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PREVIEW

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**Childhood experiences with violence of battered and
non-battered women**

Merchant, Anita Katalin, Ph.D.

The University of Nebraska - Lincoln, 1992

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300 N. Zeeb Rd.
Ann Arbor, MI 48106

PREVIEW

**CHILDHOOD EXPERIENCES WITH VIOLENCE OF
BATTERED AND NON-BATTERED WOMEN**

by

Anita Katalin Merchant

A DISSERTATION

**Presented to the Faculty of
The Graduate College at the University of Nebraska
In Partial Fulfillment of Requirements
For the Degree of Doctor of Philosophy**

Major: Psychology

**Under the Supervision of Professors Mary Kenning
and Theo Sonderegger**

Lincoln, Nebraska

August, 1992

DISSERTATION TITLE

Childhood Experiences with Violence of

Battered and Non-battered Women

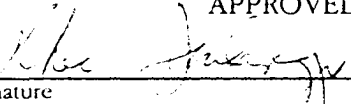
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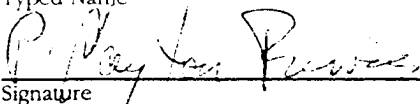
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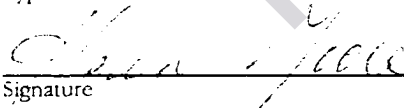
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CHILDHOOD EXPERIENCES WITH VIOLENCE OF

BATTERED AND NON-BATTERED WOMEN

Anita K. Merchant, Ph.D.

University of Nebraska, 1992

Advisers: Mary Kenning and Theo Sonderegger

A brief history of domestic violence and a review of the research was provided, including an exploration of etiological theories and factors associated with domestic violence. Issues related to the intergenerational transfer hypothesis and the effects of witnessing parental violence were examined. A connection was established between the experience of childhood violence and of witnessing parental violence and violence in adulthood for males, as well as for females. A mediating variable related to tolerance of violence in interpersonal relationships was also defined and examined. The use of alcohol by women and their partners was explored, as was the role of relationship satisfaction. The 105 participants, classified according to the amount of violence they currently experienced in their most recent adult relationships, as well as by their clinical or non-clinical status, were compared on the amount of violence they experienced and witnessed in childhood, their level of relationship satisfaction, their level and their partners' level of alcohol use, and their tolerance for violence in interpersonal relationships. In comparing battered and non-battered women, battered women report witnessing significantly more parental violence as children, and also report they have been the victims of violence in childhood more often than non-battered women. An approval of violence measure did not help to differentiate battered women from non-battered women. Results show that women receiving clinical services, regardless of their battered or non-battered status, were more likely to be dissatisfied with their relationships than women not receiving clinical services. Findings of the study related to the use of alcohol showed that although the frequency with which alcohol is used is not significantly different for battered women and their partners as compared to non-battered women and their partners, the amount of alcohol used is two to three times greater for battered women and their partners. Implications for future research are discussed in terms of methodology, assessment, and participant demographics.

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TABLE OF CONTENTS

ABSTRACT.....	i
ACKNOWLEDGEMENTS.....	ii
TABLE OF CONTENTS.....	iv
LIST OF TABLES.....	vii
INTRODUCTION.....	1
History of Domestic Violence and Extent of the Problem.....	1
Defining Domestic Violence.....	3
Limitations of Domestic Violence Research.....	4
ETIOLOGICAL THEORIES OF AND FACTORS ASSOCIATED WITH DOMESTIC VIOLENCE.....	10
The Cycle Theory of Violence.....	10
The Battered Woman Syndrome.....	11
Learned Helplessness.....	12
Sex Role Socialization.....	14
Family Structure and Balance of Power.....	15
Personality Factors.....	16
The Role of Economic Factors in Domestic Violence.....	18
The Role of Alcohol in Domestic Violence.....	19
SYSTEMS THEORY: LEARNING VIOLENCE AT HOME.....	22
Systems Theory.....	22
The Effect on Children of Witnessing Parental Violence.....	23
The Effect of Witnessing Parental Violence on Males.....	25
The Effect of Witnessing Parental Violence on Females.....	27
Violence in Courtship and Dating Relationships.....	28

Acceptance of Violence as a Learned Mediating Construct.....	31
PURPOSE OF THE STUDY.....	34
HYPOTHESES.....	35
Hypothesis #1.....	35
Hypothesis #2.....	35
Hypothesis #3.....	36
Hypothesis #4.....	37
METHOD.....	38
Subjects.....	38
Measures.....	39
Procedure.....	42
Statistical Procedures.....	42
RESULTS.....	43
Analyses of Demographic Variables.....	43
Data Screening: Outlier Analyses.....	45
Hypothesis #1.....	46
Hypothesis #2.....	47
Hypothesis #3.....	49
Hypothesis #4.....	49
DISCUSSION.....	51
Demographic Variables.....	51
Hypothesis #1.....	52
Hypothesis #2.....	53
Hypothesis #3.....	55
Hypothesis #4.....	56
Summary.....	58

Limitations of the Study.....	61
REFERENCES.....	63
APPENDICES.....	72
A. Modified Forms of Conflict Tactics Scales.....	72
B. Approval of Violence Measures.....	78
C. Locke Wallace Short Marital Adjustment Test.....	82
D. Demographic Questionnaire/Alcohol Questionnaire.....	83
E. Consent Form.....	85
F. Therapist Script.....	87
G. Debriefing Form.....	88
TABLES.....	89

LIST OF TABLES

Table 1: Frequencies of Demographic Variables.....	89
Table 2: Results of Chi-square Analysis with Marital Status and Employment Variables.....	92
Table 3: Results of Chi-square Analysis with Occupation Variable.....	93
Table 4: Results of Chi-square Analysis with Income and Education Variables.....	94
Table 5: Results of Chi-square Analysis with Social Status Variable.....	96
Table 6: Descriptive Statistics of Violence Variables.....	97
Table 7: Results of Discriminant Function Analysis of Childhood Violence Variables.....	98
Table 7a: Results of Discriminant Function Analysis of Childhood Violence Variables (Outliers Excluded).....	99
Table 8: Results of Analysis of Variance with Contrast Analyses for the Linear Discriminant Functions.....	100
Table 8a: Results of Analysis of Variance with Contrast Analyses for the Linear Discriminant Functions (Outliers Excluded).....	101
Table 9: Results of Analyses of Variance of Approval of Violence Variables.....	102
Table 10: Results of Chi-square Analyses of Relationship Satisfaction Variable.....	103
Table 11: Frequencies and Descriptive Statistics of Alcohol Variables.....	104
Table 12: Results of Chi-square Analyses of Alcohol Variables.....	106
Table 13: Results of Analyses of Variance of Alcohol Variables.....	108
 Figure 1: Group Centroid Scatterplot, Outliers Included.....	 109
Figure 2: Group Centroid Scatterplot, Outliers Excluded.....	110

INTRODUCTION

History of Domestic Violence and Extent of the Problem

Family or domestic violence has a very long history dating back thousands of years, possibly dating back as far as there have been families. Despite the current high level of interest in family and relationship violence, it has only been relatively recently that this nation's consciousness has been raised on the issue (Hofeller, 1982; Straus, Gelles, & Steinmetz, 1980; Walker, 1979). Most research in the area of domestic violence is less than twenty-five years old, and most of the legal policies enacted on behalf of the victims has taken place in the last fifteen years.

There are a number of historical precedents that provided moral acceptance of and legal protection for husbands who battered their wives, including the church, government, and the law, as well as the society and culture that had their roots in these institutions. Hilberman (1980) writes that the husband's authority to chastise his wife was explicitly written into the laws of church and state and were later incorporated into English common law. In the United States, it was written into law that a husband could beat his wife so long as he used a switch no bigger than his thumb (thus the original "rule of thumb"). For hundreds of years, husbands had the moral and legal right in this society to batter their wives without penalty (Hofeller, 1982) and until the mid-1980's a man still had the legal right to use physical force to have sexual relations with his wife (Straus, 1991).

In addition to institutional acceptance of domestic violence, there was and continues to be a certain amount of cultural acceptance. In addition, the great respect for, and unwillingness to invade, family privacy has certainly influenced both the visibility and legal consequences of violence in the home. For example, a study done as recently as 1976 by Shotland and Straus found that when people believed a man-woman fight was between intimates, their perceptions of the fight changed. In fact, in this condition, people perceived the woman as being in less danger, less likely to want help, and the people were less likely to intervene in the fight.

In the early 1970's, this male privilege or right to use violence with family members, began to be challenged and the problem of domestic violence raised, first in England and then in the United States (Roy, 1982). The first shelters for battered

women in this country were founded in Minnesota and California in 1972, and by 1976 the first national conference on battered women was held in this country. The first research on domestic violence began to be developed in the early 1970's when sociologists began to "attack the myth that family violence was rare and was confined to mentally disturbed people" (Gelles, 1985, p.349). Wife battering exists at all levels of our society (Roy, 1982) and among all races (Schulman, 1979), although domestic violence may be more likely to be reported or come to the attention of authorities when it occurs among lower socioeconomic classes (Coleman & Straus, 1986).

Although the women's rights movement of the 1970's helped to generate discussion and mobilize action concerning this problem, domestic violence in the 1990's continues to exist as an issue of national concern. It has been estimated that three to four million women are battered each year and that one household in six experiences some form of spousal violence, although the actual number may be higher due to underreporting (Gelles, 1980). One researcher writes that violence will occur at least one time in two out of every three marriages in this country (Roy, 1982). An even greater number of people know someone in a violent relationship. A telephone survey of 434 people in Long Island conducted by Nisonoff and Bitman (1979) found that 50% of the respondents reported knowing one or more person who had been hit by his or her spouse. Shelters providing services to battered women in the U.S. are not able to keep up with requests for assistance, suggesting that the problem of domestic violence is far from being resolved in this country (Ferraro & Johnson, 1983). And Farrington (1986) states that domestic violence is likely to only increase in this society, in part due to the increased stresses upon the American family, continued conflict and tension between and within traditional sex roles, and increased legitimization of violent behavior specifically within the context of the family.

Mainly as a result of the initial efforts of grassroots advocacy groups and the establishment of women's shelters, there are increasing numbers of researchers and policymakers who have responded to the drive to increase public awareness about this problem and who have become involved in the study of domestic violence. Today, of all the forms of family violence, wife battering now ranks second, following child abuse, in terms of the attention it receives from the public, professionals, and researchers (Margolin, Sibner, & Gleberman, 1988). More laypeople and professionals are becoming educated about domestic violence, and

are increasingly able to identify domestic violence situations. In a study of five school systems, Davis and Carlson (1986) found that 44% of the teachers polled were aware or suspected that one of their pupils was a regular witness to violent parental conflict.

Domestic violence is a serious problem in this society, because although it is prevalent, violence does not achieve positive results. Rather, it produces fear, hate, pain, injury, and death. It also produces 20-50% of all homicides committed in the United States and untold medical costs for those who are injured (Finkelhor, Gelles, Hotaling, & Straus, 1983). For example, research suggests that husband to wife violence results in more injuries requiring medical treatment than rape, automobile accidents, and muggings combined (Stark & Flitcraft, 1987). In addition, it is not uncommon for battering to occur or increase when a woman becomes pregnant (Gelles, 1975). In one hospital emergency unit, between 20 and 30% of pregnant women had been battered and these women had twice as many miscarriages as nonbattered women (Stark, 1981). It breaks apart families and is destructive both for those who initiate it and for those who are its victims (Waldo, 1987).

Defining Domestic Violence

Before providing a summary of some of the research that has been done in this field, it is necessary first to consider the definitional issues related to the field of family violence. Emery (1989) has very succinctly stated that domestic violence has "defied easy description, understanding, or amelioration" (p.321). This is partly due to the difficulties in defining the phenomenon and obtaining professional agreement on its definition. In fact, since most of the victims of domestic violence are female, some researchers prefer to forgo the use of the term "domestic violence" altogether and use, instead, the term "woman battering."

There are many definitions in the popular and research literature as to what constitutes domestic or family violence. When studied scientifically, domestic violence is often operationally defined to include such behaviors as slapping, hitting, kicking, beating, sexually assaulting, or causing other injury to family members (Straus, 1979). Other components which sometimes are included implicitly or explicitly in definitions of domestic violence include isolation, intimidation, threats, use of male privilege, destroying property, using children,

emotional abuse, sexual abuse, and economic abuse. Defining related terms such as woman battering, wife beating, or child abuse most often appears to be left to the discretion of the individual researcher, particularly when aspects such as verbal abuse, threats, and other forms of psychological and emotional abuse are considered for systematic study.

Many times, researchers settle for investigating those violent actions among family members or intimates which would be considered assaultive according to the law if they took place between strangers (i.e., acts such as beating, punching, kicking, sexual assault). At times, legal definitions can be used by researchers, although more often than not these definitions are simply too vague for use in research. For example, in the state of Nebraska, abuse is defined in this way: (Article 9, Section 42-903) "Abuse shall mean the occurrence of one or more of the following acts between household members: a. attempting to cause or intentionally, knowingly, or recklessly causing bodily injury or serious bodily injury with or without a deadly weapon, or b. placing, by physical menace, another in fear of imminent serious bodily injury." There is simply too much room for interpretation to use this as a viable research definition of domestic abuse.

One definition that has been used repeatedly by researchers is that of Gelles and Straus (1979), who define violence as "an act carried out with the intention, or perceived intention of physically hurting another person" (p.352). Straus and others have operationalized definitions of abuse by devising measures which they feel help to clarify the definition by providing a record of actual behaviors and their frequency. Regardless of the definition used, Emery (1989) suggests, and researchers concur, that it is the responsibility of the researcher to clearly identify the operational definitions that they use in their study.

Limitations of Domestic Violence Research

There are several major research issues which must be addressed at this point, including: the problems in obtaining representative samples of the battered population, confounds related to shelter samples, the lack of research designed to test the theories related to the area of domestic violence, the lack of longitudinal research, and the paucity of reliable and valid measures that can be used in domestic violence research.

One of the problems of most concern in research on domestic violence, particularly research which focuses on battered women or their children, is that these subjects are most often recruited from battered women shelters. Often this is the easiest and sometimes the only way of acquiring an acceptable sample of battered women (Dobash and Dobash, 1979). However, the data from these samples may not be generalizable to all women who experience violence. Of major importance is the fact that women who are found in battered women shelters tend to be of lower socioeconomic status. Battered women of higher socioeconomic status may have other resources to turn to such as friends and family, private mental health professionals, or they may have enough money to leave the batterer and establish a new home. Thus, when studies of battered women are reported, it is important to recognize that it is unlikely that all socioeconomic statuses are represented if the sample was gathered at a women's shelter (Gelles, 1985).

In addition, by the time measures and questionnaires are filled out by women at battered women shelters, there is the possibility that they have already been exposed to the opinions and viewpoints about violence in relationships by shelter personnel or other shelter residents. Often, when battered women answer questions from researchers, they may have been sheltered previously, and the psychoeducational components provided by shelters may have an influence in their thoughts and perceptions. It is possible that these are confounds for much of the research done in this area. Also, by the time many women arrive at a shelter, they are in crisis and may respond to questions differently while they are in crisis than when they are not.

Due to the short-term nature of most shelter stays and the frequent moves made by battered women, longitudinal research becomes almost impossible with this group. This problem is demonstrated by the existence of only a handful of longitudinal studies in this field. Thus, the research available reflects only a "single point in time" approach and what can be learned from such an approach greatly limits our understanding of the processes and dynamics involved in domestic violence. As will become apparent in the section on children who witness domestic violence, there has been no research done that attempts to discover the "resilient children," or those who appear to emerge from violent homes without the problems and deficits seen in a certain percentage of children with similar backgrounds. Likewise, little research exists which looks at women who have successfully left battering or violent relationships with the help of a battered

woman shelter. Therefore, results from research on battered women from shelters may not generalize to women who were in violent relationships at one time, but have extricated themselves from them without assistance from or knowledge by mental health professionals.

The lack of research measures considered reliable and valid and with appropriate norms is another major difficulty with which researchers must contend in attempting to provide good research in this area. The limitations of the measures used in this study will be addressed later on. One major limitation of much domestic violence research is that many times information about batterers is collected from the reports of battered women. It is very possible that attempting to collect information about batterers by asking their victims is a confound although some research is available which suggests that battered women's perceptions of their partners' use of alcohol is surprisingly accurate (Van Hasselt, Morrison, & Bellack, 1985).

A major problem in the field is the lack of a variety of thoroughly validated measures of domestic violence incidents. Murray Straus (1979) developed the Conflict Tactics Scales (CTS), a standardized scale to measure the frequency and severity of domestic violence. It has been widely used in survey research and has been adapted for use in some clinical settings. There is evidence of its internal consistency reliability (Straus, 1975), concurrent validity (Bulcroft & Straus, 1975), and construct validity (Boone & Flint, 1988). Some acknowledged weaknesses of the CTS are that it does not consider injury resulting from the violent acts and does not consider the context of the act (Straus, 1981). The CTS merely asks whether and with what frequency different behaviors have occurred. For example, the CTS has been criticized due to its absence in the instructions that the behaviors asked about should be intended to hurt the other (Szinovacz, 1983), although it is understandable that whether the behavior was intended to hurt or not, it can be important to gather this kind of information. In addition, the validity of the different physical aggression indices (i.e., "moderate" and "severe" aggression) has been questioned (Barling, O'Leary, Jouriles, Vivian, & MacEwen, 1987).

Another measure introduced by Hudson and McIntosh (1981), the 30-item Index of Spouse Abuse is very complicated and calculating scores for subjects is unwieldy, although it has been found to be a reliable and valid measure. There was a sampling bias in the creation of the Index of Spouse Abuse, however, due to the

high numbers of subjects in the abused women's group who were obtained from protective shelters.

Some research also shows that there may be some inconsistency in self-reports of violence compared to reports by one's partner. This is not surprising, given previous findings that married couples disagree about as often as they agree regarding the occurrence or nonoccurrence of non-violent events in their relationship (Jacobson & Moore, 1981); although, when violent events are the subject of inquiry, it has been posited that social desirability is one factor influencing differential reporting (Arias, & Beach, 1987; Edleson & Brygger, 1984). The response biases appear to be for women, more than men, to acknowledge their own victimization and the victimization of their spouses (Margolin, 1987). Differential reporting was found in a study by Browning and Dutton (1986) when they gave the Conflict Tactics Scale to 30 assaultive couples and found that husbands viewed the marital relationship as mutually violent, whereas their wives viewed it as husband-violent. The husband-wife correlation on specific items of the CTS ranged from $+ .32$ to $+ .57$, indicating that the wives rated significantly more violence for their husbands than the husbands acknowledged for themselves. Although differences were not significant, husbands rated more violence for their wives than the wives acknowledged for themselves. Thus, both spouses report more violence for their partner than they are willing to acknowledge for themselves. The results of this study were consistent with results found by Szinovacz (1983) who gave a modified version of the CTS to 103 married couples and found little agreement on the occurrence of specific violent behaviors, although he found moderate agreement on whether or not violence in general had occurred. Jouriles and O'Leary (1985) also found agreement between partners' CTS scores to be low to moderate for both a clinic sample of 65 couples and a community sample of 37 couples, with clinic husbands underreporting their violent behavior, and clinic wives overreporting their husbands' violence. However, a study by Barling, et.al. (1987) found substantial similarity across husband-to-wife and wife-to-husband self-reports of both physical aggression and psychological aggression.

Another difficulty with the research conducted so far is that despite the great number of theories of domestic violence discussed in the literature, "the field has not developed to the point where these theories have actually been subjected to rigorous empirical testing" (Gelles, 1985, p.361). There is no research available that

tests one theory against another to determine which best fits the data. Thus, at this point in time the field has many theories, but little research to help in our understanding of which is "right" or which is more helpful in explaining domestic violence. Part of the problem, which will be discussed further later on, is that many of the theories are only single-factor explanations of a highly complex and dynamic problem. A related issue concerns the fact that few studies focus on more than one or two factors related to domestic violence, and few studies employ multivariate designs and statistics which could allow for more consideration of complex relationships among factors.

A debatable problem is the lack of research on female-to-male violence. Domestic violence continues to be primarily a women's issue, since approximately 95% of the victims of domestic violence are women, according to statistics published by the Bureau of Justice (1983). However, some sociologists have estimated wife to husband violence at a high rate although the physical injury that results may be less life-threatening (Straus, 1977). Gelles (1985) commented that this particular study, which found high rates of wife to husband abuse, has been attacked as invalid because the survey did not assess the context of the violence, that is, that there exists the possibility that the women were using violence in self-defense. Indeed, there is some evidence to support the belief that when women use severe violence against their husbands, it is almost always in self-defense, even though their use of minor forms of violence used against male partners may be of a similar frequency (Saunders, 1986). Regardless, it appears that the priority among researchers is still to attempt to understand male-to-female violence and it may be some time before researchers attempt to research female-to-male violence to the extent that male-to-female violence has been studied. In addition to wives' use of violence mainly in self-defense, the other main reasons for continuing to focus attention on male-to-female violence are that husbands have the higher rates of the most dangerous behaviors, husbands repeat their violence more often, husbands are likely to do more damage because of size differences, and wives are economically trapped in marriage more often than husbands (Gelles, 1985).

These limitations discussed above do not necessarily invalidate research already done or research in progress; however, these limitations must be taken into account when considering the results presented by various researchers. Until researchers have access to battered women, particularly those who do not go to battered women shelters, and who stay in one place long enough for follow-up

studies to be possible; it will be difficult to do the kind of developmental, longitudinal research that is greatly needed. Researchers are in need of better measures, better ways of recruiting subjects for studies, and ways to check the accuracy of information given on questionnaires. Since there are so many limitations placed upon researchers studying this population, it behooves mental health professionals to recognize that research in this area is likely not representative of all cases of domestic violence or of all battered women and results of research should be interpreted cautiously.

PREVIEW

ETIOLOGICAL THEORIES OF AND FACTORS ASSOCIATED WITH DOMESTIC VIOLENCE

Since the late 1970's, the majority of researchers have been working toward understanding the causes, etiology, and major factors related to family violence. Results of their studies have shown family violence to be associated with many different factors including alcohol and drug use, environmental and nutritional factors, socioeconomic status, employment status, pornography, sex-role socialization, relationship structure, stress, and personality disorders (Roy, 1982). Other researchers have attempted to explain the occurrence of family violence by drawing on various theoretical viewpoints, including social learning theory (O'Leary, 1988), learned helplessness (Walker, 1979), psychoanalytic and psychodynamic theory (McLeer, 1988), economic, social and cultural factors (Hofeller, 1982; Straus, 1977), and the cycle theory of violence (Walker, 1979). This section will focus on the etiological theories of and the factors found to be associated with domestic violence. Research which both supports and questions the usefulness of each will be discussed. A systems theoretical perspective will be taken in the following section, which will attempt to combine many of the following theories and factors in a more dynamic and integrated way, and which relies more heavily on the learned nature of violence in the family.

The Cycle Theory of Violence

The cycle theory of violence discussed by Walker (1979) illustrates one hypothesis as to the nature and development of violence occurring within a relationship. According to this theory, violence occurs in three stages: a tension-building stage, a violent stage, and a "honeymoon" stage. In the first stage, tension builds prior to the actual violence and may include verbal aggression and threats. The actual violent acts occur following this stage and the tension is released, since the batterer has now battered and the victim no longer has to anticipate the violence since it has occurred. The next stage is often called the "honeymoon" stage, since the batterer, particularly in the early stages of the relationship, will attempt to "make up" to the victim for the violence by apologizing, offering gifts, and promising it will not happen again. This third stage serves as a reinforcer for the woman to remain in the relationship, since she is being rewarded for staying

with the batterer despite the violence. In some relationships, the only positive actions made by the batterer follow a violent episode; and in this case, the victim is only rewarded for putting up with the violence.

This cycle theory proposes that domestic violence be seen not as a solitary event, but as violence that occurs in a cyclical pattern and thus one that is difficult to break. The theory has found support in those individuals and groups who advocate for battered women, but it has not been supported by much empirical research. Researchers have failed to find this cycle appearing in their study of battered women (Dobash & Dobash, 1984). These researchers state that while there is some empirical support for a stage of apologies and forgiveness following the first violent acts in a relationship, there is almost no support for the notion that it continues with subsequent violent acts.

In addition, there are some alternative hypotheses to this particular cycle theory of violence which might help to explain why domestic violence occurs in cyclical patterns. Dobash and Dobash (1984) suggest that there may be a relationship between the real or perceived changes in emotional distance between the man and woman and the occurrence of violence. They suggest further that events such as marriage, the impending birth of a child, the woman beginning a career or establishing new friendships all might be perceived as an increase in the woman's intimacy with others and a subsequent increase in the emotional distance between the man and woman. This could be perceived as very threatening to a man who is insecure about the relationship and nonassertive regarding his intimacy needs. Violence may be one way a batterer can ensure that his partner remains emotionally close to him and, at the very least, often ensures that his partner will limit her intimate involvements with others.

The Battered Woman Syndrome

Walker (1979) has described a syndrome resembling post-traumatic stress disorder in battered woman she calls the "battered woman syndrome," which is one factor she believes helps to explain why battered women stay in violent relationships and which explains some of the pathology noted by researchers and clinicians in working with battered women. According to Walker, once a woman has been the victim of repeated, cyclical violence; her affective, cognitive, and behavioral responses may become distorted due to the woman's single focus on