of coercive tactics combined with isolation, rural victims may be even more vulnerable or dependent upon their batterers.

Rural Culture

If a woman living in a rural setting chooses to leave her abuser, it is important to consider that she may be leaving her source of financial security (Anahita, 1998) and her family and social support systems (Davenport & Davenport, 1979; Navin, et al., 1993; Whipple, 1987). Work on a family farm or family run business becomes an issue if one considers that a victim's abuser may be her employer (Fletcher, Lunn, & Reith, 1996), or if other family members in the place of employment choose to take sides with the abuser and not the victim. In addition, rural women who leave their abusive relationships are more likely than urban women to be faced with such hardships as limited childcare and limited educational opportunities (Folk, Nickols, & Peck, 1989) combined with the prospect of fewer employment opportunities (Bushy, 1993; Gallagher & Delworth, 1993; Goldsmith, Puskin, & Stiles, 1993).

In addition to the dearth of accessible services, rural women may be faced with a culture that supports traditional marital roles displayed through non-responsive policing and members of the clergy that discourage women from leaving in preference for maintaining the sanctity of marriage (Bosch & Schumm, 2004; Kenkel, 2003; Websdale, 1997; Whipple, 1987). Anonymity also is in short supply in rural areas, as frequently police scanners are listened to for entertainment by the general population, friends and family may work in the sheriff's department or at the community medical center, and notification of arrests may be listed in the community newspaper (Adler, 1996; Goeckermann et al., 1994). Such lack of confidentially has been found to influence negatively rural women's choice to access social and medical services (Websdale & Johnson, 2005).

Victims may remain in dangerous relationships because of their agreement with patriarchal, religious, and/or cultural views, and their batterer's increased use of controlling tactics may be related to their interpretations of such views (Rotunda, Williamson, & Penfold, 2004). Hilbert and Krishnana (2000) postulate that some rural women who experience domestic violence are faced with cultural obstacles that are not often found in the experience of urban women, such as belief in self reliance, family loyalty, and the acceptability of disciplinary violence. For example, rural women may experience non-action or inadequate help from their community because attitudes have been found to support noninvolvement, lack of condemnation and acceptance of male dominance (Gagné, 1992; Revuelto, 2002). Evidence suggests that male batterers are more likely to injure or kill women when their role as patriarchs is threatened (Websdale, 1997); rural tradition may support the marital role and family values over the women's

need for safety (Alsdurf & Alsdurf, 1989; Gagné, 1992; Revuelto, 2002; Stacey & Shupe, 1983).

Hypotheses

The purpose of this research project was to examine battered women in the context of their geographic setting in order to understand better some of the problems women have when they consider accessing supportive resources. This study examined the trauma symptoms, frequency and severity of violence, social supports accessed, and qualitative experience of violence of battered women living in the country compared to battered women living in town. Given previously described research suggesting a relationship between social support and trauma symptoms (Astin et al., 1993; Dumas & Wahler, 1983; Houskamp & Foy, 1991) and research reporting that rural communities experience geographic isolation and scarcity of resources (Fletcher, Lunn, & Reith, 1996; Kenkel, 2003; Mulder et al., 2000), it was predicted that the group of battered women who identified "living in the country" would differ from the comparison group (identified as "in town") within this community sample of battered women. The anticipated finding was predicted to be influenced by a lower degree of resources accessed and to be associated with a lower degree of satisfaction with perceived support, such that battered women living in the country would have greater traumatic symptoms and experience greater frequency and severity of violence compared to their in town counterparts.

Specifically, this study predicted that 1) battered women living in the country would experience greater symptoms of traumatic stress than battered women living in town as measured by the Trauma Symptom Checklist-33 (TSC-33); 2) women living in the country would be less engaged in social support than women living in town as

measured by interview responses and from the Legal/Medical Questionnaire; 3) battered women living in the country would have experienced more frequent and severe violence than battered women living in town, as measured by the Conflict Tactics Scale (CTS); 4) that perceived greater social support would be associated with lower levels of trauma symptoms in both women living in town and women living in the country; and 5) all women who have experienced previous childhood abuse will display greater traumatic distress within adult violent relationships.

Chapter II

METHODS

Participants

The participants in this study were 394 adult women between the ages of 18 and 63 (M = 31.35, SD = 11.1) who reported experiencing moderate to severe physical violence in a romantic relationship. The sample was composed of primarily Caucasian women (89%). The rest of the participants were American Indian (5%), Hispanic (2%), African American (.5%), Asian (.5%), and mixed race or another ethnic category (3%). This sample is representative of the degree of diversity found in the state of Montana. All the participants reported that their violence occurred with a male romantic partner.

Recruitment

Archival data containing a community sample of women who had experienced violence in a current or past romantic relationship was examined. Data were previously gathered by Christine Fiore, Ph.D. and her research team for the purpose of examining violent relationships, although the factor of rural location had not yet been analyzed.

This project was limited to women, as research has found that women are more likely than men to suffer injuries within their violent romantic relationships (Cascardi & Vivian, 1995; Sorenson, Upchurch, & Shen, 1996).[1] Subjects were recruited from communities across Western Montana, as well as from the University of Montana Introductory Psychology Pool.

Subjects in the community were recruited through newspaper advertisements, flyers and communication with shelters and support groups for battered women. The flyers and advertisements stated:

> "Violence in relationships. Research volunteers needed. We are looking for women to participate in a study investigating violence in relationships. We are interested in talking with women from the community who: are currently involved in a violent relationship and do not intend to leave; are currently involved in a violent relationship and are thinking about leaving; have left a violent relationship within the past year; or have left a violent relationship more than one year ago. Participants will receive $10 in appreciation of their time. All contact will be strictly confidential."

Women who participated in the study, as stated in the advertisement, were reimbursed $10 for their participation. Students who participated from the Introductory Psychology program received up to eight experimental credits for their participation.

Inclusion Criteria

Eligibility of women to participate in this study was assessed during a telephone screening procedure and also confirmed by responses on the Conflicts Tactics Scale (CTS; Straus, 1979). In order to be eligible as a participant a woman had to have experienced at least four or more moderate incidents of violence (e.g., pushed, grabbed, slapped or threatened to hit or throw something) or one incident of severe violence (e.g.,

[1] However, this study recognizes that other forms of violence in romantic relationships exist, such as female perpetrators with male victims, same-sex partner violence, as well as mutual violence between partners.

beat up, threatened with a knife or gun, forced the other to perform sexually against their will), within a period of one year. This approach to screening is similar to that used by other studies in the field (e.g., Jacobson et al., 1994; Kemp et al., 1995).

Measures

Participants completed an individual interview and a series of questionnaires that assessed variables related to demographic information, severity and frequency of violence, social support, and trauma symptomatology.

Conflict Tactics Scale

This questionnaire is a 19-item self-report instrument which measures the occurrence of behaviors used to resolve conflict within the past year, with responses ranging from "never" to "more than 20 times" (Straus, 1979, Form N). For the purpose of this study, the CTS was modified to include a question about sexual assault during the violent relationship (see Appendix A). For the analyses concerning extent of any aggression, the scores were averaged using the 0-6 point scales to determine frequency of aggression. This measure was used in this study as a screening tool to assess the extent of violence experienced in the participant's romantic relationship, as well as to ensure that she met criteria for this study. The manner in which this measure was used in this research project is similar to how it was applied in previous research using a portion of this dataset by Kennedy (1996). The study by Kennedy (1996) found the overall scale to have an *alpha* of .88 in a sample of 191 women. Taylor (2003) reported Chronbach's *alphas* with a sub-sample of this data set (n =168) containing an *alpha* of .91 for the Total Violence score. The Physical Aggression subscales, as defined in version Form N of the 1979 Conflict Tactics Scale (see Table 2), were used in the current analyses (n =

394). Internal consistency reliabilities for these scales were .87 for Minor Physical Aggression, .81 for Severe Physical Violence, and .91 for the Total Violence Score.

Domestic Violence Interview

The first component of data collection involved a semi-structured interview of 35 questions detailing the progression of the relationship, experiences with leaving, social and community support, relationship details, stressors and risk factors, current feelings of their partners, and influence of the experience on their lives. The interview was designed to provide an opportunity for women to express themselves, to build interviewer-participant rapport, and to provide validation and qualitative information to supplement the paper and pencil measure. In this study, interviews provide additional descriptive information regarding social supports and specific barriers to supportive resources.

Demographic Questionnaire

A demographic questionnaire addressed background information including residence during location of last violent relationship (in town, in the country, or both), age, education, occupation, race, and income. Other information gathered included current and past experiences of violence in romantic relationships, timing of last violent relationship, current contact with abusive partner, fear and distress related to any current contact with abusive partner, support-seeking behaviors during the violent relationship, and information about any children from the relationship.

Trauma Symptom Checklist-33 (TSC-33)

This instrument is a brief symptom-oriented abuse inventory, containing 33 items that was developed to be used as a measure of traumatic impact, providing a broader perspective on post-trauma symptoms than a pure measure of PTSD (Briere & Runtz,

1989). There are five main areas that are assessed by this checklist, including dissociation (e.g., "feeling that you are not always in your body"); anxiety (e.g., "having trouble breathing"); depression (e.g., "uncontrollable crying"); post-sexual abuse trauma (e.g., "flashbacks"); and sleep disturbance (e.g., "nightmares"). Participants report how often in the past two months they have experienced specific symptoms of trauma ranging from "never" to "very often."

According to Briere & Runtz (1989), the Trauma Symptom Checklist-33 has good internal consistency, with an overall *alpha* of .89, with an average subscale *alpha* of .71. The *alphas* of specific subscales ranged from .66 to .75. Research application of this instrument with a sample of battered women (n =191) found coefficient *alphas* of .92 overall and subscale *alphas* ranging from .70 to .79 (Fiore & Kennedy, 2000). A recent study using this dataset by Taylor (2003) with a sub-sample of 168 battered women found an overall *alpha* of .95. In the current sample (n = 394), the following Chronbach's *alphas* were obtained: .82 for the Dissociation Subscale; .84 for the Anxiety Subscale; .82 for the Depression Subscale; .77 for the Post-sexual Abuse Trauma Subscale; .80 for the Sleep Disturbance Subscale; and .95 for the Total Score.

Legal/Medical Questionnaire

Participants were also asked a variety of questions related to their experiences with the legal and/or medical systems during their violent relationship. Of interest to this study are participant ratings of perceived supportive advice received from a variety of potential social supports (e.g., judicial resources, crisis hotline, clergy, therapist, relative, etc.) found within the Legal Medical Questionnaire.

Procedure

Participants in this study were offered a choice of several meeting places in their community. In the Missoula area, options included the Clinical Psychology Center at the University of Montana and the YWCA. In other communities in Western Montana, options to meet were provided at mental health centers, churches, community centers, shelters, or other facilities viewed as safe and convenient for participants. American Indian women were also actively recruited on reservations and in the Western Montana region.

Participants were advised that they were participating in a study of the responses, needs, and beliefs of women who had experienced violence in their relationships. Before beginning the research procedure, informed consent was obtained from the participant and she was assured of her monetary reimbursement regardless of a decision whether to continue or discontinue her research participation.

A semi-structured interview with the participant was conducted to gain additional information on the characteristics of the violence in their relationships. The interview was audio taped for later transcription by trained research assistants. The interviews took an average of one to three hours to complete, depending on the experiences and expressiveness of the participants.

Following the interview, participants completed a packet of questionnaires, some of which are discussed in detail below. Only a subset of the larger questionnaire packet measures was examined in this present study and are included in an appendix of this text. Upon completion of the questionnaires, participants were debriefed and offered a list of resources in their community.

Comparison Groups

For this current study, participants were split into groups for comparison, consisting of a group reported as "in town" and a group of women reported as "in the country." Participants had three options to choose from when describing where they lived during the time of their violent relationship: 1) "lived in the country," 2) "lived in town," and 3) "lived in both country and town." The original members of the research team, who created the categories of residence as "lived in the country" and "lived in town," considered subjects that labeled themselves as living in the country as rural because "lived in town," was perceived as referring to an area which may be described as having neighbors close enough to hear calls of distress. Within this project's examination of how small communities and geographic isolation may affect a battered woman's experience, women who rated themselves within the "both" category (n = 40) and yet provided descriptive details within their interview of geographic isolation during their violent relationship were absorbed into the "country" category, and the "both" category was abandoned.

A limitation to this study is that "lived in town" can be considered a perceived response and may have included women who would have been coded by the U.S. Census as having lived in an urban area, a suburban area, micropolitan or rural area; however, for many a rural experience is a subjective experience. One may move to the country from an urbanized area and keep one's views of urban living while living in a rural designated area. Other individuals may consider "country" a type of lifestyle regardless of setting. Considering large areas of Montana are designated as "frontier" (less than 6 persons residing per square mile), there is a strong possibility that our groups of "country" and

"town" may in actuality be defined as rural, frontier, urban or suburban. Interview data are used in this project to provide rich descriptions of such subjective experiences.

Design and Analyses

First, descriptive statistics and frequencies summarized the demographic characteristics of our sample. Second, descriptive statistics, including mean, standard deviation, range, and Chronbach's *alphas*, were calculated for each variable used in the analyses (See Table 1). Third, independent samples *t*-tests with Levene's Test for Variance were performed on demographic variables of relevance for examining potential group differences between our country and town groups in the areas of frequency and severity of violence. Fourth, *chi square* statistics were computed to evaluate differences between our country and town groups in the areas of access of social supports, perceived helpfulness or satisfaction of social supports, and presence of childhood history of sexual abuse. Fifth, partial correlation analyses examined the relationship between a) number of social supports accessed and level of trauma symptoms and b) perceived helpfulness of social supports with level of trauma symptoms, controlled for the months since last violent. Sixth, a univariate analysis of covariance (ANCOVA) was performed to examine the relationship between perceived supportiveness of social support (not accessed, positive support, or negative support) and trauma symptoms, with time away from violence held as a covariate. Within the total sample and by geographic location, post hoc simple contrasts were also performed using a K matrix, to determine significance of trauma symptoms between the groups defined by negative support, positive support, and not accessed support. Seventh, a univariate analysis of covariance (ANCOVA) was performed to examine the relationship between childhood sexual abuse

and trauma symptoms, with time away from violence as a covariate. All statistical data were analyzed using SPSS version 15.0. Finally, interviews from a sample of women "in the country" (n =103) within our dataset are presented to provide a richer description of obstacles faced by rural battered women.

Chapter III

RESULTS

Demographics

Within this archival dataset there are 103 women in the country group and 291 women in the town group. The group sizes are unequal due to the fact that the original conception for use of these data was not designed to analyze geographical location.

Independent samples t-tests with Levene's Test for Variance were performed on demographic variables of relevance to examine potential group differences (see Table 1). Country and town women did not differ significantly in income, years of education, time away from violent relationship, and existence of childhood history of childhood abuse. However, there was a statistically significant difference in age of the research participants between the two groups; the country group having a higher mean age [M = 34.79, SD = 11.6; $t(391) = -3.598$, $p < .001$] than the town group (M = 30.24, SD = 10.9). The magnitude of differences in the means was small (eta-squared = .032). Due to the small effect size the variable of age was not used as a covariate in the analyses of this study. Although time away from violent relationship was not found to differ between the groups, prior research (Fiore & Kennedy, 2000) using portions of this dataset indicates that this variable would have clinical significance for reporting trauma symptoms;

therefore, time away from violent relationship was used as a covariate when examining trauma symptoms.

Severity and Frequency of Violence

For the country sample the mean score for Physical Aggression measured by the Conflict Tactics Scale was found to differ statistically significantly *(M* = 26.6, *SD* = 16; *t*(392) = -2.147; *p* <.05) from the comparison sample (*M* = 23.3; *SD* = 12.8). The magnitude of the differences in the means was small (eta-squared .011).

Using a 0 (never) to 6 (20 or more times) point scale indicating the frequency of violent acts during any 12-month period of their violent relationships, the mean frequency of minor physical violence was 15.6 (*SD* = 7.1; *t*(392) = -1.536; n.s.), for country participants and 14.5 (*SD* = 6.5), for the comparison group. The mean frequency of severe physical violence for the country participants in our study was found to be statistically significant (*M* = 11.0; *SD* 9.5; *t*(392) = -2.442; *p* < .05) when compared to the comparison sample (*M* = 8.8; *SD* = 7.1). The magnitude of the differences in the means was very small (eta-squared = .006).

Incidence of severe physical violence against the country participants by their violent partners within a 12 month period was described as follows: kicking, biting, or hitting with fist (74% vs. 69% comparison); hit or tried to hit with something (72% vs. 72% comparison); being beaten up (63% vs. 56% comparison); threats with knife or gun (48% vs. 36% comparison); and injury with knife or gun (24% vs. 17% comparison). Three variables describing severe violence were found to occur at a statistically significant higher rate for the country sample (see Table 3). In addition, forced sexual

intercourse during their violent relationships was reported by 65% of the country sample and 56% by the comparison group.

The mean frequency of country participants being beaten up within their violent relationships was found to be statistically significant ($M = 2.5$; $SD = 2.6$; $t(391) = -1.976$, $p < .05$) when compared to the comparison sample ($M = 2.0$; $SD = 2.3$). The magnitude of the differences in the means was small (eta-squared = .010). The mean frequency of threats with a knife or gun were also found statistically significant by our country participants ($M = 1.5$; $SD = 2.2$; $t(390) = -2.883$, $p < .01$) when compared by our comparison group ($M = .94$; $SD = 1.7$). The magnitude of the differences in the means was small (eta-squared = .020). The mean frequency of injury with a knife or gun was also found to be statistically significant ($M = .81$; $SD = 1.9$; $t(392) = -2.008$, $p < .05$) when compared by our comparison group ($M = .45$; $SD = 1.3$). The magnitude of the differences in the means was small (*eta*-squared = .011).

For the entire sample the mean score for Physical Aggression measured by the Conflict Tactics scale was 24.1 (out of a possible 48 points). The majority of participants (88%) reported experiencing at least one act of severe physical violence during their violent relationship. The mean frequency of minor physical violence for the total sample was 14.7 ($SD = 7$), and the mean frequency of severe physical violence was 9.4 ($SD = 7.9$). Incidence of severe physical violence against the participants by their violent partners was described as follows: kicking, biting, or hitting with fist (71%); kicking, biting, or hitting with something (72%); being beaten up (56%); threats with knife or gun (37%); and injury with knife or gun (17%).

Forced to perform sexually during the violent relationship was reported by 59% of the total participants. When asked about the frequency of forced sexual performance during a twelve month period of the violent relationship, 13% reported experiencing one incident of forced sexual activity ($N = 49$), 6% two incidents ($N = 23$), 11% three incidents ($N = 43$), 11% six to 10 incidents ($N = 42$), 5% 11 to 20 incidents ($N = 19$), 13% more than 20 incidents ($N = 48$). In addition, eight participants endorsed having been forced to perform sexually on at least one occasion during the course of the violent relationship.

Trauma Symptoms

Frequencies of symptoms calculated for the overall sample indicated that participants reported a mean Trauma Symptom Checklist-33 summary score of 30.1 ($SD = 17.2$). A one-way between-groups Analysis of Covariance was conducted to compare the difference of trauma symptoms by country or town status. The independent variable was location of victim during her violent relationship (country or town), and the dependent variable was the score on the Trauma Symptom Checklist-33. The variable "time away from last violent relationship" was used as a covariate in this analysis. There was no significant difference between our two groups on overall trauma symptom scores [$F(1,362) = .83$, n.s.]. There was a weak or non-existent relationship between groups on trauma symptoms, as indicated by a partial eta-squared value of .00. ANCOVAs were performed for each of the subscales (Dissociation, Anxiety, Depression, Post-sexual Abuse Trauma, and Sleep Disturbance), and no significant differences were found between our country and comparison groups. Mean scores on subscales are explained in Table 3.

Social Support

Participants were asked to rate the formal and informal supports that they accessed and if they perceived the help to be supportive. The percentages of country participants and comparison group reported accessing informal resources are as follows: friends (90% vs. 88% comparison); neighbor (48% vs. 45% comparison); and relative (78% vs. 74% comparison). The following percentages of country participants and comparison group reported accessing the following formal resources: therapist (81% vs. 68% comparison); clergy (46% vs. 34% comparison); hotline (52% vs. 38% comparison). Within our sample the following components of legal system were utilized by country participants: police (50% vs. 48% comparison); prosecution (24% vs. 20% comparison); judge (32% vs. 24% comparison); and court (36% vs. 30% comparison). *Chi square* test performed for each of the supports accessed found no significant differences between the country and town groups in the areas of police, prosecution, court, clergy, relative, neighbor, or friend. However, the hotline resource was accessed significantly more by the country participants [χ^2 (44) = 5.152; $p < .05$]. Therapist was also accessed more frequently by women in our country group [χ^2 (69) = 5.091; $p < .05$]. Even though statistically significant results were few for resource access, the trends suggest that women living in the country during the time of the violent relationship accessed these two formal resources more than the comparison group (see Table 4).

Of those who accessed resources, the following percentages of participants found resources at least somewhat supportive friend (90% country vs. 96% comparison); neighbor (67% country vs. 73% comparison); relative (79% country vs. 84% comparison); therapist (81% country vs. 91% comparison); clergy (58% country vs. 63%

comparison); hotline (80% country vs. 77%); court (54% country vs. 40% comparison); judge (58% country vs. 55% comparison); prosecution (52% country vs. 60% comparison); police (48% country vs. 53% comparison). *Chi square* tests were performed for each of the perceived resources, and no statistically significant differences were found between our country and town groups (see Table 5 and 6).

Trauma Symptoms and Social Support

Partial correlation was used to explore the relationship between numbers of social supports accessed and level of trauma symptoms, with months since last violent relationship held as a control variable. Statistical significance was found for the relationship between numbers of social supports accessed and level of trauma symptoms [$r = .196$, $n = 356$, $p < .001$]. An inspection of the zero order correlation [$r = .196$] suggested that levels of trauma symptoms were higher for individuals who accessed more supportive resources.

Partial correlation was used to explore the relationship between number of perceived supportive social supports and level of trauma symptoms, with months since last violent relationship help as a control variable. No statistically significant relationships was found between number of perceived supportive social supports experience and level of trauma symptoms [$r = .035$, $n = 355$, n.s.]. An inspection of the zero order correlation [$r = .035$] suggested that number of supports accessed that individuals perceived as positive had very little relationship to the strength of the relationship between levels of trauma symptoms.

A 2 by 3 between-groups Analysis of Covariance was conducted to assess the relationship between perceived helpfulness of each social support for women living in the

country during the time of their violent relationship and our comparison group and their current level of traumatic symptoms (see Table 7). The independent variables were type of perceived social support (not accessed, positive experience, negative experience) and location status (country or town). The dependent variable was scores of the Trauma Symptom Checklist. The variable "time away from last violent relationship" was held as a covariate to control for individual differences.

Friend. No significant interaction effect of support of friend by location status was found [F (2,317) = .38, p = .69] for trauma symptoms. However, the main effects of perceived support of friend was statistically significant [F (2,317) = 8.2, $p < .001$], with a small effect size (partial eta-squared = .05). Further post hoc analyses found a significant difference between friend not accessed [M = 29.6; SD = 18.2] and perceived negative support from friend [M = 45.7; SD = 21.5; $p < .01$] on level of trauma symptoms, suggesting that those receiving negative support from friend had a higher level of trauma symptoms. In addition perceived negative support [M = 45.7; SD = 21.5; $p < .001$] was statistically significant when compared to positive support from friend [M = 29.0; SD = 16.7]. The main effect for location status was not statistically significant [F (1,317) = .06, p = .80].

Neighbor. No significant interaction effect of support of neighbor by location status was found [F (2,288) = 1.1, p = .35] for trauma symptoms; however, the main effects of perceived support of neighbor were statistically significant [F (2,288) = 3.9, $p <$ .05], with a small effect size (partial eta-squared = .03). Further post hoc analyses found a significant difference between neighbor not accessed [M = 28.7; SD = 17.0] and perceived negative support from neighbor [M = 36.5; SD = 21.6; $p < .01$] on level of

trauma symptoms, suggesting that those receiving negative support from neighbor had a higher level of trauma symptoms. In addition, perceived negative support [$M = 36.5$; $SD = 21.6$; $p < .05$] was statistically significantly different from positive support from neighbor [$M = 30.1$; $SD = 17.1$]. The main effect for location status was not found statistically significant [F (1,288) = .32, $p = .57$].

Relative. A significant interaction effect of support of relative by location status was found [F (2,308) = 3.8, $p = .024$] for trauma symptoms. In addition, the main effects of perceived support of relative were statistically significant [F (2,308) = 10.4, $p < .001$], with a medium effect size (partial eta-squared = .06). Further post hoc analyses found a significant difference between relative not accessed [$M = 27.5$; $SD = 17.9$] and perceived negative support from relative [$M = 39.7$; $SD = 21.4$; $p < .001$] on level of trauma symptoms, suggesting that those receiving negative support from relative had a higher level of trauma symptoms. In addition, perceived negative support [$M = 39.7$; $SD = 21.4$; $p < .001$] differed significantly when compared to positive support from relative [$M = 29.1$; $SD = 15.9$]. The main effect for location status was not found statistically significant [F (1,308) = 1.0, $p = .32$].

Therapist. No significant interaction effect of support of therapist by location status was found [F (2,306) = 1.18, $p = .31$] for trauma symptoms; however, the main effect of perceived support of therapist was statistically significant [F (2,317) = 8.2, $p < .001$], with a small effect size (partial eta-squared = .008). Further post hoc analyses found a significant difference between therapist not accessed [$M = 25.2$; $SD = 17.3$] and perceived negative support from therapist [$M = 35.5$; $SD = 21.3$; $p < .01$] on level of trauma symptoms, suggesting that those receiving negative support from therapist had a

higher level of trauma symptoms. In addition, perceived negative support [M = 35.5; SD = 21.3; n.s.] did not differ significantly compared to positive support from therapist [M = 31.8; SD = 16.7]. The main effect for location status was not statistically significant [F (1,306) = .05, p = .83].

Clergy. No significant interaction effect of support of clergy by location status was found [F (2,283) = .57, p = .56] for trauma symptoms; however, the main effects of perceived support of clergy was statistically significant [F (2,283) = 8.4, p < .001], with a medium effect size (partial eta-squared = .06). Further post hoc analyses found a significant difference between clergy not accessed [M = 28.6; SD = 16.4] and perceived negative support from clergy [M = 41.8; SD = 22.8; p < .001] on level of trauma symptoms, suggesting that reported unsupportive support from clergy had a higher level of trauma symptoms. In addition, perceived negative support [M = 41.8; SD = 22.8; p < .001] was statistically significant when compared to positive support from clergy [M = 28.6; SD = 15.7]. The main effect for location status was not statistically significant [F (1,283) = .57, p = .45].

Hotline. No significant interaction effect of support of hotline by location status was found [F (2,291) = .37, p = .69] for trauma symptoms. Neither of the main effects was statistically significant [hotline: F (2,291) = 2.23, p = .11; location: F (1, 291) = .67, p = .41]. These results suggest that neither location nor how supportive the hotline was perceived affected trauma symptoms after adjusting for covariance.

Court. No significant interaction effect of support of court by location status was found [F (2,343) = .68, p = .51] for trauma symptoms; however, the main effects of perceived support of court was statistically significant [F (2,343) = 5.4, p < .01], with a

small effect size (partial eta-squared = .03). Further post hoc analyses found a significant difference between court not accessed [M = 28.3; SD = 16.1] and perceived negative support from court [M = 36.3; SD = 18.8; p = .001] on level of trauma symptoms, suggesting that those receiving negative support from court had a higher level of trauma symptoms. In addition, perceived negative support [M = 36.3; SD = 18.8; $p < .05$] was statistically significant when compared to positive support from court [M = 30.1; SD = 18.4]. The main effect for location status was not statistically significant [F (1,343) = .01, p = .93].

Judge. No significant interaction effect of support of judge by location status was found [F (2,343) = .97, p = .38] for trauma symptoms; however, the main effects of perceived supportive of judge was statistically significant [F (2,343) = 7.7, p = .001], with a small effect size (partial eta-squared = .04). Further post hoc analyses found a significant difference between judge not accessed [M = 28.4; SD = 16.4] and perceived negative support from judge [M = 39.9; SD = 20.8; p = .001] on level of trauma symptoms, suggesting that those receiving negative support from court had a higher level of trauma symptoms. In addition, perceived negative support [M = 39.9; SD = 20.8; $p <$ .01] was statistically significant when compared to positive support from judge [M = 30.4; SD = 15.5]. The main effect for location status was not statistically significant [F (1,343) = .04, p = .84].

Prosecution. No significant interaction effect of support of prosecution by location status was found [F (2,343) = .53, p = .59] for trauma symptoms. Neither of the main effects was statistically significant [prosecution: F (2,343) = 2.86, p = .06; location: F (1, 343) = .26, p = .61]. However, further post hoc analyses found a significant

difference between prosecution not accessed [M = 29.2; SD = 16.9] and perceived negative support from prosecution [M = 39.9; SD = 20.8; $p < .05$] on level of trauma symptoms suggesting that those receiving negative support from court had a higher level of trauma symptoms. In addition, perceived negative support [M = 39.9; SD = 20.8; $p < .05$] was statistically significant when compared to positive support from prosecution [M = 29.8; SD = 14.6].

Police. No significant interaction effect of support of police by location status was found [F (2,348) = 1.59, p = .21] for trauma symptoms. Neither of the main effects was statistically significant [police: F (2,348) = 1.28, p = .28; location: F (1, 348) = .28, p = .60]. These results suggest that neither location nor how supportive the police was perceived, affected trauma symptoms.

Childhood Sexual Abuse

Thirty percent of participants within our total sample described a history of childhood sexual abuse. Thirty-six percent of country participants reported childhood sexual abuse compared to twenty-seven percent in the comparison group (see Table 8). A test for *chi square* indicated that a difference between group on previous history of child sexual abuse was not significant [χ^2 (365) = 2.82; n.s].

A 2 by 2 between-groups Analysis of Covariance was conducted to assess the relationship between a history of childhood sexual abuse and traumatic stress symptoms of women in their adult violent relationships. The independent variables were history of childhood sexual abuse and location status. The dependent variable was scores of the Trauma Symptom Checklist. The variable “time away from last violent relationship” was held as a covariate to control for individual differences. No significant interaction effect

was found [F (1,360) = 1.3]; however, the main effect of childhood sexual abuse on trauma symptoms was statistically significant [F (1,360) = 14.51, $p < .001$], although with a small effect size (partial eta-squared = .04). The main effect for location status was not statistically significant [F (1,360) = .011, $p = .92$]. These results show that regardless of location, women with a childhood history of sexual abuse report higher trauma symptoms as an adult with a violent relationship experience than those without a history of childhood sexual abuse.

Interview Exploration

The analysis of interview transcripts was conducted to examine the experience of rural battered women. Although we may not be able to infer "real" meaning through the use of statistical and qualitative means (Wolcott, 2001), examination of interviews provide an opportunity to more deeply understand women's experience. Two anecdotal descriptions of experience that were of most interest to this study were the account of barriers women overcame to seek help in rural settings and depiction of geographic isolation and its role in women's help-seeking.

Isolation

Historically people in rural areas help each other in emergency situations, although severe geographic isolation can be a deterrent in obtaining help when needed as described by victim 287:

> "Our house burned down at 2 am with no neighbors and we had a near death thing because it was [a really bad] winter. We had the car battery and mobile phones in the house, and it just burned until morning and we didn't have anything to wear, no clothes, nothing. [We] stayed outside and alive [for several days] until

> someone, a friend, just intuitively pulled up. The doctors don't know why we survived."

Within the examination of rural women's battered experience, 27 women describe being threatened or shot at by the use of a gun. Interestingly 100% of these women also described living in isolation as a factor of control manipulated by their partner. One may wonder how great the degree of threat to life may be for these individuals. If a gun were to go off in an isolated area, who would hear and come to the victim's aid?

Victim 030 mentioned that she was frequently held hostage with a gun to her head and she was also controlled by the threat to kill her horse. In addition to gun use, victim 280 proudly described herself having never been harmed by a knife because: "the knives always managed to miss me because I was too quick." Some rural women mentioned that they would hide their partners' weapons as a means of protecting themselves against a potential life threat. Victim 287 gave this example:

> "We lived pretty much out of town, isolated for about 10 years…He had [made] lots of threats that he'd kill me first and then kill himself. I ended up calling a sheriff a couple times. One time I went ahead and pressed charges for partner assault. He was on probation for a year and [during] that time…all the guns had to go, I made sure of that. So the minute that year ended, you could tell he was just free again to hit."

Findings within the interviews suggest that the more a victim was isolated from family (i.e. mother, father), friends, and community supports, the greater the likelihood or fear that help would not be available or arrive in time if needed. Victim 310 described her situation succinctly: "By the time [the police] get here, I could be dead and buried in

the woods." This statement was almost a reality for victim 523: "One time he thought I was dead and started to dig a grave in the back yard for me. But I woke up. [A lady] came over and hid me in the church. Why, pretty much in a bed [at the church] for weeks." Isolation that impacted stay/leave decision-making influenced victim 525:

> "He was strangling me up against a wall and kicking a 17 month old baby with his boots on. I wanted to leave but we were so far out. Our car didn't start well in good weather and it was like 35 below zero. I knew if he heard that engine turn over and we didn't get going, we were really dead. We would have to use the sheriff which was over an hour away. It had to get super bad before I [left]…and the one time you left, where did you go?"

Women living in isolated areas suggest their partner would use distance from others as a means of control. Participant 519 explained: "He wanted a place way out in the country…to keep me so isolated. He really wanted me out of touch and far away from reality and other people." Participant 505 described her experience of isolation as: "We lived out in the country 20 miles out of town. He went out of town on a job and slashed my tires, cut my timing belt, and pulled my spark plugs and I was literally stuck out there because I didn't know anybody." Victim 178 reported that she lived in a small community with a lack of resources and she would need to travel 130 miles to receive any type of community services. Another victim [16] described her barrier to help-seeking as simply related to her isolation from others: "The nearest town was 30 miles." When the victim confronted her violent partner he simply replied: "Pshaw, what are you going to do?!" indicating his awareness that she existed in a seemingly helpless situation.

Stigma and Culture

Women within this study described experiences suggesting culture influenced gender inequalities for some women encouraging an ideology of what women and men "should" do. Victim 305 stated that when a women's center was opened in her frontier community the women who ran the center were shunned, called "lesbian bitches," and the building was eventually destroyed. Victim 016 described her life in Alaska before her partner "chased [her]" to Montana as: "everybody beats their wives there, 90-95%, and cops don't do anything. It is condoned." Victim 305 stated that against her husband's wishes she worked outside the home to support her family because the "ranch only supported itself." She described her husband's family as "[the men of the household] were 'hick ranchers' and the women were just maids. His mom never had a penny [of her own] until age 75 when she got Social Security."

Certain belief structures of victims also influenced their decision to seek help. Some evidence was found that victims faced difficulty in help-seeking due to their cultural norms. Participant 004 was raised believing that seeking counseling or psychological services was "ungodly and out of the question." Participant 300 explained:

> "We lived on farms and we were very, very rural folk. Everyone in our little community was, it was kind of a different culture,…my aunts and uncles who couldn't make a living at farming just as soon stand on the road and die than to access public assistance or you know welfare or food stamps or whatever. That was just how it was. You do things on your own."

Other women were raised in a family that also experienced violence: [265] "I grew up in a violent home where my father was the victimizer and my mother was the

victim and I believed that being so isolated [influenced] all husbands [to] beat their wives, basically." [525] "My mother never said no to my dad. I thought it was normal… My parents gave the impression that if you love somebody you do what they want you to do, otherwise you don't love them."

Some women were also taught that they "deserved" the abuse they received from their partner: [308] My mother said, "You make your bed you lie in." [586] I had been taught that there was no such thing as divorce…I knew I basically needed to be kept in line. [211] My father [told me] "women ask for it if they get beat up." [233] My brother said, "Mom, told me why you left…you know, there's just some times that a woman needs a good beating from time to time."

Help-seeking behaviors were also limited by a lack of an awareness of who to seek help from. Participant 46 remarked: "I was deterred by not knowing what to do. There were barriers and I didn't know how to get through barriers." Participant 556 also explained:

> "His parents didn't think there was anything wrong, because his dad was exactly like him and his mother wouldn't have said anything because she was treated just as badly as I was treated…I'm from a small town, hick country, you know. You didn't even know what a psychologist was! You're just not exposed to that kind of stuff. I mean, my mom didn't go to anybody. Wish she had, but she didn't, and you just kind of do what your folks do."

Fear pertaining to lack of confidentiality or stigma in a small community was also an issue of concern for some women. Participant 556 clarified: "because [if] you tell the wrong person, everybody in the county's going to know about it, and then they'll all

think, well, what'd [she] do [to deserve it]?" Another [37] worked at the hospital and wouldn't go in to be taken care of, so she called in sick. One victim [305] lived in an isolated area and worked as a counselor at a mental health center and stated that the size of her town prohibited accessing help, as well as she was "the one who helped other get out" and therefore felt that there was no one else to turn to. Participant 280 also added the deterrent of shame in small communities as a measure that prevented her from seeking supportive resources:

> "Shame of being in a small town and having people find out [interfered with help-seeking]. Fear of repercussions, fear of people finding out that I wasn't the picture perfect mother, I didn't have the perfect relationship and that I was a failure. I'm a single mom with three kids and didn't want to end up like everybody else, especially on a reservation because everybody I knew was split up, divorced or their parents were raising their children and that was not what I ever wanted to be."

Social Supports and Resources

Women within our study encountered difficulty in having social supports recognize that violence in a relationship as unacceptable. Attempts to utilize resources were often met with frustration and lack of effective assistance.

One woman [38] asked for help from her friends and they replied that they "didn't want to get involved." Another women [15] explained how hopeless she felt knowing that the police would not do anything to help her. She stated, "The police were afraid of him. They wouldn't touch him and they *told* me they wouldn't. They said you need to get out."

Instead of protection when seeking supportive resources, some women experienced the aggravation of protection given to *their abuser* through the "good ole boy" network. Victim 554 described police officers as protecting her husband and not coming to her aid due to the fact that she was an outsider in the community. She reports: "The cop even made a comment to me that 'I had no family in [Town X] can't you just go home to your daddy?' I was in hysterics, like, no – I can't go back to my daddy and I need your help…" Another participant [595] recalled:

> The emergency medical technician arrived at the scene of the domestic dispute and laughed and made jokes about wife beatings. When [I] said, "I want him arrested, I want him out of here, take him to a hospital, take him to jail, take him somewhere because obviously he's not safe to be with and it takes you guys 45 minutes to get here." The police officers and EMT just laughed and did nothing.

Other women were barred help due to relationships and friendships of the abuser. For example the perpetrator themselves may be a sheriff [116] or police [309], attorney [519] or judge. Participant 304 explained:

> "He lived here quite a while and his father flew with the judge. The judge told me I was taking advantage of my custody case because I called the police. I guess I was supposed to be waiting to be beat the shit out of before I was supposed to call anybody."

Of additional concern are the stories of women who sought out and had been rejected by members of the community who have pledged "to do no harm." One woman [521] asked for help through her church community and was told, "You need to be more submissive. You need to have that gentle spirit and he won't get that way."

Participant 265 gave this example:

> "[He] called me at the hospital with threats to cut me up with a razor blade and pour lemon juice on them out in the woods where no one else could hear. "[I told the] doctor that I was afraid to go home after I'd had my baby, because I [was] afraid my husband [was] going to beat me," and he said, "What do I look like, a social worker?" and walked out the door." I asked the priest for help [and was told] to go back to my husband."

In addition, sometimes victims are hesitant to call the police or press charges because they know this will increase their partner's anger towards them. Participant 100 explains: [I] called the cops a lot, they were quick to respond, but [I] never pressed charges. [The police] were frustrated that [she] wouldn't file charges and explained that "there was not much they could do." Participant 98 stated that she was afraid to seek medical attention because if they "called the cops" she would "get beat more." Another participant [55] remarked that she sent her partner to jail three times for domestic abuse and she still believes that he will kill her once he gets out of jail. He told her, "If I can't have you, nobody can."

A positive example of services accessed is described by participant 521: after meeting with the participant's husband the counselor was quiet for a minute and then said, "I'm really sorry that it got that bad and it's not your fault. You did nothing. You realize that you did nothing to bring that on. And it is not your fault. He's responsible for his own actions." The participant recalled that this statement "shook her expectations, because [she] expected to be blamed for [her] husband's anger."

These interviews support the importance of isolation and rural culture as a factor in the help-seeking of rural battered women. Rural women portrayed their experience as enduring much related to their difficulty of leaving their violent relationship. Isolated women may perceive a lack of protection, lack of support and lack of opportunities as barriers towards improving their lives in such a way that they begin to defer to their cultural community and accept men's authority. Themes within this study suggest abusers may isolate their victims and limit access to available supports for seeking help and/or leaving the relationship. In addition, rural battered women are faced with stigma and cultural barriers as they seek resources. If limited existing resources are not supportive of a rural woman's help-seeking, future acts of help-seeking may be minimized.

Chapter IV

DISCUSSION

This study was conducted in order to contribute to the knowledge base regarding rural domestic violence. Interpretations from this study may be limited in that archival cross-sectional data from a community sample of battered women was used to examine differences of experience in groups of women living in greater or lesser degrees of geographical isolation from a dataset not designed to be used in this manner. At this time, we do not know if this dataset clearly captures rural and non-rural differences, but instead may actually compare rural and frontier populations.

Although this study contains limitations, few studies on battered women explore battering from a community sample (e.g., Barnett, Martinez, & Keyson, 1996; Dunham & Senn, 2000; Kemp et al., 1995). In addition, this study explores in greater detail types of

social supports received (formal and informal) and perception of received support (negative, positive, and not accessed). Findings from interview data provide further detail of helpful and unhelpful actions from others which may be of importance to service and resource providers. Well intended service providers, family and friends may become frustrated that battered women may return to their batter or fluctuate during their "stay-leave" decision making (Barnett & LaViolette, 1993; Dutton, 1995). This study attempts to further elucidate the complexity of the issue and provide examples that may better guide service delivery.

To accomplish this aim the investigator compared the experiences of battered women living in the country or in town during their violent relationship using a cross-sectional method to examine a number of factors. In addition, interview data was analyzed within the country subpopulation (n = 103) to explore description of barriers which may have been influenced by geographic isolation and culture. This study hypothesized greater traumatic symptoms, greater frequency and severity of violence, lower resource access and perceived supportiveness for women living in the country than for our comparison group of women living in town during their experience of partner violence. In addition, this study hypothesized a relationship between greater trauma symptoms for women with a history of childhood sexual abuse.

Trauma Symptoms and Severity of Violence

While examining country and town differences based on trauma symptoms, there were few significant differences found between the two groups. Levels of trauma symptoms were not found to be significantly different between groups, even while holding for the covariate of "time away from violence." A likely explanation may be that

regardless of location or culture women may experience symptoms of traumatic stress during and/or after violence within their intimate relationships. It is also important to note that our groups may be more similar than different as we do not have a true representativeness of urban versus rural. Our finding may also be due to the fact that traumatic stress symptoms may have a stronger relationship to some other factor, such as previous history of childhood abuse.

Findings from this study suggest women living in the country did indeed experience more frequent and severe violence in their relationships than the comparison group. Three variables of severe violence (eg. beat up, threats with a weapon, and injury with a knife or gun) were found to occur at a statistically significant higher rate for the rural sample. Anecdotal interviews frequently mention guns, weapons, and isolation as contributing to battered women's increased threat of death. Within rural areas, gun and weapon ownership is sanctioned (Wainer & Chesters, 2000), and guns may be a necessary tool for protection and food source; however, such tools may also be manipulated. Weapon ownership may contribute to increased level of life threat and contribute to the severity of violence towards women in isolated settings.

Social Support

Theories related to social resources suggest emotional and psychological support given by others such as friends, family, and neighbors, may affect a victim's emotional state and coping strategies (Williams & Joseph, 1999). Previous research indicates a link between social support and psychological health, suggesting individuals with informal support are healthier than individuals with limited supports (Cohen & Wills, 1985;

Kessler & McLeod, 1985). This suggests that social support may mediate the impact of domestic violence on the development of trauma symptoms.

This study hypothesized that women who had accessed a higher number of supportive resources would be found having lower levels of traumatic distress. Contrary to prediction, data gathered from this community sample revealed that higher levels of social supports accessed was associated with higher levels of traumatic stress, suggesting that perhaps due to their distress women actively sought more help. Greater frequency of supportive resource access may also be influenced by increases in violence severity or increased degree of life threat. Previous research by Flitcraft (1995) found increased service utilization in domestic violence related to frequency of violence against women. Therefore, there is a need for further research to explore if women seek help at a greater rate related to the higher degree of violence frequency and severity, as well as level of trauma symptoms.

Social support can be operationalized in several ways, such as availability or accessibility of supportive resources, perceived helpfulness or satisfaction of social support, and a frequency measure of support or help-seeking behaviors. In addition, different types of helping resources may be available to battered women such as institutional resources (i.e., criminal justice, legal, medical and mental health services), and social resources (i.e., friends, family, neighbors, and clergy). Even with the availability of supportive resources, women in violent relationships may feel hesitant or embarrassed to ask for support or advice (Barnett, Martinez, & Keyson, 1996; Dunham & Senn, 2000). In addition, research indicates that family and friends may disapprove of

getting involved in helping a battered woman, and may be less likely to offer support when asked (Mitchell & Hodson, 1983).

Existing rural research has found that rural battered women typically report less access to supportive resources and therefore it would appear that rural battered women would have greater trauma symptoms. This finding was not supported within our study; in fact, some resources were accessed at a greater rate by rural women than by our comparison group. Within our sample, country women accessed hotline and therapist resources significantly more than our comparison group. Supportive resources such as therapist and hotline may contain similar features such as the increased level of confidentially as well as an increased awareness and acceptance of the damaging effects of violence. In addition, the increased use of hotline for country women may be related to the belief that the hotline provider may be less likely to be a member of the victim's community or social network. Reasons why country women may have accessed therapist and hotline resources at a greater degree may be related to beliefs and/or previous experiences, suggesting that family, friends, police, clergy, etc may not be supportive.

Findings within this study suggest that although country women accessed therapists and hotline more frequently than our comparison group, the majority of formal (police, judge, clergy, etc.) and informal (friends, family, neighbor, etc) supports were accessed at a similar rate. Further exploration of perceived supportiveness of accessed supports yielded interesting and unexpected results when we further examined the relationship between severity of trauma symptoms and satisfaction with resources accessed which deserve more attention in a future study.

Social Support and Trauma Symptoms

Within our study, findings suggest that for women living in the country who reported perceived negative supportiveness during their help-seeking through a relative or family member experienced significantly higher trauma symptoms than the "in town" comparison group. Further post-hoc analysis found that for both groups of women, higher trauma symptoms were experienced if they perceived to experience negative support from the following formal (prosecution, judge, court, clergy, and therapist) and informal (relative, neighbor, and friend) resources. In addition, findings suggest that with the exception of perceived supportiveness of police, all women who experienced negative support had higher trauma symptoms when compared to those who did not access these resources. This finding could have many contributing factors which deserve further research attention.

Research by Lepore (2001) suggests that interactions with others during help-seeking and the use of resources can have a negative or positive effect on a victim's level of distress, dependent on the victim's perceived level of receptive support. However, there are several possible explanations which may contribute to findings within our sample. First, higher trauma symptoms for battered women who experienced negative support may be 're-traumatized' and respond with a worsening of symptoms. An alternative is that women with higher trauma symptoms seek assistance from formal or informal resources that are not able to adequately respond given their training or understanding of need. As a cross-sectional study this is not possible to differentiate statistically. In either case, further research is needed in this area to determine how formal and informal resources may influence symptoms. In addition, those who seek to

provide supportive service may need to know in greater detail how to appropriately respond to women who have experienced violence.

Previous research by Levendosky et al. (2004) reported that poor quality of support experienced by battered women may be due to the finding that the individuals within the battered women's support network may have similar characteristics as the women seeking help. Battered women compared to non-battered women, turned to social resources that had fewer psychological resources to offer and provided increased criticism. In addition, a study by Bosch and Schumm (2004) examining the experience of battered women found rural women in abusive relationships were more likely to have family, friends, and coworkers blame the victim and either ignored or condoned the abuse. Bosch and Schumm found that due to their non-supportive sources of support rural battered women were less likely to access services and supportive resources. Interestingly, a trend emerged indicating that within our sample, country women accessed social supports in a greater percentage than our comparison group.

Anecdotally, women living in the country within our study describe many challenges to their help-seeking. First they need to get help, and second they need to access supportive resources, both challenging for some women in rural areas. Many women describe their frustrating experience of not being able to gain support, and when they do overcome obstacles to access help, they may realize that the help or support they are given is not what they need. Research indicates that women who are abused are often depressed. For one that seeks help and then denied a supportive response, they may identify with their helpless situation and decrease further help-seeking actions or

conversely they may continue to seek supportive resources until they eventually receive the type of help they feel that is appropriate for them.

Childhood Sexual Abuse

Thirty percent of participants within our study described a history of childhood sexual abuse. This study found that regardless of location or degree of geographic isolation, women with a childhood history of sexual abuse report higher trauma symptoms as an adult with a violent relationship experience. Findings within this study support previous research indicating the lifetime risk associated with early childhood sexual abuse experience. Studies have found that abuse during childhood may increase the risk of becoming an adult victim of violence (Classen, Pallesh, Aggarwal, 2005; Coid et al., 2001; Elliott, Mok, & Briere, 2004). Research on childhood trauma suggests that not only is childhood abuse a risk factor for adult trauma symptoms but also leaves people at risk for lost developmental opportunities (Cloitre, Cohen, & Koenen, 2006). Research of adults with a history of childhood sexual abuse has found an increased vulnerability to post-traumatic stress symptoms in adulthood (Cloitre, Scarvalone, & Difede, 1997). In addition to severity of symptoms, adult susceptibility has been linked to the type, duration and frequency of childhood trauma (Briere, 1992; Briere, & Runtz, 1989).

Rural Communities

While rurality is defined by the U.S. Census as low population density, there exists in rural life a 'high acquaintance density,' which may become problematic during the help-seeking process for rural women (Lewis, 2003). Acquaintance density can be operationalized as the degree of personal and community ties known by the residents

within their community (Freudenbury, 1986). Seeking help through clergy or a nurse practitioner may be an appropriate source for support in geographically isolated areas; however, if a neighbor or friend runs into the victim while meeting with this support, feelings of shame or stigma may make it difficult to continue with the help-seeking process (Royse, 1999). Instead of helping the victim, the lack of social privacy in rural communities combined with strong traditional views and gender ideologies may protect the batterer (Dutton, 1994).

Battered women in our study who lived in the country described overcoming a number of barriers in order to access help. The barriers reported include: limits to confidentiality, fear of exposure, and fear of public humiliation. In addition, the need to protect the family and "save face" may be a manipulative tactic used by an abuser to control their victim. While these tactics may occur in both rural and urban areas, geographically isolated victims may have fewer accessible resources, whereas, victims in more metropolitan settings may be able to travel to the next community or have greater options within their community in acquiring help (Adler, 1991; Goeckermann, 1994).

Isolation

Within our study, several women described isolation as a factor in their decision to leave or stay within their violent relationship. These women chose to postpone their decision to leave until they were quite sure that the departure would be successful and without harm to themselves or their children. Other women reported that they felt that if they could not leave successfully, then they preferred enduring their violence rather than risk death. At least one woman reported that she was not afraid of death for herself, but finally left her abusive relationship once she realized that upon her death her violent

partner would either kill their children or they would be left parentless for the foster care system. Research on women and violence nationwide has reported that 1,300 homicides occur each year related to intimate partner violence (National Center for Injury Prevention and Control, 2003). Women who are afraid to leave may be justified in their helpless feelings as research indicates that even women who have left their abusive partners still remain at risk for continued violence (Campbell et al., 2003; Fleury, Sullivan and Bybee, 2000).

Interview examination within this study suggests isolation may also increase the risk for violence by batterers because violence may be easier to keep hidden. In isolated areas, batterers may manipulate factors such that neighbors may not be aware of abuse, or prefer to not interfere, as well as if a request for help is given, police may have a delay in arrival time due to geographic distance. Several women have described successful tactics to lessen their violent experience such as use of unannounced visits from family and friends to effectively deter their partner from battering. One woman convinced her spouse that she should move into town for the sake of their children's schooling while he remained on the farm. This woman remained in her violent relationship but protected herself by decreasing both violent contact and degree of isolation.

Rural communities are highly diverse, differing in population size, subcultures, diversity of individuals, and employment patterns (Joseph & Martin-Matthew, 1993; Judd et al., 2002). Conversely, rural and remote areas generally share some of the same cultural characteristics, such as a tendency to rely first on family for help and then their friends and community when in need of support (Kessler, McGongale, Zhao, et al., 1994; Regier, Hirschfeld, Goodwin, et al., 1988). When geographically isolated from formal

supports, reliance upon family and friends can be viewed as a creative and self-reliant means for survival; however, if a victim's family is unable to help due to their own isolation and/or beliefs towards violence then an isolated victim may have to overcome more help-seeking barriers than victims in settings with greater accessibility to supportive helping resources.

Overall, this study suggests that women reported as living "in the country" or "in town" may experience trauma symptoms, access supportive resources, and have a previous history of childhood sexual abuse at similar rates. As hypothesized, severity and frequency of battering were found to occur at a greater rate within our "living in the country" sample. Findings within this study report a greater rate of social support accessed by women experiencing high trauma symptoms. Higher trauma symptoms were also experienced by women receiving negative social support. Although we stress the importance of refraining from interpreting our findings causally, these findings are essential when discussing the needs of rural battered women. It may be that women with high trauma symptoms seek help at a greater rate. In addition, these findings may reflect women with high trauma symptoms are not adequately served by social supports available in their community. If indeed negative support experiences contribute to greater trauma symptoms service providers should strive to react appropriately to battered women's help-seeking. At the very least, social supports that serve battered women should strive to "do no harm."

Limitations

At this time we do not know if this data is attempting to capture frontier, rural, suburban, or urban experiences. It is possible that within our "rural" sample, women who

described themselves as "living in the country" may have been living in an area designated as frontier. In addition, women who identified themselves as living "in town" may have lived in an urban area or quite possibly lived in a rural area. Exploration of the geographical relevance to women's experience through interview transcripts suggests that women living in isolated areas may experience their abuse differently than women in larger communities. Further research examining women in carefully defined and delineated rural and urban locations is needed.

Clinical Implications

Statistical analyses within this study suggest frequency and severity of violence, childhood sexual abuse, type of support accessed, and positive or negative support interactions play a role in the experience of women living in isolated settings. In addition, interview transcripts provide rich detail of the experience of stigma, isolation, and cultural barriers that impact rural battered women. Formal and informal social supports need to be informed about the potential impact of these barriers and risk factors. Our data suggests that both informal and formal social supports (clergy, medical, legal, police, mental health professionals, and various community leaders) could benefit from education on *what is helpful and what is not* to women in need. Service providers need to be aware of the potential for re-traumatization and take care to provide appropriate services for women who may be highly traumatized. Further research and dissemination is needed to educate service providers in rural areas that are appropriate for complex traumas and severe violence populations. If we want to better serve the needs of rural women experiencing domestic violence, we must address and recognize the distinct environmental and cultural factors influencing help-seeking.

Many domestic violence programs (ie., legal, medical, and social service interventions) are being developed and implemented to serve the needs of battered women (Chalk & King, 1998). Such programs are often developed and tested in urban areas. For supportive resources to be effective in rural areas there may be a need to inform service providers that are "newcomers" or "outsiders" to isolated areas about cultural differences and the "way things are done." It is important to help supportive networks become more familiar with the values and beliefs of those living in rural areas and recognize why help-seeking may be challenging.

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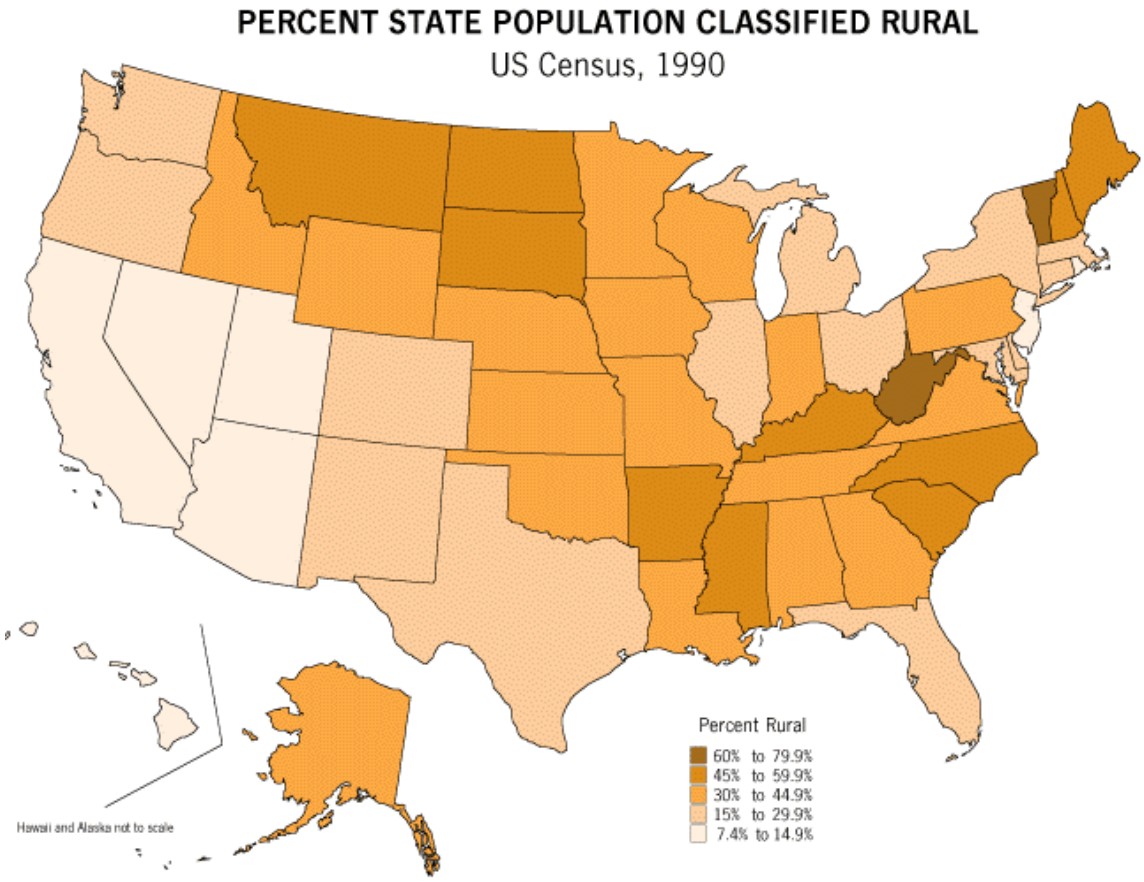
Figure 1



Source: US Bureau of the Census, 1990.
Produced by: North Carolina Rural Health Research and Policy Analysis Center, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, with support from the Federal Office of Rural Health Policy, HRSA, US DHHS.

Figure II

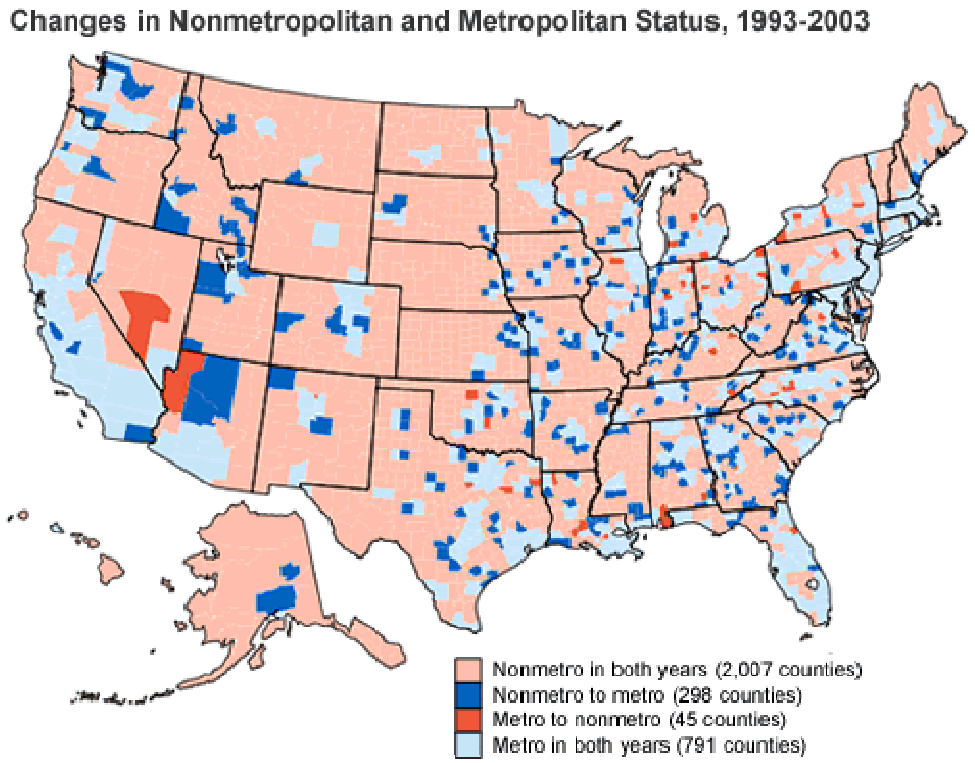

Changes in Nonmetropolitan and Metropolitan Status, 1993-2003
Nonmetro in both years (2,007 counties)
Nonmetro to metro (298 counties)
Metro to nonmetro (45 counties)
Metro in both years (791 counties)
Source: Prepared by ERS using data from the Census Bureau.

Figure III

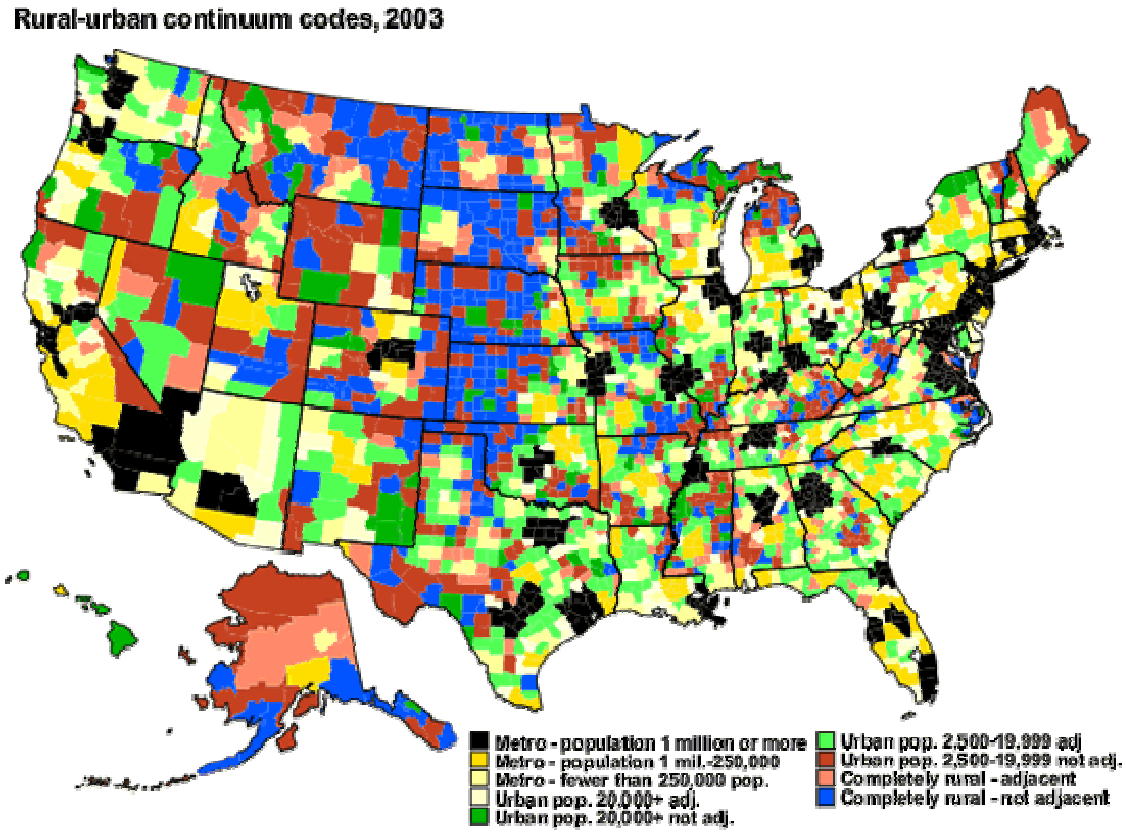
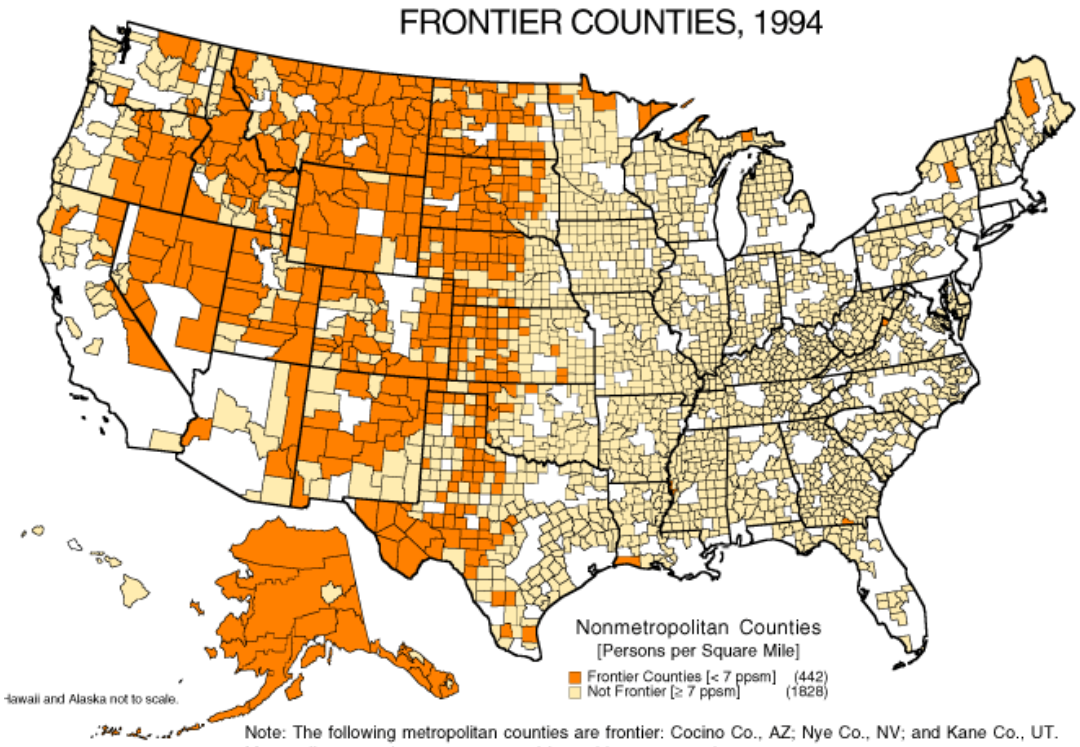

Rural-urban continuum codes, 2003
Metro - population 1 million or more
Metro - population 1 mil.-250,000
Metro - fewer than 250,000 pop.
Urban pop. 20,000+ adj.
Urban pop. 20,000+ not adj.
Urban pop. 2,500-19,999 adj
Urban pop. 2,500-19,999 not adj.
Completely rural - adjacent
Completely rural - not adjacent
Source: USDA, Economic Research Service.

Figure IV



Note: The following metropolitan counties are frontier: Cocino Co., AZ; Nye Co., NV; and Kane Co., UT. Metropolitan counties are aggregated into white areas on the map.

Source: Area Resource File, OHPAR, BHPr, HRSA, PHS, US DHHS, February 1997.
Produced by: North Carolina Rural Health Research and Policy Analysis Center,
Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Table 1
Summary of Mean, Standard Deviation, and Percentages of Demographic Variables

	M	*SD*	*N*	*%*
Country battered women			103	26.1
Town battered women			291	73.9
Months since last violent relationship				
Country	51.32	68.34	92	
Town	49.22	73.47	273	
Age of subject				
Country	34.49	11.25	103	
Town	30.24	140.87	289	
Education level of subject				
Country	3.84	1.06	103	
Town	3.99	1.03	288	
Family income				
Country	6.06	3.49	88	
Town	5.49	3.37	246	
Race of subject				
Caucasian				
Country			93	90.3
Town			258	88.7
American Indian				
Country			3	2.9
Town			16	5.5
Hispanic				
Country			5	4.9
Town			1	.3
African American				
Country			0	0
Town			2	.7
Asian				
Country			0	0
Town			2	.7
Mixed race or Town ethnic category				
Country			1	1
Town			12	4.1
Childhood history of sexual abuse				
Country			37	35.9
Town			79	27.1

Table 2
Violence Frequency and Severity (Conflict Tactics Scale) by Battered Women

	Total Sample (N = 394)		Country (n = 103)		Town (n = 291)	
Variable	*M*	*SD*	*M*	*SD*	*M*	*SD*
Frequency of Physical Violence	24.13	13.69	**26.61***	15.92	23.26	12.72
Mild Physical Violence	14.74	6.65	15.60	7.11	14.43	6.47
Severe Physical Violence	9.39	7.86	**11.01***	9.49	8.82	7.11
Threatened to be hit with something	2.85	2.38	3.16	2.52	2.75	2.32
Hit with something	2.81	2.36	3.11	2.55	2.71	2.28
Beat up	2.14	2.35	**2.53***	2.56	2.00	2.26
Threatened with knife or gun	1.10	1.81	**1.54****	2.16	.94	1.67
Used a knife or gun	.55	1.48	**.81***	1.86	.45	1.30
Forced to perform sexually	2.12	2.28	2.36	2.35	2.03	2.25

* $p < .05$; ** $p < .01$

Table 3
Trauma Symptoms (Trauma Symptom Checklist-33)

	Total Sample (N = 394)		Country (n = 103)		Town (n = 291)	
Source	*M*	*SD*	*M*	*SD*	*M*	*SD*
Mean Total Trauma Symptoms	30.09	17.22	29.68	17.46	30.23	17.17
Sleep Disturbance	5.46	3.18	5.60	3.30	5.42	3.14
Post-sexual Abuse Trauma	6.07	3.99	6.21	3.98	6.03	4.00
Depression	9.58	5.57	9.28	5.77	9.69	5.50
Anxiety	6.92	5.00	6.76	5.01	6.97	5.01
Dissociation	6.03	4.13	6.05	4.10	6.02	4.15

Note: Time Away From Last Violence held as a covariate

Table 4
Social Supports Accessed by Battered Women

	Total Sample	Country	Town
Police	*N* = 185 49%	*n* = 50 50%	*n* = 135 48%
Prosecution	*N* = 78 21%	*n* = 23 24%	*n* = 55 20%
Judge	*N* = 98 26%	*n* = 31 32%	*n* = 67 24%
Court	*N* = 119 32%	*n* = 35 36%	*n* = 84 30%
Hotline	*N* = 132 41%	***n* = 44** **52%***	*n* = 88 38%
Clergy	*N* = 114 37%	*n* = 36 46%	*n* = 78 34%
Therapist	*N* = 240 72%	***n* = 69** **81%***	*n* = 171 68%
Relative	*N* = 253 75%	*n* = 68 78%	*n* = 185 74%
Neighbor	*N* = 144 46%	*n* = 39 48%	*n* = 105 45%
Friend	*N* = 308 89%	*n* = 80 90%	*n* = 228 88%

* $p < .05$; ** $p < .01$

Table 5
Perception of Social Supports by Battered Women

	Country		Town	
Support Type	Positive Support	Negative Support	Positive Support	Negative Support
Police	*n* = 24 48%	*n* = 26 52%	*n* = 71 53%	*n* = 64 47%
Prosecution	*n* = 12 52%	*n* = 11 48%	*n* = 33 60%	*n* = 22 40%
Judge	*n* = 18 58%	*n* = 13 42%	*n* = 37 55%	*n* = 30 45%
Court	*n* = 14 54%	*n* = 12 46%	*n* = 34 40%	*n* = 50 60%
Hotline	*n* = 35 80%	*n* = 9 20%	*n* = 68 77%	*n* = 20 23%
Clergy	*n* = 21 58%	*n* = 15 42%	*n* = 49 63%	*n* = 29 37%
Therapist	*n* = 56 81%	*n* = 13 19%	*n* = 155 91%	*n* = 16 9%
Relative	*n* = 54 79%	*n* = 14 21%	*n* = 156 84%	*n* = 29 16%
Neighbor	*n* = 26 67%	*n* = 13 33%	*n* = 77 73%	*n* = 28 27%
Friend	*n* = 72 90%	*n* = 8 10%	*n* = 219 96%	*n* = 9 4%

*$p < .05$; ** $p < .01$

Table 6
Perception of Social Support by Total Sample

	Total Sample	
Support Type	Positive Support	Negative Support
Police	*n* = 95 51%	*n* = 90 49%
Prosecution	*n* = 45 58%	*n* = 33 42%
Judge	*n* = 55 56%	*n* = 43 44%
Court	*n* = 48 40%	*n* = 71 60%
Hotline	*n* = 103 78%	*n* = 29 22%
Clergy	*n* = 70 61%	*n* = 44 39%
Therapist	*n* = 211 88%	*n* = 29 12%
Relative	*n* = 210 83%	*n* = 43 17%
Neighbor	*n* = 103 72%	*n* = 41 28%
Friend	*n* = 291 94%	*n* = 17 6%

*$p < .05$; ** $p < .01$

Table 7
Perception of Social Supports by Trauma Symptoms

	Country			Town		
	Not accessed (1)	Positive Support (2)	Negative Support (3)	Not accessed (4)	Positive Support (5)	Negative Support (6)
Police						
M	30.64	29.18	29.65	26.97	30.63	35.55
SD	17.80	13.73	20.48	15.92	16.68	18.68
Prosecution						
M	30.09	26.25	37.75	28.94	31.19	38.91
SD	17.52	12.71	24.81	16.77	15.24	20.24
Judge						
M	28.03	28.03	28.06	28.46	31.44	38.23
SD	17.11	17.11	13.39	16.29	16.52	20.57
Court						
M	27.91	28.07	39.65	28.39	31.03	35.10
SD	16.73	15.83	20.21	16.00	19.50	18.42
Hotline						
M	28.35	32.45	29.44	27.52	34.40	35.44
SD	19.91	15.77	20.86	15.40	19.54	21.51
Clergy						
M	29.85	25.17	39.23	28.28	29.87	42.96
SD	19.40	12.81	21.33	15.57	16.56	23.79
Therapist						
M	19.53	32.76	37.30	26.45	31.46	33.69
SD	18.72	16.99	18.90	16.89	16.65	24.06
Relative[a]						
M	30.72	24.87	**45.21***	26.45	30.38	36.67
SD	23.19	11.87	**20.18**	16.03	16.72	21.78
Neighbor						
M	28.18	28.04	42.09	28.82	30.78	34.19
SD	18.63	12.92	24.76	16.56	18.26	20.25
Friend						
M	28.22	27.98	50.00	30.12	29.36	42.00
SD	20.63	15.82	21.95	17.69	17.03	21.78

Note: Time away from violence held as a covariate. Bonferroni adjustments also made. ANCOVA post hoc simple contrasts with k matrix, * $p < .05$

[a]Town negative support < Country negative support
[a]6 < 3

Table 8
Perception of Social Supports by Total Sample Trauma Symptoms

	TOTAL SAMPLE		
	Not accessed (1)	Positive Support (2)	Negative Support (3)
Police[a]			
M	27.89	30.28	33.93
SD	16.44	15.97	19.25
Prosecution[b]			
M	29.22	**29.84**	**38.60**
SD	16.93	**14.62**	**21.10**
Judge[c]			
M	28.36	**30.36**	**39.93**
SD	16.45	**15.54**	**20.76**
Court[d]			
M	28.27	**30.15**	**36.25**
SD	16.14	**18.37**	**18.84**
Hotline[e]			
M	27.70	33.78	33.44
SD	16.41	18.37	21.08
Clergy[f]			
M	28.62	**28.60**	**41.75**
SD	16344	**15.68**	**22.81**
Therapist[g]			
M	25.24	**31.78**	35.50
SD	17.31	**16.70**	21.27
Relative[h]			
M	27.46	**29.08**	**39.66**
SD	17.90	**15.86**	**21.37**
Neighbor[i]			
M	28.67	**30.11**	**36.54**
SD	17.02	**17.09**	**21.65**
Friend[j]			
M	29.62	**29.04**	**45.73**
SD	18.21	**16.74**	**21.47**

Note: Time away from violence held as a covariate. Bonferroni adjustments also made.
ANCOVA post hoc simple contrasts with k matrix, * $p < .05$, ** $p < .01$, *** $p < .001$

[a] : non-significant
[b] 1 < 3*, 2 < 3**
[c] 1 < 3***, 2 < 3**
[d] 1 < 3***, 2 < 3*
[f] 1 < 3***, 2 < 3***
[e] : non-significant
[g] 1 < 3**
[h] 1 < 3***, 2 < 3***
[i] 1 < 3**, 2 < 3*
[j] 1 < 3**, 2 < 3***

Table 9
Trauma Symptoms in Women With and Without a Childhood History of Sexual Abuse

	Total Sample $N = 365$		Country $n = 92$		Town $n = 273$	
Variable	*M*	*SD*	*M*	*SD*	*M*	*SD*
History of Childhood Sexual Abuse	**34.73*** **	**17.99**	36.33	16.45	34.02	18.69
No Childhood Sexual Abuse	**28.14**	**16.54**	25.97	17.02	28.79	16.38

Note: Time away from violence held as a covariate. Bonferroni adjustments also made.
*** $p < .001$

Appendix A

Conflict Tactics Scale N

ID#_____

No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights because they're in a bad mood or tired or for some other reasons. They also use different ways of trying to settle their differences. Please read the list below of some things that you and your spouse/partner might have done when you had a dispute.

If you are in your violent relationship, please circle the number of times you or your partner did the following during the past year. If you have left your relationship, please circle how often you or your partner did the following during any one year of your relationship. Circle "Ever?" if you or your partner ever did the following at any time prior to or after the year you are describing.

a. **Discussed the issue calmly.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

b. **Got information to back up (your/his/her) side of things.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

c. **Brought in or tried to bring in someone to help settle things.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

d. **Argued heatedly but short of yelling.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

e. **Insulted, yelled, or swore at each other.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

f. **Sulked and/or refused to talk about it.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

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g. **Stomped out of the room or house (or yard).**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

h. **Cried.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

i. **Did or said something to spite the other one.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

j. **Threatened to hit or throw something at the other one.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

k. **Threw or smashed or hit or kicked something.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

l. **Threw something at the other one.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

m. **Pushed, grabbed, or shoved the other one.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

n. **Slapped the other one.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

o. **Kicked, bit, or hit with a fist.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

NEXT PAGE

p. **Hit or tried to hit with something.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

q. **Beat up the other one.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

r. **Threatened with a knife or gun.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

s. **Used a knife or gun.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

t. **Forced the other one to perform sexually against his or her will.**

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

u. **Other**_____

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

v. **Other**_____

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

w. **Other**_____

YOU:	Never	1	2	3-5	6-10	11-20	+20	Ever?
PARTNER:	Never	1	2	3-5	6-10	11-20	+20	Ever?

THANK YOU

Appendix B

Demographics Form

ID# _____

We would like some general background information about you and your partner who has been violent. If the violence occurred in a past relationship, please provide information about that partner and your relationship.

1. a. In the past, have you ever been married, lived as a couple, or dated someone who has shoved, slapped, hit, or kicked you, or physically hurt or threatened you in some other way? **Please refer to the most recent violent relationship you have been in.**

(Check one)

___ No, not in the past **(If no, talk to interviewer)**

___ Yes, was married but now separated ___ Yes, was living as a couple

___ Yes, was married but now divorced ___ Yes, dating

b. If yes, how long were you in this relationship?

_____ Years Less than a year? _____ Months_____ Not applicable

c. If yes, did you ever leave your partner who had been violent? ____ Yes ___ No

How many times did you leave your violent partner? _____

d. How long ago did this relationship end? (Check one)

_____ Less than 1 month ago _____ 1 to 2 years ago

_____ 1 month to 6 months ago _____ 2 to 3 years ago

_____ 6 months to 1 year ago _____ Over three years ago

If over three years ago, how many years ago did the relationship end? ____ Years

e. Have you been in other violent relationships in the past? _____Yes _____No

If yes, how many? _____

For the remainder of the questions, please refer to your most recent past violent relationship.

2. How long ago did the last violent incident occur? (Please fill in one blank with a number)

_____ Days ago _____ Months ago _____ Years ago

3. Where were you living at the time of the violence? (Check one)

_____ In a town/city _____ Out in the country _____ Both

4. a. Do you still have contact with your partner who has been violent? __Yes__No

b. If yes, how often do you still have contact? (Check one)

_____ Daily
_____ 4 to 5 days per week
_____ 2 to 3 days per week
_____ Once a week
_____ Once a month
_____ Once every couple of months
_____ Once every six months
_____ Once a year
_____ Once every two years
_____ Less often: please specify _____

c. If yes, how would you rate your level of stress surrounding these meetings?

1	2	3	4	5
Not stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

d. If yes, how would you rate your level of fear surrounding these meetings?

1	2	3	4	5
Not fearful	Somewhat fearful	Moderately fearful	Very fearful	Extremely fearful

e. Is violence still involved? _____ Yes ____ No

f. For what reasons do you still have contact with your partner who has been violent?_____

5. Your age now? _____

6. a. Your gender? (Circle one) M F
b. The gender of your partner who has been violent?(Circle one) M F

7. Your education completed? (Check one) Your partner's education? (Check one)

_____ Eighth grade or less
_____ Some high school/GED
_____ High school graduate
_____ Some college/vocational school
_____ College graduate
_____ Some graduate school
_____ Graduate degree

_____ Eighth grade or less
_____ Some high school/GED
_____ High school graduate
_____ Some college/vocational school
_____ College graduate
_____ Some graduate school
_____ Graduate degree

8. Are you currently employed? Was your partner employed?

_____ Yes, full-time
_____ Yes, part-time
_____ Homemaker
_____ No, unemployed
_____ Student only
_____ Student and employed

_____ Yes, full-time
_____ Yes, part-time
_____ Homemaker
_____ No, unemployed
_____ Student only
_____ Student and employed

9. Were you employed at the time that the violence took place? (Check one)
_____ Yes, full-time _____ Yes, part-time _____ Homemaker
_____ No, unemployed _____ Student only _____ Student and employed

10. If you were employed, what was your occupation (at the time of the violence?)
_____

11. If he was employed, what was the occupation of your partner while you were together? _____
What is his occupation currently? _____

12. How many children did you have at the time of this relationship? _____
If any, what are their ages/genders? ___/__ ___/__ __/__ __/___ __/__ ___/__
How many children were born out of this relationship? _____
How many lived at home during the violence? _____
How many children do you have now? _____
If any, what are their ages/genders?___/__ ___/__ __/__ __/___ __/__ ___/__

If you do not have any children, please skip to #15.

13. If you do have children, how many are still living with you at home? _____
If any, what are their ages/genders?___/__ ___/__ __/__ __/___ __/__ ___/__

14. a. If you had children at the time of the violent relationship, did they see the violence between you and your partner?
_____ Yes _____ No

b. If yes, what do you think were the effects of seeing the violence for your children?
_____
_____
_____

c. If yes, have your children received any services related to the exposure to the violence?
_____ None _____ Support groups
_____ Shelter activities _____ Therapy/counseling
_____ Foster care/group home placement _____ School counseling
_____ Other: Please specify _____

d. If yes, have you talked to your children about the violence?
_____ Yes _____ No What did you tell them about the violence?

e. Do your children still have contact with your partner who has been violent?
_____ Yes _____ No

If yes, how often do they have contact? (Check one)

_____ Daily
_____ 4 to 5 days per week
_____ 2 to 3 days per week
_____ Once a week
_____ Once a month
_____ Once every couple of months
_____ Once every six months
_____ Once a year
_____ Once every two years
_____ Less often: Please specify _____

15. What was your own annual income before taxes during the violent relationship you were in? (Check one)

_____ None
_____ $5,000 or less
_____ $5,001 to $10,000
_____ $10,001 to $15,000
_____ $15,001 to $20,000
_____ $20,001 to $25,000
_____ $25,001 to $30,000
_____ $30,001 to $35,000
_____ $35,001 to $40,000
_____ $40,001 to $45,000
_____ $45,001 to $50,000
_____ More than $50,000

If you do not know your annual income, how much did you make per hour?
_____

How many hours per week did you work?
_____

16. What was your annual family income before taxes during the violent relationship you were in? (Check one)

_____ None
_____ $5,001 to $10,000
_____ $15,001 to $20,000
_____ $25,001 to $30,000
_____ $35,001 to $40,000
_____ $45,001 to $50,000
_____ $5,000 or less
_____ $10,001 to $15,000
_____ $20,001 to $25,000
_____ $30,001 to $35,000
_____ $40,001 to $45,000
_____ More than $50,000

17. Who was the primary breadwinner during the violent relationship? (Check one)

_____ You _____ Your violent partner _____ Other

18. Your race? (Check one)

_____ White
_____ Hispanic
_____ American Indian
_____ African-American
_____ Asian
_____ Other (If more than one, please list)

19. The race of your partner who has been violent? (Check one)

_____ White
_____ Hispanic
_____ American Indian
_____ African-American
_____ Asian
_____ Other (If more than one, please list)

20. a. To what degree did you access each of these resources? Circle the number that best applies.

1 = Not at all
2 = Very little
3 = Somewhat
4 = Often
5 = Very much

Friends?	1	2	3	4	5
Family?	1	2	3	4	5
Legal services?	1	2	3	4	5
Police?	1	2	3	4	5
Counseling/therapy?	1	2	3	4	5
Shelter (BWS)?	1	2	3	4	5
Support groups?	1	2	3	4	5
Church?	1	2	3	4	5
Financial?	1	2	3	4	5
Medical?	1	2	3	4	5
Vocational/ job-related help?	1	2	3	4	5
Crisis helpline?	1	2	3	4	5
Neighbor?	1	2	3	4	5

b. How helpful were each of these resources? Circle N/A if you did not seek services from these resources. Circle the number that best applies.

1 = Not at all
2 = Very little
3 = Somewhat
4 = Often
5 = Very much

Friends?	1	2	3	4	5	N/A
Family?	1	2	3	4	5	N/A
Legal services?	1	2	3	4	5	N/A
Police?	1	2	3	4	5	N/A
Counseling/therapy?	1	2	3	4	5	N/A
Shelter (BWS)?	1	2	3	4	5	N/A
Support groups?	1	2	3	4	5	N/A
Church?	1	2	3	4	5	N/A
Financial?	1	2	3	4	5	N/A
Medical?	1	2	3	4	5	N/A
Vocational/ job-related help?	1	2	3	4	5	N/A
Crisis helpline?	1	2	3	4	5	N/A
Neighbor?	1	2	3	4	5	N/A

c. If you did not access some or all of these supports, please tell us any helpful information about why you did not.

_____
_____
_____
_____
_____

Thank you.

Appendix C
Domestic Violence Interview

Interviewer _____ Location _____ ID# _____

We are studying women's experience of violent relationships and your responses, needs, and beliefs. We understand that talking about the relationship may be difficult for you. Feel free to take your time and to present information as best as you are able. Also know that you can take a break, ask questions, or let us know any particular needs and/or feelings you may experience while being interviewed.

1. Please tell me about the (violent) relationship you (are/were) in:

a. When did the violence begin?
b. (Have you/did you) ever (left/leave)? Y N (If so, go to 2; if not, go to 3).
b1. Temporarily or permanently? (Circle).
_____ # of times (if temp) _____ # of times (if perm)

2. a. If you ever left your partner, where did you go?
Friend Relative Shelter/Motel/Hotel Other N/A

b. If you left more than one time, what would you describe as the reason(s) for returning?
Love Fear Financial Children Family
Religion Personal beliefs Friend Peer pressure Other
N/A

c. If you left permanently, what would you describe as the reason(s) you left for good?
Love Fear Financial Children Family
Religion Personal beliefs Friend Peer pressure Other
N/A

d. If you left temporarily, what would you describe as the reason(s) you left?
Love Fear Financial Children Family
Religion Personal beliefs Friend Peer pressure Other
N/A

e. Was there a turning point for you in your decision…a specific situation or realization that might have occurred? Y N

What?

f. (Have you/did you) ever (threatened/threaten) to leave?
Never Once Sometimes Often

g. **If the woman has children, ask:

What role do you think your children played in your decision?

3. a. ***Only ask this question if it appears that they are still in the violent relationship.
What would you describe as your reason(s) for staying in the relationship?

Love	Fear	Financial	Children	Family
Religion	Personal beliefs	Friend	Peer pressure	Other
N/A				

4. (Is there/was there) anything that (would change/would have changed) your mind about staying/leaving? Y N
If so, what?

5. Was there any violence in your family when you were growing up? Y N
Did the violence include sexual abuse? Y N
Of whom/by whom?

Any violence outside your family? Y N
Did the violence include sexual abuse? Y N
Of whom/by whom? Y N

6. Do you have anyone that you (seek/sought) support from or talk to about the relationship?
Y N
Who?

Family	Friend	Therapist	Religious Leader
Shelter Staff	Support Group		Other

7. (Has your/was your) family been supportive? Y N
What have they done?

8. Have your friends been supportive? Y N
What have they done?

9. Have you sought any community support specifically in regard to your relationship?
Y N
What? (Legal, Battered Women's Shelter, Counseling, Religious, Financial, etc.)
Where?
From whom?

10. If you sought counseling, was it helpful? Y N
Why or why not?
(If not already clear, ask): How was it helpful?

11. Which of the supports have been the most helpful for you?
(Legal, Battered Women's Shelter, Counseling, Religious, Financial, Friends, Family)
Why?

12. (Is/was) there anything or anyone that interfered with you accessing community resources? Y N
    Who or what?

13. Are there any sources of support that you would not turn to again? Y N
    Why?

14. Have you ever felt the need to keep the violence a secret from others? Y N
    Who?
    Why?

15. Who did you first disclose your abuse to?
    How long after the start of the violence?
    If not immediate, what kept you from telling anyone?

16. What (do you/did you) do to keep yourself safe or protect yourself?

17. **If they have not told you specifically about the nature of the physical violence (pushed, slapped, hit, kicked), ask NOW:
    Would you feel comfortable telling me exactly what was the nature of the physical violence you (experience/experienced)?
    Have you ever needed medical attention due to this violence?

18. (Do you/did you) have a limit to what behavior you would tolerate in your relationship? Y N
    (If yes:) What?

    Was your limit expressed to your partner? Y N
    (If yes:) When? With what consequences?

19. (Are/were) either you or your partner involved with drugs or alcohol? Y N
    (if yes:) Who?
    What role do you think they (play/played)?

20. (Are/were) either you or your partner experiencing any particular stress? Y N
    (If yes:) What?

21. **If you are unsure if she has children, ask now. If she does, ask:
    During pregnancy, was there any change in the level of violence? Y N
    How?

22. (Are/were) there specific reasons that the violence would occur? Y N
Could you give me examples?

23. What are your feelings for your partner at the present time?

24. **If they have left their relationship, ask the following questions:
    a. Do you still have contact with your partner? Y N
    b. How much?
    c. What is it like for you?
    d. (If they have any children, add:) Do your children (does your child) still have contact with your partner? Y N
    e. How much?
    f. What is that like for them? How do they feel about it?
    g. What is that like for you?

25. What do you believe would be most helpful for you in regards to this/that relationship at this time?

26. What influence do you believe this/that relationship has had on you?

27. a. Have you ever experienced a sense of shame related to this (violent) relationship?
    Y N
    (**If yes, continue. If not, go on to #27f).

    b. To what would you credit those feelings of shame? (If she seems confused, say "What do you think was the cause of those feelings of shame?")
    c. What role, if any, has shame played in your experience?
        1. In leaving the relationship?
        2. In seeking help from others?
        3. In talking to others?

    d. What (could have helped/could help) to decrease your feelings of shame?
    e. Are you currently experiencing feelings of shame? Y N
        (If no, go on to #27e(2)).

    (1) What level on a scale of 1 to 10 (1 = no shame and 10 = complete shame)?
    (2) What level of shame did you experience during the relationship on a scale from 1 to 10?
    (3) (Skip this if answered no to 27e). Why do you think you are experiencing shame right now?
    f. What is your definition of shame?

28. a. Have you ever experienced guilt related to this (violent relationship?) Y N
    (If yes, continue. If no, go on to #28f).
    b. To what would you credit these feelings of guilt? (If she seems confused, say "What do you think was the cause of these feelings of guilt?")
    c. What role, if any, has guilt played in your experience?
        (1) In leaving the relationship?
        (2) In seeking help from others?
        (3) In talking to others?

d. What (could have helped/could help) to decrease your feelings of guilt?
e. Are you currently experiencing feelings of guilt? Y N
(If no, go on to #28e(2)).

(1) What level on a scale of 1 to 10 (1 = no guilt and 10 = complete guilt)?
(2) What level of guilt did you experience during the relationship on a scale from 1 to 10?
(3) (Skip this if answered no to 27e). Why do you think you are experiencing guilt right now?

f. What is your definition of guilt?
g. In your opinion, do shame and guilt differ? Y N
If yes, how do they differ?

29. We have completed the interview. Do you have anything that you would like to add that I did not ask about?

30. If we were to do a follow-up study on the effects of DV on children, would you be willing to participate? Y N

In your opinion, what would be the best way to recruit women and their children for that study?

31. Do you have any questions? Concerns? Y N
If yes, what questions/concerns do you have?
How are you feeling right now?

Appendix D

Legal/Medical Questionnaire

LEGAL/MEDICAL RESPONSE QUESTIONNAIRE

Because of violence in relationships, women often use the legal system and medical facilities for assistance. If you have used these agencies in the past, we would like to know how you felt about the response you received. Please be specific. Any names you use will be kept CONFIDENTIAL. Space has been provided for your comments, if any. (Please use the back of the page if you need extra space for your comments.)

In the right column, please circle one letter in response to the question:

Y	=	Yes
N	=	No
NS	=	Not Sure
NA	=	Not Applicable (I didn't use the agency or service.)

Please circle one

1. If you used the police, was the police response positive? Y N NS NA

Comments: _____

2. If your case went to court, did the prosecution present your case well? Y N NS NA

What evidence did they present? _____

Comments: _____

3. If your case went to court, did the judge do a good job? Y N NS NA

Comments: _____

(Continued on next page)

4. **If you used the courts, did you feel positive about the court system overall?** **Y N NS NA**

What mistakes were made?_____

_____

What could have been done better?_____

_____

What was done well?_____

_____

Was any agency or person particularly supportive?_____

_____

5. **Did you receive medical attention at any time?** **Y N**

6. **If so, did the medical person ask you about any troubles or violence?** **Y N Sometimes NA**

How did you feel during and after this encounter?_____

_____

7. **Did you receive any counseling or advice from anyone?** **Y N**

Were they supportive? Please think about each of the following:

Crisis Hotline	**Y**	**N**	**Somewhat**	**NA**
Clergy	**Y**	**N**	**Somewhat**	**NA**
Therapist or Counselor	**Y**	**N**	**Somewhat**	**NA**
Relative	**Y**	**N**	**Somewhat**	**NA**
Neighbor	**Y**	**N**	**Somewhat**	**NA**
Friend	**Y**	**N**	**Somewhat**	**NA**
Other_____	**Y**	**N**	**Somewhat**	**NA**

As you know, many women experience violence in relationships and use these types of services. The comments you have provided may be helpful in developing and providing better services for women like yourself. With your consent, we could make your written comments on this Legal/Medical Response Questionnaire known to the women's advocate in the City Attorney's office. Would you be willing to share this information with her?

Y N

Thank you!

Appendix E

Trauma Symptom Checklist

Trauma Symptom Checklist (TSC-33)

ID# _____

How often have you experienced each of the following in the last two months? Please circle the appropriate number.

	Never	Occasionally	Fairly often	Very often
1. Insomnia (trouble getting to sleep)	0	1	2	3
2. Restless sleep	0	1	2	3
3. Nightmares	0	1	2	3
4. Waking up early in the morning and can't get back to sleep.	0	1	2	3
5. Weight loss (without dieting)	0	1	2	3
6. Feeling isolated from others	0	1	2	3
7. Loneliness	0	1	2	3
8. Low sex drive	0	1	2	3
9. Sadness	0	1	2	3
10. "Flashbacks" (sudden, vivid, distracting memories)	0	1	2	3
11. "Spacing out" (going away in your mind)	0	1	2	3
12. Headaches	0	1	2	3
13. Stomach problems	0	1	2	3
14. Uncontrollable crying	0	1	2	3
15. Anxiety attacks	0	1	2	3
16. Trouble controlling temper	0	1	2	3

17. Trouble getting along with others	0	1	2	3
18. Dizziness	0	1	2	3
19. Passing out	0	1	2	3
20. Desire to physically hurt yourself	0	1	2	3
21. Desire to physically hurt others	0	1	2	3
22. Sexual problems	0	1	2	3
23. Sexual overactivity	0	1	2	3
24. Fear of men	0	1	2	3
25. Fear of women	0	1	2	3
26. Unnecessary or over-frequent washing	0	1	2	3
27. Feelings of inferiority	0	1	2	3
28. Feelings of guilt	0	1	2	3
29. Feelings that things are "unreal"	0	1	2	3
30. Memory problems	0	1	2	3
31. Feelings that you are not always in your body	0	1	2	3
32. Feeling tense at all time	0	1	2	3
33. Having trouble with breathing	0	1	2	3

Thank you.