The Relationship between Domestic Violence and Self-Efficacy in Women

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THE RELATIONSHIP BETWEEN DOMESTIC VIOLENCE AND SELF-EFFICACY IN WOMEN

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CHAPTER I

INTRODUCTION

For centuries there have been battered women or abused wives but it hasn’t been until recently that domestic violence has been viewed as a social problem. Domestic violence has gained public attention and has become the object of media attention. Information has been provided about this epidemic in an attempt to educate the public about its causes and consequences, as well as to try and provide services for its victims. In the literature on spousal abuse, studies fall roughly into two categories: more traditional studies which focus on traits of batterers and victims, and studies that examine approaches to treatment. However, research in the latter is limited. Before effective services can be provided to victims and their assailants, it is essential to understand the dynamics of the problem, and only then can services cater to the needs of this particular population.

Domestic violence has been shown to be a severe and traumatic experience for the women involved. The abuse is often chronic and recurrent and more times than not escalates with duration of relationship (Herbert, Silver, & Ellard, 1991). Yet, these women either remain with their partner following an abusive episode or return after having left the relationship. The most frequent question faced by researchers and clinicians is why would a woman stay with someone who is physically or emotionally
Many myths and misconceptions regarding domestic violence exist. Observers who see women remain with or return to the man who abuses them are likely to blame her since she keeps going back and probably enjoys the abuse (Herbert et al., 1991). Others think that women are somehow the cause of their own abuse. This belief takes the blame off the partner and excuses his behavior (Richards, 1993). Leaving an abusive relationship however, may not be easy for most women due to barriers which block their access to help. Literature has identified several common barriers that keep women in abusive relationships. These include limited resources, self-blame, shame, denial, and fear (Walker, 1977-78, 1979; Star, Clark, Geotz, & O'Malia, 1979; Kuhl, 1984; Richards, 1993). It has also been suggested that women stay in abusive relationships because they have experienced abuse as children or witnessed their mothers being abused (Carlson, 1977; Rosenbaum & O’Leary, 1981; Strube, & Barbour, 1984; Herbert et al., 1991).

Battered women often experience psychological consequences of the abuse. Such psychological responses to abuse have become characteristic of most battered women and have referred to as the battered woman syndrome. Psychological characteristics of abused women include depression, hopelessness, helplessness, guilt, shame, self-blame, lower self-esteem, and reduced self-efficacy.

Self-efficacy is a psychological response that refers to an individual’s judgement of their capabilities to organize and execute courses of action required to attain types of performances. The literature on the extent to which battered women perceive that they possess the capacity to successfully engage in behaviors that will positively affect
outcomes in the face of violence is limited.

This study will examine the relationship between domestic violence and self-efficacy. Self-efficacy is being explored since it is a common psychological characteristic that may have an affect on their ability to stay safe in relationships. Since it influences an individual’s behavior, lower self-efficacy in battered women may affect the decision to stay in an abusive relationship.
Domestic Violence

Wife beating has been called the fourth most serious health problem in the United States. It has an incidence rate as high as 60% (Rosenbaum & O'Leary, 1981). An equally disturbing fact is that every fifteen seconds in the U.S. a woman is beaten. Domestic violence results in more injuries that require medical attention than rape, accidents and muggings combined (Handbook for Domestic Violence Victims, 1996). It is becoming increasingly clear this problem of wife beating once thought to be rare, is actually a problem of epidemic proportions. According to the Federal Bureau of Investigations statistics, almost 13% of all homicides in the U.S. are husband-wife killings (Rosenbaum & O'Leary, 1981). It affects women from all classes and races and it occurs at every level of income and education. This represents a serious social problem in our society and the significance has been investigated for several decades. However, one problem faced by researchers is the limited access to this population since domestic violence has always been viewed as a "private affair" and secrecy has become a way of life for the family unit.

Domestic violence is usually considered to be more physical in nature because of the obvious signs which require medical attention or hospitalization. However, abuse
goes beyond the visible symptoms and encompasses psychological abuse which can have more debilitating effects. The psychological abuse is often part of a pattern of threats, insults, extreme jealousy, explosive temper, and attempts to isolate and overpower the woman. It may occur without the presence physical abuse, but physical abuse does not occur without psychological abuse (Shepard & Campbell, 1992). Domestic violence is also associated with alcohol use among husbands and is thought to account for more than half of all wife battery incidents (Rosenbaum & O'Leary, 1981). Alcohol use is a common characteristic of families experiencing domestic violence (Rosenbaum & O'Leary, 1981). Research also suggests that domestic violence is associated with experiencing abuse as a child. This predisposes the husband to follow the role model that he learned in childhood. It also disposes the woman to tolerate the abuse that she has legitimized as normal. Data indicates that violence typically escalates with the duration of the relationship. The strongest attacks are made by men who have been previously reinforced for being aggressive. Men who engaged in more aggressive acts had prior reinforcement for aggression (Follingstad, Hause, Rutledge, & Polek, 1992).

More common than not, the abused woman either remains with her partner after an abusive episode or returns after successfully leaving the relationship. An important question facing researchers as well as therapists is why a woman would remain with someone who is abusive?

Walker (1978) proposed an explanation as to why battered women stay in the relationship by describing several barriers that can prevent a victim of abuse from seeking help or even realizing that she needs help. Denial is common among women
highest rate of self-blame and that once out of the relationship the direction of blame changed to blaming the partner for the abuse. It was also found that a small proportion blamed their own character. Characterological self-blame was related to depression only among women who were no longer in violent relationships as well as being related to severity of violence. It is thought that this self-blame leads to lower self-esteem, depression, and feelings of helplessness (Herbert et al., 1991). Sources of self-blame include the perpetrator encouraging the victim to assume responsibility for the abuse and society blaming the victim for her abuse.

One societal myth blames the victim and claims that the victim is a masochistic and enjoys the abuse. It is viewed that if the abuse was intolerable, then the woman would not remain unless she enjoyed the brutality (Richards, 1993). Another myth which blames the victim is, victim provocation, which suggests that the victim provoked or precipitated her own abuse (Richards, 1993). This also sends the message that the battered woman is not only responsible for her partner’s actions but she is also to blame.

So the question still remains: what is it that makes a woman stay with her abuser since the assumption is that any reasonable individual having been beaten, would avoid the attacker? There seems to be universal agreement among most of the existing literature which states that there are several common factors which influence a woman’s decision to stay in an abusive relationship. Frequency of abuse plays a major role. Women who experience less frequent and less severe violence, are more likely to remain with her partner and not seek outside aid (Gelles, 1976). This suggests that women seek intervention when they are severely abused. This is also supported by Follingstad et al.
(1992) which stated that women typically seek help or make attempts to leave the relationship when attacks reach life threatening levels.

Another factor that influences the actions of the women is her experience with violence as a child (Herbert et al., 1991). The more she was struck as a child by her parents, the more inclined she is to stay with her abusive partner. It also raises the tolerance for violence as an adult. The woman will view violence as normal and just accept it as part of the relationship. Women who witnessed parental violence as a child are also more inclined to stay in an abusive relationship based on social learning theory which asserts we model behavior. Thus, if girls have seen their mothers being beaten and remain in the relationship, they will model this behavior when they are adult women (Carlson, 1977). It is also suggested that same-sex identification may come into play in which young girls identify with their mother as being a victim. Women from families in which the mother was submissive to a dictatorial man emulated their mothers by marrying men whom they knew had violent, alcohol-abusing tendencies like their fathers. Further, women raised in unstable families headed by a mother who had numerous mates tended to enter unstable relationships with abusive men (Star et al., 1979). This is evidence supporting the idea that violence is intergenerational in which the violent behavior is passed down to the next generation. Research done by Lewis (1987) found that wife abuse is a learned behavior which is handed down to the next generation.

Further evidence supporting the theory that violence is intergenerational is the aggressive behavior exhibited by children who witness violence in the home.

The fewer resources a woman has, the less likely she is to leave. The battered
woman is often viewed as less than equal to her partner economically and socially, thus being more economically dependent. Women who are unemployed and have relatively low education are less likely to seek help than are women who are employed and have more education. Since these women are economically dependent, they see few alternatives and accept the abuse and see themselves as trapped. A study done by Webersinn, Hollinger, & DeLamatre (1991) indicated that women who followed through with treatment had significantly more years of education.

A decision to stay in the relationship is also influenced by the belief that the positive aspects of the relationship outweigh the negative aspects. Individuals will remain in a close relationship when it is both minimally acceptable and better than any available alternative (Herbert et al., 1991). Women are more motivated to leave the relationship when there is an increase in the level of violence or a decrease level in kindness and love expressed by their partner. According to Herbert et al. (1991) women who remain with abusive partners appear to employ cognitive strategies that help them perceive their relationship in a positive light. Related to this, are the findings of Struber & Barbour (1984) which indicated that women who stayed in the relationship because of love and the belief that their partner would change, were still likely to be with their partner at a 2-3 month follow-up. Forte, Forte & Rigsby (1996) compared the coping strategies of battered women to non-battered women and found that the less powerful individual frequently tries harder to accurately understand the partner which can be transformed into maladaptive fusion with the aggressor.

The profile of the battered woman is subject to many stereotypes such as she is
uneducated, unemployed, poor, and non-white. She is also considered to be passive, dependent, masochistic, antagonistic, outspoken and domineering, and the product of an abusive childhood which predisposes her to live and remain in an abusive relationship (Carlson, 1977; Richards, 1993). Although these characteristics may accurately describe some battered women, stereotypes such as these should be scrutinized since they have a tendency to become distorted through generalization over time as well as place blame on the victim.

Research within the past few decades has identified accurate descriptors of battered women. These common characteristics include, low self-esteem, low self-confidence, perceived helplessness and hopelessness, fearfulness, withdrawal and isolation from others, lack of independence, guilt, self-blame, depression, anxiety, denial that the man is a batterer, low ego strength, low self-worth and lack of self-efficacy (Walker, 1977-78, 1984; Kuhl, 1984; Webersinn et al., 1991; Richards, 1993). The presumption is that battered women possess traits which form their gender identity of being narrowly feminine. Using the Battered Woman Scale, Schwartz & Mattley (1993), found that battered women are lower in masculine traits but not necessarily higher in feminine traits as compared to a control group on non-battered women.

Common psychological responses to experiencing violence that are uniformly evident in battered women include depression, passivity, hopelessness, helplessness, despair, guilt, shame, self-blame, low self-esteem, reduced self-efficacy, and fear of losing control (Gelles & Harrop, 1989; Richards, 1993). Walker (1979) has identified these psychological characteristics as the “battered woman syndrome”. Psychological
distress experienced by battered women was initially thought to be a factor that led them to being vulnerable to abuse. And it isn't until recently that researchers have come to understand that depression, anxiety, and somatic disorders reported by battered women are a consequence of their abuse and not a cause (Gelles & Harrop, 1989). However, blaming the victim of abuse views the emotional state as a cause of the battering instead of the outcome of the battering experienced. Recognizing that psychological distress is a consequence of abuse means that treatment should cater to meeting these needs as well, instead of focusing on healing the physical injuries since the higher level of violence experienced the higher level of psychological distress reported by women (Gelles & Harrop, 1989). Several investigations have found that experiencing psychological and emotional abuse to be one of the more distressing aspects of the relationship. However, in our society a woman may be less likely to recognize that she is in an emotional abusive relationship because men have traditionally had the power in determining the behavior of their mates (Aguilar & Nightingale, 1994).

Related to this psychological distress experienced by victims of abuse is their heightened sense of vulnerability. The illusion of invulnerability is now suddenly shattered and one is left feeling unprotected from future negative outcomes. How victims cope with victimization is important since it can make them feel more vulnerable (susceptible) or equally vulnerable when comparing themselves to other people. Individuals who perceive themselves as more vulnerable to victimization may be more prone to anxiety, low self-esteem, and depression (Perloff, 1983).

Applying this theory to battered women may help gain a better perceptive on
how they view themselves. When a woman perceives herself as more likely to be a victim, she experiences anxiety and depression and thinks that there is nothing she can do since she is destined to be a victim. In order to gain personal control and alleviate some of the anxiety, the woman uses denial as a defense mechanism which to her is adaptive since this promotes feelings of control even when the situation is uncontrollable. Learned helplessness theorist believe that enhancing feelings of personal control over the environment is adaptive (Perloff, 1983). Individuals are motivated to avoid perceptions of having no control because it leads to feelings of helplessness and passivity. So this perception of vulnerability may also be maladaptive since it fosters feelings of helplessness.

The learned helplessness hypothesis argues that learning that an outcome is uncontrollable results in a cognitive deficit since such learning makes it difficult to later learn that responses produce that outcome (Abramson, Seligman, & Teasdale, 1978). Learning that an outcome is uncontrollable results in deficits in cognitive and emotional areas. The mere exposure to uncontrollableness is not sufficient to render an individual helpless; rather the individual must come to expect that outcomes are uncontrollable in order to exhibit helplessness. Depressed affect is a result of learning that outcomes are uncontrollable. Thus, the attribution chosen influences whether expectation of future helplessness will be chronic or acute, broad or narrow, and whether helplessness will lower self-esteem or not. People's beliefs about causality depend on locust of control; "internals" believe outcomes are caused by their own responding while "externals" tend to believe outcomes are not caused by their own responding but by luck or chance.
Depressed individuals attribute their failures to internal factors such as lack of ability (Abramson et. al, 1978). Emotional responses of depression and helplessness result from cognitive attributions made by an individual regarding an event that is perceived to be uncontrollable.

Walker (1977-78) applied learned helplessness to battered women in an attempt to explain why they stay with an abusive partner. Women who have been abused inevitably respond to the abuse with depression and feelings of helplessness, it is these responses to the abuse that make the woman feel like there is nothing she can do because the situation is uncontrollable, so she is left feeling that she is trapped.

The psychological responses to violence may have a far greater impact on a woman's decision to stay in an abusive relationship. Furthermore, responses such as depression and helplessness result from cognitive attributions regarding an event that is perceived to be uncontrollable and this in essence makes it difficult for a woman to leave an abusive relationship.

Self-efficacy

Self-efficacy refers to people's judgements of their capabilities to organize and execute courses of action required to attain designated types of performances (Bandura, 1986). Confidence about performing a behavior is highly related to actual ability to perform that behavior. A competent performance at complex or challenging tasks requires both competent skills and a strong sense of self-efficacy (Lent, Brown & Hackett, 1994). Self-efficacy determines one's choice of activities and environments, as well as one's effort expenditure, persistence, thought patterns, and emotional reactions.
when confronted by obstacles (Lent et al., 1994). An individual’s perceived self-efficacy is altered in varied ways: by direct mastery experiences, by social-comparative information conveyed through vicarious modes of influence, and by social persuasion in the form of bogus feedback, attributional evaluations, and proffered incentives (Bandura, 1986). It is also believed that all behavioral and psychological change occurs through an individual’s sense of efficacy. Self-efficacy is affected by emotional arousal when people associate emotional states with poor behavioral performance, incompetence, and failure. People are likely to doubt their competence when they become aware of unpleasant emotions. This has implications for therapy, a client can not be convinced that a behavior will lead to a desirable change unless the client believes that he can perform that particular behavior.

Beliefs in self-efficacy have been found to be superior in predicting future behavior based on past experiences. Self-efficacy has been primarily conceptualized as a situation-specific belief, however there is evidence that experiences of personal mastery can contribute to efficacy expectancies generalized to other actions. Individuals with histories of numerous and varied experiences may be expected to have positive self-efficacy expectancies in a greater variety if situations. People act on what they can do as well as on their beliefs of what the outcome will be. An individual’s attribution of success influences the level of self-efficacy. Individuals with an internal locus of control are more likely to have high self-efficacy expectations than those with an external one (Sherer & Maddux, 1982). The two expectancies related to mastery are outcome expectancy and self-efficacy expectation. Outcome expectancy relates to the belief that
one’s behavior is related to certain outcomes. Self-efficacy expectancy reflects a person’s belief that he or she possesses the capability to perform a particular behavior. Of these two expectancies, self-efficacy expectation has been hypothesized to be the most influential in both initiating behavior and persistence (Maddux & Stanley, 1986).

Fearful expectations are related to specific aversive and high risk situations. These expectations stem from self-perceptions about ability on the task in question.

Self-efficacy in battered women is being explored in the present study since reduced self-efficacy is considered a common characteristic among battered women due to their limited ability to engage in behaviors that will positively affect outcomes. Women who have experienced an abusive relationship feel helpless and powerless of their situation. This contributes to their feeling incompetent in their behavior especially when it comes to leaving their partner. Therefore they continue to stay in the relationship which leads to further feelings of depression, helplessness, and powerlessness. As a result their self-perceptions have become distorted and they lack confidence in their abilities to change their situation.

**Hypothesis**

The purpose of this study is to explore the relationship between domestic violence and self-efficacy in woman. Since self-efficacy is an individual’s personal belief in ability to successfully perform a task, it is hypothesized that when comparing battered women to non-battered women, battered women will have lower levels of self-efficacy due to experiencing abuse. If battered women have lower levels of self-efficacy this may provide information about their ability to perform a certain behaviors to keep
themselves safe in their relationships.
Subjects

Participants in this study were 88 women, 37 of whom were identified as battered women and 51 were non-battered. Subjects for the battered women group were residents of domestic violence shelters in the Chicago area. A total of nine shelters were contacted and invited to participate in the study but only three agreed to allow their clients to participate. Subjects in the control group of non-battered women were solicited in the community for their participation. Participants ranged in age from 18-50 years of age, with a mean age of 28. The sample consisted of 70.5% white, while 18% was African American.

Materials

A comprehensive questionnaire was used to assess self-efficacy and to determine the frequency of abusive behaviors experienced by women. The questionnaire consisted of three parts. The first part of the questionnaire was used to gather demographic information as well as information about the relationships of each participant. The format for the demographic part of the questionnaire modeled an admissions intake form used by one of the shelters. Additional questions were adapted from the research of Richards (1993) which determined attributes for the abuse.
The second part was the Abusive Behavior Inventory (Shepard & Campbell, 1992). The ABI, a self reported questionnaire, consisted of 30 items using a 5-point Likert-type scale to measure frequency of abusive behaviors in a six month period (refer to Appendix A). It was developed for the purpose of evaluating a domestic abuse program and it incorporates aspects of both physical and psychological abuse items that can be responded to by both the batterer and the partner (Shepard & Campbell, 1992). For example, women were asked to rate how often their partner “puts down your friends and family” and “threatened to hit or throw something at you”. Frequency ratings for each psychological abuse item are summed and divided by 20 to obtain a mean psychological abuse score that reflects the average frequency of these behaviors, ranging from 1 (no psychological abuse) to 5 (very frequent abuse). Scores are also obtained for physical abuse similarly by dividing the sum of ratings by 10.

Since the literature on domestic violence does not include a self-efficacy instrument specifically designed for battered women, the third part of the questionnaire was developed exclusively for use in this study. The measure itself consists of two scales; one which rates a woman’s confidence in a particular task and the other measures the level of agreement with a particular statement. The first scale, Self-Efficacy of Confidence (SECON) is a 22 item 5-point Likert-type scale ranging from (1) very confident to (5) not confident at all, which includes task statements such as “I can resist an unfair demand from someone who is important to me” (refer to Appendix B). The second scale, Self-Efficacy of Agreement (SEAGREE) consists of 8 items which are rated in a 5-point Likert type format ranging from (1) strongly agree to (5) strongly
disagree (refer to Appendix C). Both scales were scored by summing the responses which was then divided by the total number of responses, yielding a mean score ranging from (1) very confident or strongly agree to (5) not confident at all or strongly disagree.

Procedure

A pilot test was conducted to test the content validity of the self-efficacy measure prior to the actual data collection. Results of the pilot yielded changes to the questions and format of the self-efficacy measure for example the two scales SECON and SEAGREE were developed. Questionnaires were then administered to battered women residing at a battered women’s shelter as well as to a control group of non-battered women in the metropolitan area of Chicago. Participants were asked if they were willing to voluntarily participate in a research project. Upon agreement, they were asked to sign a consent form and were briefly told the purpose of the study. Confidentiality was explained and participants were told that they could withdraw from participation at any time without penalty. Once the questionnaire was completed, it was then collected and put into a large envelope separate from the consent form which protected anonymity of the participants. Due to a pre-existing relationship with one of the domestic violence shelters, access was granted to the investigator in order to hand out the questionnaire to the subjects at that particular shelter. The other 5 shelters that participated in this study were mailed a packet containing questionnaires along with instructions for the shelter staff which explained the procedure for administration and the collection of the questionnaires. The completed surveys were returned by mail directly to the investigator. Only two of the five shelters returned the questionnaire packets. Administering this
survey does not require any training, however the purpose of the study was reviewed with shelter staff prior to the data-gathering period.

Data were collected from the comparison group subjects by the investigator. Potential subjects were approached as they were entering a health club or shopping mall and the purpose of the study was briefly explained. Some women indicated reluctance to participate while others showed hesitation in completing the remainder of the survey since they felt that the questions did not apply to them due to their never being in an abusive relationship.
CHAPTER IV

RESULTS

The descriptive statistics indicated several differences between the two groups. The mean age of the battered women group was 31 years while the control group had a mean age of 27. Participants in the battered women group reported being involved in at least one other abusive relationship. The group of battered women reported having more children with a mean of 2.1, while the control group had a mean of .17. Thus, the two groups differ greatly in the number of children they had. There was also a difference between the two groups when it came to the number of times they left the relationship due to violence. The battered group had a mean of 3.4 instances where they left and the control group had a mean of 2.8 instances of leaving. The battered women group had a greater mean for experiencing physical abuse and psychological abuse. Refer to Appendix D, Table 1 for a more detailed summary of demographic information.

Frequency distributions were derived on all background variables for two purposes: to characterize the entire sample and to examine differences by group. Racial composition for the sample was 70.5% white, 20.5% African American, 2.3% bi-racial, 1.1% Native American, 3.4% Hispanic, and 2.3% unknown. The control group of non-battered women had the highest number of whites (N=46) and the battered women had the highest number of African Americans (N=16).
The majority of this sample was not married (65.9%) with smaller percentages being married (20%), divorced (8.0%), legally separated (4.5), and widowed (1.1%). Participants reported an average of a 3 year involvement with their current partner.

Level of education represented by the sample indicates that most participants had a college degree (27%) and some post-graduate studies (25%). However, this is more characteristic of the control group. The battered women group reported a higher percentage of having just a high school diploma (13.6%) and having some college or technical school (17%). The battered women group had a higher representation of homemakers and unemployed, while the control group were comprised predominately of students and professionals. There is an obvious difference in level of education and occupation between the two groups of women.

According to the type of abuse experienced by the women, 22.7% experienced a combination of physical and emotional abuse and 22.7% experienced all forms of abuse including physical, emotional, and sexual. In both samples of battered and non-battered women, most women identified the abuser as a boyfriend (31.8%) or husband (11.4%).

More importantly the control group had a mean of 1.2 on the SECON while battered women had a mean of 1.7. This indicates that although both groups have high levels of confidence in their ability to perform certain tasks (self-efficacy), the control group reported feeling more confident. This is based on the SECON scale of 1 being most confident and 5 being least confident. The control group also had a greater mean score for the SEAGREE which means they disagreed more with the statements on the SEAGREE, indicating higher self-efficacy. Results are based on the SEAGREE scale 1
Another interesting finding was who the battered group of women blamed for the abuse and who they thought was responsible. When asked, who was responsible for their partner’s violent behavior, 24% reported that it was the partner’s responsibility. Fifteen percent reported other explanations for their abuse including: the partner’s abusive childhood, his alcohol use, his temper, and his psychological problems. Twenty-two percent of the women indicated that they do not blame themselves or feel responsible for the abuse, while 21% reported that they were to blame or responsible because of reasons such as not leaving sooner, thought the partner would change, or for getting involved with him. Thirty-one percent of the women reported that their partner is responsible for all of the factors related to their abuse. The battered women in this sample tended to feel that their partner was responsible for the abuse. These results help in understanding who battered women blame for the abuse and specific factors that they feel that they are responsible for.

Single sample t-tests were conducted to compare mean scores on measures of abuse and self-efficacy. Results indicate statistical significance on a number of variables. Significance was found for amount of physical abuse experienced (t (87)=15.20, p<.05), indicating that battered women in this sample experience physical abuse more than non-battered women. The same results for psychological abuse indicated that battered women experienced more psychological abuse (t (87)=16.72, p<.05) than did non-battered women. Significance was also found for the SECON and SEAGREE indicating that battered women do indeed have lowered self-efficacy. Significance for
the SECON was \( t(87) = 24.12, p < .05 \) and significance for the SEAGREE was \( t(87) = 46.00, p < .05 \).

Correlations were done to determine if in fact there was a relationship between abuse and self-efficacy and if so how strong of a relationship existed, since it was hypothesized that self-efficacy will decrease due to abuse. Results indicate that there is a relationship between physical abuse and self-efficacy. There was also a relationship between psychological abuse and self-efficacy. A summary of results can be seen on Appendix D, Table 2.

In addition one-way, between groups ANOVAs were conducted in order to determine whether there is a significant difference between the two groups on abuse and self-efficacy. Significance was found for physical \( F(1,86) = 137.83, p < .05 \) and psychological abuse \( F(1,86) = 138.75, p < .05 \). Results also indicate significance for the SECON \( F(1,86) = 15.75, p < .05 \) and SEAGREE \( F(1,86) = 47.58, p < .05 \). This means that battered women significantly vary from non-battered women when it comes to physical and psychological abuse experienced as well as levels of self-efficacy. (Refer to Appendix D, Table 3.)

One additional finding worth noting is that nine women from the control group of non-battered women admitted on the questionnaire to being in an abusive relationship. They had a mean score of 1.21 for the SECON and a mean score of 4.67 for the SEAGREE which are the same for the control group who reported not being in an abusive relationship. Significant results indicate that this sub-group of women also had a higher level of self-efficacy than the battered women \( t(1,87) = 27.59, p < .05 \). A one-
way between groups ANOVA found significant results on the SECON (F(1,86)=18.98, p<.05) and the SEAGREE (F(1,86)=35.11, p<.05). Although this group of women reported being in an abusive relationship, they too differ in self-efficacy from the battered women. Even though these women were abused, their self-efficacy scores were similar to that of the control group of non-battered women. Since they reported having higher levels of self-efficacy, this may indicate that they feel more confident in their ability to keep themselves safer than the battered women group. In addition, how they view themselves as battered or non-battered may have affected their self-efficacy.
CHAPTER V

DISCUSSION

The significant results of this study support the hypothesis that battered women have lower self-efficacy than non-battered women. However, scores on the SECON indicated that the battered women in this sample actually reported having higher levels of efficacy. Although they still had lower levels of efficacy compared to non-battered women, their efficacy was relatively high. This may be due to the factor of being in a shelter. The battered women in this study were already in a domestic violence shelter, thus they may have higher self-efficacy than battered women who are still in an abusive relationship since they took the initiative to leave. This higher level of efficacy in the battered women who already left a relationship may explain their ability to keep themselves safe and leave future situations. Women who believe in their ability to perform a certain behavior such as leaving an abusive relationship, may indicate higher self-efficacy.

The differences between the two groups in education, occupation, and race are consistent with Straus, Gelles, & Steinmetz (1980) which found that domestic violence is more common among African Americans who have lower income levels and hold blue collar positions.

Lowered self-efficacy has been characterized as a common psychological
response among battered women (Walker, 1977-8; Kuhl, 1984) even though prior research is vague in its attempts to empirically demonstrate this. Gelles & Harrop (1989) state that there is no empirical evidence to support characteristics of battered women and a flaw in the study of domestic violence is the absence of standardized measures.

Experiencing domestic violence plays a toll on a woman’s ability to change her situation. Battered women experience feelings of helplessness, hopelessness, lowered self-esteem and self-confidence, guilt, and self-blame (Carlson, 1977; Walker, 1977-8; Star et al., 1979; Kuhl, 1984), which lead to feelings of depression and the belief that they have no control over their lives. The extent to which battered women perceive that they possess the capacity to successfully engage in behaviors that will positively affect outcomes in the face of abuse and violence has been demonstrated to be limited (Star et al., 1979; Walker, 1979, 1983, 1984). Abused women exhibit greater passivity and poorer problem-solving skills, this is consistent with obstacles that typically psychologically entrap women in abusive relationships (Richards, 1993). When examining the contributors to perceived personal inefficacy, Bandura (1986) postulates that the arousal of fear and avoidant action are coeffects of perceived self-efficacy. So, when individuals with lower self-efficacy are faced with fearful or intimidating situations, the arousal of fear may exacerbate perceptions of self-inefficacy. Further more, the results of the present study are a contradiction of previous research which report lower levels of self-efficacy among battered women. The battered women in this study had fairly high levels of self-efficacy although they had lower self-efficacy when compared to non-battered women. This may be due to the fact that they already possess
high self-efficacy since they were seeking services at a domestic violence shelter.

There were essentially two limitations with this study: sampling and instrumentation. Women who have experienced an abusive relationship have learned to keep the abuse a secret and may be difficult to access as they are still in their abusive relationship. There is also a stigma attached to coming forward and admitting to being involved in an abusive relationship, so many women try to hide or deny reality. Thus, a limitation to this study was obtaining a large representative sample which can then be generalized to the whole population of battered women. Gelles and Harper (1989) argue that a major methodological flaw in the study of battered women is non-representative samples, relatively small sample size, and absence of comparison groups. However, a strength of this study was the presence of a comparison group of non-battered women which demonstrated variance between the two groups. The problem of sample size was faced by this researcher since seven of the shelters contacted chose not to have their clients participate in the study. This may be due to their obligation to protect their clients confidentiality or simple lack of interest.

Another limitation of the current study was that the battered women who have sought help in a shelter may already be different from the battered women who are still in an abusive relationship. This may indicate that the women who have left home have higher levels of self-efficacy and may not be representative of the population of battered women as a whole. So there needs to be some way that researchers can include battered women who have not left and gone to a shelter, but the difficulty in this is that there is an ethical concern of involving women who aren’t ready to face their abuse and it may also
Yet another limitation with sampling was that the comparison group differs from the group of battered women according to age, race, number of children, and more importantly education and occupation. Since these data were drawn from a shelter population, the more likely the women are to be of lower socioeconomic status. Most women seeking refuge at shelters lack financial resources. Women with greater resources are often able to by-pass public service agencies (Richards, 1993). Attempts were made to get the socioeconomic status but many of the women felt uncomfortable with disclosing this information. In order to accurately compare the groups, the non-battered group needed to be more similar in make-up. The differences between the two groups can also be seen as a strength since it provided insight to what may have had more effect on self-efficacy and that was fewer resources. The battered women may have had lower self-efficacy due to lack of resources and not because of abuse. The nine women from the control group who admitted to being in an abusive relationship, resembled the control group on levels of self-efficacy and not the battered group. This sub-group also had more education and held professional positions. This may indicate that it is life style situations such as number of resources that affect self-efficacy and not abuse.

The self-efficacy measure which was designed for the purpose of this study can be seen as a limitation since it was never used in previous research. Therefore, this measure needs to be tested over time for its reliability and validity. The effectiveness of the measure may have been limited since it included two separate scales for self-efficacy. On one scale (SEAGREE), the battered women scored lower as predicted but on the
other scale (SECON), the battered women scored higher, making it hard to determine
accurate levels of self-efficacy.

Implications of this study can provide therapists with effective treatment plans
grounded towards battered women. Therapists providing services to this population can
focus on their levels of self-efficacy. Therapy can specifically revolve around increasing
a woman's self-efficacy since she has lost confidence in her abilities to change her
situation due to the abuse. Abuse affects a woman's sense of control, therefore therapists
can work with women to increase their confidence in certain abilities which can lead to
change such as leaving the present abusive relationship or never being involved in
another.

Since the literature is limited in the area of self-efficacy and battered women,
implications for further research calls for future studies on self-efficacy to be done in
order to gain a better understanding of the impact that domestic violence has on a
woman's self-efficacy specifically how returning to her abuser after leaving affects a
woman's self-efficacy. Another area for future research should focus on how a woman
identifies herself and if that affects self-efficacy. There also needs to be an effective
instrument specifically designed for the purpose of measuring self-efficacy in battered
women which is both reliable and valid. The self-efficacy measure designed for this
study should be tested for reliability in order to determine the effectiveness of the
questions. A comparison of the three groups: battered, non-battered, and sub-group
should be conducted using chi-square analyses to further understand how they differ from
one another in reference to education, occupation, race, and self-efficacy.
APPENDIX A

ABUSIVE BEHAVIOR INVENTORY
APPENDIX A

Circle the number of each of the items listed below to show your closest estimate of how often it happened in your relationship with your partner or former partner.

1 = never  
2 = rarely  
3 = occasionally  
4 = frequently  
5 = very frequently

1. Called you name and/or criticized you
2. Tried to keep you from doing something you wanted to do (example: going out with friends, going to meetings)
3. Gave you angry stares or looks
4. Prevented you from having money for your own use
5. Ended a discussion with you and made the decision himself
6. Threatened to hit or throw something at you
7. Pushed, grabbed, or shoved you
8. Put down your family and friends
9. Accused you of paying too much attention to someone or something else
10. Put you on an allowance
11. Used your children to threaten you (example: told you that you would lose custody, said he would leave town with children)
12. Became very upset with you because dinner, housework, or laundry was not ready when he wanted it or done the way he thought it should be
13. Said things to scare you (examples: told you something “Bad” would happen, threatened to commit suicide)
14. Slapped, hit, or punched you
15. Made you do something humiliating or degrading (Example: begging for forgiveness, having to ask his permission to use the car or do something)

<table>
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<tr>
<th>Item</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tried to keep you from doing something you wanted to do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(example: going out with friends, going to meetings)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Gave you angry stares or looks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Prevented you from having money for your own use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Ended a discussion with you and made the decision himself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Threatened to hit or throw something at you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Pushed, grabbed, or shoved you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Put down your family and friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Accused you of paying too much attention to someone or something</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>else</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Put you on an allowance</td>
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<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>11. Used your children to threaten you (example: told you that you</td>
<td></td>
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<td></td>
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<tr>
<td>would lose custody, said he would leave town with children)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Became very upset with you because dinner, housework, or</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>laundry was not ready when he wanted it or done the way he thought</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>it should be</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Said things to scare you (examples: told you something “Bad”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>would happen, threatened to commit suicide)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Slapped, hit, or punched you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Made you do something humiliating or degrading</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Example: begging for forgiveness, having to ask his permission to</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>use the car or do something)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
16. Checked up on you (example: listened to your phone calls, checked the mileage on your car, called you repeatedly at work) 1 2 3 4 5
17. Drove recklessly when you were in the car 1 2 3 4 5
18. Pressured you to have sex in a way that you didn’t like or want 1 2 3 4 5
19. Refused to do housework or child care 1 2 3 4 5
20. Threatened you with a knife, gun, or other weapon 1 2 3 4 5
21. Spanked you 1 2 3 4 5
22. Told you that you were a bad parent 1 2 3 4 5
23. Stopped you or tried to stop you from going to work or school 1 2 3 4 5
24. Threw, hit, kicked, or smashed something 1 2 3 4 5
25. Kicked you 1 2 3 4 5
26. Physically forced you to have sex 1 2 3 4 5
27. Threw you around 1 2 3 4 5
28. Physically attacked the sexual parts of your body 1 2 3 4 5
29. Choked or strangled you 1 2 3 4 5
30. Used a knife, gun, or other weapon against you 1 2 3 4 5
APPENDIX B

SELF-EFFICACY CONFIDENCE (SECON)
APPENDIX B

On a scale of 1-5 please rate your confidence in your ability to perform the tasks listed below.
1=most confident in your ability
5=the lowest level of confidence in your ability

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>very confident</td>
<td>somewhat confident</td>
<td>Not sure</td>
<td>not confident</td>
<td>not very confident at all</td>
</tr>
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</table>

1. When my partner does something I don’t like (e.g., calls me names, pushes me) I can tell him to stop.
2. I can do something about the problems that may arise in the future.
3. I seem to have a real inner strength in handling things.
4. I can support myself without help from my partner.
5. In future relationships, I will leave when I notice the first signs of abuse.
6. I have the ability to find a job.
7. I feel good about the person I am.
8. I would seek help (shelter, police, therapist) if my relationship became violent.
9. I believe I made the right decision by seeking help in a shelter.
10. I can find a partner who is not violent toward me.
11. I can leave my partner.
12. I can resist sexual overtures when I am not interested.
13. I can resist an unfair demand from someone who is important to me.
14. I can tell a person I am intimately involved with that he/she has said or done something to hurt me.
15. I will never be in another abusive relationship.
16. I believe that I am good at my job.
17. If my partner wanted to get back together, I would say “no”.
18. I know how to find employment.
19. I will not let my partner hit, punch, or kick me.
20. I will never be in another violent relationship.
21. If I had to, I could leave my partner at any time.
22. I am able to recognize signs of an abusive relationship.
APPENDIX C

SELF-EFFICACY AGREE (SEAGREE)
APPENDIX C

On a scale of 1-5 please rate your agreement to the following statements.
1=strongly agree
5=strongly disagree

1. Because of other people I haven’t been able to achieve as much as I should.
2. I don’t feel like I am able to live up to my full potential.
3. I sometimes don’t seem to care what happens in life.
4. I can’t bring myself to ask my partner to leave me alone.
5. I don’t think I have what it takes to get a job.
6. I listen to everything my partner says because he/she knows what’s best for me.
7. I feel I have no control over my life.
8. If I left my partner because he was abusive, I would go back because I don’t have skills necessary to support myself.
APPENDIX D

TABLE 1. DEMOGRAPHIC INFORMATION

TABLE 2. CORRELATIONS FOR ABUSE AND SELF-EFFICACY

TABLE 3. MEANS AND STANDARD DEVIATIONS
## TABLE 1.

### DEMOGRAPHIC INFORMATION

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<td>High school diploma</td>
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<td>Other</td>
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<td>Emotional</td>
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<td>All</td>
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<td>Physical and emotional</td>
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TABLE 2.

CORRELATIONS FOR ABUSE AND SELF-EFFICACY

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<tr>
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<tr>
<td>PHYSICAL ABUSE</td>
<td>( r = .38 )</td>
<td>( r = -.48 )</td>
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<td>PSYCHOLOGICAL ABUSE</td>
<td>( r = .47 )</td>
<td>( r = -.50 )</td>
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\( p < .05 \)
TABLE 3.

MEANS AND STANDARD DEVIATIONS

<table>
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<td>Control</td>
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*p<.05
**p<.01

**Scales**
- ABI-PHYSICAL and ABI-PSYCHOLOGICAL 1=never 5=very frequently
- SECON 1=very confident 5=not very confident at all
- SEAGREE 1=strongly agree 5=strongly disagree
REFERENCES


VITA

The author, Stacy Clark was born in Buffalo, New York in 1972.

In September, 1990, Ms. Clark entered the State University of New York College at Buffalo, receiving the degree of Bachelor of Arts in psychology in December, 1994. During January 1994 through December 1994, Ms. Clark was part of a research team and assisted in the preparation of a grant proposal for a prevention program designed to help women who are at risk of contracting AIDS. It was in 1994, at the State University of New York College at Buffalo, that Ms. Clark was a teaching assistant for Experimental Psychology students. Ms. Clark tutored students as well as conducted review sessions and evaluated APA style research papers. She also designed and presented an experimental lab and conducted data analysis.

In August, 1995, Ms. Clark moved to Chicago, Illinois in order to attend Loyola University Chicago. It was here that Ms. Clark completed her Master of Arts in counseling psychology in 1998. Ms. Clark was involved in a poster presentation on the effects of alcohol on personal space at Loyola University Chicago in May, 1996. In 1997, Ms. Clark was also an active participant in KIDS COLLEGE, an intervention program designed to teach cultural diversity to middle school age children.
APPROVAL SHEET

The thesis submitted by Stacy Clark has been read and approved by the following committee:

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

1/24/97
Date

Lorna H. London
Director’s Signature