

**MORE THAN JUST BRUISES:
PSYCHOLOGICAL TRUAMA IN WOMEN
WHO HAVE EXPERIENCED DOMESTIC
ABUSE**

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Dedication

I dedicate this project to my husband, Kevin Lewis, who never stopped believing in me. Thank you for providing me with endless support and love throughout the process.

To both my parents, Kate and Paul Nesbitt, for showing me the value of hard work. Thank you both for teaching me and encouraging me to follow my passions in the face of adversity.

And to the wonderful supporters throughout this process, thank you for cheerleading me on the whole way!

Abstract

For women who have experienced domestic abuse, it is well acknowledged that wounds endured are often not just physical, but emotional and psychological as well. As the consequences of experiencing domestic abuse can be severe, it is important to understand how one's sufferings of physical and/or non-physical forms of abuse are related to the amount and type of psychological trauma symptoms experienced. As such, this project sought to understand the relationship between types of domestic abuse and psychological trauma symptoms. Examining 50 women who had been at involved in a group counselling program at Calgary Counselling Centre, this research found interesting results. Specifically, results indicated that psychological trauma symptoms were related to experiences of physical abuse, as well as non-physical abuse. When these relationships were independently analyzed it was found that non-physical abuses had a stronger relationship with psychological trauma symptoms. These findings were congruent with other research literature, exemplifying the damaging consequences physical and non-physical experiences of domestic abuse can have. Further, it may provoke further research examining the unique and often psychologically damaging consequences non-physical abuses can have.

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Chapter 1: Introduction

Time and time again research has shown that the experience of domestic abuse results in more than tears, bruises, and broken bones. Evidence of victimization goes beyond what we can account for with our eyes. For many abused women the emotional and psychological wounds endured are overwhelming, especially when harms can be difficult to identify and, therefore, challenging to treat (Marshall, 1994). As Canadian professionals in the field of domestic abuse, we can play an instrumental role in assisting women in understanding and healing the multitude of changes caused by their experiences of victimization. For the purposes of this project, domestic abuse refers to any incident of threatening behavior, violence or abuse; (inclusive of psychological, physical, sexual, financial, and/or emotional forms) occurring between intimate partners (Sanderson, 2008).

Understanding what psychological consequences can occur for some abused women is extremely relevant for women in Canada. Within the last decade, Canadian women have been found to make up 85% of all victims of spousal violence (Statistics Canada, 2003). As such, it is important that Canadian professionals understand the relationship which can exist between experiences of abuse and psychological impact, as the negative changes which can result can persist and even block the path of recovery.

In order to provide an overview of this topic, the following will be briefly discussed: challenges currently faced in the academic literature on domestic abuse and trauma, possible psychological consequences of domestic abuse, opportunities for further research, purpose and intent of current project, and the outline for the project. The

purpose of discussing these subjects is to introduce the main idea of this project and to present why this is an important area of study.

Significance of Research

Discerning how one can or does become traumatized during an abusive relationship is essential. Without this information we are left in the dark about how abused women's experiences relate to the emotional and psychological wounds with which many are faced. Although extensive research has been conducted in the area of domestic abuse, there is currently limited information on how differing forms of abuse contribute to these negative changes. As a result, there is opportunity for further research to understand how physical and non-physical forms of abuse are related to the existence of psychological trauma symptoms. Research in the area of domestic abuse and trauma is important because authors such as Koss and Herrera (2003) and Miki (2004) suggest that abuse is not frequently enacted through one type of act but commonly consists of both physical and non-physical methods.

Currently, academic researchers in this area appear to be challenged with unclear terminology, with many using terms such as "battered women" or "wife abuse" in their research without defining what forms of abuse the women in the study have experienced. The trouble is a large amount of information can be lost regarding what the abused women's specific experiences of mistreatment were, leaving room for a reader's own perceptions and interpretations. This could be problematic, if for example, someone reviewing a research article understood 'battered' as physical abuse but not sexual abuse or psychological abuse, when the researcher had not intentionally communicated these messages about the women in the study. Unclear terminology is also problematic

because it leads to shortcomings in interpreting the relationships between differing forms of abuse and resulting symptoms of psychological trauma. Clarity of terminology is important to understand what relationship exists between experiences of domestic abuse and trauma symptomology.

Another challenge for research in this area is that many studies have the objective of finding which method of abuse victimizes an abused woman the most. It would appear beneficial to have studies with a neutral exploratory attitude of understanding how these types of abuse relate to those women's experience of psychological trauma.

Psychological Consequences of Domestic Abuse

Examining what it means to be psychologically harmed from an abusive relationship is important, as the experience of abuse can generate both short- and long-term negative psychological changes (Baldry, 2003). According to Ham-Rowbottom, Gordon, Jarvis, and Novaco (2005) these changes can be so persistent that women living independently from their abusive relationships can still suffer the effects. In North America, the post-abuse reactions to victimization are often conceptualized as psychological trauma (eg. Levy, 2007; Ray 2008).

The term "psychological trauma" is now a part of vocabulary used around the world used to describe an individual's emotional and psychological reactions to a traumatic event or series of events (Courtois & Gold, 2009). For the purposes of this research, psychological trauma is understood as the consequential changes to one's psychological and emotional well-being resulting from a traumatic experience of physical and/or non-physical forms of abuse. The general term 'trauma' is not being used as it

does not specify whether it indicates the event, the physical harm received, or the emotional or psychological harm resulting from an overwhelmingly distressing event.

Understanding the experience of abuse from through a trauma lens has become prominent in North America, as it is often described as emotionally painful, distressing, overwhelming, and even shocking. Psychological trauma has been found to be detrimental in that it not only affects a woman's psychological health during the act of abuse but creates negative ongoing changes. These changes are frequently conceptualized as psychological reactions to experiencing victimization (Coker et al, 2002). For those who have experienced physical and/or non-physical abuses, these reactions often include negative behavioral changes, unhealthy cognitive changes, negative perceptions of self and world, as well as alterations to one's expression of emotion (Barnett, 2001; Briere, 1992; Herman 1992, van der Kolk, et al., 1996; Walker, 1993). In other words, almost every aspect of a woman's life can be negatively changed by the experience of abuse.

Researchers have focused on examining these post-abuse psychological symptoms not only to facilitate healing of these invisible wounds, but to be able to identify domestic abuse as an experience which can be 'traumatic' for some women (van der Kolk & McFarlane, 2007). Both physical and non-physical forms of abuse meet the criteria of being potentially traumatic, as a traumatic event is considered as any act which is experienced as extremely negative, uncontrollable and sudden (Carlson & Dalenberg, 2000). For women who have experienced abuse, it is often not the act of abuse that determines whether the event was traumatic, but their subjective emotional experience of it (American Psychological Association, 2000; Koss & Herrera, 2003). Thus, the more

frightened and helpless a woman feels, the higher the likelihood that she may be psychologically traumatized.

The psychological and emotional reactions after experiencing abuse are specific to each woman; negative emotional, psychological and behavioral reactions to victimization can vary dramatically (Herman, 1992). In general, those exposed to abuse show increased rates of disorders of psychological trauma such as posttraumatic stress disorder (PTSD), borderline personality disorder, disorders of extreme stress not otherwise specified (DESNOS), dissociative disorders, and complex post traumatic stress disorder (Levy, 2009; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). Much of the literature examining psychological reactions from domestic abuse victimization has conceptualized the negative changes as PTSD. Although PTSD is a well recognized and well defined psychiatric diagnosis, PTSD is just one outcome in a multitude of consequences resulting from being the subject of abuse from an intimate partnership (Ray 2008). In this aspect, the term psychological trauma has the advantage of being broad, giving it the capability to define the full range of psychological responses, like those occurring after experiencing domestic abuse.

Opportunity to Contribute

Currently, there is an opportunity for research to be conducted which explores the physical and non-physical types of domestic abuse women have experienced, openly observing how these experiences relate to psychological trauma symptoms many can be faced with. As few studies have investigated this relationship without using a psychiatric diagnosis, such as PTSD, there is also an opportunity to conduct research studying trauma symptoms and exploring their relationship with type and intensity of abuse

experienced. This project is going to take advantage of these opportunities, in hopes of contributing a distinctive study.

The purpose of the current project is to attempt to see if a relationship exists between physical and non-physical forms of abuse and the symptoms of psychological trauma expressed by victimized women. Basically, the goal is to understand how a history of experiencing both of these forms of abuse within the context of an intimate relationship is related to the existence of psychological trauma symptoms. Exploration of this issue includes understanding (a) if there is a relationship between a history of physical abuse and existence of psychological trauma symptoms; (b) if there is a relationship between a history of non-physical abuse and existence of psychological trauma symptoms; and (c) whether the relationship between a history of physical abuse and psychological trauma symptoms will be similar to the relationship between a history of non-physical abuse and psychological trauma symptoms. Specifically, it will be interesting to explore if it is the victimization in the context of an intimate relationship that is significant in the existence of psychological trauma regardless of type of abuse experienced.

Definition of Domestic Abuse

For the purposes of this study and the population of women involved in the project, abuse will be identified as domestic abuse, conceptualized from a North American perspective. The definition of domestic abuse stated in the first paragraph of this project fits well within the range of other researcher's definitions. Domestic abuse, which is also known as domestic violence or intimate partner violence, is generally described as an experience of physical, psychological, emotional, and/or sexual forms of

abuse occurring in the context of an intimate relationship (i.e. Miki, 2004; Sanderson, 2008). Although there are several terms and definitions available, 'domestic abuse' will be used for this research to describe a variety of forms of abuse that a current or ex-partner may inflict on a woman.

Outline of the Project's Chapters

The following chapters include a review of the literature relevant to this topic, a description of the methodology used in the study, results of the study, as well as a summary and recommendations. The literature review explores the past and current literature on domestic abuse, theory and trauma. A summary is included of research trends and limitations on domestic abuse and psychological trauma. The chapter on methodology includes a description of the research perspective, design, limitations, delimitations, subjects, variables, as well as instruments for data collection. Chapter four details the results of data analysis, and the final chapter consists of discussion and interpretation of the results, as well as their implications. The study concludes with recommendations for future research in the area of domestic abuse and psychological trauma.

Chapter 2: Literature Review

Violence and abuse suffered by women are of worldwide concern. At least one woman in three is beaten, coerced into sex, or otherwise abused by a partner in her lifetime; this statistic crosses all races, cultures and countries globally (Hanvey & Kinnon, 1993). Canada is no exception; a significant number of Canadian women have experienced abuse by a current, live in, or ex-partner (Statistics Canada, 2001). A 2004 General Social Survey found that in the previous 5 year period 7% of Canadian women had been abused by an intimate partner, representing a staggering 653,000 women from coast to coast (Statistics Canada, 2004). As such, domestic abuse is still considered one of the most widespread problems in human rights and public health today. In Canada this violation cuts across socioeconomic class, religion, and ethnic lines (Pan American Health Organization [PAHO], 2003).

There is a general assumption recognizing domestic abuse as a relationship which involves victimization of an intimate partner. It is well established that acts of abuse perpetrated upon an individual are damaging to their emotional and psychological well-being (Walker, 1979). Beyond physical impact, the consequences of experiencing domestic abuse often include being psychologically traumatized (Brown, Hill & Lambert, 2005). The term ‘trauma’ is frequently used in North America by practitioners and researchers alike to describe the depth of psychological harm experienced by abused women. McQuaid, Redrelli, McCahill, and Stein (2001) argue that using the term “trauma” is appropriate, as there is a wide range of abusive experiences that meet the inclusionary criteria of an event which can be considered ‘traumatic’. It is important to note that throughout this project trauma is defined not as the abusive stressor or event, but

as the individual's psychological/emotional response. Identifying trauma as a reaction versus a stressor is consistent with much of the research conducted in this area (e.g. Dutton, Kaltman, Goodman, Weinfurt, & Vankos, 2005; Herman, 1992; Pimlott-Kubiak & Cortina, 2003; etc.).

To assist in exploring the relationship between domestic abuse and psychological trauma, a conceptual framework has been developed for the purposes of this study. The framework is based on four theoretical explanations: (1) psychological harm can be established through both physical and non-physical methods; (2) abuse is based on power and control, as the perpetrator maintains control through creation of psychological harm; (3) methods of abuse can create psychological trauma, as well as have a significant negative impact on one's life; (4) both physical and non-physical forms of abuse can create traumatic experiences; therefore, each can contribute significantly to the resulting psychological trauma expressed by many abused women. These explanations will be explored through a review of the literature, which will address how the forms of domestic abuse can create psychological trauma in some abused women.

The Dynamics of Domestic Abuse

Through reviewing the research literature, domestic abuse occurs through two major forms of abuse, physical and non-physical. Although it is somewhat artificial to separate physical and non-physical forms of abuse into separate categories, these two appear to be more clearly distinct than the other groupings (such as psychological and emotional forms which have many overlapping and undistinguishing features). Despite some conceptual and experiential overlap, physical and non-physical types of abuse have

been separated for the purposes of this research. This overlap will be further explored in the section on co-occurring forms of abuse.

Physical Abuse

Physical abuse has often been defined using terms such as battering, violence and physical aggression; it is recognized as an act that injures physically (Archer & Browne, 1989; Straus, Gelles, & Steinmetz, 1980). Although many researchers have attempted to characterize and quantify physical abuse, it remains difficult to define (Straus et al., 1980); with significant variations in literature classifying physical assaults (Nicolaidis & Paranjape, 2009). Physical violence includes aggressive acts that cause physical pain to the victim, but it can also include severe acts that lead to injury and/or death (Lobmann, Greve, Wetzels, & Bosold, 2003). It is common for women in physically abusive relationships to receive numerous physical injuries to almost all parts of the body (Allen, Novak, & Bench, 2007).

Sexual abuse is an act of violence that involves using sex as a weapon against a victim, manifesting itself in variety of modes from demanding sexual affection to rape (Smith, Tessaro, & Eap, 1995). Finkelhor and Yllo (1983) found that sexual abuse includes being forced to comply with a partner's sexual requests through methods of social coercion (based on fear that the partner will leave them or humiliate them), interpersonal coercion (non-violent threats by partner), threat of physical force and physical coercion (restraining or forcing sex/sexual activities). Both physical violence and sexual abuse can occur just once or sporadically and infrequently in a relationship; however, they can also be chronic and occur repetitively, escalating in frequency and severity over time (Dutton et al., 2005).

For the purposes of this research, physical abuse encompasses both physical violence and sexual abuse experienced in an abusive relationship. Placing both of these under the label of physical abuse is practical, as both can force an individual to endure a physical act through threats, as well as include an act of unwanted physical behaviour. Other reasoning includes the frequency of co-occurrence between physical and sexual abuse; co-occurring rates have been found to vary from 20 % to as high as 80% (Briere & Runtz, 1987; Finkelhor & Yllo, 1983; Frieze & Browne, 1989; McFarlane et al., 2005). It is important to note that while physical violence and sexual abuse can occur together, it is also possible for either of these types of abuse to occur in the absence of the other.

The Psychological Impact of Physical Abuse

Judith Herman, a leader in the study of psychological trauma, asserted in her 1992 research that physical abuse serves to establish control; with this control based and maintained through the continuous infliction of psychological trauma. Further, she reported that the psychological harm is not only a result from experiencing physical assaults, but also from the constant state of fear deliberately applied by the perpetrator. According to Herman, fear is increased by intermittent and unpredictable experiences of violence including sexual acts, common in abusive relationships. Further, a perpetrator will often threaten his partner with physical or sexual acts to keep her in a constant state of fear, instilling distress, and all too often, terror.

According to Aguilar and Nightingale (1994), there is a consensus among researchers and clinicians that women who are physically abused are able to experience serious psychological impacts. Physical abuse often causes psychological harm through two avenues, the physical damage and the negative effects on mental health (Coker et al.,

2002). Not only is the physical harm distressing, but the stress itself causes damage to the body (McEwen, 2004), in the form of ulcers, spastic colon, frequent indigestion, diarrhoea or constipation, angina, hypertension, headaches, back and limb problems, frequent colds, fainting and dizziness, gynaecological problems, heart and blood pressure problems, lung and breathing problems, as well as skin problems (Coker, Smith, Bethea, King, & McKeown, 2000; Follingstad, Brennan, Hause, Polek, & Rutledge, 1991) .

Abusive assaults are often considered more than assaults on a body; they are assaults on a woman's mind, self esteem, and personal power in her life. Golding (1999) reported that there is often a psychological impact from experience either physical or sexual forms of abuse, with the frequency of experiencing abusive acts correlating with increased levels of psychological trauma. In other words, there is an increased likelihood that the more physical or sexual abuse a woman experiences, the greater the chances she could experience negative psychological harm. This is of particular concern because it has been found that those who have experienced sexual abuse and/or physical violence have been subjected to it more than once (Shields & Haneke, 1983; Tjaden & Thoennes, 2000b). Further, Jones, Hughes, and Unterstaller (2001) found that higher levels of physical abuse are related to increased number and intensity of psychological trauma symptoms.

The psychological impact from experiencing physical abuse can have consequences for a woman for years or even decades after the abuse has ended. Traumatic reactions resulting from experiencing sexual abuse are similar to those from physical abuse; prominent responses can include difficulty establishing trust, and feelings of overwhelming shame and humiliation (Goodman, Koss, & Russo, 1993b). Other

consequences of being victimized through either forms of abuse include a variety of acute and long-term mental health problems, such as anxiety (Gleason, 1993), depression (Koss & Herrera, 2003), hopelessness and low self-esteem (Janoff-Bulman, 1992), sexual problems (Briere, Elliot, Harris, & Cotman, 1995), problems with alcohol and drug use (McFarlane et al., 2005; Testa, Livingston, & Leonard, 2003), as well as spectrum of psychological trauma disorders such as post traumatic stress disorder (Mertin & Mohr, 2000), disassociation (Briere, Woo, McRae, Foltz, & Stitzman, 1997), and somatisation (Ullman & Brecklin, 2003).

Non-Physical Forms of Abuse

Non-physical abuse has been conceptualized for the purposes of this study to include both psychological and emotional abuse. In the literature, these terms have often been used interchangeably. Psychological/emotional abuse has been referred to as verbal and nonverbal acts that can cause serious psychological and emotional consequences (Straus, 1979). One might wish to understand the role that economic or spiritual abuse plays in the creation of psychological trauma; however, no studies were found during this review indicating their role. Even so, economic and spiritual abuse can be a powerful means of creating unequal distribution of power.

Follingstad and DeHart (2000) defined psychological abuse as enacting one or more of the five groups of abusive methods: (a) threats to physical health; (b) control over physical freedoms; (c) destabilization through intimidation, degradation, isolating/monopolizing, and control; (d) dominating/controlling behaviours; and (e) “inept” relationship behaviour, this last the least identified. Examples of psychological abuse include verbal aggression, use of verbal and non verbal acts used to

emotionally/psychologically hurt the another, behaviours used to terrorize the victim (indirect), infliction of mental harms which threaten or limit the victim's well being, and so on. Acts that are considered psychological abuses are similar to, and often the same as, those considered emotional abuses (e.g., Follingstad, Rutledge, Berg, Hause, & Polek, 1990).

The Psychological Impact of Non-Physical Abuse

Non-physical abuse can have a powerful effect on a victim's emotions and cognitions (Arias & Pape, 1999), as well as to establish an unequal distribution of power in the relationship (Sackett & Saunders, 1999). Non-physical abuse is considered a purposeful act intended to damage a woman's sense of self, autonomy and self esteem. An abused woman's sense of self is also diminished through negative comments that are often repeated; insults can secure both immediate and long-term damage to self (Hoffman, 1984). Non-physical abuse not only attacks a woman's sense of self but also negatively alters her perception of her identity (Lempert, 1996). The degradation of a woman's sense of self is often perceived subtly, which is of concern, as research has found that women frequently do not recognize these acts as abusive, instead internalizing these messages as facts about themselves (Marshall, 1994).

Forms of non-physical abuse can be considered psychologically traumatizing as the individual she trusts is the one creating intense emotional and psychological distress. This betrayal of trust can negatively affect a woman while she remains in the relationship, as well as after she has left it (Sackett & Saunders, 1999).

Emotional and psychological abuse has repeatedly been described as psychologically traumatic, as it involves inflicting severe emotional pain (Sackett &

Saunders, 1999; Walker, 1984). Carlson and Dalenberg (2000) reported that psychologically painful events can be traumatizing since not only the act but even the threat of severe and uncontrollable psychological pain can be experienced as traumatic. Further, they reported that psychological abuse may create an extremely painful emotional experience which may translate into an experience which is traumatizing. The application of non-physical abuse is traumatic in nature, overwhelming the victim's ability to cope with the abuse when it is occurring (Arias, Street, & Brody, 1996).

In general, psychological trauma leads to negative consequences that may continue occur long after the abuse has ended (Reed & Enright, 2006). These long-term effects include debilitating effects on a victim's self esteem (Aguilar & Nightingale, 1994; Ferraro, 1979), depression (O'Leary, 1999; Pimlott-Kubaik & Cortina, 2003), and anxiety (Dutton & Painter, 1993).

Co-Occurring Forms of Abuse

While many researchers have managed to separate non-physical from physical abuse when measuring psychological impact, women often experience these forms of abuse simultaneously or one in alternate of the other. Basile, Arias, Desai, and Thompson (2004) surveyed 8,000 women who had experienced abuse, finding that both physical and non-physical forms of abuse frequently co-occur. A more recent study by Dutton, Kaltman, Goodman, Weinfurt, and Vankos (2005) found that many abused women experience a spectrum of abuses; in fact, it is uncommon to experience one form of abuse in isolation from another. Physical abuse rarely occurs without psychological abuse, with as few as 1% of abused women only receiving physical abuse (Follingstad et al., 1990). While it is common for physical abuse to be applied with some component of emotional

or psychological abuse, it is also possible for any one of these types of abuse to occur alone (Kemp, Green, Howanitz, & Rawlings, 1995; Porcerelli, West, Binienda, & Cogan, 2006).

Ongoing abuse. Physical and non-physical forms of domestic abuse often occur during the relationship, but can also continue during the break up and even after the relationship have ended. According to Statistics Canada (2001), 24-35% of women reported receiving more severe physical abuse after the relationship had ended. Non-physical forms of abuse have also been reported post-relationship, as women have described experiencing harassment and intimidation including their former partners threatening suicide, making frequent contacts, and threats to both their own and their children's wellbeing (Anderson & Saunders, 2003). Mertin and Mohr (2001) found that continued abuse after separation was significantly and positively correlated with psychological trauma, depression and anxiety in women.

Theoretical Perspectives on Domestic Abuse

In order to understand the dynamics of domestic abuse, it is worthwhile to explore past and current theories which seek to explain the cause, existence and perpetuation of abuse within intimate relationships. The next section of this literature review will provide an overview of major theories explaining domestic abuse of women. In addition, an in-depth exploration of theories conceptualizing the existence of psychological harm resulting from women experiencing domestic abuse will also be discussed.

According to a world-wide study conducted by the Pan American Health Organization in 2003, domestic abuse is a multi-causal problem influenced by social, economic, legal, psychological, cultural and biological factors. Extensive investigations

have been conducted in an effort to account for the existence of abuse, as well as to determine how it is perpetuated.

Tutty and Goard (2002) proposed that partner abuse theories can be classified into three categories, that is, individual, social psychology, and socio-cultural theories. Individual theories draw upon abnormal psychological pathologies to explain the existence of abusive relationships. Some of the theory originally created under this classification assumed that abused women had serious psychological problems (e.g. Snell, Rosenwalk, & Robey, 1964), suggesting that they seek out relationships with aggressive, assaultive men (Hilberman, 1980; Symonds, 1979). Individual theories that provide a victim-blame explanation are no longer generally considered applicable by today's standards as they do not account for the dynamics of the relationship or the women's history.

Social psychology theories investigate abusive relationships from a social and societal perspective and include social learning theory, exchange theory, symbolic interaction, and attribution theory (Tutty & Goard, 2002). These theories examine how one's society can shape perceptions and beliefs about intimate relationships. The assumptions are grounded on society's function in the development of abusive behaviour and relationships, with less emphasis on an individual's psychological status. Social psychology theories frequently give meaning to behaviours that enable and maintain abusive patterns. According to Tutty (1999), these theories may be more applicable to explaining an abuser's actions than to explaining a victim's behaviour.

Socio-cultural theories investigate domestic abuse through conjoining individual variables with social and cultural explanations. They include feminist theory, general

system theory, conflict theory, resource theory, functional theory, and subculture-of-violence theories (Tutty & Goard, 2002). These theories postulate that social and cultural messages are absorbed and expressed by an individual's values, attitudes and behaviours in an abusive relationship (Utech, 1994).

An in-depth review of the various frameworks for conceptualizing domestic abuse is beyond the scope of this literature review. It is important to note that it is likely that many of the theoretical frameworks presented are based on some form physical abuse, as women were often identified as abused after experiencing some form of violence. This is problematic as these theories may be limited in their explanations of the presence and enactment of non-physical abuses.

The following section will explore the theories used to explain the dynamics which exist in domestic abuse relationships. Specifically, the common characteristics in abusive relationships of power, control and domination will be reviewed.

Functional Purpose of Abuse

In the 1970s, feminist theory emphasized the notion that abuse in a relationship was not about anger, but about control. Since then, it has been widely acknowledged that acts of domestic abuse are about instilling fear to obtain power over an intimate partner. In abusive relationships, power and control can be gained through several forms of abuse, both physical and non-physical (Simmons, Lehmann, & Collier-Tension, 2008). Tactics can include physical, emotional or verbal abuse, isolation, threats, intimidation, minimizing, denying, blaming, coercion, financial abuse, or using children or pets to control behavior. Experiencing abuse often subsequently creates fear, which instils in the victim generalized feelings of powerlessness and helplessness (Dutton & Painter, 1993).

Frequently, unsuccessful attempts to control the abuse lead to a greater perception of being unable to control one's entire life, thus reinforcing a perception of powerlessness. Initially establishing control is not enough; continuation of abusive methods is necessary to maintain the abusive homeostasis of the relationship (Herman, 1992).

Domination

Attaining total power and control over a partner means dominating their every behaviour. Acts of domination often include exercising extreme levels of control, commonly depriving the abused partner of food, sleep, shelter, personal hygiene or privacy (Herman, 1992a). It has been well documented in the literature that the most common technique for dominating a partner is to isolate him or her. Isolation is crucial because, as long as there are no outside sources for resources or support, the perpetrator remains the most powerful person to the victim. Isolating behaviour often includes restricting conversations (Farris & Fenaughty, 2002; Lemper, 1996) and forcing the victim to give up employment, friendships and even relationships with family (Herman, 1992a).

Domination is re-enforced through abusive acts, which frequently consist of verbal attacks. For an abused woman this can mean being accused of infidelity, as a partner can express extreme and often delusional jealousy. Jealous behaviours lead to increasing levels of isolation for the abused woman, as she abides by the abuser's wishes in order to avoid conflict (Frieze & Brown, 1989). Domination is effective as, over time, the abused woman becomes increasingly isolated and thus increasingly dependant on her abusive partner.

The Psychological Consequences of Domination

Acts of domination not only maintain a perpetrator's control but actively create mental and emotional harm in women experiencing the abuse (Herman, 1992a). Carlson and Dalenberg (2000) described domination as the defining element in establishment of psychological trauma, as sufferers struggle with the belief that they are powerless. In addition, ongoing fear and helplessness resulting from being controlled aid in women's traumatic reactions; these reactions too often include the destruction of a woman's sense of self and belief in the world (Herman, 1992a). Out of all the dominating acts, Waldrop and Resick (2004) found that isolating a victim contributed most significantly to the creation of psychological trauma symptoms. According to their report, isolated women frequently have few or no resources or support to help them cope with abusive experiences, increasing the likelihood of being traumatized by the abuse.

While dominating a partner has been found to create psychological trauma, Dutton (1992a) suggested that a reverse relationship could also exist. According to Dutton, it is possible that a woman's reactions from experiencing psychological trauma could enable a partner to maintain power and control. Negative changes to one's emotions and mental health during an abusive relationship have been linked by prior research to increase dependency on a partner (Dutton, 1992a; Dutton & Painter, 1993). Herman (1992a) suggested that it is likely the mixture of control and dependency that shape the psychology of the victim, as they are exposed to the actions and beliefs of the perpetrator.

The Psychology of Domestic Abuse and Traumatization

Ranging from being coercively controlled to experiencing acts of physical and/or nonphysical abuse, the various dynamics involved in domestic abuse relationships are recognized throughout research in North America as being psychologically damaging. For decades many researchers have sought to understand abused women's reactions and profound negative changes. The goal for many of these researchers is to connect the abusive experience with the continuum of negative effects faced by many (e.g., Dutton, 1992; Herman, 1992; Walker, 1979, etc.). It appears that researchers began to push understanding these reactions to abuse through a trauma lens in the late 1970s. It is at this time that Lenore Walker, along with other researchers, began to announce to the academic community, that domestic abuse left more than just a few bruises healed behind closed doors.

Following to Walker's historic lead, this section of the literature review will present research on the trauma conceptualization for understanding the psychological effects many abused women experience. Specifically, the history of psychological trauma will be explored, discussing the major theories which resulted from understanding domestic abuse through a trauma lens. This section of the literature review will also provide theoretical and conceptual basis for explaining what it means to be traumatized from experiences such as domestic abuse. The following integrates a number of contributions by many who have studied both trauma and domestic abuse.

Brief History of Trauma Theory

The study of trauma has been ongoing for centuries; how we understand what is trauma or what can be identified traumatic has greatly changed from its original

conceptualizations. Trauma was a term initially used to indicate only severe physical harm to one's body, often involving an injury that could be visibly seen and measured (Sorsoli, 2004). As research in the area evolved the trauma conceptualization and terms, it started to be used to explain an individual's psychological and emotional reaction after experiencing a disturbing event or series of events (Courtois & Gold, 2009). Early conceptualizations using trauma as a descriptor of one's mental or emotional state were limited to being portrayed as bi-products of physical harm experienced (Sorsoli, 2004). For a number of decades, this perspective of psychological trauma also defined what qualified as a 'traumatic' event, as it was limited to include only an experience of physical abuse or harm. These concepts clearly influenced the academic community in their search to understand the detrimental effects for women in abusive relationships, especially in terms of what identified abuse as 'traumatic' and what was considered within the range of a psychological trauma response. Before exploring these developments, a review of the history and advancement of the conceptualization of trauma will be explored.

Pioneering psychological trauma. Although better known for more controversial and ground breaking work in psychology, Sigmund Freud would be the first to be recognized for exploring the concept of categorizing trauma reactions (i.e. Traumatic neurosis). His 1896 book *Aetiology of Hysteria* was to be the first published document identifying that a past history of sexual abuse had cause and effect relationship with the resulting mental and physical ailments in women (Nayback, 2009).

It was not until 1930 when Pierre Janet pushed our understanding of trauma further, identifying trauma as psychological harm resulting from a distressing experience.

According to Janet, those individuals who were psychologically traumatized had experienced an event which had triggered a strong emotional response (van der Kolk, McFarlane, & Weisaeth, 1996). Janet proposed that it was the ‘shock’ of experiencing an event that created psychological changes, describing reactions to include feelings of fear, rage, or sorrow, or to feelings of incompleteness, disturbed cognitive processes, and generation of fixed ideas (*idees fixes*)—a kind of distorted experience, memory, imagination, or judgment of the traumatic event (Heim & Buhler, 2006). While both Freud and Janet are widely recognized as the pioneers in the concept of psychological trauma, the knowledge that traumatic events can cause long-term physiological and psychological problems has been recognized for centuries (Spiers & Harrington, 2001).

Formally conceptualizing psychological trauma. When soldiers from the Vietnam War started returning home, the academic community began an organized, large-scale investigation on the psychological reaction of experiencing a traumatic event or series of events (Courtois & Gold, 2009). Many of these soldiers came home with some degree of psychological problems, with these symptoms at times being coined ‘psychiatric collapse’ or ‘shell shock’ (Gabriel, 2006). The research community took up interest in not only the veteran’s psychological conditions, but also in those exposed to traumatic events such as rape, child abuse, sexual abuse and domestic violence (Courtois & Gold, 2009). This was the first time in history that women’s abuse experiences were identified as being traumatic, and further, the mental health consequences were acknowledged.

Due to a combination of general interest by society and social movements in the 1970s, psychological trauma became diagnostically conceptualized by the American Psychiatric Association. By 1980 psychological trauma was identified under the

diagnosis Posttraumatic Stress Disorder (PTSD), published in the Diagnostic Statistical Manual of Mental Disorders III (American Psychiatric Association [APA], 1980). PTSD is a diagnosis for those exposed to a traumatic stressor involving intense fear, terror or helplessness and is experiencing psychological trauma symptoms like intrusion, avoidance and hyperarousal (Flouri, 2005; Herman, 2001). More than just identifying psychological trauma as a `real` mental health issue, it served to legitimize trauma and codify reactions of experiencing psychological trauma (ie. posttraumatic reactions). Between the emphasis on psychological trauma and the general awareness raised by domestic violence activists, a flurry of research and theory in the area of understanding the psychology of domestic abuse began.

Theoretical Framing of Domestic Abuse and Trauma

While today it is reasonable to presume that the experience of ongoing abuse by an intimate partner can have psychological consequences, this was not always the case. Before research began to explore the psychology of domestic abuse, many health professionals did not understand why women remained in these relationships, why they often returned to their abusive partner or even why they didn't return to 'normal' after leaving the relationship for good (Koss & Herrera, 2003) .

Research in the late 1970's and early 1980s began to answer these questions by focusing on abused women's experiences with the perception that the abuse could be traumatic. When it came to trauma-influenced research on domestic abuse, the ground breaking work was completed in two waves that appeared simultaneously. The first wave focused on exploring women's victimization through conceptualizing common patterns of abuse, the most prominent includes the model by Lenore Walker (1979) called the

cycle of abuse/violence and the other consisting of the traumatic bonding theory by Don Dutton and Susan Lee Painter (1981). The second wave focused on conceptualizing the psychological damage and post-abuse reactions that many abused women experienced. During this period, many researchers identified these psychological symptoms as Posttraumatic Stress Disorder (APA, 1980). Battered Women Syndrome was conceptualized during this period to help encapsulate the trauma symptoms and reactions in relation to domestic abuse (Walker, 1979). A review of these theories will be briefly explored to establish the theoretical framework for understanding how women can be psychologically traumatized from their experiences of abuse.

Conceptualizing Harmful Patterns of Abuse

Cycle of abuse. Walker (1979) presented a model, known as the cycle of abuse/violence, to explain the patterns of abuse. The cycle has three distinct phases which repeat, including tension building (which often includes non-physical forms of abuse), an acute battering incident, and finally loving contrition (Walker, 1984). The first phase is defined by a woman attempting to control the battering incident, through avoidance or speeding it up by refusing to meet a batterer's demands. After the incident tension is reduced, frequently resulting in an abuser providing an apology or a show of remorse (Walker, 1984). As the cycle continues the honeymoon stage becomes shorter, with the episodes of battering becoming more frequent and/or more severe. It is believed that the honeymoon stage reinforces the victim's hope for change, contributing to the reasoning for a victim to choose to stay (Walker, 1979). It is believed that the cycle continues and repeats in the order until the woman chooses to leave the relationship (Bancroft, 2002).

The cycle of abuse has been described as being extraordinary intense (Hilberman, 1980), creating tremendous psychological stress for the abused partner. According to Walker (2006), the psychological impact of the cycle includes the defining features of lowered self-esteem, learned helplessness, and lowered confidence. Learned helplessness is a state in which individuals have lost the belief that they can reliably predict what particular response will bring them safety (Walker, 1993). The psychological impact from experiencing abuse has been conceptualized by Walker (1984) as Battered Woman Syndrome (BWS). This theory will be explored in greater detail in the section exploring trauma conceptualizations for abused women.

Traumatic bonding. While the cycle of abuse model has contributed a great deal to our understanding of physically violent relationships, Dutton and Painter's (1981) theory of traumatic bonding appears to have extended academic knowledge in this area. The theory suggests that both a power imbalance and intermittent experiences of abuse, typical of abusive relationships, powerfully enhance a victim's emotional attachment to a perpetrator (Dutton & Painter, 1993). The power imbalance is created through physical and/or non-physical forms of abuse used to intimidate and control the abused partner. In other words, acts of abuse create a traumatizing experience, causing a woman to be both emotionally bonded to and controlled by the perpetrator of the abuse. A recent study by Henderson, Bartholomew, Trinke, and Kwong (2005) found that traumatic bonding serves to create an emotional attachment to the abuser so strong that abused women will actually seek proximity to the abuser even though he is the original source of the threat. An emotional tie develops from the imbalance of power and intermittent good and bad treatment towards the abused partner.

The initial incidents of abuse in the relationship are perceived to be an anomaly and, coupled with the lack of severity and post-incident contrition, operate to strengthen an emotional attachment at a time when the belief has not yet formed that the abuse will be repetitive and inescapable (Dutton & Painter, 1980). Eventually this pattern shifts to higher levels of abuse and lower levels of periods of repentance (Dutton & Painter, 1993), which condition a belief that the abuse will recur unless the abused woman acts to prevent it (Walker, 1979a). By the time the woman realizes that the abuse is inescapable, the traumatically produced emotional bond is quite strong. Traumatic bonding explains why victimization is actually necessary to create increased dependency on the abuser, while maintaining powerlessness for the abused partner (Dutton, 1992a; Henderson, Bartholomew, & Dutton, 1997).

Research supporting the theory of traumatic bonding comes from the findings that women are reluctant to leave their partners because of low self esteem, strong commitments to their abusive partners, and self-blame for the abuse (Cascardi & O'Leary, 1992; Dutton & Painter, 1993; Hendy, Eggen, Gustitus, McLeod, & Ng, 2003; Kwong, Bartholomew, & Dutton, 1999). One major advantage of the traumatic bonding theory is that it focuses primarily on the application of abuse connecting it to the creation of psychological trauma. This theory is powerful as it does not define itself through any one form of abuse, but recognizes the attachment is enhanced through a power differential. It is important to note that while the traumatic bonding theory is still discussed in recent studies on abuse (e.g., Langhinrichsen-Rohling, 2006; Lee, 2007; etc.), no recent research or theory testing has been conducted since Dutton and Painter's 1993 study.

Defining Post-Abuse Trauma Symptoms

While the first wave of research sought to explain how abused women become traumatized, the second wave looked to explain what being ‘psychologically harmed’ from an abusive relationship meant. Research in this area has been, and continues to be, heavily influenced by trauma conceptualizations; carrying forward the message that domestic abuse has the power to be psychologically traumatizing. While there is wide speculation about utilizing either the Battered Women Syndrome (Walker, 1984) or Post Traumatic Stress Disorder (APA, 1980) conceptualization, it is not the purpose of the following to discuss exhaustively the history and debate surrounding them. More so, the purpose is to provide a basis for understanding how women’s trauma responses have been understood over a number of decades.

Battered woman syndrome. Walker (1984) constructed BWS to conceptualize and integrate the complex psychological reactions of victims of domestic violence. BWS seeks to explain psychological reactions to ongoing and detrimental patterns of abuse (Walker, 1984). This syndrome was meant to provide not only a theoretical underpinning of psychological explanations of trauma experienced, but legal implications as well. BWS was created with the intention to provide a method for integrating the complex trauma reactions that domestic violence victim’s experience. Such conceptualizations were meant to convey the adaptive/coping nature of many of the posttraumatic symptoms (Brown, 1994).

Battered Woman Syndrome (BWS) was originally developed as a subcategory for Post-Traumatic Stress Syndrome (PTSD), specifically created to explain abused women’s psychological state resulting from experiences of domestic violence (Walker, 2006).

However what makes BWS unique from the clinical definition of PTSD, is the focus on the symptom of learned helplessness. As mentioned earlier, this helplessness is understood as the loss of belief that one can prevent or escape from the abuse (Walker, 1984). Other symptoms of BWS include overwhelming feelings of fearfulness, denial, repression; as well as minimizing or not dealing with what is really occurring (Walker, 1995). Many of the characterizations listed overlap with the conceptualization of PTSD; further detail of this psychiatric concept will be explored in the next section.

What makes the theory of BWS significant is that it helped raised understanding and awareness of abused women's psychological reactions. Walker pushed the idea that these women were not psychologically defective for staying (and often returning) to the abusive relationship, but were human beings reacting to a dysfunctional and traumatic relationship (Elliston, 2002). Most importantly, Walker's BWS theory identified that anyone could become a victim to an abusive relationship and become psychologically affected by it.

Posttraumatic stress disorder. For several decades, Posttraumatic Stress Disorder (PTSD) has become the most commonly used psychiatric condition to identify and explain abused women's psychological trauma symptoms and post-abuse reactions (Courtois & Gold, 2009). The popularity of the diagnosis is due to the common experience for abused women to face several events of abuse throughout their relationship, resulting in having an increased risk to gain PTSD (Courtois & Gold, 2009).

For abused women, PTSD is used to explain a series of psychological traumatic symptoms they can experience. According to the newest version of the Diagnostic and Statistical Manual of Mental Disorders [DSM-IV TR] (2000), PTSD is characterized by:

intrusive reminders of the traumatic experience, avoidance of stimuli associated with the trauma, and experiential numbing and hyper-arousal (ie. heightening of stress responses). In order for abused woman to gain this diagnosis, she must have experienced, witnessed, or been confronted with an abusive event or series of events that involve actual or threatened death or serious injury, or have received a threat to her physical integrity of herself or others. In addition, for a woman to gain PTSD diagnosis, she must have responded to the abuse with intense fear, helplessness, or horror. A diagnosis of PTSD implies that an individual has not integrated traumatic memories of the abusive experiences; instead continuing to experience the trauma (van der Kolk et al., 1996).

Limitations of BWS and PTSD. For a number of decades, traumatisation through domestic abuse has been mostly understood through PTSD and in the legal system sometimes understood through BWS. While both theories continue to contribute to the psychology of domestic abuse, they have begun to lose popularity in certain research circles due to their controversial nature. The following will briefly overview some the main problems with BWS and PTSD's conceptualizations of psychological trauma.

A major drawback to using Battered Woman Syndrome (BWS) theory is that it is based on the abusive partner using primarily physical violence to explain the existence of psychological symptoms. While understanding the impact of physical abuse on psychological trauma is important, it does not appear to account for the role that psychological/emotional abuse can play in abusive relationships. Without accounting for the psychological trauma resulting from non-physical forms of abuse, the theory cannot account for the range of experiences and post-abuse reactions of domestic abuse. This is especially concerning when research has shown that non-physical forms of abuse can

have serious psychological consequences for the victim (Arias & Pape, 1999; Elliston, 2002; Follingstad et al., 1990; Sackett & Saunders, 1999; Taft, Murphy, King, Dedeayn, & Musser, 2005). As BWS syndrome has faced challenges in conceptualizing the broad experiences of domestic abuse and psychological trauma reactions, many researchers and clinicians are currently utilizing other clinical definitions.

Among others, Walker (1994) suggests that PTSD may be the most accurate diagnosis for survivors of domestic violence. While the diagnosis of PTSD may be applicable for some women who have experienced abuse; there remain several challenges with the conceptualization. Although the DSM-IV TR psychiatric definition of PTSD has undergone revision, it remains centered on the experience or threat of physical harm (Sorsoli, 2004). Like BWS, it is questionable how appropriate the diagnosis is for those who have experienced the spectrum of abuses common during an abusive relationship (Caplan, 2006).

Technical issues with diagnosing abused women with PTSD also exist. Diagnosing abused women's psychological trauma symptoms as PTSD requires a period between the traumatic stressor and the onset of psychological trauma symptoms (van der Kolk, 2003). This period may be prolonged for abused women, as the primary stressor (the abuser) may still be in the woman's life for years after the relationship has ended (Koss et al., 1994). Many of these women can exhibit symptoms of psychological trauma while facing ongoing distressing experiences of abuse. This is especially true for many women who share children with the abuser, and may be subjected to ongoing stalking, physical and non-physical abuses from their ex-partner.

Currently, there exists an ongoing dispute in the research community as to whether the diagnosis of PTSD is the most accurate or appropriate for identifying psychological trauma symptoms abused women can experience. Many researchers are questioning whether psychiatric classifications, such as PTSD, are necessary for identifying abused women's trauma symptoms (Burslow, 2003; van der Kolk et al., 1996).

The dispute appears to center around the fact that PTSD is a psychiatric mental health diagnosis, which is meant to identify abnormal psychological conditions resulting from a traumatic event. Diagnosing trauma symptoms that result from repeated (and often prolonged) traumatic events may be not normalizing, but rather pathologizing these reactions as "un-normal" (Herman, 1992a; van der Kolk et al., 1996). It has been suggested by Tutty and Goard (2002) that mental health professionals should initiate understanding of each woman's unique abusive situation and the psychological symptoms resulting from it. Burstow (2003) suggested that the very act of giving a woman's traumatic reaction a label can take away her ability to name her experience in her own terms.

Psychological Trauma: A Concept Revisited

Psychological trauma is a concept utilized throughout this literature review, as it is the broad definition underlying many trauma-based conceptualizations. Although the term psychological trauma has been used for over a century, the term PTSD became popular after its introduction in the 1980s. Recently, the term has begun to reappear in literature, even having academic journal titles devoted to research in the area (e.g. Journal of Psychological Trauma). Sanderson (2008) identified that research exploring

traumatisation from domestic abuse are using the term more frequently. In fact, Friedman, Keane, and Resick (2007) reported that both literature and academic knowledge about psychological trauma has been increasing over the last several decades.

Although previously defined, Saakvitne, Gamble, Pearlman, and Lev (2000) described psychological trauma as an emotional, cognitive, and physical overwhelm, with the circumstances commonly including experiencing powerlessness, betrayal of trust, entrapment, emotional pain, confusion and/or loss. Further they identify psychological trauma as being subjective, an experience unique to an individual. Today the term has fallen into mainstream language, used to describe a distressing event, series of events, harms to the body and/or mind, used to conceptualize negative global changes to an individual after being traumatized.

Conceptual Advantages

There are many benefits of utilizing the term psychological trauma, as the broadness allows the flexibility for abused women to have unique experiences of trauma symptoms and trauma stressors. This answers the call of several researchers in the area of domestic abuse who have been requesting a more extensive conceptualization for understanding psychological harm experienced from abusive relationships (e.g., Burstow, 2003; Jackson, Veneziano, & Ice, 2005). Ray (2008) has suggested that future research into trauma needs to extend beyond the traditional preoccupation on PTSD as the sole outcome of traumatisation and more closely attend to the full range of psychological responses. The term psychological trauma provides coverage being requested by several researchers, as it covers an extensive range of emotional, psychological, social and

behavioural changes which frequently occur for women who have experienced domestic abuse (Courtois & Gold, 2009).

According to Breslau and Kessler (2001), the DSM IV TR's conceptualization of what is considered a 'traumatic event' under the diagnosis of PTSD has dramatically reduced the number of individuals typically considered as having been exposed. This is problematic as PTSD does not just signify psychological harm resulting from a distressing event or series of events, but for abused women, subsequently identifies if the abuse she experienced was warranted as being 'traumatic'.

One major advantage of using the concept of psychological trauma is that it provides an avenue to bridge the PTSD research identifying psychological reactions to domestic abuse with the continuum of negative effects identified by many other researchers. Specifically, the term is an umbrella conceptualization that provides the ability to explore more than cognitive changes, enabling inclusion of current literature on the abused women's the emotional changes, perceptual changes of self and world, and behavioral changes which frequently accompany, and sometimes can overshadow, the PTSD symptoms.

A Key Concept

Due to the debate, controversy and identified limitations surrounding the two major trauma conceptualizations for defining abused women's trauma symptoms, this research will be utilizing the term psychological trauma. While this research's intent is to step out of the debate, it is not to discriminate against the use of Battered Woman Syndrome or Post traumatic Stress Disorder for understanding and defining women's traumatic responses to abuse. Instead, the term psychological trauma is being used to

incorporate the underlying conceptual basis and knowledge of both theories, in addition to include up-to-date research examining the broader and continuous effects of psychological trauma.

As the purpose of this research is to gain insight into the relationship between experiencing physical and non-physical forms of domestic abuse and existence of trauma symptoms, the term psychological trauma presents as the most appropriate. The broad term will be utilized for the remainder of the current research to describe the continuum of trauma symptoms which frequently range beyond the single explanations of PTSD or BWS.

Psychological Trauma and Domestic Abuse

Events are considered traumatic not because they are rare, but because they overwhelm an individual's internal resources and coping (Herman, 1997). For abused women, the basis for a traumatic response originates from lack of control, overwhelming fear, and feelings of helplessness or powerlessness to change the maltreatment by their partner. Trauma can be created through physical and/or non-physical forms of abuse. It is the perception of a negative event and unexpected onset which characterize it as traumatic (Carlson & Dalenberg 2000).

For women in abusive relationships, a constant reality is not only the act, which is emotionally and psychologically harmful, but also the ongoing threat of abuse. Women in abusive relationships frequently describe them as fear provoking and unpredictable (Browne, 1987; Murphy & Cascardi, 1993; Walker, 1984). They describe the act and threat of abuse as emotionally and psychologically painful. Carlson and Dalenberg (2000)

reported that this emotional pain frequently translates into a traumatic psychological response.

Coping with high levels of psychological trauma would be difficult, if not impossible, when one considers that abuse often occurs multiple times, with the duration of exposure to the traumatic event often extensive (Dutton, 1992b). Being exposed to multiple and repeated traumatic events within the same context has been referred to as chronic traumatization. Herman (1992b) reported that those exposed to chronic traumatization have higher levels of psychological trauma than those who are exposed to single events.

Symptoms of Psychological Trauma

Beyond any and all external wounds, emotional and psychological damages are an expression of psychological trauma, often recognized as being long-term consequences of abusive relationships (Koss et al., 1994). Psychological trauma is more than a traumatic mental state during the abuse; trauma is often internalized and can be observed through traumatic symptomology long after the abuse has ended (Reed & Enright, 2006).

According to Abel (2001), victims of domestic abuse can develop a number of emotional and behavioural problems. Psychological trauma can be expressed in abused women's behavioural reactions to the abuse, disruptions to cognitive functioning, internalized trauma symptomology, as well as changes in emotional expression. According to Briere and Jordan (2004), these symptoms of trauma are considered a complex post-victimization response, as complex as the abuse experienced.

Negative behavioural changes. Abusive relationships create powerlessness, restricted personal freedom and resulting psychological trauma. Abused women often react to psychological trauma by enacting negative behaviors. According to Barnett (2001), it is women's psychological and emotional reactions to stress created in the abusive relationships that led to these behavioural reactions. When their coping mechanisms no longer decrease the ongoing emotional and psychological distress created in abusive relationships, women may engage in destructive behaviours in order to dull the emotional pain resulting from their psychological trauma.

According to Mitchell et al. (2006), abused women engage in specific responses to enable them to cope with the abuse; however, while these responses can be adaptive for minimizing emotional affect, they often increase the internalized psychological trauma. According to Bryant-Davis (2005), such behavioural responses may include eating disorders, substance use and abuse, as well as other high-risk behaviours.

Eating disorders are believed to occur in abused women is that their perception of their body image can be affected by interpersonal trauma. Non-physical abuse often includes verbal insults, often targeting a woman's body; she may react by loathing her body and body image (Bryant-Davis, 2005). A study by the World Health Organization [WHO] (2005) found that women who have experienced domestic abuse are at increased levels of developing eating disorders.

Another behavioural reaction includes the overuse of prescribed medication, as well as drugs and alcohol (Jones et al., 2001). Studies indicate high rates of substance abuse in abused women compared to non-victims (e.g., Gleason, 1993; Watson et al., 1997). Dutton (1992b) reported that some women use substances to help cope with the

high levels of distress experienced in an abusive relationship. Alcohol and/or drugs are often used to numb or avoid painful emotions. Abused women may use substances, especially prescription drugs, to decrease both their psychological and emotional pain (Hilberman & Munson, 1977).

Finally, a common behavioural reaction to abuse is the consideration of suicide. Due to the traumatic nature of abuse, individuals often are ill-equipped, lacking the internal resources needed to manage their enormous emotional and psychological distress. According to Dutton (1992a), abused women may consider suicide as a way to cope or to stop the emotional pain they experience. Experiences of trauma can increase the likelihood of suicidal ideation, especially if there is no foreseeable relief from traumatic events, intrusive memories, negative emotions related to the trauma, or the feeling of being “trapped” in the experience of the trauma (Wilson, Drozbeck, & Trukovic, 2006). Pico-Alfonso et al. (2006) reflected these findings, reporting that both physically and non-physically abused women more frequently have histories of suicidal thoughts and behaviours compared to non-abused individuals.

Disruptions to cognitive functioning. Due to the disruptive and traumatic nature of abuse, interference with normative cognitive functions can occur. Abused women may experience cognitive dysfunctions, such as dissociation, difficulty recalling or controlling recall of traumatic memories, emotional numbing, hypervigilance and increased distress levels. While these symptoms are generally captured by the diagnosis PTSD, they have been distinctly separated for the purposes of deeper exploration.

A number of studies report dissociation as a common symptom of psychological trauma resulting from domestic abuse (Feeny, Zoellner, Fitzgibbons, & Foa, 2000).

According to Briere (1992), dissociation is a disruption to linkages between awareness, feelings, thought, behaviour, and memories conscious or unconsciously invoked to reduce distress. Dissociative responses to a traumatic event, like those experienced during abuse, include disengagement, depersonalization, derealization, emotional constriction, memory disturbance, identity dissociation (Briere, 1997), as well as voluntary suppression, minimization and denial used to alter the reality of the domestic abuse (Herman, 1992a).

Tillman, Nash, and Lerner (1994) identified dissociation as a complex mental defence system that functions by allowing victims to separate themselves from the full experience of trauma, so they avoid undergoing the full impact of the event. Walker (1991) observed that many abused women experience dissociation, as it interferes with intense levels of psychological and emotional pain. The act of dissociation often occurs when traumas are severe or chronic, like those experienced in an abusive relationship (Chu & Dill, 1990; Martinez-Taboas & Bernal, 2000).

Consistent with other traumatic experiences, women who have been subjected to domestic abuse can have difficulty with memory recall or with controlling the recall of traumatic experiences. Compromised memories usually consist of vivid recollections of the event or events, which are accompanied by extreme feelings of loss, anger, betrayal and powerlessness (van der Kolk et al., 1996). A combination of intense emotional and psychological distress at the time of the abuse, as well as head trauma, is believed to establish traumatic memories (Briere, 1992; Coker et al., 2000; Rogers, 1995). According to Walker (1993), it is common for women who have experienced domestic abuse to have flashbacks of fragments of the traumatic events.

Intrusive memories are defined by re-experiencing the traumatic experience in forms of nightmares, flashbacks, images, body sensations and intrusive thoughts about the event, which occur spontaneously (Holmes, Grey, & Young, 2005; van der Kolk et al., 1996). Although disruptive, intrusive memories provide a role in integrating these memories with reality, creating a tolerance for the content of the memories (van der Kolk et al., 1996). However, during this natural process of re-exposure to the traumatic event, an individual may feel emotionally overwhelmed, subsequently avoiding memory recall in the future. According to Elliott (1997), avoided memory recall can sometimes lead to memory loss of the traumatic event or events.

Not only may abused women avoid memory retrieval, but they may also avoid their emotions. Those who have experienced psychological trauma have been found to use emotional numbing through memory avoidance to protect themselves from the intense emotional pain of recollection (Goodman, Koss, & Russo, 1993a). This psychic numbing is considered to consist of the detachment or estrangement of emotions, leading to a restricted range of expressed emotions (Dutton, 1992a). Feeny et al. (2000) found that emotional numbing can lead to other problems, such as a loss of interest in activities, detachment from others, and a restricted range of affect. A more challenging problem for abused women is that the very act of avoidance allows them no opportunity to extinguish the fear created by the abusive partner. Therefore, fears created may not only remain but be reinforced (Carlson & Dalenberg, 2000).

Finally, experiences of domestic abuse can cause hypervigilance, a key traumatic symptom affecting cognitive functioning. Hypervigilance is a state of alertness to danger perpetuated by high levels of anxiety and distress (Herman, 1992a), in which an

individual does not have a baseline of calm or comfort (Hilberman, 1980). As the act of abuse is unpredictable, abused women can overdevelop the startle warning system which helps them mentally prepare for an abusive event (Walker, 1993). While this hyper-alertness may be beneficial while they are in an abusive relationship, it often continues on long after the abuse has ended. A state of alert can be set off by relatively normal events, such as hearing loud voices or footsteps at a door, or any cue that may resemble or symbolize some aspect of the prior abuse, leaving a woman in a chronic state of alert (Dutton, 1992a; Nurius, Furrey, & Berliner, 1992). Hypervigilance is more than just a cognitive disturbance. Having an ongoing startle response creates numerous problems (e.g., Dutton, 1992a; Herman, 1992a), including difficulty reaching states of relaxation like sleeping (Walker, 1993).

Negative internalized changes. Psychological trauma has been found to be internalized, negatively changing a woman's perceptions and belief system. van der Kolk et al. (1996) reported that trauma can be identified as internalized when an individual has experienced changes in basic assumptions, impairment in basic levels of trust, change in identity, as well as change in the ability to have predictability in the world. For an abused woman, trauma is often internalized because she cannot make sense of the abuse in the context of a loving relationship (Dutton, 1992b). A study by Janoff-Bulman (1985) found that victimization shatters one's belief about the world and one's self, replacing these belief systems with maladaptive principle structures and negative affective states. These negative changes may stop an abused woman from seeing the world as meaningful or perceiving herself in a positive way.

Psychological trauma impairs not only an abused woman's perception and beliefs, but dramatically alters her sense of self. It has been found that a woman loses her self-identity through the process of isolation experienced during the abusive relationship. Mills (1985) identified that, without interacting with others, an abused woman will not receive validation. This is problematic, as an abused woman frequently receives negative validation from her abusive partner. Mills also identified that a woman's sense of self can also change, as she continues changing her behaviours to meet her abusive partner's demands. In an attempt to avoid abuse, a woman's relationship-self may become overdeveloped, subsequently causing a loss to the independent-self. According to Herman (1992a), even after an abusive relationship has ended, a formerly abused woman does not often assume her former identity; permanent change to her perception of self has occurred, resulting in the feeling that she is not a whole person.

Domestic abuse can damage a woman's ability to trust in herself and/or others (Janoff-Bulman, 1985), as she fears her own judgements and perceptions. It has been demonstrated in the literature that trauma destroys trust, since to be trusting one must be vulnerable (van der Kolk et al., 1996). Trust is compromised for many abused women, who have experienced several betrayals throughout their relationships. Ultimate betrayal lies in the acts of abuse applied by an individual she cares for and with whom she desires to feel safe (Dutton, 1992b). It is the traumatic nature of abuse that creates an inability to trust, causing an abused woman to have emotionally distant relationships with her family, friends, intimate persons, as well as her community (Herman, 1992a).

Because acts of abuse are intentionally applied to gain power and control, they frequently create a state of powerless and low self-esteem for abused women. Aguilar and

Nightingale (1994) found the relationship between experiences of abuse and level of self esteem is so strong that increased abusive incidents lower the level of self esteem.

According to Dutton (1992b), low self esteem for abused women often makes them feel they are no longer worthy of better treatment. Having low self esteem translates into self doubt, with abused women reporting they feel impaired and/or damaged in their occupational, social and parental roles (Dutton, 1992b). Damage to self esteem has been found to continue long after both the act of abuse and the relationship have ended (Dutton, 1992b).

A woman's sexuality can also be affected by psychological trauma created through acts of abuse, either increasing or decreasing a woman's interest in sexual activities. According to Bryant-Davis (2005), feelings of shame, negative body images and intrusive traumatic memories can all create loss of interest in sex. Hypersexuality can also occur, as women may use sexual activities to comfort or distract themselves, to resolve insecurity or low self esteem, or to punish themselves through unsafe sexual acts.

A number of studies have recognized the presence of trauma-induced emotional reactions to abuse, which often include feelings of shame, anger, fear and grief. Walker (1993) found that abused women frequently expressed these emotions, subsequently causing a limited ability to express a range of normative emotions.

In this literature review, shame was a commonly observed emotional reaction to experiencing domestic abuse. For abused women, shame has been described as self-consciousness about their behaviour, believing that they are disgraceful or dishonourable, reflecting poor self-appraisal (Wilson et al., 2006). According to Dutton (1992b), shame for an abused woman is associated with the belief that she is unworthy, bad, or has less

value than others. Shame is often created during abuse, as studies found that men often place blame on the victim. For example, Dobash and Dobash (1979) reported that 35% of men apologized after the first physically abusive attack, but only 14% did so after the worst attack. Only 8% expressed remorse after the abusive event. Like other victims of traumatic events, abused women frequently assume blame and personal responsibility independently of the blame placed on them (O'Neil & Kerig 2000; Mitchel et al., 2006). It has been found that abused women often believe they have control over the abusive event, while in reality they could do very little to prevent or avoid it (van der Kolk et al., 1996). Blame is further pathologized, as abused women frequently take responsibility for the perceived "failure" of the relationship and consider this "failure" proven by the continuation of abuse (Hoffman, 1984).

The feeling of shame appears to be pervasive, as it continues even after the abusive relationships ends (Dutton, 1992b). According to Dobash and Dobash (1979), shame is persistent; these women continue to blame themselves for being abused, as well as for being in an abusive relationship. Women who have exited abusive relationships often become preoccupied with shame, self loathing and a sense of failure (Herman, 1992a), leading to low self esteem, depression, feelings of helplessness (Herbert et al., 1991), as well as interpersonal sensitivities and obsessive compulsive symptoms (O'Neil & Kerig, 2000). Those who do not blame themselves still experience a profound loss of dignity and power from experiencing trauma (Wilson & Drozdeck, 2004).

Although many abused women suffer overwhelming feelings of shame, they also frequently experience feelings of anger, fear and grief. Walker (1991) found that abused women often accumulate a great deal of anger and rage towards their abusive partner. As

abused women frequently minimize the abusive partner's actions, it is common for them to turn their anger in on themselves (Carmen, Rieker, & Mills, 1984). Emotional or physical safety is a frequent concern during the abusive relationship, and women often feel fear regardless of the social environment (Bryant-Davis, 2005). Gleason (1993) found that feeling unsafe is so persistent that many women continue to experience fear during periods of non-abuse and even after the relationship has ended. Finally, abused women also frequently experience feelings grief and loss, with the losses often including lack of self identity, lack of self worth, and loss of a positive self image, partner and/or children, friends, home, income, standard of living and hope about the future (Dutton, 1992b).

Factors That Mediate Level of Trauma

The literature suggests that not all traumas, even the most severe, lead to the development of psychological trauma (Koss & Herrera, 2003; McQuaid et al., 2001). While some women who experience abuse are resilient, many experience serious emotional and psychological consequences after being exposed to the enormous distress created in these relationships. A number of factors determine which women manage to survive psychologically and emerge from abusive relationships, versus those who are overwhelmed by psychological and emotional symptoms of trauma. The level of damage created through psychological trauma can be mediated through three major factor groups: external factors outside of a woman's control, internal factors, as well as the nature and severity of the abuse received. These three major categories are themselves negotiated by biological dispositions (Carlson & Dalenberg, 2000), individual and cultural factors (Briere, 1997), as well as political and economic factors (Dutton, 1992a).

Mediating factors are central in the management of emotional and psychological reactions to the trauma experienced in abusive relationships. These factors affect each individual's psychological response, altering which traumatic symptom or symptoms are expressed and to what degree. These factors can be so influential that women who have experienced the same abusive events can have differing traumatic reactions (Herman, 1992a). According to Goodman et al. (1993a), mediating factors help to explain why no single conceptual model for encapsulating psychological traumatic expression can account for abused women's individual responses.

External mediating factors. Beyond the level of trauma caused by the type of abuse experienced, external factors outside a woman's control can mediate the severity of psychological trauma. External mediating factors are those factors not within an abused woman's ability to create or change her existence. These often include the existence or level of social support and resources, institutional support and cumulative trauma.

The existence or level of social support and resources has been found to be the most influential mediating factor on the level of psychological trauma experienced by an abused woman (Dutton, 1992a). Flannery and Harvey (1991) found that social support and resource availability can mitigate the psychological impact of abuse, while a negative response or lack of resources can worsen the psychological trauma experienced. For a woman who has social support, this often means access to tangible resources that can enable her to respond to the abuse, decrease the risk of re-abuse (Goodman, Dutton, Vankos, & Weinfurt, 2005), and reduce the level of psychological impact (Mitchell et al., 2006). Post-trauma support by family members, friends and helping professionals helps

to mediate the traumatic response by validating the victim's experience (Briere, 1997; Coker et al., 2002).

Although social support often exists at the beginning of an abusive relationship, over time women often lose this support (Goodkind, Fillum, Bybee, & Sullivan, 2003). Lack of support from friends can aid in the creation of social isolation for an abused woman, exacerbating her psychological trauma and feelings of loneliness (Arokach, 2006). Although a negative response can increase the risk of psychological trauma, women without any support or supportive resources are at most risk. Social support is often not available for abused women, who are often required by their abusive partner to cut off social ties based on the partner's principles of delusional jealousy (Rose, Campbell, & Kub, 2000).

Further, many women who have experienced abuse feel overwhelming feelings of shame, which may lessen the likelihood that they will discuss their experiences with others (Plichta & Falik, 2001). Often the only support available is that from the abusive partner, which may in itself be negative, worsening psychological trauma. Friends, family and other sources of support may even worsen the level of psychological trauma by provide negative responses, such as judgement and blame (Goodkind et al., 2003). This is of particular concern because 81% of Canadian women have been found to access informal social supports such as a friend, relative or co-worker (Statistics Canada, 2003). According to Goodman et al. (1993b), negative, unsympathetic reactions can confirm and even amplify abused women's feelings of isolation, leading to increased risk of further psychological abuse. Briere (1997) confirmed this point, after finding that some traumas are more socially acceptable than others, abused women often being blamed or

stigmatized for staying in the relationship. Furthermore, Waldrop and Resick (2004) found that the frequency and severity of abuse experienced predicted less social support from friends.

Social support from community and institutions has been found to play an important role in mediating long-term psychological trauma caused from the abuse. This type of support includes legal, physical, mental and social programming assistance.

Herman (1992a) reported that community support has a powerful influence on the resolution of psychological trauma caused from relationship abuse. Community support can be influential if it provides a non-blaming, validating response that acknowledges an abused woman's experiences in the abusive relationship. A secondary victimization can occur if a non-supportive response is given, magnifying the level of psychological trauma produced (Dutton, 1992b). Barnett (2001) found in a number of studies that abused women frequently faced lack of support in the workplace, inadequate support from health practitioners, inadequate counsellors, inadequate support from community agencies, problems with child protective services, and non-support from religious leaders. Like an abused woman's relational supports, sources of community support can also blame a woman for her victimization, asking what she could do or should have done to avoid the abusive acts (Herbert et al., 1991). Briere and Jordan (2004) recognized that this phenomenon is still occurring because a sexist society still exists, with a general tendency to blame women for their own victimization.

Additional external factors that may mediate psychological trauma include a woman's experiences with prior victimizations. Multiple traumatic experiences at various points in a woman's lifespan have been found to contribute to an underlying foundation

of trauma (e.g. Nishith, Mechanic, & Resnick, 2000). Previous abuse experiences can increase the complexity of psychological trauma experienced and gained during an abusive relationship (Herman, 1992a; Waldrop & Resick, 2004). Those women with a history of victimization through either witnessing or experiencing abuse in childhood can risk compounded trauma, as prior traumas are triggered by the current abuse (Dutton, 1992a). Furthermore, previous traumatic events experienced can also negatively influence the severity and the nature of the traumatic symptoms an abused woman will experience (Follette, Polusny, Bechtle, & Naugle, 1996; Griffing et al., 2006; Herman, 1988).

Individual characteristics that mediate level of trauma. There are internal factors that can mediate the existence or severity of psychological trauma for abused women. Internal factors are considered aspects that a woman can actively use during an abusive relationship to affect the level or type of trauma symptoms. The literature indicates that mediating factors include reactivity to trauma, personal strength, coping mechanisms, as well as any active role a woman can enact during the abusive relationship.

The perception of an event as being traumatic can underlie the existence or level of psychological damage created from abusive experiences. According to the American Psychological Association [APA] (2000), those who interpret an event as being intensively negative are more at risk for traumatic stress, therefore increasing the likelihood that they will experience trauma symptoms. The mechanism of reactivity is itself negotiated by the prior existence of psychological disturbance, such as anxiety or depression. In addition, psychological problems have been found to decrease a person's ability to be resilient to traumatic experiences (Briere & Jordan, 2004).

A woman's personal strength can both increase and decrease her level of psychological trauma, depending on how she utilizes it during an abusive relationship. Personal strength has been found to be an asset to surviving an abusive relationship. It may aid the victim in finding alternative solutions to abuse, having a belief in entitlement to have a non-abusive relationship, perseverance and endurance in seeking solutions to problems, as well as developing effective living skills (Dutton, 1992b). It is important to note, however, that a woman's personal strength can also entrap her in an abusive relationship. A woman can use personal strength to commit to the relationship despite the abuse, relying on her strength to endure the abuse, in hopes that the abuse and/or abusive partner will change with time (Dutton, 1992b).

A woman's ability to cope with abuse is widely recognized factor that can mediate the impact of psychological trauma. Lazarus (1993) found that abused women cope in either two ways. The first is problem-focused coping, a form of coping that functions to change a stressful situation through action on the environment or one's self. Frieze and Brown (1989) identified that there are psychological risks if the woman chooses to change her own behaviours in order to solve problems that she perceives are causing her to be abused. According to Lazarus (1993) this form of problem-focused coping has the potential to increase psychological trauma. The consequence to applying this form of coping include continued exposure to domination (Frieze & Brown, 1989), and increased risk of experiencing further abuse (Mitchell et al., 2006).

The second way is emotion-focused coping, described as an active attempt to change how one attends to a situation or makes meanings from what has occurred. Often abused women use this second form of coping to minimize the seriousness of the abuse

(Mills, 1985) or to make meaning from it (Herman, 1992b). However, enacting either of these forms of coping depends on women having social, cultural and environmental contexts in which they are able to enact them (Kocot & Goodman, 2003).

Abused women do not always use their personal strength or ability to cope to stay in the relationship; some take an active role against the abuse, and this behaviour reduces psychological trauma. By taking action against the abuse, a woman is actively attempting to gain or regain personal power over the abusive situation and the perpetrator. O'Neil and Kerig (2000) found that the perception of control while in abusive relationships is one of the most important factors associated with lowering psychological trauma. Examples of active reactions against abuse include using legal strategies, using formal or informal help-seeking strategies, escape behaviours, separation or divorce, hiding one's whereabouts (including children's location), passive and active self defence, and other unique avoidance or survival strategies (Dutton, 1992b).

Amount of exposure to trauma. Finally, the severity and the nature of the abuse received can affect the traumatic symptoms expressed. There is a dose-response relationship between the frequency of abuse experienced and level of psychological trauma formed (Briere, 1997; Dutton et al., 2005; Kaysen, Resick, & Wise, 2003; McFarlane et al., 2005). Basile, Arias, Desai, and Thompson (2004) stated that the more frequent abuse experienced, the more likely an individual would endure psychological trauma. According to Briere (2004), experiencing several traumatic incidents is additive and/or interactive; in other words, psychological damage from past assaults is added to or can compound the existing psychological trauma resulting from the most current assault. This is of particular concern when one takes into account that the longer the relationship

continues, the more frequent and longer lasting the abusive episodes will be (Tjaden & Thoennes, 2000b). Moreover, trauma symptoms may diminish the internal strength a woman needs to terminate an abusive relationship and be independent (Arias & Pape, 1999).

Exposure to multiple types of trauma experiences, such as physical and non-physical, contribute to complex expressions of psychological trauma. These experiences have been found to overwhelm a person's capacity to recover from any single traumatic event (Jones et al., 2001). Protective factors against psychological trauma are also affected by this dose-response relationship, as women are less likely to employ them (Dutton et al., 2005) or to seek social support (Plichta & Falik, 2001) when they are experiencing higher levels, frequency and severity of abuse.

Summary

It is clear that, regardless of the method of abuse experienced, the event of abuse is able to cause psychological harm and be potentially traumatic. Abusive methods are purposefully applied in an abusive relationship to create unequal power and control, not only in the relationship but eventually over the abused woman. Power and control over another has been shown to be the main purpose and cause of abuse, with well-founded theories supporting this.

Theories, models and conceptualizations have been evolving over the last century to explain the complicated relationship between the experience of abuse and trauma symptoms. The of cycle of abuse model and theory of traumatic bonding not only capture the fact that abuse is about power and control, but utilize patterns of abuse to explain how psychological trauma is applied and endured. Moreover, concepts such as

Battered Women Syndrome and Posttraumatic Stress Disorder seek to define and explain what it means to have psychological trauma.

In addition, more than reflecting on cognitive responses to trauma, the concept of psychological trauma provides a broad framework for understanding the bio-psycho-social post-abuse responses. Psychological trauma was chosen to be the conceptual structure for a multitude of reasoning. The most prominent rationale is the concept's ability to capture the depth and a multitude of considerations of trauma symptoms abused women face from their experiences non-physical and/or physical abuse.

Abuse, regardless of the method, can overwhelm an individual's ability to cope, especially when the person is in a position of declined power and control. All abusive behaviours have been found to be psychologically unmanageable, with many negative consequences such as harmful behavioural changes, disrupted cognitive functioning, and negative internalized changes to an individual's perceptions and emotional ranges. These consequences can be viewed as psychological trauma symptoms, with individualized expression created through mediated factors that affect the psychological trauma each abused woman expresses.

Critical Analysis of Literature Review

While it appears clear from the literature review that all forms of abuse can create psychological trauma, there is a trend in domestic abuse research to place forms of abuse in a hierarchy, according to which method is the main cause of resulting psychological trauma. The following section explores research trends in the literature, exposing this contradiction. Other limitations in the research literature will be discussed in order to

synthesize a summary of what is and is not known, and to identify both areas of controversy and areas that need further research.

Trends and Shortcomings

Research in the area of domestic abuse has been evolving quickly since its beginnings in the 1970s (Frieze & Brown, 1989). Before this time, very little was known about the nature and methods of abuse, or the extent of the damage it causes to those who experience it. Research on domestic abuse began by exploring physical methods and resulting physical damage. It now explores both physical and non-physical forms of abuse, as well as identifying and measuring the psychological trauma that results. While research has continued to evolve, there are gaps, especially concerning how each form of abuse creates and contributes to the resulting psychological trauma.

A critical analysis of the literature indicates that these gaps in information result from the following: (a) ill-defined terminology used to describe the forms of abuse when observing resulting psychological damage, (b) emphasis on physical abuse as the foundation or primary causation of psychological trauma, (c) understanding non-physical abuse as secondary concern to physical methods (d) the continuing trend in research to search for a classification structure to determine which form of abuse creates the most psychological trauma, and (e) the frequency of diagnostic labelling of traumatic reactions expressed by abused women as Post Traumatic Stress Disorder. These research trends and shortcomings are further identified and explored in the following sections.

Unclear terminology. Since 1979, much of the domestic abuse research, and consequently its resulting theories, have been based on physical violence. Major theorists such as Walker, Straus, Gelles, and Steinmetz have focused on physical abuse, using it as

a theoretical basis to explain how abusive relationships exist, continue, and explain the resulting mental and physical consequences. These early conceptualizations of domestic abuse used terms such as “battering” and “battered wife,” with “wife abuse” being a definition of physical injury (Hilberman, 1980). However, even though research has advanced to understand both physical and non-physical methods of abuse, the generalized term “abuse” is still used indiscriminately. Recent studies, such as those reviewed here, use not only “abuse” but also “battering” to explore and explain any resulting psychological trauma.

As abused women often experience one or many forms of abuse, a realistic representation of how they could gain psychological trauma remains unclear. Many of the studies reviewed did not define which methods of abuse were experienced by their participants, or how often or over what period of time each type of abuse was experienced. Disappointingly, most of the research on the psychological effects of domestic abuse often included some form of physical and non-physical abuse, without measuring the role of each method of abuse had in relation to psychological trauma.

Fixation on physical abuse. Research has continued to focus on physical abuse as a major contributor to psychological damage or trauma created from these relationships. In fact, Green (1990) found that the research prior to the 1990s defined psychological trauma as caused solely by physical abuse, excluding other types. Frieze and Brown (1989) reported that much of the research up to the late 1980s focused on exploring violent behaviour in abusive relationships. More recent research identifies that defining traumatic events as involving only physical damage is limited, as it excludes other events which are or can be traumatic (Carlson & Dalenberg, 2000). A narrowed understanding

of what constitutes interpersonal trauma has resulted from the identification of physical abuse as the sole contributor to psychological damage. For example, after reviewing literature on re-abuse, Cattaneo and Goodman (2005) reported that psychological abuse was rarely included in most studies. They called for psychological abuse to be recognized in the literature in order to understand continuing patterns of abuse.

It is important to note also that most research completed on physical violence does not isolate this method of abuse from non-physical forms. Therefore, it is unclear how much physical abuse created as opposed to aided the psychological damage measured in these studies. In addition, it has been identified that the established focus on physical abuse has distracted the research community away from exploring the psychological effects of non-physical methods, such as emotional or psychological abuse (Aguilar & Nightingale, 1994; O'Leary, 1999). Gelles and Harrop (1989) stated that the emotional state of battered women is often discussed in literature as based on physical violence. This is of concern since researchers have identified that abused women experience physical and non-physical abuse, with the severity of the violence being correlated with the severity of non-physical abuse (Follingstad et al., 1990; Hudson & McIntosh, 1981; Stets, 1990).

Mistaken assumptions about non-physical abuse. There appears to be a prevalent trend for research to identify non-physical forms of abuse as a function or a secondary phenomenon of physical abuse. This appears to result from early understandings of the relationship between the two forms of abuse. For example, Ferraro (1979) stated that non-physical abuse is an inseparable event from physical abuse, even reporting that no person is physically abused unless he or she is emotionally abused as well. Decades later,

Shepard and Campbell (1992) reported that research had continued to conceptualize non-physical abuse as a secondary concurrent phenomenon to physical abuse. While it has been widely recognized that physical and non-physical abuse can co-occur (Martin, 1976; Walker, 1984), researchers have not always considered the role that non-physical abuse may play, as it too may be an important element in abusive relationships (Follingstad et al., 1990) and resulting psychological trauma.

The continued focus on physical violence as the principal mode of abuse has contributed to the notion that non-physical abuse is less psychologically harmful (Follingstad, 2000). This ideology has affected not only the academic material available on psychological trauma resulting from abuse, but also women's ability to identify non-physical methods as psychologically damaging (Loring, 1994). This inability has made women less adept at defending themselves or attempting to recover from abusive attacks that are non-physical in nature (Marshall, 1994). It appears the very theoretical and research foundations are based on the understanding of psychological trauma being created by physical abuse, when in actuality this may not be the case.

Throughout the literature on domestic abuse, psychological trauma is described as a result of physical abuse, although it may actually be the product of psychological abuse (Engels & Moisan, 1994). The persistent focus on physical over non-physical forms of abuse will likely continue, because there is a presumption that physical abuse has a greater effect on mental health and well being (O'Leary, 1999). Although research began after 2000 to focus on psychological abuse as a separate entity from physical abuse (Follingstad, 2000), research on psychological trauma continues to focus on physical abuse (Taft et al., 2005)

Reviewing the literature on domestic abuse for this study has yielded similar results. Most of the literature reviewed focuses on physical abuse and its severity, rather than investigating all types of abuses and their traumatic impacts. The continued focus on physical abuse appears to have impacted the development and understanding of non-physical abuse and its resulting psychological trauma. For example, researchers are still attempting to define, operationalize and classify psychological abuse. Without a complete understanding of how each form of abuse independently creates trauma, there appears to be a narrowed understanding of the overall complexity of domestic abuse.

Artificial hierarchy of trauma creation. Many research studies have followed this academic trend of comparing non-physical forms of abuse to physical forms, attempting to create a hierarchy of methods of abuse. Various researchers have attempted to label non-physical abuse as more psychologically damaging than physical forms of abuse (e.g., Follingstad et al., 1990; Heise, Pitanguy, & Germanin, 1994; Herbert et al., 1991; Sackett & Saunders, 1999). As Sackett and Saunders (1990) reported, “Data from a number of quarters indicate that psychological abuse can have a very negative impact and often one that is greater than physical abuse” (p. 20). Several studies found that women object, fear and resent psychological abuse and its psychological affects more than they do physical abuse (Follingstad et al., 1990; Herbert et al., 1991; Marshall, 1994; O’Leary & Curley, 1986; Sackett & Saunders, 1999; Walker, 1984).

Non-physical forms of abuse have also been found to produce increased symptoms of psychological harm, including lower levels of self esteem (Aguilar & Nightingale, 1994), Post Traumatic Stress Disorder symptomology (Arias & Pape, 1999; Street & Arias, 2001; Taft et al., 2005), and psychosocial problems (Tolman & Bhosley,

1991). Research has identified several reasons why non-physical forms of abuse are more psychologically harmful than physical abuse, including the fact that non-physical abuse occurs more frequently and is more subtle (Marshall, 1994).

It is difficult to understand why researchers have continued their focus on creating a hierarchy, seeking to determine which form of abuse creates the most psychological trauma. Lewis et al. (2006) echoed this concern, confirming that studies in this area have predominately focused on the effect of one type of abuse over another, without consideration of others. The reasoning for this trend may have originated from the scaling of physical abuse in research, which defined a continuum of abuse in hopes of predicting the level of psychological damage. Comparing types of abuse continues to occur in research (Roberts, 2002, 2006) in an attempt to create an operational or classification system related to levels of psychological trauma caused by domestic abuse. Tutty and Goard (2002) also identified this debate, calling for a more fluid understanding of abuse and its resulting psychological damage and arguing that each framework has a view-point that may be valid for some abused women.

There appears to be an opportunity for research to advance by investigating how each form of abuse contributes to psychological trauma, without the need of a hierarchy of abusive methods. Dutton et al. (2005) reported:

The nature of intimate partner violence (IPV) that battered women experience is not uniform. Instead, battered women struggle with a variety of combinations of physical violence, sexual violence, psychological abuse, and stalking. The severity of each type of violence or abusive behaviour also varies. (p. 483)

Only a relatively small number of studies examine both physical and non-physical forms of abuse as separate entities when attempting to explain how they each contribute to psychological trauma. One is by O'Leary (1999), who reported that physical and non-physical forms of abuse have a similar negative impact on an abused woman. Kemp et al., (1995), Marshall (1992a), and Vivian and Langhinrichsen-Rohling (1994) showed similar results between psychological damage created through both physical and non-physical forms of abuse.

More recently, Mechanic, Weaver, and Resick (2008) studied the unique contributions that physical, sexual, psychological and stalking had in creating trauma, stress and depression symptomology. While there is some hope that research may be moving in a more practical direction, the majority of domestic abuse research in the past 20 years has continued to focus on finding a hierarchy (e.g., Arias & Pape, 1999; Astin, Ogland-Hand, Coleman, & Foy, 1995; Houskamp & Foy, 1991; Kemp et al., 1995; Kemp, Rawlings, & Green, 1991; Mertin & Mohr, 2000; Street & Arias, 2001; Taft et al., 2005).

Labelling interpersonal trauma experience. Finally, as mentioned earlier in the theoretical section discussing the limitations of Post Traumatic Stress Disorder (PTSD), it is prevalent throughout the domestic abuse literature to identify and measure the resulting psychological trauma through the psychiatric diagnosis of the PTSD. Out of the handful of studies conducted in the last decade investigating how both physical and non-physical forms of abuse create psychological damage, five studies utilized the PTSD diagnostic label (Arias & Pape, 1999; Mertin & Mohr, 2000; Street & Arias, 2001; Taft et al., 2005). However, only Dutton, Goodman, and Bennett, (1999) utilized measures of traumatic

stress. What made their study unique is that while they were studying the same set of cognitive changes as PTSD, they choose to stay descriptive rather than identify the cognitive changes as a psychiatric diagnosis.

It is of concern that many studies have focused on diagnosing psychological trauma from domestic abuse as PTSD, as it often fails to capture the depth and complexity of response to traumatic events that abused women experience. The symptoms of trauma have been found by many researchers to be far more complex than those symptoms encompassed under the diagnostic title of PTSD (Briere et al., 1995; Dutton, 1992a; Goodman et al., 1993a). Herman (1992b) suggested that the label of PTSD is limited, as it does not account for prolonged, repeated traumas; therefore, it is not appropriate for defining the symptoms of psychological trauma caused from domestic abuse. Herman argues that attempts to fit a domestic abuse survivor's symptoms of trauma into the mould of existing diagnostic conceptualizations would result in partial understandings of these women's trauma symptoms.

Briere and Jordan (2004) state that it is unlikely to find a one-diagnosis-fits-all, as abusive experiences are often unique to each relationship, making a diagnostic label that can accurately capture the symptoms experienced for each abused woman very unlikely. Since the symptoms of trauma indicate trauma existence, it appears important to recognize these symptoms in isolation, utilizing the broad term of psychological trauma. This is especially so, as the PTSD label is frequently identified after the abusive relationship has ended, whereas it has been found that psychological trauma begins to occur during the abusive relationship.

Relevance of the Current Research

There appears to be an opportunity to integrate existing knowledge about how psychological trauma can be created by both physical and non-physical forms of abuse with the current gap in the information surrounding how each method contributes to trauma. The academic literature provides plenty of data about how methods of abuse are abusive, on the relationship between domestic abuse and psychological trauma, as well as what factors mediate the level of trauma experienced and expressed. However, due to unclear definitions of method, frequency, and identification of co-occurring abuses in the measurement of psychological trauma, it remains unclear what relationship differing methods of abuse have on the existence of psychological trauma for abused women.

Gaining a clearer understanding of the relationship between women's experiences of physical and non-physical abuse and their symptoms of psychological trauma is very important. It is well documented that these differing forms of abuse often co-occur (Follingstad et al., 1990) and that abuse can effect a woman's psychosocial functioning (Brown et al., 2005) and ability to find or maintain employment (Brush, 2000). A more specific understanding of how physical and non-physical forms of abuse mediate trauma symptoms may help researchers, therapists and the women who have experienced abuse to increase their understanding of why they may be dealing with depression, anxiety, lowered self esteem and/or decreased social interaction.

Furthermore, exploring trauma symptoms may lead to a greater understanding of traumatic effects, such as how trauma may affect a woman's ability to manage as a wife, mother, employee (Brown et al., 2005). Such information could lead to increased community programming. Counselling and shelter programs would have the ability to

predict how much and what type of therapeutic, psychological and social support to give women leaving the abusive relationships. These are essential because ongoing trauma can actually cause victims of abuse to be at an increased risk for further victimization (Griffing et al., 2006).

It is important that researchers not only challenge the limitations in current academic literature but contribute to the global understanding of how psychological trauma is related to experiences of domestic abuse. It would be beneficial for research to move towards understanding how forms of abuse contribute to the psychological trauma expressed. There has been a call for research to improve our understanding of abuse and its resulting trauma, moving away from a system of blame and towards a fluid understanding of how trauma exists for abused women, despite their unique experiences of abuse. It is important to remember that there is a complex relationship between differing forms of abuse and psychological health (Nishith et al., 2000).

The current project strives to make a unique contribution to the data already in existence, as physical and non-physical abuses will be defined and measured separately. Identifying the relationship between both forms of abuse and the existence of psychological harm has been supported by Sackett and Saunders (1990). A recent study by Jackson, Veneziano, and Ice (2005) reviewed research on trauma finding that research with too narrow of a focus has seriously hampered progress. They ask that researchers adopt the idea that trauma is a complex issue and recognize that it will frequently include multiple traumatic experiences.

Studies are needed that use distinct definitions of the forms of abuse, that explore openly the possibility of relationships which can exist between experiences of abuse and

trauma symptoms, and research that strives to include more of the broad range of psychological trauma symptoms that extend beyond measuring cognitive trauma symptoms. This project aims to contribute to the current research being conducted exploring the connection between experiences of domestic abuse and the existence of psychological trauma for some abused women.

Chapter 3: Methodology

The intent of this project was to extend previous knowledge by identifying and exploring the relationships between physical and non-physical forms of abuse and psychological trauma symptoms experienced by abused women. What makes this research distinctive is that both physical and non-physical forms of abuse were measured separately, enabling this researcher to examine what role each form may have in relation to psychological trauma symptoms reported. This separation allowed an investigative exploration of how each form of abuse related to the existence of psychological trauma in a group of women who had experienced abuse.

This chapter describes how the questions and objectives of the study were met through a discussion of research questions and proposed hypotheses, research perspective and design, a description of participants, population and sample, discussion of data analysis procedure and statistical methods, as well as a description of research measures including the validity and reliability of each instrument.

Research Questions and Hypotheses

In order to explore the relationship between physical and non-physical forms of abuse and experience of psychological trauma symptoms, this research drew upon women gaining counseling services for domestic abuse in Calgary, Canada. By examining these women's experiences, the association between abuse and traumatic effect was investigated. This exploration was held with the intention of possibly contributing to a sense of understanding for abused women, as well as for helping professions such as counsellors, clinicians, psychiatrists and others facilitating healing.

As the literature in this area continues to strive towards understanding the association between domestic abuse and psychological trauma, this project attempted to explore; a) if there was a relationship between physical forms of abuse experienced and psychological trauma symptoms of women who have experienced domestic abuse b) if there was a relationship between non-physical forms of abuse experienced and psychological trauma symptoms of women who have experienced domestic abuse c) if the women who have experienced domestic abuse self-report psychological trauma regardless of type of abuse experienced.

In consideration of the literature reviewed in the last chapter, along with the findings in research (i.e., Dutton et al., 1999; Kemp et al., 1995; Mertin & Mohr, 2000, etc.) three hypotheses had been established: (1) physical forms of abuse will be significantly associated with trauma symptoms (2) non-physical forms of abuse will be significantly associated with trauma symptoms; and (3) women who have experienced domestic abuse can suffer psychological trauma regardless of the type of abuse experienced; that is, one type may not be necessarily more detrimental than another.

Research Perspectives

In order to explore the research questions and to investigate hypotheses, this quantitative study utilized a descriptive approach. The use of quantitative research methods were used in order to gain a fuller understanding of the descriptive data analyzed. Since this project aimed to examine how physical and non-physical forms were related to psychological trauma symptoms, a descriptive design was an ideal guiding framework. This design is beneficial as it is committed to gathering knowledge without the researcher acting upon the group being studied. The advantage of a

descriptive approach includes the ability for an investigation to describe relationships which are already in existence. This in turn can provide a deeper understanding of how differing forms of abuse may affect psychological trauma symptoms for other women who have had similar experiences.

Research Design

This study was conducted using a secondary data analysis of existing information from the Calgary Counselling Centre, a community counseling centre in Calgary, Alberta. The Calgary Counseling Centre not only serves the general public, but offers programming to women who have experienced domestic abuse. The Centre provides group counselling for adult women who have experienced physical and/or non-physical forms of abuse in current or previous romantic relationships. The program, called 'You are Not Alone' (YNA), is a 14 week counseling group designed to help women understand the impacts of abuse, as well as to initiate methods of healing from their abusive experiences.

For purposes of the Centre's own research and outcome measurement programs, all women enrolled in YNA groups are given a 19 page long survey. The You are Not Alone pre-test package survey gathers a variety of a data including demographics on the participant and abusive partner, surveys measuring social ability, self esteem, contentment, level of stress, physical abuse and non-physical abuse received, non-physical abuse and physical abuse enacted on abusive partner, dynamics in the abusive relationship, psychological trauma, and finally a scale measuring the attitude and trait of the participant. The survey package is given to women to complete during their initial group counseling session. Women completing the surveys are able to access either one of

the two group facilitators with respect to any direction or questions in the survey. Once complete, the surveys are collected by the agency's research department.

Permission to collect retroactive data from the completed YNA surveys was granted from the Centre's research board, specifically from the Director of Family Violence, Christine Berry. The data granted includes all groups running from January 1, 2004 to December 31, 2008, during which time eight distinct groups of women completed the YNA program.

As the Calgary Counselling Centre had already been granted ethics approval for collecting and utilizing data for their own research, it was deemed unnecessary for the current researcher to gain independent ethics approval. After reviewing of the letter of permission written by Christine Berry, Dr. Rick Mrazek from the University of Lethbridge formally agreed that the counseling center's existing ethics approval supported this study's research objective as well. Consent to participate was agreed upon by each individual who completed the survey, as they were informed their information would be included in a research project. To keep anonymity of each participant, each name was removed and replaced with a number identifier for the completed survey.

Data was collected by obtaining all 50 surveys, with each survey completed by one group participant. Surveys were gathered from the Calgary Counselling Centre's research department and were entered in an SPSS program statistical program, which was used to analyze the data. For the purposes of the current research, demographic information, scales measuring experiences of physical and non-physical abuses, as well as a scale measuring trauma symptoms were collected from each survey and entered into SPSS. See appendix for survey questions and all three scales included in this research.

While statistically valuable, other scales included in the 19 page survey will not be incorporated as they do not appear to contribute to this research's objectives.

Participants, Population and Sample

Participants in this study included women seeking group counseling services at the Calgary Counseling Centre for domestic abuse issues. Many of the women included in this study had experienced individual counseling prior to entering the group, number of sessions varying from individual to individual. As a part of the process of entering into therapeutic groups at the Calgary Counselling Center, individual therapy is required prior to enrollment. The majority of women included in this study were referred to the group by their primary counselor at the agency; however, one woman requested the group on her own initiative. All women entering the group were screened by a counselor at the agency for group appropriateness. The criteria for entering the group included experiencing repeated abuse in a past or current intimate relationship, as well as being assessed at the appropriate stage of readiness, being in the contemplative or action stage of change (i.e. Prochaska, DiClemente, & Norcross, 1992).

Methods of survey selection included only women who have experienced physical and/or non-physical abuse on more than one occasion. The purpose of this criterion was to exclude any individuals who had experienced abuse within the context of a casual dating relationship. Other inclusive criteria included participants who were between the ages of 18-65, allowing the sample to consist of adult women. Survey's were excluded from the study if the participant was not in a heterosexual relationship, as this study had the limitation of only evaluating male to female abuse. Survey's were also excluded from this study if the participant had not completed all three scales measuring levels of

physical abuse, levels of non-physical abuse, and level/type of trauma symptoms. Due to both the inclusive and exclusive criterion, two women were dropped from the statistical analysis, equaling 50 studies which were included in the study.

All women who had completed survey's which met these criteria were included in the data collection, utilizing a convenience sample. This form of sampling was chosen, as they represent a selection of women in living in the Calgary area who are accessing a professional support in a community agency. As the Centre is located in an urban setting that is easily accessible by bus and an above-ground rail system, travel stress was minimized for participants.

The advantage of gaining the data from the Calgary Counseling Centre included the unique opportunity to gain information from abused women in a community sample. Utilizing a community sample can be valuable to research in this field as many studies utilized from the previous chapters were based on participants accessed from abused women shelters. While convenience sampling has the limitation of not being generalizable to an entire population, the current research serves as an exploratory study in a newly emerging sub-field of domestic violence that attempts to understand the relationship between methods of abuse and the psychological effects created in women who have experienced abusive relationships.

Data Analysis

Based on the research questions, the first objective of the study was to explore if there was a relationship between physical abuse and traumatic stress responses in women who have been victimized by their male partners and have sought services in a community counseling agency. The second objective of this study was to explore if there

was a relationship between non-physical abuse and traumatic stress response in women who have been victimized by their male partners and have sought services in a community counseling agency. Both the first and second objectives were independently analyzed by means of a Pearson's Product Moment Correlation, a standardized methodology which measured the degree of a relationship between specified type of abuse and trauma symptom level. All 50 survey's collected from those who had entered the YNA counseling group from 2004-2008 were utilized in the sample.

The third objective of the study was to explore if the women in the YNA counselling groups had experienced significant amounts of traumatic stress symptoms regardless of type of abuse experienced (physical or non-physical in nature). Statistical significance was determined through applying statistics that were used to identify any meaningful relationship that could exist between type of abuse and level/type of trauma symptom. The statistical analysis used to meet this objective includes a two-part statistical method. First, a Pearson's Product Moment Correlation (Pearson's r) was used to determine the degree of relationship between experiencing physical and non-physical forms of abuse. This was an important step, as the intra-relatedness of experiencing both types of abuse could have had an impact on trauma symptomology.

A linear multiple regression analysis was then utilized to separate out the effects from physical, and then non-physical forms of abuse while controlling for the other type of abuse. The purpose of utilizing a multiple linear regression method was to explore the strength of the relationship of physical abuse and trauma symptoms, as well as to explore the strength of the relationship for non-physical abuse and trauma symptoms.

In order to further explore the relationship between type of abuse and trauma, a two part statistical analysis was used to investigate the relationship between physical and non-physical abuse and differing trauma symptoms found in the subscales of the TSCL-40. Subscales explored included symptoms of dissociation, anxiety, depression, sleep disturbance, sexual problems and symptoms included in the Sexual Abuse Trauma Index (SATI). A Pearson's r correlation was first used to explore if there was a relationship between specified type of abuse and the six types of trauma symptoms. Next, multiple regressions were then used to examine whether type of abuse was independently related to the type of trauma symptom.

Statistical Methods

As the objectives of this project were to investigate the relationship between type of abuse and existence of trauma symptoms, this is a correlational study. A correlational study is a measure of the relationship between three variables which are outside the investigators control (Kalat, 1999). This investigator used the PAPS, PASNPS and TSCL-40 as a method of gaining data about these variables, without direct intervention or influence on the experiences of abuse and psychological trauma these women have faced. Both the Pearson's r and multiple regression methods were used to examine whether a predicted relationship existed between non-physical and physical types of abuse and trauma symptoms. Use of these statistical methods was purposefully applied to give information about how strongly these variables were related.

For purposes of this study, the independent variables were considered the total scores resulting from the PAPS and PASNPS, with the sub scores and total scores of the TSCL-40 considered the dependant variables. In other words, it was presumed that the

existence, symptom type and level of trauma were dependent upon experiencing an act of abuse.

Measurement Instruments

The standardized measurements utilized in the current study are included in the YNA group counseling survey. These include three scales, two assessing the degree of physical and non-physical abuses, as well as one assessing trauma symptomology.

Physical Abuse and Non-Physical Abuse Measures

The Partner Abuse Scale: Physical (PASPH) (Hudson, MacNeil, & Dierks, 1992) is a self report instrument used to measure the magnitude of perceived physical abuse. The PASPH is a 25 item assessment tool designed to gain information about physical abuse, sexual abuse, and physical threatening experienced in a relationship with a partner.

The Partner Abuse Scale: Non-Physical (PASNP) (Hudson et al., 1992) is a self report instrument used to measure the magnitude of perceived non-physical abuse. Like the PASPH, the PASNP is also comprised of 25 items, but assesses the experiences of being controlled and isolated, as well as verbal abuse occurring during a relationship with a partner. Individuals completing the scales respond by rating how often they have experienced a specific act abuse described answering from 1-none of the time to 7-all of the time. Scores from the instruments range from 0-100, and can be regarded as true ratio scale values (Tyson, Dulmus, & Wodarski, 2002). Low number scores can indicate fewer types of abuse experiences or fewer episodes of experiencing a particular abuse; the reverse is true for higher scores.

The PASPH and the PASNP were developed for both heterosexual and homosexual couples and include those who experienced abuse in dating, cohabitating or

married relationships. Both the PASPH and the PASNP were developed together to provide a comprehensive assessment of one's experience of abuse in a relationship.

Validity and reliability. Hudson (1997) suggested that both the PASPH and the PASNP have alpha coefficients of .90 or larger, suggesting good internal consistency. Further investigations have found validity coefficients for content, construct and factorial validities of .60 or greater for both these instruments. Attala, Hudson, and McSweeney (1994) found that the PASPH and PASNP were able to discriminate between women who had experienced abuse and those who had not. Limitations to these instruments include the need for further investigations of validity, as well as research testing the appropriateness of use with diverse populations (Tyson et al., 2002).

Trauma Symptom Checklist-40

Trauma Symptom Checklist-40 (TSCL-40) (Elliot & Briere, 1992) is a research measure that evaluates symptomology in adults associated with childhood or adult traumatic experiences (Briere, 2004). The TSCL-40 is not an instrument that can diagnose Post Traumatic Stress Disorder (PTSD), but a clinical test of posttraumatic states (Briere, 2004). Although the TSCL-40 has been used in several studies exploring the psychological effects of domestic abuse, it was originally created to explore the posttraumatic symptoms for women and children who had experienced sexual abuse (Elliot & Briere, 1992).

The TSCL-40 is considered a measure that provides a precise appraisal of the presence of trauma related symptoms (Follette, Polusny, Bechtle, & Naugle, 1996). It is a 40 item self-report instrument that measures aspects of posttraumatic stress and other symptom clusters found in individuals who have experienced a traumatic event or series

of events. The TSCL-40 entails six subscales consisting of: Anxiety (nine items), depression (nine items), Dissociation (six items), Sexual Abuse Trauma Index (SATI) (six items), Sexual Problems (seven items), and Sleep Disturbance (six items), as well as a total score (Gold, Milan, Mayall, & Johnson, 1994). Subjects completing the TSCL-40 respond by rating how often they have experienced each in the last 2 months from 0-never to 3-often (Briere, 2004).

Validity and reliability. Studies utilizing the TSCL-40 have indicated that it is a relatively reliable measure, with reasonable predictive validity for a wide range of traumatic experiences (Briere, 1997, 2004). The TSCL-40 subscales and total scores have been found to discriminate between abused and non-abused clients indicating good validity (Elliot, 1994). Elliot and Briere (1992) found that the TSCL-40 has good reliability finding the alpha coefficient of .90 for the entire instrument, with alphas for each subscale being: .66 for anxiety, .70 for the depression, .64 for the dissociation, .62 for the SATI, .73 for the sexual problems, and .77 for the sleep disturbance.

A study by Zlotnick et al. (1996) supported these findings reporting the TSCL-40 had convergent validity and reliability on all subscales as well as for the total score. Limitations of the TSCL-40 include the need for further investigations of psychometrics as well as a creation of standardized data (Briere, 2004). In addition, further investigation of the reliability of the TSCL-40 for appropriateness of use with diverse socio-economic status populations would be helpful as the study was based on professional women.

Summary

This chapter has outlined the method used in the study, utilizing a quantitative framework for exploring the association between physical and non-physical forms of

abuse and traumatic symptomology. An overview has been given, discussing pertinent information about the research and statistical methods which were utilized in this project. The following chapter will discuss the results based on methods stated. These results will reflect the data collected from abused women attending group counseling at the Calgary Counselling Centre.

Chapter 4: Results

Description of Research Population

A wide range of demographic data was collected from women involved in the You are Not Alone (YNA) counselling group held at the Calgary Counselling Center (CCC) in Calgary, Alberta. As demographic data is important for understanding the characteristics of the women involved in this study (N = 50), this section will describe their compiled data including: age, marital status, number of children, living arrangement, education, income, employment, psychiatric history, abuse in family of origin, substance abuse, and length of abusive relationship. The number of individual counselling sessions engaged at the Calgary Counselling Center was also reviewed. These demographics will be summarized in Table 1.

Age

The 50 women involved in this study had ages which ranged from 21 to 57 years old. The average age involved in the YNA group was 39.5 years ($SD = 9.4$).

Marital Status

All 50 women involved in this study were used to examine the demographic information on marital status. At the time of this assessment, 24 women (48%) reported being separated or divorced, 15 women (30%) reported being involved in a married or common-law relationship, and the remaining 11 women (22%) reported a marital status of single.

Number of Children

Of the 43 women who completed the demographic information discussing their number of children, the majority of women (81.4 %) reported having at least one child

($M = 1.74$, $SD = 1.24$). While many of the women identified having no children ($n = 8$), some women had as many as five. Most women ($n = 33$) reported having between one to three children (76.8%), with one woman having four children and another having five.

Living Arrangement

Forty-nine women completed the demographic information on their living situation at the time of beginning the YNA group. Twenty-four women reported living with their nuclear family or as a couple (49%), 15 women reported living alone (30.6%), and two women reported living with a roommate (4.1%). The remaining eight women reported living in another family arrangement (16.3%), which they indicated as living with extended family ($n = 4$), blended family ($n = 3$) or a special family ($n = 1$).

Education

Of the 48 women who completed the demographic information on educational status, one woman (2.1%) reported having less than a grade 9 education. Eleven women (22.9%) reported having an education between the grades of 9 and 12. As far as advanced education, 18 women (37.5%) reported having attended vocational school and another 18 women (37.5%) reported having attended university.

Income

Women who had completed the information on income in the survey ($n = 44$), were found to have a wide span of incomes, ranging from 0\$ to \$150,000 per year. As one individual had an income \$78,000 greater than the rest of the sample, the income data are skewed. Level of income was supported by the employment characteristics of the group (see Table 1), with the median income \$19,300.

Employment Status

Of the 48 women who completed the demographic information on employment status, the majority of these women ($n = 32$) reported being employed (66.7%), working in a casual, part-time, or full-time position. Eight women reported not being employed (16.7%). The remaining 8 women identified themselves under the 'other' category (16.7%), which included those who reported themselves as students ($n = 2$) and those on medical, disability, or maternity leave ($n = 6$).

Psychiatric History

Forty-nine women completed the demographic information on their psychiatric history. Thirty-seven women in the sample reported not having a psychiatric history (75.5%), with the remaining 12 women (24.5%) reporting a psychiatric history. Of these 12, five women reported experiences with depression, one woman reported a mood disorder, one woman reported suicidal ideation, and another woman indicated anxiety, with the remaining two women not specifying their psychiatric condition. There was no information on whether psychiatric conditions were historical or ongoing.

Abuse in Family of Origin

Forty-seven women completed the demographic information indicating if abuse occurred in their family of origin. While 19 women reported not experiencing abuse within their family of origin (40.4%), 28 of the participants did (59.6%). Six women identified these experiences as being subjected to physical and non-physical abuse from their father, experiencing non-physical abuse from both parents, and witnessing father's abuse towards their mother. There was no information on whether abuse in the family of origin was historical or ongoing.

Substance Abuse

Forty-seven women completed the demographic information on problems with substance abuse. Forty-four women reported not having problems with substance abuse (93.6%), with the remaining 3 women (6.4%) reporting problems with substances. There was no information on whether substance abuse was historical or ongoing.

Length of Abusive Relationship

Of the women who reported the length of their abusive relationships ($N = 36$), the average relationship's duration was 12 years ($SD = 10.5$ years). The length of abusive relationship reported had a wide range in years, from one year to as many as 37 years. It is important to note that all women involved in the study identified their perpetrators as male.

Number of Pre-Group Individual Counselling Sessions

Information on the number of individual counselling sessions each woman had at the Calgary Counselling Centre was available for all of those included in the sample ($N = 50$). Nearly all participants (98%) had been involved in individual counselling sessions prior to entering the YNA counselling group for women. It is important to note that one woman did not attend counselling at CCC before the YNA group began. While the range of attended counselling sessions spanned from 0 to 36, the average number of individual counselling sessions was 9.22 ($SD = 8.72$).

Comparison between Demographic Variables and Scale Measures

The first analyses were directed at exploring the relationship between the demographic variables and the three different scales measuring physical abuse, non-physical abuse and trauma symptoms. The purpose of analyzing these relationships was

Table 1.

Demographic Characteristics of the Sample (N = 50)

Characteristic	%	M	SD	Min.	Max.
Age		39.5	9.4	21	57
Number of children		1.74	1.24	0	5
Income		\$25,767.73	\$26,000	0\$	\$150,000
Length of abusive relationship (years)		12 yrs	10.5yrs	1yr	37yrs
Number of pre-group counselling sessions		9.22	8.72	0	36
Marital status					
Separated or divorced	48%	N/A	N/A	N/A	N/A
Married or Common-law	30%	N/A	N/A	N/A	N/A
Single	22%	N/A	N/A	N/A	N/A
Living arrangement					
Nuclear family or couple	49%	N/A	N/A	N/A	N/A
Alone	30.6%	N/A	N/A	N/A	N/A
Roommate	4.1%	N/A	N/A	N/A	N/A
Another family living arrangement*	16.3%	N/A	N/A	N/A	N/A
Educational status					
Less than grade 9 education	2.1%	N/A	N/A	N/A	N/A
Grades 9-12	22.9%	N/A	N/A	N/A	N/A
Technical/Vocational school	37.5%	N/A	N/A	N/A	N/A
University	37.5%	N/A	N/A	N/A	N/A
Employment status					
Employed	66.7%	N/A	N/A	N/A	N/A
Not employed	16.6%	N/A	N/A	N/A	N/A
Other**	16.7%	N/A	N/A	N/A	N/A
Psychiatric history					
No	75.5%	N/A	N/A	N/A	N/A
Yes	24.5%	N/A	N/A	N/A	N/A
Abuse in family of origin					
No	40.4%	N/A	N/A	N/A	N/A
Yes	59.6%	N/A	N/A	N/A	N/A
Substance abuse					
No	93.6%	N/A	N/A	N/A	N/A
Yes	6.4%	N/A	N/A	N/A	N/A

*This category includes those living in a Blended family, extended family or special family living.

**This category includes those who identify themselves as students or are on long term disability, maternity leave, or medical leave.

to identify any potential demographic variables which may act as a confounding variable by being associated with either the independent variables of physical abuse summed scores (PASPH) or non-physical summed scores (PASNP) or the dependent variable of total trauma symptom scores (TSCL-40). Dependent upon the specific demographic variable being examined, different statistical analyses were utilized including the Pearson product-moment correlation (Pearson's r), one-way Analysis of Variance (ANOVA), and independent t-tests.

Pearson's R Correlation on the Demographic of Interval Variables

Demographics including age, number of children, education, income, length of relationship, and number of pre-group individual counselling sessions at the Calgary Counselling Center were all investigated to calculate if they had any association with the sample's level of experience with physical abuse, non-physical abuse or expression of trauma symptoms. Pearson's r correlations were used to assess any associations that may exist between each demographic variable and the summed scores of the PASPH (physical abuse scale), the summed scores of the PASNP (non-physical abuse scale), and finally for the total scores for the TSCL-40 (trauma symptom scale). See Table 2 for a summary of significant results for all of the following Pearson's r analyses.

Age. All women included in the sample had their ages included for the Pearson's r analysis ($N = 50$). Results found that there was no statistically significant relationship found between ages of the women and the summed scores for the PASPH. In addition, the PASNP summed scores were examined against the ages of the women, resulting in a finding of no significance in the association between the two variables. The TSCL-40

total scores also yielded the same lack of significant results when examined against the age demographics.

Number of children. All women who had completed the information on the number of children they had were included for the Pearson's r analysis ($N = 50$). Results found that there was no statistically significant relationship found between the number of children and the summed scores for the PASPH. In addition, the PASNP summed scores were examined against the number of years spent in the abusive relationship, resulting in a finding of no significance in the relationship between the two variables. The TSCL-40 total scores also yielded the same lack of significant results when examined against the length of the abusive relationship.

Education. All women who had completed the information on education were included for the Pearson's r analysis ($N = 48$). Results found that there was a significant relationship found between the PASPH total scores and the education of the sample ($r = -0.31$, $p = 0.034$). The relationship is a negative correlation between PASNP and education, meaning the lower the education reported the greater the degree of physical abuse. There was no statistically significant relationship found between the education of the sample and the summed scores for the PASPH. The TSCL-40 total scores also yielded the same lack of significant results when examined against the education demographics.

Income. All women who had completed the information on income in the sample were included in the Pearson's r analysis ($N = 44$). Results found that there was a significant relationship found between the PASPH summed scores and the incomes of the sample ($r = -0.37$, $p = 0.013$). The relationship is a negative correlation between PASNP

and income, meaning the lower the income reported the greater the degree of non-physical abuse. There was no statistically significant relationship found between incomes of the sample and the summed scores for the PASNP. The TSCL-40 total scores also yielded the same lack of significant results when examined against the income demographics.

Length of relationship. All women who had completed the information on length of abusive relationship in the sample were included in the Pearson's r analysis ($N = 36$). Results found that there was no statistically significant relationship found between the number of years involved in the abusive relationship and the summed scores for the PASPH. In addition, the PASNP summed scores were examined against the number of years spent in the abusive relationship, resulting in a finding of no significance in the relationship between the two variables. The TSCL-40 total scores also yielded the same lack of significant results when examined against the length of abusive relationship.

Number of pre-group individual counselling sessions. Information on the number of individual counselling sessions each woman had at the Calgary Counselling Centre was available for all of those included in the sample ($N = 50$). As such, the number of counselling sessions for each participant was included for the Pearson's r analysis. Results found that there was no statistically significant relationship found between the number of individual sessions and the summed scores for the PASPH. In addition, the PASNP summed scores were examined against the number of counselling sessions, resulting in a finding of no significance in the relationship between the two variables. The TSCL-40 total scores also yielded the same lack of significant results when

examined against the number of individual counselling sessions obtained before beginning the You are Not Alone (YNA) group.

Table 2.

Pearson's R Correlations on Participant Characteristics of Interval Variables

Demographic Variable	<u>Scale measures</u>		
	PASPH r	PASNP r	TSCL-40 r
Age	-0.25	0.09	-0.04
Number of children	0.05	0.08	0.02
Education	-0.31*	-0.03	-0.02
Income	-0.37*	-0.21	-0.21
Length of abusive relationship	-0.21	0.11	0.17
Number of pre-group counselling sessions	0.19	0.21	0.25

* $p < .05$

One-way Analysis of Variance on Demographic of Categorical Variables

Women (N = 50) were divided into groups to examine the effects of marital status, living arrangements and employment status had on the sample's level of experience with physical abuse, non-physical abuse or expression of trauma symptoms. One-way Analysis of Variance (ANOVA)s were used to assess any differences that may have existed between categorical groups of each of the three demographics on the summed scores for the PASPH, then on the summed scores of the PASNP, and finally on the total scores of the TSCL-40. See Table 3 for a summary of significant results for all of the following one-way ANOVA analyses.

Marital status. Women (N=50) were re-divided into groups according to their stated marriage status, which included categories of being single (n =11), married or common-law (n = 15), and separated or divorced (n = 24). Summed scores on the

PASPH, the summed scores for the PASNP and the total scores for the TSCL-40 were analyzed across the three categories using a one-way ANOVA. Results included finding a significant difference among the three statuses on the PASPH summed scores ($F [2, 43] = 3.63, p = 0.031$). Specifically, women who were married/common-law reported lower levels of abuse ($M = 1.97, SD = 2.93$) than those who were single ($M = 12.9, SD = 14.7$) and those divorced/separated ($M = 11.5, SD = 13.7$) on the PASPH summed scores. Results also indicated that there was a significant difference found among the three statuses and the PASNP summed scores ($F (2, 47) = 3.22, p = 0.049$). In particular, women who were married/common-law reported lower levels of abuse ($M = 30.57, SD = 13.50$), than those who were single ($M = 43.33, SD = 19.97$) and those divorced/separated ($M = 45.94, SD = 20.73$) groups on the PASNP summed scores. No statistical significant association was found between any of the three marital statuses and the total scores for the TSCL-40.

Living arrangement. Women ($N = 49$) were re-divided into groups according to their stated living arrangements, which included categories of: living alone ($n = 15$), living with a roommate ($n = 2$), living within a nuclear family/couple ($n = 24$) and living in another family arrangement ($n = 8$), which included those who living within extended family, a blended family, or special family arrangement. Summed scores on the PASPH, the PASNP and the total scores on the TSCL-40 were analyzed across the four categories using a one-way ANOVA. Results included finding a significant difference was found among the four statuses on the PASPH summed scores ($F (3, 45) = 6.83, p = 0.01$). Specifically, women living in alternative family arrangement had significantly higher levels of abuse ($M = 23.90, SD = 18.24$), than those living alone ($M = 9.64, SD = 11.71$),

those living with a roommate ($M = 2.33$, $SD = 3.30$) and those living within a nuclear family/couple ($M = 4.37$, $SD = 6.52$). Results found no significant associations between any of categories of living arrangements and the summed scores for the PASNP. In addition, no statistical significant association was found between any of the four marital statuses and the total scores for the TSCL-40.

Employment status. Women ($N = 48$) were re-divided into groups according to their stated employment status, which included categories of employed ($n = 32$), not employed ($n = 10$), and other ($n = 6$). The ‘other’ category included those who identified themselves as students or those on medical, disability, or maternity leave. All three categorical groups were analyzed using a one-way ANOVA. Results included finding no statistical significant association between any of the three employment statuses and the summed scores for the PASPH. There were also no significant associations between any of the employment statuses and the summed scores for the PASNP. Moreover, the results between the three employments statuses and the total scores for the TSCL-40 yielded the same lack of significant results.

Table 3.

One-Way ANOVA between Demographics Variables and Scale Measures

Demographic variable	<u>Scale measures</u>		
	PASPH F	PASNP F	TSCL-40 F
Marital status	3.736*	3.254**	0.590
Living arrangement	6.831**	1.284	0.898
Employment status	0.804	0.705	0.560

* $p < .05$

** $p < .001$

T-Tests on Dichotomous Nominal Variables

Demographics including the sample's psychiatric history, history of abuse within the family of origin, and substance abuse were all investigated to calculate if they had any association with the sample's experience with physical abuse, non-physical abuse, or expression of trauma symptoms. The summed scale scores for the PASPH, the PASPH, and total scores for the TSCL-40 were separately tested, using three independent t-tests for their association with the presence or absence of: abuse in the family of origin, psychiatric history or substance abuse. See Table 4 for a summary of significant results for all of the following t-test analyses.

Psychiatric history. All women who had completed their information on a possible psychiatric history were used for the three independent t-test analyses (N = 49). The results of the first t-test analysis found that there was no statistically significant association between the summed scores for the PASPH and the presence (n = 12) or absence (n = 37) of a psychiatric history. The results of the second t-test analysis found that there was no statistically significant association between the summed scores for the PASNP and the presence (n = 12) or absence (n = 37) of a psychiatric history. The results of the third t-test analysis found that there was no statistically significant association between the total scores for the TSCL-40 and the presence (n = 12) or absence (n = 37) of a psychiatric history.

History of abuse in family of origin. All women who had completed their information on a possible history of abuse in their family of origin were used for the three independent t-test analyses (N = 47). The results of the first t-test analysis found that there was no statistically significant association between the summed scores for the

PASPH and the presence (n = 29) or absence (n = 19) of a history of abuse. The results of the second t-test analysis found that there was no statistically significant association between the summed scores for the PASNP and the presence (n = 29) or absence (n = 19) of a history of abuse. The results of the third t-test analysis found that there was no statistically significant association between the total scores for the TSCL-40 and the presence (n = 29) or absence (n = 19) of a history of abuse.

Substance abuse. All women who had completed information on having a possible substance abuse problem were used for the three independent t-test analyses (N = 47). The results of the first t-test analysis found that there was no statistically significant association between the summed scores for the PASPH and the presence (n = 3) or absence (n = 44) of a substance abuse problem. The results of the second t-test analysis found that there was no statistically significant association between the summed scores for the PASNP and the presence (n = 3) or absence (n = 44) of a substance abuse problem. The results of the third t-test analysis also concluded that there was no statistically significant association between the total scores for the TSCL-40 and the presence (n = 3) or absence (n = 44) of a substance abuse problem.

Table 4.

T-Test between Demographics Variables and Scale Measures

Demographic variable	<u>Scale measures</u>		
	PASPH t	PASNP t	TSCL-40 t
Psychiatric history	-1.217	-0.652	-1.626
History of abuse in family of origin	-0.396	-0.655	-1.197
Substance abuse	-0.734	-0.306	0.243

* p<.05

Summary

Several interesting results were produced through exploring the demographic characteristics of the women involved in this study and their total scores for physical abuse, non-physical abuse and trauma symptoms. Summed scores for the PASPH were found to be statistically associated with several demographic characteristics including the sample's level of education ($p = -0.031$), income ($p = -0.013$), marital status ($p = 0.031$) and living arrangement ($p = 0.01$). Women involved in this study reported having higher levels of physical abuse if they had lower levels of education, lower levels of income, or were living in an alternative family living arrangement (i.e., extended family, blended family, or special family arrangements). In contrast, statistical results found that those who identified themselves under the married/common-law marital status reported lower levels of physical abuse. Summed scores for the PASNP also were found to be statistically associated with the marital status, with women reporting lower levels of non-physical abuse if they reported being married/common law compared to all other statuses. The TSCL-40 stands out as the scale which was not found to be associated with any of the demographic variables included in this study.

Statistical Testing to Meet the Objectives of the Study

In order to fulfill the intent of the research, the participant's scores on the surveys were examined to understand how their experiences of physical and non-physical forms of abuse related to possible symptoms of psychological trauma expressed. In order to explore the relationship between abuse and trauma symptoms, three research objectives were statistically examined.

Research Objective One

The first objective of the study was to examine if any association existed between the physical types of abuse and expression of trauma symptoms for the sample of women involved in the study. To examine this, a Pearson's r was used to assess any relationship that may exist between the summed scores on the PASPH and the total scores for the TSCL-40.

All women included in the sample had their total scores for the PASPH and TSCL-40 used for the Pearson's r analysis ($N = 50$). Results found that there was a statistically significant correlation between the scores on the PASPH and the TSCL-40 ($r = 0.31, p = 0.028$). The relationship is a positive correlation between the PASPH and the TSCL-40 total scores, meaning the higher the level of reported physical abuse, the greater the level of trauma symptoms. See Table 5 for the significant results of the correlation analysis.

Research Objective Two

The second objective of the study was to examine if any association existed between non-physical types of abuse and expression of trauma symptoms for the sample of women involved in the study. To examine this, a Pearson's r was used to assess any relationship that may exist between the summed scores on the PASNP and the total scores for the TSCL-40.

All women included in the sample had their total scores for the PASNP and TSCL-40 used for the Pearson's r analysis ($N = 50$). Results found that there was a statistically significant correlation between the scores on the PASNP and the TSCL-40 ($r = 0.46, p = 0.001$). The relationship is a positive correlation between PASNP and the

TSCL-40 total scores, meaning the higher the level of reported non-physical abuse, the greater the level of trauma symptoms. See Table 5 for the significant results of the correlation analysis.

Table 5.

Pearson's R Correlations between PASPH and PASNP on the TSCL-40

Scale	TSCL-40 r
Physical abuse	0.31**
Non-physical abuse	0.46*

* $p < .05$

** $p < .01$

Research Objective Three

The third objective of the study was to examine if the women ($N = 50$) involved in the study would express significant amount of trauma symptoms regardless of type of abuse experienced. To examine this, a two-part statistical analysis was used.

First, a Pearson's r was used to determine the intra-relatedness of experiencing both physical and non-physical types of abuse, as this could have an impact on trauma symptomology. To examine this, the Pearson's r was used to assess any relationship that may exist between the summed scores on the PASPH and the summed scores for the PASNP. Results indicated that there was a strong, statistically significant correlation between the summed scores on the PASPH and the PASNP ($r = 0.67$, $p = 0.001$). The relationship is a positive correlation between the PASPH and the PASNP, meaning the higher the level of reported physical abuse, the greater the level of non-physical abuse. See Table 6 for the significant results of the correlation analysis.

Table 6.

Pearson's R Correlation between PASPH and PASNP

Scale	Physical abuse R
Non-Physical abuse	0.67*

* $p < .01$

Second, a multiple linear regression analysis was used to assess the strength of the relationship between each isolated type of abuse and trauma symptoms. Using the multiple linear regression, both PASPH and PASNP summed scores were the independent variables, with the TSCL-40 the dependant variable. The R^2 for the regression model was 0.213, meaning the model accounted for the 21% variance ($F [2, 47] = 6.037, p = 0.005$). The regression model results indicated that the PASPH summed scores were not significantly related to the TSCL-40 scores. The regression model did indicate that the PASNP summed scores were significantly related to the TSCL-40 scores ($\beta = 0.459, p = 0.011$). These results identify that there is an association between nonphysical abuse and trauma symptoms independently from the physical abuse. See Table 7 for the significant results of the multiple linear regression analysis.

Table 7.

Regression on TSCL-40 Total Scores

Predictors scales	R Square	F value	β	t
Physical abuse	0.213	6.037	0.004	0.023
Non-physical abuse			0.459	2.639*

* $p < .05$

Summary of Research Objectives

Statistical testing of the objectives in this study found several associations between both physical and non-physical types of abuse and trauma symptoms. Statistical exploration of the first objective found that PASPH was statistically correlated with the TSCL-40 ($p = 0.028$). Statistical exploration of the second objective had similar results as the first, finding that the PASNP was statistically correlated with the TSCL-40 ($p = 0.001$). Both of these associations indicate that regardless of type of abuse experienced, the more physical or non-physical abuse encountered in an abusive relationship, the more trauma symptoms expressed, with the reverse relationship true as well. When the relationship between physical and non-physical types of abuse was tested to meet the requirements of the third objective, they were found to be strongly correlated to each other ($p = 0.001$). This means the more a woman in the sample experienced one form of abuse the more likely she was to experience increased abuse of the other form, with the reverse relationship being true as well. Using a multiple linear regression, the third objective was completed. Interestingly, the PASPH did not have a significantly strong relationship with the TSCL-40, but the PASNP did ($p = 0.011$). Meaning that without taking into account the association non-physical abuse has on trauma symptoms, physical abuse was not found to be significantly related to trauma symptoms. In contrast, non-physical abuse was found to be significantly related with trauma symptoms independently of physical abuse.

Further Statistical Investigation-Subscales of the TSCL-40

To further investigate how physical and non-physical forms of abuse were associated with the trauma symptoms, each form of abuse was examined against a

specific trauma symptom encapsulated in the TSC-40. The TSC-40 has six subscales identifying differing symptoms of trauma which include dissociation, anxiety, depression, Sexual Abuse Trauma Index (SATI), sleep disturbance, and sexual problems. To examine this, a two-part statistical analysis was used.

Step One

The first step included using the Pearson's r analyses to determine if there was any association between the two types of abuse and the six different trauma symptoms. To examine this, the Pearson's r was used to assess any association that may exist between the summed scores on the PASPH and the TSCL-40 subscale scores for dissociation, anxiety, depression, SATI, sleep disturbance, and sexual problems. The results of the Pearson's r analyses found that there were statistically significant results for two of the TSCL-40 subscales of anxiety ($r = 0.33$, $p = 0.019$) and sexual problems ($r = 0.29$, $p = 0.039$). These associations indicate a positive correlation, meaning the higher the level of physical abuse reported, the greater the level of anxiety and sexual problem trauma symptoms. Non-significant results were found for the remaining TSCL-40 subscales of dissociation, depression, SATI and sleep disturbance. See Table 8 for significance results of the correlation analyses.

The Pearson's r was then used to assess any association that may exist between the summed scores on the PASNP and the TSCL-40 subscale scores for dissociation, anxiety, depression, SATI, sleep disturbance, and sexual problems. The results of the Pearson's r analyses found that there were statistically significant results for all six TSCL-40 subscales including: dissociation ($r = 0.36$, $p = 0.011$), anxiety ($r = 0.443$, $p = 0.001$), depression ($r = 0.44$, $p = 0.002$), SATI ($r = 0.39$, $p = 0.006$), sleep disturbance ($r =$

0.30, $p = 0.037$), and sexual problems ($r = 0.33$, $p = 0.018$). These associations indicate a positive correlation, meaning the higher the level of non-physical abuse reported, the greater the level of all trauma symptoms measured in the TSCL-40. See Table 8 for significant results for the correlation analyses.

Table 8.

Pearson's R Correlations of TSCL-40 Subscales

Scales	Dissociation	Anxiety	Depression	SATI	Sleep Disturbance	Sexual Problems
	r	r	r	r	r	r
Physical	0.15	0.33**	0.27	0.27	0.21	0.29**
Non-physical	0.36**	0.44*	0.44*	0.39*	0.30**	0.33**

* $p < .05$

** $p < .01$

Step Two

The second step included using multiple linear regression analyses to determine the strength of the association between each isolated type of abuse and all six TSCL-40 subscales. Using multiple linear regressions, both PASPH and PASNP summed scores were the independent variables, with the TSCL40 subscales being the dependant variables. See Table 9 for all significance results of the multiple linear regression analyses.

Dissociation. The first multiple linear regression analysis was used to assess the strength of the relationship between each isolated type of abuse and the dissociation trauma symptoms in the TSCL-40. The R^2 for the regression model of dissociation was 0.142, meaning the model accounted for 14% variance ($F [2, 47] = 3.90$, $p = 0.027$). The regression model results indicated that the PASPH summed scores were not significantly

related to the dissociation subscale scores. The regression model results did indicate that the PASNP summed scores were significantly related to the dissociation subscale scores ($\beta = 0.466, p = 0.014$). These results signify that there is an association between nonphysical abuse and dissociation symptoms independently from the physical abuse.

Anxiety. A second multiple linear regression analysis was used to assess the strength of the relationship between each isolated type of abuse and the symptoms of anxiety related to psychological trauma in the TSCL-40. The R^2 for the regression model of anxiety was 0.199, meaning the model accounted for 20% variance, ($F [2, 47] = 5.82, p = 0.006$). The regression model results indicated that the PASPH summed scores were not significantly related to the anxiety subscale scores. The regression model results did indicate that the PASNP summed scores were significantly related to the anxiety subscale scores ($\beta = 0.402, p = 0.027$). These results signify that there is an association between nonphysical abuse and anxiety symptoms of psychological trauma independently from the physical abuse.

Depression. A third multiple linear regression analysis was used to assess the strength of the relationship between each isolated type of abuse and the symptoms of depression related to psychological trauma in the TSCL-40. The R^2 for the regression model of depression was 0.19, meaning the model accounted for 19% variance ($F [2, 47] = 5.52, p = 0.007$). The regression model results indicated that the PASPH summed scores were not significantly related to the depression symptom scores. The regression model results did indicate that the PASNP summed scores were significantly related to the depression symptom scores ($\beta = 0.456, p = 0.013$). These results signify that there is

an association between nonphysical abuse and depression symptoms of psychological trauma independently from the physical abuse.

Sexual abuse trauma index (SATI). A fourth multiple linear regression analysis was used to assess the strength of the relationship between each isolated types of abuse and the SATI in the TSCL-40. The R^2 for of SATI was 0.15, meaning the model accounted for 15% variance ($F [2, 47] = 4.13, p = 0.022$). The regression model results indicated that the PASPH summed scores were not significantly related to the SATI scores. The regression model results did indicate that the PASNP summed scores were significantly related to the SATI scores ($\beta = 0.372, p = 0.045$). These results indicate that there is an association between nonphysical abuse and the SATI independently from the physical abuse.

Sleep disturbance. A fifth multiple linear regression analysis was used to assess the strength of the relationship between each of the isolated types of abuse and sleep disturbance problems related to psychological trauma in the TSCL-40. The R^2 for sleep disturbance problems was 0.09, meaning the model accounted for 9% of the variance ($F [2, 47] = 2.257, p = 0.116$). As the model was not significant, it could not predict any association between sleep disturbance and the PASPH or the PASNP. Therefore, neither the PASPH summed scores nor the PASNP summed scores were significantly related to the sleep disturbance scores.

Sexual problems. A sixth multiple linear regression analysis was used to assess the strength of the relationship between each of the isolated types of abuse and sexual problems related to psychological trauma in the TSCL-40. The R^2 for sexual problems was 0.120, meaning the model accounted for 12% of variance ($F [2, 47] = 3.195, p =$

0.050). The regression model results indicated that the PASPH summed scores were not significantly related to the sexual problem scores. The results also indicated that the PASNP summed scores were also not related to the sexual problem scores.

Table 9.

Regression on the TSCL-40 Subscale Scores

TSC-40 subscale	Predictors scales	R Square	F value	β	t
Dissociation	Physical abuse	0.142	3.896	-0.163	-0.896
	Non-physical abuse			0.466	2.565*
Anxiety	Physical abuse	0.199	5.820	0.062	0.726
	Non-physical abuse			0.402	0.027*
Depression	Physical abuse	0.190	5.518	-0.030	-0.170
	Non-physical abuse			0.456	2.581*
SATI	Physical abuse	0.150	4.131	0.021	0.118
	Non-physical abuse			0.372	2.058*
Sleep Disturbance	Physical abuse	0.088	2.257	0.029	0.153
	Non-physical abuse			0.276	1.474
Sexual problems	Physical abuse	0.120	3.195	0.127	0.688
	Non-physical abuse			0.248	1.349

* $p < 0.05$

Summary of the Investigation into the TSCL-40 Subscales

More than exploring the relationship between type of abuse and trauma, it was important to understand if each form of abuse was related to any or all of the six trauma symptoms subscales included in the TSCL-40. Through statistical testing, it was found

that PASPH was positively correlated to both the anxiety ($p = 0.019$) and sexual problems ($p = 0.039$) trauma symptoms of the TSCL-40. These significant results indicate that physical abuse has a positive association with both anxiety symptoms and sexual problems of psychological trauma. When tested for the strength of the relationship, physical abuse was not found to have a strong significant relationship with either of these trauma symptoms when measured without the influence of non-physical abuse. Results indicated that physical abuse did not have a significant association or strong relationship with the trauma symptoms of dissociation, depression, sleep disturbance or the SATI.

Unlike the PASPH, the PASNP was found to be significantly correlated to all of the TSCL-40 subscales. Through statistical testing, it was found the PASNP was positively correlated to dissociation ($p = 0.01$), anxiety ($p = 0.001$), depression ($p = 0.002$), the SATI ($p = 0.006$), sleep disturbance ($p = 0.037$), and sexual problems ($p = 0.018$). These significant results indicate that non-physical abuse has a positive association with all six of the trauma symptoms in the TSCL-40. When tested for the strength of these relationships, non-physical abuse was found to have a strong significant relationship with dissociation ($p = 0.014$), anxiety ($p = 0.027$), depression ($p = 0.013$), and the SATI ($p = 0.045$) without the influence of physical abuse. However, when the sleep and sexual problem subscales of the TSCL-40 were analyzed, non-physical abuse was found to not have a strong significant relationship with either of them when measuring without the influence of physical abuse.

Validity of Measures

In order to ensure accuracy of for all analyses results conducted for the current research, it was important to confirm that the instruments measuring trauma, physical and non-physical abuses were able to capture participant's responses. To do this, each participant's total score on the PASPH, PASNP, TSCL-40 and TSCL-40 subscales were compared against an established critical cutoff score. As all three assessments are non-standardized, a two-part analysis was completed using critical cutoff scores established by two different researches. See Table 10 for a summary of results for all of the following critical cutoff comparisons.

First, critical cutoff scores established by Attala, Hudson, and McSweeney (1994) were used to separately analyze all 50 participants total scores on PASPH and PASNP. From examining the total scores on the PASPH, it was found that 54% of women's total scores on the scale were above the cutoff score of 2 ($M = 8.93$). From analyzing the total scores on the PASNP, it was found that 92% of the women's total scores on the scale were above the cutoff score of 2 ($M = 40.75$). As the majority of women in the study had total scores on the PASPH and PASNP which were above the established critical cutoff, it is highly likely that the results of the study reflect the women's responses about their experiences of abuse.

Second, critical cutoff scores established by Briere and Elliot (1992) were used for separately analyzing all 50 participants total scores on TSCL-40, as well as on the TSCL-40 subscales scores for dissociation, anxiety, depression, SATI, sleep problems and sexual problems. From examining the total score and subscale scores on the TSCL-40, it was found that participant's scores were above the various critical cutoff scores. As

the majority of women in the study had scored above the cutoff scores for the TSCL-40 total as well as for all six subscales, it is highly likely that the results of the study reflect the participants responses regarding symptoms of trauma experienced. It is important to note that Briere and Elliot (1992) established these critical cutoff scores based upon sexual trauma norms, not upon physical and/or non-physical sources of psychological trauma. It is not believed this jeopardizes the current findings as the majority of the sample scored well above the various cutoffs.

Table 10.

Summary of Critical Cutoff Comparisons

Scale and Subscale	Clinical Cutoff Score	YNA Sample	
		M	% Above
PASPH	2	8.93	54%
PASNP	15	40.8	92%
TSCL-40 total score	20.91	40.2	88%
Dissociation subscale	2.35	6.96	86%
Anxiety subscale	3.8	7.84	82%
Depression subscale	5.74	11.29	88%
SATI subscale	2.44	6.06	88%
Sleep problem subscale	5.03	10.20	88%
Sexual problem subscale	3.77	4.25	54%

Final Note

In essence, this chapter described the abuse and trauma symptoms resulting from 50 women's experiences of domestic abuse prior to beginning a domestic abuse group. Physical and non-physical forms of abuse were associated with the level and symptoms of psychological trauma. The final chapter will address the above statistical results, providing insight constructed from both the findings of the analyses and the insights from the literature review. Moreover, the next chapter will discuss contributions of the study, limitations of the research, as well as suggestions for possible future research in this area.

Chapter 5: Discussion

The results of the current exploratory study highlight the importance of examining the relationship between physical and non-physical experiences of domestic abuse and the existence of psychological trauma symptomology for abused women. The outcomes of this study suggest that the association between being abused through physical and non-physical forms has a complex relationship with trauma symptoms expressed by these women. These results will be thoroughly examined in this section.

Research Hypotheses

Hypothesis One

The first hypothesis, stating that physical forms of abuse would be significantly associated with trauma symptoms, showed evidence for support. These results are in accordance with a large body of research (Astin et al., 1993; Dutton et al., 1999; Housekamp & Foy, 1991; Kemp et al., 1991; Kemp et al., 1995; Mertin & Mohr, 2000), all of which found that physical abuse was uniquely associated with post-trauma symptoms in women who had experienced abuse within an intimate relationship.

Not only was there evidence of a relationship between experience of physical abuse and the likelihood of having trauma symptoms, but findings indicated that the relationship between physical abuse and the existence of trauma symptoms was positive. That is, for the women involved in this study, the more physical abuse they experienced the higher the reporting of trauma symptoms. These results were in alignment with Jones et al.'s (2001) findings that stating that the frequency and severity of physical forms of abuse experienced by women were also related to the presence of symptoms of trauma.

Hypothesis Two

The second hypothesis, stating that non-physical forms of abuse would be significantly associated with trauma symptoms, showed evidence of support. These results are in accordance with a large body of research in this field of study (Dutton et al., 1999; Street & Arias, 2001; Taft et al., 2005), all of which found that non-physical abuse was uniquely associated with post-trauma symptoms in women who had experienced abuse within an intimate relationship.

Not only was there evidence of a relationship between experience of non-physical abuse and the likelihood of having trauma symptoms, but findings in the project indicated that the relationship between non-physical abuse and the existence of trauma symptoms was positive. That is, for the women involved in this study, the more non-physical abuse they experienced, the higher the reporting of trauma symptoms. These results were in alignment with Arias and Pape's (1999) findings stating that the frequency and severity of non-physical forms of abuse experienced by women were also related to the presence of symptoms of trauma.

Hypothesis Three

The third hypothesis, stating that women can suffer psychological trauma regardless of the type of abuse experienced, showed evidence for partial support. The hypothesis was supported based upon the findings from the first two hypotheses, where physical and non-physical types of abuse were both found positively related to total trauma scores. However, while the third hypothesis was generally supported, when types of abuse were statistically examined independently, physical abuse was not found to be strongly related to total trauma symptoms, whereas non-physical abuse was. These

findings are in accordance to Street and Arias (2001) and Taft et al.'s (2005) studies using the same analyses as the current research. Both studies found when physical and non-physical forms of abuse were independently measured for their strength of relationship with trauma symptoms for abused women, non-physical abuse was a stronger unique correlate with trauma symptoms than physical abuse.

Conclusions Based on the Investigation of the Hypotheses

The examination of the role of physical and non-physical forms of abuse have in relation to trauma symptoms has produced interesting results regarding the direction and strength of relationship between these two factors for abused women. In accordance with the results, when examined, both physical and non-physical forms of abuse had a positive relationship with the existence of trauma symptoms. Meaning, women who have experienced physical and/or non-physical forms of abuse had a probable chance to exhibit trauma symptoms. Further, for women participating in the current study, the more reported physical or non-physical abuses experienced the increased reporting of trauma symptoms abused women.

When questioned how strongly each form of abuse independently acted upon the sample's overall trauma symptoms, surprising results were found. Specifically, physical abuse was not found to have a strong relationship independently from the influence of non-physical abuse on trauma symptoms. Like many other studies (Arias & Pape, 1999; Dutton et al., 1999; Street & Arias, 2001; Taft et al., 2005), when independently analyzed, non-physical forms of abuse were found to have a more influential relationship with trauma symptoms for women in the study.

Explanation of the Results

Although complex, the results of this study are well supported in the literature. In sum, the current project found evidence that both physical and non-physical experiences of abuse have a relationship with the existence of trauma symptoms. In addition, this study found that non-physical forms of abuse had a stronger effect than physical forms. Specifically, the results indicate that the effects of non-physical abuse are significant after controlling for physical abuse, whereas the reverse is not true. Due to the relationship physical abuse has with existing trauma symptoms, it was a surprise that it failed to independently account for the trauma symptoms exhibited by the women in the study.

As supported by the findings in the current research, physical abuse does have a relationship with trauma symptomology for the women in this study. While it is unclear what kind of relationship would exist if women had not experienced non-physical forms of abuse, it is well documented in research that physical abuse has a relationship with the trauma symptomology (Astin et al., 1993; Dutton et al., 1999; Housekamp & Foy, 1991; Kemp et al., 1991; Kemp et al., 1995; Mertin & Mohr, 2000). Specifically, it is possible for victims of physical abuse to suffer from a multitude of psychological trauma symptoms without the influence of non-physical forms of abuse (Kemp et al., 1991). As such, the current results should not be interpreted to mean that physical forms of abuse are not influential on the creation of psychological trauma in women who have experienced domestic abuse.

The results found in this study provide evidence for the powerful role non-physical abuses can have in relation to psychological trauma. More than just having an association with trauma symptoms, results suggested that non-physical abuse has an

independent relationship with existing trauma symptoms outside of the influence of physical abuse. These findings were also found by Taft et al. (2005), reporting that non-physical abuse had a stronger, more unique association with trauma symptoms than physical abuse. In fact, studies exploring women's opinions of experiencing non-physical abuses found that they perceived this form of abuse as more psychologically detrimental than their experiences of physical abuse (Follingstad et al., 1990; Marshall, 1994).

Relationship between Physical and Non-Physical Forms of Abuse

The current research may have overestimated the influence of physical abuse has relative to non-physical abuse by failing to completely control for the concurrent effects of non-physical abuse. When investigating these relationships, the current study found that physical and non-physical forms of abuse were highly correlated for the participants. While both forms of abuse were independently assessed and analyzed for the study, Besile et al. (2004) reports that clear separation between forms of abuse are not easily obtained. This echo's Dutton et al.'s (2005) study which reported research in this area is extremely difficult because of the combinations of differing forms of domestic abuse are commonly experienced by abused women. This makes independent examination of each form of abuse extremely difficult.

In fact, the relationship between types of domestic abuse has been found to have differing combinations of levels, frequencies and intensities of abuse that result in specific outcomes of trauma symptomology. The reality for many abused women is that if they are experiencing physical forms of abuse, they are also experiencing, or have already experienced, non-physical forms of abuse (Follingstad et al., 1990; Nishith et al.,

2000). This is further supported by Murphy and O`Leary (1989) who found that non-physical aggression often was a precursor to physical abuse experienced.

Dose-response relationship. Arias and Pape (2001) suggested that abused women may have increased experiences of non-physical abuse because they are exposed more to it than physical forms of abuse. The current study has found similar results, finding higher and more frequent levels of non-physical abuse reported than physical abuse. These results are in congruence with other literature reporting that abused women from non-shelter samples typically report less physical abuse than shelter samples (Saunders, 1994). According to the literature reviewed on mediating factors, this is an important variable to include when interpreting the results of the current study. Moreover, it has been frequently identified that the more often an individual is exposed to abuse the higher the likelihood they will experience trauma symptoms (Briere, 2004; Dutton et al., 2005; Kaysen et al., 2003).

Unlike discrete episodes of physical abuse, non-physical abuse may be of longer duration if measured by ongoing effects outside of the specific act (Hoffman, 1984; Sackett & Saunders, 1999). Arias and Pape (2001) suggest that while physical abuse has a beginning and an end which can be physically measured, non-physical abuses are often ongoing in a woman`s psychological and emotional reactions. The example utilized by Arias and Pape (2001) includes experiences of verbal abuse, such as being negatively labeled, with a woman psychologically reacting by incorporating this label into her own view of herself (e.g. `I am stupid`). Janoff-Bulman (1985) reported similar results, finding that victimization often negatively affects an abused women`s belief about themselves and the world. A more recent research by Taft et al. (2005) again supported

these results by identifying that non-physical abusive behaviors damage a woman`s sense of self-worth and overall well-being.

Patterns of abuse. Patterns of abuse between physical and non-physical abuses were identified by Dutton et al. (2005) to have unique and specific combinations and levels of severity of physical, non-physical, and stalking behaviors. From these results, Dutton et al. (2005) suggest that understanding specific patterns and complex profiles of abuse are needed to be understood first before examining psychological trauma symptomology or other mental health outcomes. The findings in the current study support the notion that physical and non-physical abuses may have unique roles both independently and in conjunction on the existence and possible creation of trauma symptoms.

Challenges in Independently Measuring Physical and Non-Physical Abuses

Like Arias and Pape`s (1999) study, the inability to obtain significantly strong results for the relationship physical abuse has on trauma symptomology could be due to the measures used. As discussed in the literature review, to a certain degree, the definitions of physical and non-physical abuse can have blurred boundaries. As this study was using data collected from an ongoing study at a counselling center, research was limited. Specifically, this research was restricted by only being able to incorporate data from actual physical abuse endured, with all acts identified in the self-report assessment as having a physical impact. It would be noteworthy to know how assessment tools such as the ones included in this study rationalize the separation of physical abuse from non-physical abuse.

Due to the limitations of the scales used to assess physical and non-physical forms of abuse experienced, it was not possible to determine how often or number of times within a specific period women in the study experienced physical or non-physical abuse. Having this information is especially important when investigating the specific experiences of the participants, especially as the longer one is exposed to a specific type of abuse, the higher the likelihood of experiencing psychological trauma (Basile et al., 2004)

Note

It is possible that while both physical and non-physical forms of abuse have a relationship with trauma creation, non-physical forms may have a greater impact on psychological trauma symptoms. The current findings suggest that non-physical abuse continues to warrant greater attention, particularly in consideration of how it impacts trauma symptomology when combined with experiences of physical abuse.

Additional Investigation-Explanation of Results

More than just exploring the relationship physical and non-physical abuses have on the existence of psychological trauma reported, this investigation sought to examine the impact each form of abuse had on each specific trauma symptom measured. This aspect made this research unique from several other studies, as specific trauma symptoms were examined in relation to a specific type of abuse. While this aspect of the investigation was beyond the set objectives, results found evidence for interesting relationships between symptom and type of abuse, provoking further insight into the findings. It is important to note that as this section was unique from other studies reviewed, no supporting studies could be cited.

Physical Abuse and Trauma Symptoms

Exploring the relative role physical abuse has in relation to each specific trauma symptom has found very interesting results. Surprisingly, physical abuse was found to be related to only two trauma symptoms measured in this study. Results showed evidence that physical abuse has a relationship with anxiety and sexual problem trauma symptoms, but not dissociation, depression, sleep disturbance, or sexual abuse trauma symptoms (SATI). Specifically, the relationship between experiences of physical abuse and both trauma symptoms was positive. That is, for the women involved in this study, evidence showed that the more physical abuse experienced the higher the likelihood of reporting anxiety and sexual problem symptoms. When compared to the results from examination of hypothesis one, it would appear that anxiety and sexual problem trauma symptoms may have had the most influential roles in the finding of physical abuse's relationship with psychological trauma.

When the relationship between each trauma symptom and experiences of physical abuse were examined in isolation from the effects of non-physical abuse, results supported the findings in hypothesis three (i.e., physical abuse found not to be strongly related to total trauma symptoms). These results indicated that physical abuse did not have a strong relationship with any of the six trauma symptoms when controlling for the effects of non-physical abuse. These findings may indicate that the relationship physical abuse has with anxiety and sexual problem trauma symptoms could have been made significant because of the influence of non-physical abuse. It is also possible that this relationship could have been made significant because of the relationship between physical and non-physical forms of abuse. These unknown factors further indicate the

complex role physical and non-physical abuses have in relation to each other in the creation of trauma symptoms.

Non-Physical Abuse and Trauma Symptoms

In support of the findings in hypothesis two (which indicated non-physical abuse is related to trauma symptoms) evidence showed that non-physical abuse was found to be related to all trauma symptomology measured in this study. Specifically, dissociation, anxiety, depression, sleep disturbance, sexual problems, and sexual trauma symptoms found in the SATI were all shown to have a relationship with non-physical abuse. Not only was there a relationship between the experience of non-physical abuse and the likelihood of having any of these trauma symptoms, but findings indicated that these relationships were positive. That is, for the women involved in this study, the more non-physical abuse they experienced, the higher the reporting of dissociation, anxiety, depression, sleep disturbance, sexual problems and sexual trauma symptoms.

Evidence of a strong relationship between experiences of non-physical abuses and existing trauma symptoms were found when measured independently from the influence of physical abuse experiences. These results indicated that non-physical abuse had a strong relationship with four of the six trauma symptoms when examined independently from the effects of physical abuse. Specifically, non-physical abuse was found to have a strong relationship with trauma symptoms of dissociation, anxiety, depression, and sexual abuse trauma symptoms (SATI). These results generally support the findings from the third hypothesis (i.e. non-physical abuse is related to total trauma symptoms). However, they also call into question the strength non-physical abuse has in relation to all trauma symptoms versus specific trauma symptoms.

Surprisingly, non-physical abuse did not have a strong relationship with sleep disturbance and sexual problems trauma symptoms without the influence of physical abuse experiences. This may indicate that the relationship between non-physical abuse and sleep disturbance and sexual problems trauma symptoms are most likely made significant because of some level of influence from experiencing physical abuse. It is possible the relationship between these two types of abuse had an effect in conjunction or had a multiplier effect on trauma symptoms. This specifically calls into question the powerful effect that can occur when a woman has experienced both physical and non-physical forms of abuse on the existence of sleep disturbance and sexual problem trauma symptoms. In summation, the results demonstrate the intricate role both forms of abuse have with existence of trauma symptoms.

Conclusions Based on the Investigation of Trauma Symptoms

In order to empirically support the findings from the three hypotheses, examination of the roles physical and non-physical forms of abuse had in relation to all six trauma symptoms was investigated. From this exploration, outcomes supported all findings resulting from examining the three hypotheses. First, physical abuse was found to have a relationship with anxiety and sexual problem trauma symptoms. The lack of significant findings physical abuse had with dissociation, depression, sleep problems and sexual trauma symptoms (SATI), helped to answer why the association between physical abuse and total trauma symptoms was not more highly correlated.

Second, non-physical abuse was found to have a relationship with all six trauma symptoms measured in the study including dissociation, anxiety, depression, sexual problems, sleep problems and sexual trauma symptoms (SATI). These results help

explain the strength of the association between non-physical abuse and total trauma symptoms.

Third, the results of investigating what independent role physical and non-physical abuses have in relation to all six trauma symptoms is supported the third hypothesis. When questioned how strongly each form of abuse independently would act upon the sample's existing trauma symptoms, physical abuse was not found to be related to any of the trauma symptoms. In contrast, non-physical abuse was found to be related to trauma symptoms of dissociation, anxiety, depression and sexual abuse.

What is most interesting about these results is that they support the rationale used to explain the hypotheses results in this study. In particular, results obtained regarding the relationship each form of abuse had with existing trauma symptoms both changed when independently measured. When physical abuse was analyzed without the influence of non-physical abuse it was found to no longer have a significant relationship with symptoms of anxiety and sexual problems. In similarity, when measured independently from physical abuse, non-physical abuse was found to no longer have a significant relationship with symptoms of sleep disturbance and sexual problems. These findings show evidence in support for the rationale used to explain the results from the hypothesis testing. That is, they indicate that the relationship between physical and non-physical forms of abuse goes beyond what the current project was able to assess. Specifically, when these forms of abuse were separately identified for the current project, the analysis produced complex results not explained by the assessment tools or statistical analyses.

In addition, the results indicated that there was a relationship between the experiences of physical and non-physical abuses on both total trauma symptoms and specific trauma symptoms. As such, it remains unclear if it is the specific combination of types of physical abuse experiences in combination with forms of non-physical abuse which created these results. Arias and Pape reported similar curiosities in their 1999 study, suggesting that physical and non-physical abuses may be related to different traumatic reactions, causing symptom expressions to be unique to the patterns of abuse experienced. It is also possible that each form of abuse has only a partially significant relationship with specific trauma symptoms, only becoming significant when in combination with the other form of abuse.

These results and remaining questions further support research by Dutton et al.'s 2005 study emphasizing the importance of understanding the complex patterns of relation between physical and non-physical forms of abuse. These conclusions are also supported by Nishieth et al.'s (2000) and Jackson et al.'s (2005) findings. Both studies reported that there is complicated relationship in existence between the two forms of abuse which needs to be examined in order to understand the psychological consequences which can result from domestic abuse.

Final Note

While exploring physical and non-physical experiences of abuse in relation to trauma symptoms was exploratory in nature, there is a wide range of research showing that domestic abuse is related to the trauma symptoms explored in this project. Significant associations have been found between physical and non-physical abuses and dissociation (Briere et al., 1991; Feeny et al., 2000), anxiety symptoms (Browne, 1987;

Gleason, 1993), depression (Koss & Herrera, 2003; Pimlott-Kubaik & Cortina, 2003), sexual problems (Briere et al., 1995; Bryant-Davis, 2005), sleep problems (Holmes et al., 2005; van der Kolk, 1996) and sexual trauma symptoms (Briere, 1987). Again, literature reviewed for this study did not come across any studies specifically exploring either type of abuse independently to understand the relationship with dissociation, anxiety, depression, sexual problems, sleep problems and sexual trauma symptoms (SATI) trauma symptoms.

Confounding Factors

Demographics of the women who participated in this project were examined to understand if age, marital status, number of children, living arrangement, education, income, employment, psychiatric history, abuse in family of origin, substance abuse, length of abusive relationship or number of pre-group individual counselling sessions had any effect on reported amount or frequency of physical abuse and/or non-physical abuse reported, or on total psychological trauma reported. Confounding factors were found between amount of abuse reported and variables of education, income, living arrangement and marital status.

Women involved in the study reported having higher levels of exposure to physical abuse if they had lower levels of education, income and/or were living in an alternative family living arrangement (i.e., extended family, blended family, or special family arrangements). In addition, participants also reported having higher levels of exposure to non-physical abuse if they reported a lower level of education.

Education presented as the only demographic variable which had a significant relationship with reported levels of physical and non-physical forms of abuse. This

evidence supports the literature recognizing the powerful impact level of education can have on being involved in a domestic abuse relationship. Gelles (1974) found that women with lower levels of education had fewer occupational skills and therefore were less likely to have a higher socio-economic status. This makes women at increased risk of having to depend financially on their abusive partner, which, in turn, can make it hard to leave the relationship when they choose to do so. In addition, differences in level of education between partners could contribute to power differentials in the relationship. Unequal power distributions have been found to perpetuate the abuse, as women become increasingly dominated and isolated, losing outside sources for resources or support (Herman, 1992).

Results finding that lower levels of education and income had a relationship with reported abuse is well supported by Hotaling and Sugarman's (1990) study. This study found that women who have few resources may experience higher levels of domestic abuse than women with more resources. Not only are these variables risk factors for abuse, but they can also entrap a woman in the relationship if she is financially dependent upon her partner or she has financial responsibilities (i.e., children). Goodman et al. (2005) found that women with tangible resources could respond to that abuse, therefore increasing her ability to leave the relationship through resource availability.

Lower levels of education and income could help explain why women living in an alternative living arrangement also have higher levels of reported physical abuse. It is possible that these women are living in these arrangements due to financial and resource constraints, possibly causing them to remain longer in the relationship. As ethnicity was not accounted for in the demographic variables examined, it is unknown if cultural or

ethnicity factors had a role in explaining the relationship between an alternative family living arrangement and higher levels of physical abuse reported.

In contrast, statistical results found that those who identified themselves under the married/common-law marital status reported lower levels of physical abuse. Due to the limitations of the survey used, it is unknown if women who fell under this category were romantically involved with the abusive partner or in a relatively new partnership. This information would have been helpful, as the distinction would provide further insight into this relationship.

Limitations of Research

The purpose of this project was to investigate how experiences of domestic abuse were related to psychological trauma expressed. With the objective of wanting to provide insight into an area where researchers are expanding the empirical literature, this project attempted to integrate existing knowledge with a new study exploring how psychological trauma is influenced by physical and non-physical experiences of abuse. While this study was able to contribute to the sub-field of domestic abuse and trauma psychology, it has several important limitations that must be commented on.

Research Design

In a newly emerging sub-field of domestic abuse that attempts to understand the relationship between abuse and psychological trauma, this study is exploratory in nature. As such, there were several limitations in terms of research design.

First and foremost, no control groups were included in this study. Instead the participants were accessed as a convenience sample, as all women involved in the counselling center's You are Not Alone group counselling program (between the years of

2004 and 2008) were included. As such, the sample population was not chosen at random and employed a non-representative sample resulting in a non-experimental study.

Secondly, hypotheses created to guide the investigation of physical and non-physical abuse were based on the assumption that these variables could be measured separately. Despite statistical procedures used to isolate the effects of non-physical abuse and physical abuse, it was not possible to separate the effects completely. As such, it remains unknown if there were predominant patterns of abuse for the women involved in the study. Separation of physical and non-physical abuses without accounting for patterns between them could account for the variance in trauma symptoms. According to Arias and Pape (1999), lack of variability in physical abuse scores could make it more difficult to obtain significant associations between physical abuse and other variables of interest.

Third, women involved in the study were sampled from one community counselling center in Calgary, Canada. It is unknown if the sample had included a wider sample representation, such as including abused women seeking services in the community, other counselling centers, or emergency abuse shelters, or from a more diverse geographical area, that a wider variability of reported physical abuse, non-physical abuse and trauma symptom experiences may have been found. Furthermore, the utilization of a sample from an outpatient counselling center versus shelter services may have inadvertently constricted the sample to include women who have a specific help-seeking personality.

Data Collection

Data gathered by survey. As this study utilized a survey pre-test package developed by the counselling center for its own investigations, there was less information

gathered in the intake instrument than it would have been desired. Although no demographic variables were found to be correlated with trauma symptoms reported by the women in the study, unclear survey questioning could have impacted a participant's response.

In terms of demographic information gathered, the survey was limited by not gathering specific information and by poorly communicated questions. Specifically, it would have been greatly beneficial to know the ethnic or cultural backgrounds of the women involved in the study. This is an important variable as it has been found that ethnicity can have a relationship with other variables measured such as education, income, marital status, and living arrangement or on amount of abuse and trauma reported. Further, without accounting for cultural considerations, it is unknown if a woman's background would have influenced how she understood the questions asked from a North American perspective. For example, a woman may perceive certain North American identified symptoms of trauma as a normal part of a thinking or feeling.

Secondly, there were two questions involved in the survey which were unclearly stated. The question as to whether the woman had experienced abuse in their family of origin was vague. Specifically, it is unknown if the question gathered information about one's own experiences with childhood abuse or the experience of witnessing abuse in her family as a child. In other words, there was no context in terms of what a 'yes' would mean. In addition, there was also no way to measure the extent or type of abuse a woman may have experienced. According to Briere and Jordan (2004) this information is extremely valuable to obtain when investigating the effects domestic abuse has on psychological trauma.

Third, it was not clarified if the women involved in the study were still romantically or non-romantically involved with the abusive individual. This is especially of concern, as Mertin and Mohr (2001) reported that abuse often continues after separation, which increases trauma symptoms experienced. If women in the study were still involved or in contact with the perpetrator of domestic abuse, this could have impacted both abuse and trauma symptoms reported. Further, for those who have no contact with the perpetrator, it was not known how long they have been removed from the individual.

Sample size. It would have been greatly beneficial to have included a much larger sample size than fifty participants. The small sample size made it difficult to statistically conclude the hypotheses investigated as the statistical analyses used did not have enough statistically power to determine clear results. If this research were to be conducted again, a larger sample collected would allow more accurate and lengthy analyses such as spearman correlations, chi-square analyses, or stepwise regression.

Instruments. Again, because this study utilized a survey pre-test package developed by the counselling center for its own investigations, this project was limited to using the measures included in the survey package including the TSCL-40, and the Hudson scales for physical (PASPH) and non-physical abuse (PASNP). While all three scales have relatively high levels of reliability and validity, there were a few challenges in using these assessments. A shortcoming of the TSCL-40 includes its inability to differentiate between women who have experienced a traumatic event and those who have not (Briere & Elliot, 2001; Briere, Evan, & Runtz, 1988). This could have affected the results found in the current project as the measures of total trauma scores and specific

trauma symptoms may be inaccurate. Further, because the TSCL-40 is unable to accurately discriminate those who have been traumatized from those who have not, it calls into question the relationships found between each type of abuse and trauma scores.

The use of the Hudson Scales for measuring physical abuse and non-physical abuse measures provided their own challenges in investigating the objectives of the study. Specifically, while they gathered information regarding the participants experiences of physical and non-physical abuses separately, the scales themselves were highly related to each other. This is difficult if not impossible to avoid, as research in this area has been challenged with non-discriminate definitions and inclusionary criteria of what is considered physical and non-physical abuses.

One additional challenge to using the Hudson scales included the inability for the scales to measure beyond frequency of specific physical and non-physical acts experienced. As such, the duration or intensity of each type of abuse experienced by the women involved in the study remains unknown. Finally, as physical and non-physical abuses were measured separately without information on the sequences of events, the chronology of abuse events also remains unknown.

Lack of generalizability. As the study was non-experimental, the results cannot be generalized to all women who have been or are currently involved in an abusive relationship. As a convenience sample of abused women accessing support from a community counselling center was utilized, findings are not representative and cannot be generalized to explain the experiences of women accessing other supports like private therapists or those accessing domestic abuse shelter services. Further, as this study was

accessing women who were seeking help for their experiences of abuse, it is also not representative for those women in the community who are not seeking help.

Project Conclusion and Implications

In an attempt to answer the call of many research studies, this project sought to investigate the roles physical and non-physical forms of abuse can individually have on the psychological impact of victimization. It was the intention of this project to provide further insight into the relationship between abuse and traumatic impact for women who have been in an abusive relationship. As a result, outcomes produced have indicated important practical/clinical and research implications.

Practical/Clinical Implications

It was the hope of this project to contribute to a sense of increased understanding for clinicians working with women who may have been psychologically impacted by their experiences of domestic abuse. As such, the outcomes of this study have several important implications for clinicians. First, evidence suggests that attention is warranted to each woman's individual experiences of domestic abuse. It would be beneficial for clinicians to explore what a woman's abuse experiences were, as depending on the type or frequency, the woman could be experiencing high or lower levels of trauma symptoms.

Second, it would be beneficial for all supportive or therapeutic counselling to involve encouraging a client to tell their story of abuse, citing their experiences of physical and/or non-physical abuses. According to Barstow (2003), allowing abused women the opportunity to identify their level of trauma and to tell the story of victimization has several benefits. In terms of evidence found in this study, advantages

include clinicians gaining information on the client's specific experiences of abuse and how the client perceives it has affected them. Like other results, this project's findings indicate that there is no stereotypical trauma response to abuse, with reactions to abuse being as unique as their experiences. Moving away from a single approach to understanding domestic abuse also means that clinicians must be prepared to explore women's experiences, allowing them to name the relationship between experience and psychological impact.

Finally, based on the results of this study, clinicians should be aware that there is often a dose-response relationship between levels of both physical and non-physical forms of abuse and trauma symptoms. Meaning, victims experiencing higher levels of physical and/or non-physical forms of domestic abuse, particularly those who experience both, may be at risk for experiencing greater amount or intensity of symptoms of psychological trauma.

Research Implications

This research has replicated other studies' approach, moving towards a more detailed investigation of how women's experiences of abuse can impact the psychological trauma expressed in some women. Specifically, this study demonstrated it was possible, to a certain extent, to examine the roles physical and non-physical abuse have on existing trauma symptoms. This is congruent with other research in literature, as research trends appear to be moving towards an attitude that being 'abused' is not the same in all domestic abuse relationships, meaning the traumatic impact is not the same for all women.

To avoid overgeneralizations, this research supports further studies exploring the roles women's specific experiences of abuse have in relation to their experiences of specific trauma symptoms. As there were relationships found between specific trauma symptomology and the participant's abuse experiences, it is also important for research to consider moving away from general trauma terms without specifying what symptoms of trauma are being discussed. The current investigation is unique as it is one of a few researches that examined abused women's psychological trauma symptoms without utilizing a diagnosis of PTSD. Briere and Jordan (2004) reported that due to the complexity of psychological reactions to domestic abuse, post trauma psychological reactions should be evaluated separately.

Outcomes of the research also indicate that non-physical forms of abuse can have a powerful impact on psychological trauma expressed by some abused women. These results add to the knowledge of non-physical abuse, by helping to differentiate the impact this type of abuse can have on trauma symptoms. Further, the evidence supports the direction of research in the last decade which has been seriously investigating the role of non-physical abuse.

Finally, due to the complex results of the study, this project also encourages research to include exploration of the relationship between physical and non-physical abuses in terms of examining psychological impact. Like previously stated, understanding the specific relationships concerning the differing combinations in physical and non-physical types and frequency of abuse are important in explaining this complicated relationship.

Suggestions for Future Research

There is an outstanding need to further refine the definition of physical and non-physical abuses in order to help understand the relationship they have together, when combined, and in isolation on trauma symptoms expressed. Defining both the term and concept of each type of abuse would aid research in gaining a clearer understanding of how experiences of domestic abuse can relate to some women's traumatic reactions. This would enable future studies to be able to specifically account for the variance of physical and non-physical abuse reporting and how it related to levels and specific symptoms of abuse.

A second area of suggested investigation includes future studies examining the specific time period of abuse experienced during the relationship. If not only type of abuse, but length of abuse endured was measured, it could help explain the relationship between abuse experience and trauma symptoms. It would especially be beneficial if a future investigation could incorporate findings of the chronological sequence of abuse type and length of exposure in relation to trauma symptoms.

Increased studies exploring the impact physical and non-physical abuses can have on trauma symptoms would be advantageous. Extending beyond the generalizations found in this study is advised, especially with the assistance of a larger sample, more diversified group of women coming from the community, as well as from supportive services like outpatient counselling centers and domestic abuse shelters. In addition, having knowledge of the sample's ethnicity, history of abuse, and up-to-date information of their status of contact with the perpetrator would help eliminate or explain any confounding variables. Finally, experimental research using a controlled group of women

who have not been involved in domestic abuse relationships would be beneficial. This could increase clarity of relationship between domestic abuse and trauma symptoms for a larger population of abused women.

Studies resembling the current project should also use more than one type of instrument to gather information about abuses experienced and existing trauma symptoms for abused women. As there is a wide range of trauma symptoms which frequently extend beyond what one instrument can account for, it would be helpful to have several instruments prepared to additionally measure distress, behavioral changes, all disruptions to cognitive functioning, emotional changes, internalized changes to perception and beliefs of self/world, as well as their perception on their possible loss of power and control. Due to the interesting outcomes resulting from this study, it would also be helpful to study any of these specific trauma symptoms in regards to type of abuse experienced. In addition, it would be beneficial to examine a wide range of specific trauma symptoms and reactions in order to develop more comprehensive counselling techniques and approaches, in addition to building on empirical knowledge already in existence.

While the current findings in the project show relationships between physical and non-physical abuse and trauma symptoms, further research is needed to replicate and clarify these associations. Further research is also needed to explore other relationship factors as mentioned above. A second set of questions should be directed at understanding the unique role non-physical forms of abuse have in relation to trauma symptoms, as it has been explored less than physical forms.

Summary

Regardless of the challenges of terminology and conceptual separations used to explore physical and non-physical abuses, investigating their relationship with trauma symptoms remains important to adding to current literature. It is hoped this project will make an interesting contribution to research in this emerging field of trauma psychology and domestic abuse.

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C. Partner's information (Please complete all scales) _____

Length of current relationship (years): _____

D. Discipline of Children _____

Number of children: _____

Permission to utilize You are Not Alone –Pre-test package (2004) was authorized by Calgary Counselling Centre.

Partner Abuse Scale: Physical (PASPH) (Hudson, MacNeil & Bierks, 1992)

Instructions

This questionnaire is designed to measure the physical abuse you have experienced in your relationship with your partner. It is not a test, so there are no right or wrong answers. Please answer each time as carefully and as accurately as you can by placing a number beside each one as follows.

- 1 = None of the time**
2 = Very rarely
3 = A little of the time
4 = Some of the time
5 = A good part of the time
6 = Most of the time
7 = All of the time

1. _____ My partner physically forces me to have sex.
2. _____ My partner pushes and shoves me around violently.
3. _____ My partner hits and punches my arms and body.
4. _____ My partner threatens me with a weapon.
5. _____ My partner beats me so hard I must seek medical help.
6. _____ My partner slaps me around my face and head.
7. _____ My partner beats me when he or she drinks.
8. _____ My partner makes me afraid for my life.
9. _____ My partner physically throws me around the room.
10. _____ My partner hits and punches my face and head.
11. _____ My partner beats me in the face so badly that I am ashamed to be seen in public.
12. _____ My partner acts like he or she would like to kill me.
13. _____ My partner threatens to cut or stab me with a knife or other sharp object.
14. _____ My partner tries to choke or strangle me.
15. _____ My partner knocks me down and then kicks or stomps me.
16. _____ My partner twists my fingers, arms, or legs.
17. _____ My partner throw dangerous objects at me.
18. _____ My partner bites or scratches me so badly that I bleed or have bruises.
19. _____ My partner violently pinches to twists my skin.
20. _____ My partner badly hurts me while we are having sex.
21. _____ My partner injures my breasts or genitals.
22. _____ My partner tires to suffocate me with pillows, towels, or other objects.
23. _____ My partner pokes or jabs me with pointed objects.
24. _____ My partner has broken one or more of my bones.
25. _____ My partner kicks my face and head.

Partner Abuse Scale: Non-physical (PASNP) (Hudson, MacNeil & Dierks, 1992)

Instructions

This questionnaire is designed to measure the physical abuse you have experienced in your relationship with your partner. It is not a test, so there are no right or wrong answers. Please answer each time as carefully and as accurately as you can by placing a number beside each one as follows.

- 1 = None of the time**
2 = Very rarely
3 = A little of the time
4 = Some of the time
5 = A good part of the time
6 = Most of the time
7 = All of the time

1. _____ My partner belittles me.
2. _____ My partner demands obedience to his or her whims.
3. _____ My partner becomes surly and angry if I say he or she is drinking too much.
4. _____ My partner demands that I perform sex acts that I do not enjoy or like.
5. _____ My partner becomes very upset if my work is not done when he or she thinks it should be.
6. _____ My partner does not want me to have any male friends.
7. _____ My partner tells me I am ugly and unattractive.
8. _____ My partner tells me I couldn't manage or take care of myself without him or her.
9. _____ My partner acts like I am his or her personal servant.
10. _____ My partner insults or shames me in front of others.
11. _____ My partner becomes very angry if I disagree with his or her point of view.
12. _____ My partner is stingy in giving me money.
13. _____ My partner belittles me intellectually.
14. _____ My partner demands that I stay home.
15. _____ My partner feels that I should not work or go to school.
16. _____ My partner does not want me to socialize with my female friends.
17. _____ My partner demands sex whether I want it or not.
18. _____ My partner screams and yells at me.
19. _____ My partner shouts and screams at me when he or she drinks.
20. _____ My partner orders me around.
21. _____ My partner has no respect for my feelings.
22. _____ My partner acts like a bully towards me.
23. _____ My partner frightens me.
24. _____ My partner treats me like a dunce.
25. _____ My partner is surly and rude to me.

Trauma Symptom Check List-40
(TSCL-40) (Elliot & Briere, 1992)

Instructions

The following are a list of issues that many people experience. How often have you experienced each of the following in the last TWO MONTHS (circle the 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. Not feeling rested in the morning	0	1	2	3
5. Waking up in the middle of the night	0	1	2	3
6. Waking up early in the morning And can't get back to sleep	0	1	2	3
7. Weight loss (without dieting)	0	1	2	3
8. Not feeling satisfied With your sex life	0	1	2	3
9. Feeling isolated from others	0	1	2	3
10. Loneliness	0	1	2	3
11. Low sex drive	0	1	2	3
12. Sadness	0	1	2	3
13. "Flashbacks" (sudden vivid, distracting memories)	0	1	2	3
14. Having sex that you didn't enjoy	0	1	2	3
15. "Spacing out" (going away in your mind)	0	1	2	3
16. Headaches	0	1	2	3
17. Stomach problems	0	1	2	3
18. Uncontrollable crying	0	1	2	3
19. Anxiety attacks	0	1	2	3
20. Bad thoughts or feelings during sex	0	1	2	3
21. Trouble controlling temper	0	1	2	3
22. Trouble getting along with others	0	1	2	3
23. Dizziness	0	1	2	3
24. Passing out	0	1	2	3

Trauma Symptom Check List-40
(TSCL-40)

Instructions

The following are a list of issues that many people experience. How often have you experienced each of the following in the last TWO MONTHS (circle the number):

	Never	Occasionally	Fairly Often	Very Often
25. Desire to physically hurt yourself	0	1	2	3
26. Being confused about your sexual feelings	0	1	2	3
27. Desire to physically hurt others	0	1	2	3
28. Sexual problems	0	1	2	3
29. Sexual overactivity	0	1	2	3
30. Fear of men	0	1	2	3
31. Fear of women	0	1	2	3
32. Sexual feelings when you Shouldn't have them	0	1	2	3
33. Unnecessary or over-frequent washing	0	1	2	3
34. Feelings of inferiority	0	1	2	3
35. Feelings of guilt	0	1	2	3
36. Feelings that things are "unreal"	0	1	2	3
37. Memory problems	0	1	2	3
38. Feelings that you are not always in your body	0	1	2	3
39. Feeling tense all the time	0	1	2	3
40. Having trouble breathing	0	1	2	3