

Relationship Status of Battered Women Over Time

Jacquelyn C. Campbell,² Paul Miller,¹ Mary M. Cardwell,¹ and Ruth Ann Belknap¹

A longitudinal study of 114 women, all having serious problems in intimate relationships, recruited from the community was undertaken in order to investigate relationship and battering status over time. In the original sample (N = 193), 97 women were battered and 96 were not battered, as determined by an adaptation of the Conflict Tactics Scale. Of the 114 who returned approximately 2 and 1/2 years later, only 25% of the 51 originally battered women were still in that category. Discriminant function analysis using a combination of variables from established instruments (depression, self-esteem, physical symptoms, self-care agency) and in depth interview (education, relationship control, relationship duration, childhood abuse) failed to distinguish those battered from those not abused at Time 2. Results do not support a learned helplessness model for most women experiencing abuse, and they suggest that battered women seen in the health care and/or social services systems should be supported in a process of healthy decision making about their relationship status.

KEY WORDS: spouse abuse; learned helplessness; continuation of abuse.

INTRODUCTION

Battered women seen in shelters and health care settings are often strong, creative, and assertive in contrast to the impression of passivity and psychological pathology given by much of the popular and scholarly literature on abuse. They make decisions about their relationship status based on a combination of factors specific to their situation. The purpose of this

¹Wayne State University, College of Nursing, Detroit, Michigan 48202.

²Anna D. Wolf Endowed Professor, Johns Hopkins University School of Nursing, Baltimore, Maryland 21205.

study was to investigate the relationship status of battered women over time and to identify emotional, demographic, and contextual predictors of relationship status. The variables chosen to investigate were based on literature related to the battered women's syndrome and research investigating the reasons women choose to end or remain in an abusive relationship,

The definition being used for battered women in this study is of those who are experiencing deliberate, repeated (more than once during the past year), and potentially injurious acts of physical (including sexual) violence from their male partner in an intimate relationship (of at least one year's duration) within a context of coercive control. There has been a great deal of inquiry into the psychological problems of such women and considerable documentation of both their presence in and lack of recognition and appropriate treatment by the health care system (McLeer and Anwar, 1989; Helton, McFarlane *et al.*, 1987; Goldberg and Tomlanovich, 1984; Kurz and Stark, 1988; Landenburger, 1989). Attitudes that range from frustration over an assumption that most women stay with their abusers and have psychological pathology, to subtle if not overt blame of the women, have been documented as being held by professionals (Campbell, 1991; Kurz and Stark, 1988; Rose and Saunders, 1986).

There has been an emphasis on pathology in most of the research on battered women (Wardell *et al.*, 1983), with some authors labeling any woman abused by an intimate partner as having Battered Woman Syndrome. Douglas (1987) has defined the Battered Woman's Syndrome more precisely as a subcategory of Post Traumatic Stress Disorder (PTSD), presenting as a cluster of symptoms including learned helplessness, traumatic effects of the victimization (anxiety, physical symptoms of stress), and self-destructive coping mechanisms.

In contrast to a pathology orientation, there are recent studies that have framed women's responses to abuse as "survival strategies" rather than symptoms (e.g., Gondolf, 1990; Hoff, 1990; Kelly, 1988). Using the shelter records of a very large ($N = 6,612$) sample of battered women from 15 such shelters, Gondolf (1990) found more support for his survival model than a learned helplessness model using causal modeling techniques. The outcome measure of help-seeking was limited, in that it was operationalized only in terms of the number of different formal and informal (e.g. family, friends) help sources contacted, rather than number of times a source was contacted or some indication of usefulness. For instance, a woman who found adequate assistance by calling one help source and working with it over time was considered to be engaging in less help seeking than a woman who contacted many sources unsuccessfully. In addition, help-seeking represents only one component of the syndrome of learned helplessness, conceptualized as including low self-esteem, depression, apathy, and problem

solving difficulties in a situation of inability to control outcomes (Abramson *et al.*, 1978).

The reformulated learned helplessness model was first applied to battered women to explain why many did not leave the abuser (Walker, 1979). Walker's (1984) subsequent quantitative analysis of almost 400 abused women from shelters and the community revealed more learned helplessness and less ability to leave the relationship in women who had experienced physical and/or sexual abuse as a child.

In contrast, Gondolf (1990) found that more abuse did not predict less help-seeking and that abuse as a child was unrelated to wife abuse. The Gondolf study also gave important empirical support for the hypothesis that the batterer's dangerousness was the most important determinant of help-seeking, and that the degree of abuse the woman was experiencing was only predictive of seeking assistance in combination with the batterer's other antisocial behavior. Similarly, Herbert *et al.* (1991) found neither abuse during childhood, frequency of moderate physical abuse, nor length of time in the relationship to discriminate between 86 abused women who left their partners from 44 women who did not. However, in their sample of battered women, recruited by community public service announcements, those who received less frequent verbal and severe physical abuse and made more personal attributions of blame were more positive about the relationship in general and more likely to remain in the relationship.

Both Bowker (1983) and Hoff (1990) provided quantitative and qualitative evidence respectively of a healthy use of informal and formal support systems by independent samples of battered women. Like Gondolf (1990), Hoff (1990) found little evidence of the learned helplessness syndrome in her qualitative study of nine battered women over an extended period of time. She found the women to be "knowledgeable, capable people who developed strategies for coping within the violent relationship, as well as for eventually leaving it" (Hoff, 1990, p. 229). The majority of battered women in Kelly's (1988) sample ($N = 25$) described themselves as stronger as a result of the violent experience.

Okun (1986) found that the majority of his sample ($N = 300$) of abused women in shelters did in fact leave the abuser. He and other researchers (Hilberman and Munson, 1978; Ulrich, 1991; Walker, 1979) described a process whereby women left and returned to an abusive relationship an average of five times as a progression leading to an eventual termination of the relationship. This depiction can be conceptualized as a purposive process, whereby the woman tests her internal and external resources until she is convinced that she can take care of herself and her children. One third of the 51 women in Ulrich's (1991) in depth interviews of women who had left, listed reasons of personal growth for leaving the

relationship; another 33% mentioned physical and emotional safety of themselves and their children. Landenburger (1989) used a triangulation design to describe stages of binding, which included aspects of self-blame, covering up the abuse and "shrinking of the self"; disengaging, a period of help seeking; and recovering, wherein the abused woman completes grief work, tries to find meaning in her experience, and works at the pragmatics of survival. From several studies, barriers to this process of leaving have been identified as lack of support from family and friends, continued threats of violence from the abuser, lack of employment and/or financial resources, and inadequate community assistance (Gondolf, 1988; Kalmuss and Straus, 1982; Strube and Barbour, 1983; Sullivan, 1991).

In general, more recent studies of wife abuse have provided a more complete picture than early work that was primarily based on white women in shelters and without control or comparison groups (e.g., Cascardi, and O'Leary, 1992; Follingstad *et al.*, 1992; Gondolf, 1988; Sullivan, 1991). A variety of qualitative and quantitative methods recently has been used to investigate the relationship status of abused women, including longitudinal investigations. This study continues these methodological advances, using battered women primarily from the community, a culturally diverse sample, a longitudinal design, a combination of standardized instruments and in depth interviews, and an appropriate comparison group of women not abused but also having serious problems in an intimate relationship.

METHOD

Sample

The original sample for this longitudinal analysis was 97 battered and 96 not battered women who were also having problems in an intimate relationship of at least 1 year's duration with a man. The sample was recruited by newspaper advertisement and bulletin board posting in two demographically distinct cities: one in the midwest and one in the mideast. Ten dollars was offered as compensation. When an insufficient number of battered women was recruited by advertisement, the bulletins were posted in two shelters (one in each city). In the final sample, 23% of the abused women were from the two shelters.

Battering was determined by the women's answers to the Conflict Tactics Scale (CTS), modified to take into account sexual abuse and self-defense and interpreted in light of an in-depth interview. Battered status was defined as the woman having experienced more than one incident of either sexual assault (Campbell, 1989) and/or minor violence, or one inci-

Table I. Subject Comparison on the Type of Violence in the Relationship from Time 1 to Time 2

| | Time 2 | | | | (Time 1) Total |
|---------------------|----------------|----------|--------------------|---------------|-------------------|
| | No Violence | Battered | Mutual Violence | No Partner | |
| No violence | 30 (63%) | 9 (19%) | 2 (4%) | 7 (14%) | 48 |
| Battered | 24 (47%) | 13 (25%) | 4 (8%) | 10 (20%) | 51 |
| Mutual Violence | 2 (25%) | 1 (12%) | 3 (38%) | 2 (25%) | 8 |
| History of violence | 5 (71%) | 0 (0%) | 0 (0%) | 2 (29%) | 7 |
| Total | 61 | 23 | 9 | 21 | 114 |

dent of major violence as defined by Straus (1990) during the past year. If, according to interview, the woman had a pattern of initiating (not in self defense) equal or greater violence than her male partner, she was considered to be in a mutually violent relationship. Considering evidence that women tend to be accurate or overestimate their own violence (Okun, 1986; Saunders, 1988) plus the primary interest in women's responses, this categorization seemed appropriate. See Table I for the original designation of battered status.

Analysis of the original data (Campbell, 1989) showed no significant differences between the two groups on mean levels of education, employment status, depression, self-esteem, self-blame for the relationship problems, control in the relationship, self-care agency, and a measure of efficacy of relationship problem solving. However, both groups were significantly below norms on self-esteem, and 42% of the battered and 38% of the not battered women were moderately to severely depressed. Although only 23% of the battered women blamed themselves for the abuse, those were the women who were most likely to be depressed and have low self-esteem. The only significant differences between the two groups showed the battered women to be younger, have a lower total family income, and more physical symptoms of stress and grief. Additionally, battered women generated *more* solutions to relationship problems than women not battered. In a multivariate comparison there was equal support for both the learned helplessness and a grief model to explain the women's responses to abuse. Based on the learned helplessness model, depression, self-esteem, self-care agency (representing problem solving ability and ability to take care of one's health), relationship control, relationship duration, and education at the original interview were expected to predict whether or not the woman was being battered or not two to three years later.

Women who agreed to take part in follow-up interviews (94% of the sample) were contacted for another appointment approximately two and one half years later. With intensive sample retention efforts, 114 or 60% returned for a second interview. Fifty-five percent of the not battered group returned, while only 45% of those battered returned (X^2 not significant). However, of the not battered who returned, 8 had been in mutually violent relationships. Thus, the percentages of returners in violent versus non-violent relationships were 52% and 48%, respectively.

There were no significant differences in the majority of demographic variables between those who returned and those who did not. The sample remained on average young ($M = 33.5$ years, $SD = 10.0$) and of moderate total family income ($M = \$19,959$, $SD = 17363$), although approximately one-third was poor. Most (72%) were employed or in school full time, and they were culturally heterogeneous, with 41% from a minority cultural group, primarily African American. A significant education difference was found between women who returned ($M = 13.4$ years, $SD = 2.4$) and those who did not ($M = 12.4$ years, $SD = 2.1$) ($t[df = 1, 191] = 3.00$, $p < 0.004$).

There were no significant differences in time one depression, self-care agency, and severity of abuse scores between those who returned at time two and those who did not. There was a significant difference in self concept, as measured by the Tennessee Self Concept scale ($t[df = 1, 191] = -2.21$, $p < 0.029$). Those returning had a higher mean score than those who did not ($M = 315.6$, $SD = 43.5$; $M = 328.8$, $SD = 36.5$, respectively).

Assessment

Where possible, normed instruments were used to measure the major response variables (see Campbell, 1989, for a more detailed explanation of operationalizations). The Beck Depression Inventory (BDI) is extensively used to measure an enduring depressive syndrome rather than transitory mood and is well established in terms of both validity and reliability (Beck, 1972). The Tennessee Self-Concept Scale (TSCS) is also widely used and empirically supported and measures both components of the self-concept and overall self-esteem (Fitts, 1972). Physical symptoms of stress and grief were measured by an adaptation of the SCL-90 to include symptoms of grief (Campbell, 1989; Derogotis, 1977). The Denyes Self-Care Agency Instrument (DSCAI), an established instrument with acceptable reliability and validity from several studies, was used to measure the women's ability to take care of their own health (Denyes, 1990). Alpha coefficients ranged from .71 to .93 on all instruments at both Time 1 and Time 2, and there

was evidence of construct validity in terms of significant correlations in expected directions with other variables.

An interview schedule with a combination of forced choice and open ended questions was also used for quantitative operationalizations of the concepts of self-blame, relationship control, cultural attitudes, childhood physical and/or sexual abuse, and problem solving as well as for interpretation, validation and some separate qualitative analysis. The entire procedure of written instruments and oral interviews took approximately 2 hr to complete. At both interviews, women were offered resources for their relationship problems and could discuss their situation as long as they wished. Abused women who wished to do so also filled out the Danger Assessment, an instrument designed to help women assess the potential of homicide in a battering relationship (Campbell, 1986).

RESULTS

Relationship and Battering Status

Of the 51 women battered at Time 1 who returned, 13 (25%) were still being battered at Time 2 (See Table I and Fig. 1). Twenty-four, or 47%, were in a nonviolent relationship. Half of those were in a new relationship and half in the same relationship, but it had been nonviolent for at least a year at the time of the second interview. An additional 10 women or 20% of the total battered at Time 1 had no relationship at Time 2. Thus, a total of 43% of the originally battered women had left the abuser, and two-thirds were in a nonviolent living situation. The remaining four women battered at Time 1 had moved into the mutually violent category; they were using and/or initiating as much or more violence than the man. In contrast, one of the eight women mutually violent at Time 1 was being battered at Time 2, being hit far more often than she was hitting.

There were four women of the original sample who were more violent than the male partner, cases which could be appropriately interpreted as husband abuse. Only two of those women returned; one had no relationship and one reported continued mutual violence but now accompanied by sexual abuse at Time 2.

Of the 48 women who were in a nonviolent relationship at Time 1, 23% ($n = 11$) were in a situation of violence at Time 2. Nine were being battered, eight of those by the same partner they were with at Time 1 and one by a new partner. These women all had serious problems in a relationship at the original interview, but they had not been experiencing violence. Two other relationships had gone from nonviolent to mutually

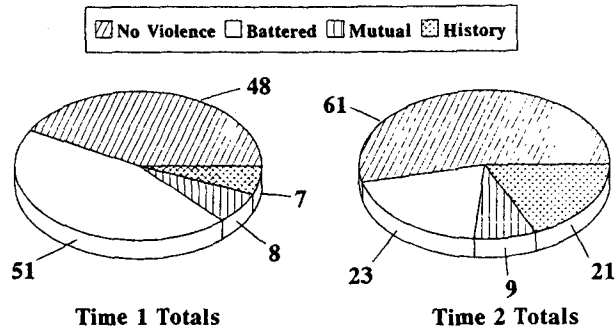


Fig. 1. Battering status change T1 to T2 ($N = 114$).

violent. There were 3 women who reported abuse early in the relationship only. At Time 1 and Time 2 they reported no physical, emotional or sexual abuse, or being controlled. Subjects classified as mutually violent at either data collection point ($n = 12$) were not included in the following analysis.

Predictors of Continued Battering

A stepwise linear discriminant function analysis, using the Mahalanobis distance method, was conducted on the remaining 100 subjects to determine which, if any, learned helplessness variables measured at Time 1 could successfully predict battering at Time 2. There were 79 not battered and 21 battered subjects (two subjects were excluded due to extreme values on education and relationship duration). The Mahalanobis distance method was used as a more stringent criterion for assigning group membership, since it maximally discriminates group centroids.

The following variables were entered as predictors: depression, self-esteem, self-care agency, relationship control, physical symptoms of stress, and education. Of these, only three, relationship control, self-care agency, and depression met criterion for inclusion, in that order. None of these remaining predictors was significant, and a nonsignificant function was obtained ($F[df = 3, 96] = 1.68, p > 1.17, ns$). In fact, the function predicts only slightly better than chance (61% correct classification). Table II presents the classification table for the function.

In addition, three categorical variables frequently mentioned as predictors of leaving an abusive partner, (a) witnessing the father batter the mother, (b) childhood abuse (sexual or physical), and (c) minority status were examined via chi square analyses. No significant differences were ob-

Table II. Classification Table of Discriminant Function Results

| Actual Group ^a | Predicted Group | |
|---------------------------|-----------------|------------|
| | Not Battered | Battered |
| Not battered | 47 (59.5%) | 32 (40.5%) |
| Battered | 7 (33.3%) | 14 (66.7%) |

^an = 100 (ungrouped cases are not included).

Table III. Chi-Square Analyses Results of Categorical Variables

| Variable | Chi-Square | df | p value |
|-------------------------|------------|----|---------|
| Witness abuse (ns) | 0.541 | 1 | 0.46 |
| Childhood abuse (ns) | 0.191 | 1 | 0.66 |
| Minority status (ns) | 0.002 | 1 | 0.96 |

^an = 102.

tained between observed versus expected frequencies of Time 3 battering with any of these three variables. Table III presents these results.

DISCUSSION

The most important finding of this study was that two thirds of the battered women who returned were no longer being battered. These results were found in a community sample, increasing the generalizability of Okun's (1986) similar results showing that most abused women from a shelter eventually leave the abusive relationship.

Results are also important as evidence of how women move from one category to another in terms of violence, that a battered women is only necessarily a battered woman today; she may not be tomorrow. In addition, it is clear that even relationships that have been nonviolent for long periods of time have the potential to become violent. It is also apparently possible for relationships to be violent for a brief period of time and then became non-violent. One woman had been battered only during the first year of her marriage, 23 years before her first interview. These findings are consistent with Feld and Straus (1989), who also found relatively high rates of "desistance" of wife assault in their follow-up panel

study of the 1985 national random survey. Therefore, although most research suggests that battering usually escalates in severity and frequency over time (Straus and Gelles, 1990), there are exceptions.

Yet, there is some suggestion in the literature that even if physical abuse ends, the other manifestations of coercive control continue (Gondolf and Hanneken, 1987). The 12 women in this sample who were in the same relationship but not physically battered at Time 2 all said that they were no longer experiencing emotional or sexual abuse either, nor were they being threatened, kept isolated or otherwise controlled. It is possible that they needed to cognitively minimize their abuse in order to justify the continued relationship, but they also showed a significant group decrease in depression and increase in self-esteem that corroborated their nonviolent relationship status. They also told of a variety of creative strategies to end the violence involving diverse sources of help (e.g., police, lawyers, shelters, counselors, neighbors, family) and personal actions. One woman showed a comedy video tape to her husband warning that women were not tolerating being abused any more and were likely to kill battering husbands as they slept. She proudly talked about that action stopping her abuse.

The interviews also helped to determine that women's use of violence was mainly a strategy that they tried at various times in the relationship to keep themselves safe. They described using violence, either in self-defense or initiating violence themselves, when it "worked," (i.e., when it kept them from getting hurt worse). If they found (as many did) that they were hit more or more seriously when they fought back or started the hitting, they stopped using that strategy. In terms of potential for injury, the mutually violent relationships are as problematic as the battering ones, with two people at risk and the relationships, at least in this sample, as durable as battering ones.

The lack of ability of the response variables to predict continued battering status was contrary to expectations from prior theoretical formulations and research. However, none of those variables captured well the notion of a process of leaving over time. Most of the variables failing to discriminate focused on the woman, showing the need to take into account the resource system available and the characteristics of the abuser when trying to predict what will happen in a battering relationship. Especially important is the finding that childhood exposure to violence as victim or witness was not predictive of continued abuse.

The failure of problem solving ability, depression, low self esteem, physical symptoms of stress, childhood abuse, relationship control to discriminate between those who were being battered at Time 2 and those who were not fails to support a learned helplessness model. At the same time, limitations of the sample, design, and the analysis must also be taken into

account. It may well be that the battered women most affected by learned helplessness were those who did not return and that they were all still being abused at Time 2. To investigate this possibility, original scores on depression, self-esteem, and frequency and severity of battering were compared between the battered women who returned and those who did not. Although there was no significant difference between those who returned and those who did not on depression and severity of battering, those who did not return had lower self esteem at Time 1. They were also significantly poorer at Time 1, and the majority of those who did not return were never located to invite them to come back. Their change in location without forwarding address or means of contact through relatives may as likely have been related to having left the abuser and/or trying to evade bill collectors, as continued abuse and learned helplessness.

There is undoubtedly a continuum of response to abuse, including learned helplessness and/or post traumatic stress at the severe end of responses, but relatively healthy decision making at the other end. In this sample, the majority of both battered and not battered women who returned had significantly improved depression, self-esteem, and physical symptom scores, with the degree of relationship conflict (including abuse) during the year prior to the second interview as the major predictor (by multiple regression analysis) of improvement in these indicators of health (Campbell *et al.*, 1993). In addition, percentage of originally battered women neither working nor in school had significantly decreased (chi square) from 34% to 16% at Time 2, and they had also increased their percentages in jobs requiring skills. Again, the most seriously impaired women may not have returned, but even the majority of those who continued in an abusive relationship showed improvement in all of these indicators, suggesting a predominantly healthy process of response.

It is also possible that the advocacy offered to women in this sample was a form of intervention that may have confounded the results. Many women mentioned at Time 2 that the original interview was a catalyst for them to think more deeply about the relationship and especially the violence. However, resources and discussion were offered to all of the women, battered and not, and they all had serious relationship problems. The need to assure that abused women not in shelters had the information they needed to make decisions about their safety took precedence over the possible influence on long term results.

In summary, this sample suggests that the majority of battered women, especially those given resources and discussion opportunities, are able to take actions to end the violence in their lives. In spite of serious physical and emotional problems resulting from abuse and the grief of a significant relationship in serious jeopardy, most women are able to either

leave the abuser or find ways to make the current relationship nonviolent. The process of leaving and/or recovery may take an extended period of time, and helping professionals need not be frustrated if it does not happen instantaneously. It is imperative that all women in any health care setting be assessed for battering and for potential battering, since it is clear from this study that nonviolent relationships can become violent. In addition, any abused woman needs to be assessed for suicide and homicide potential as well as injuries previously undetected (Campbell and Sheridan, 1989). It is also important that abused women be assessed for self-blame and depression as signs of severe emotional responses to abuse if not as predictors of eventual outcome. Although the strengths of battered women should be recognized and facilitated by helping professionals, these women's very real problems and the necessity for system change are also part of the reality.

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