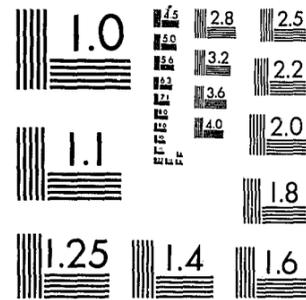


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Comparison of Victims' Reactions Across Traumas

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In the recent literature on spousal abuse, little attempt has been made to integrate the literature on psychological reactions of victims to trauma as it relates to battered women. Questions were analyzed from the questionnaire administered to subjects at the Battered Women Research Center, which dealt with women's emotional and behavioral responses to a battering incident. Results indicated that the reactions of battered women after an attack were fairly consistent with those of other types of victims of trauma.

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In recent literature on violence and victimization, much discussion has been devoted to women who are in abusive relationships with their mate or a significant other. Hypotheses about the reactions of these abused women come from perspectives such as learning theory, personality theory, and psychoanalysis. Little work has been done, however, to integrate the literature on the psychological reactions of victims across traumas as it relates to the battered woman. In a recent article, Alexandra Symonds (1979) proposed that the "psychology of catastrophic events" might be a useful model with which to view the emotional and behavioral responses of battered women to the violence they experience. It may be that an abused woman's reaction to a battering incident, rather than being specific to an intimate relationship, corresponds more to the general reactions of victims across a broad continuum of events and cultures. A review of the literature on victims does indicate that there is consistency in victim reactions.

In this paper, "trauma" will be defined as an event which inflicts pain or injury, either psychic or physical, and which has some degree of lasting negative impact on the victim, whether this event is caused by accident or by deliberate action. A "victim" will denote one who is threatened by or suffers from the impact of a traumatic event. In both disaster literature and crime literature, reaction phases are fairly

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consistent, and three designations will be used: the impact phase, when the threat of danger becomes a reality; the inventory phase following impact, during which some form of assessment and reorganization takes place; and the recovery phase, during which long-term effects are seen.

During impact, the primary focus is on self-protection and survival. Victims experience feelings of shock, denial, disbelief, and fear, and reactions of withdrawal and confusion (Chapman, 1962; Mileti, Drabek, & Haas, 1975). The primary fear is of injury or death. Victims may deny the threat, leading to a lag in accurately defining the situation (Bahnsen, 1964; Miller, 1964; Peters, 1973). In addition, victims of assault suffer from the "pain of violation", or the deliberate intrusion by one human being on another's personal space (Bard & Sangrey, 1979). In a personal offense, the victim may offer little or no resistance, in an attempt to minimize the threat of injury or death. Emotional reactions to becoming a victim of assault include: fear, anger, guilt, shame, a feeling of powerlessness or helplessness such as is experienced in early childhood, a sense of failure, and a sense of being contaminated or unworthy (Bard & Sangrey, 1979). The experience of rape is reported to lead to perceptions of vulnerability, loss of control, and self-blame (Burgess & Holmstrom, 1974; Notman & Nadelson, 1976), and victims have long-term problems with fear, anxiety, and a sense of inadequacy (Kilpatrick, Veronen, & Resick, 1979).

A psychological reaction pattern to disaster, sometimes called the disaster syndrome, involves an initial stage of dazed or apathetic behavior (Mileti, et al., 1975; Powell, 1954). The victim is often extremely suggestible or dependent and, during the inventory phase, may minimize the damage and personal loss. This is sometimes followed by a "euphoric" stage, marked by unrealistic expectations about recovery (Mileti, et al., 1975).

Grinker and Spiegle (1945) described psychiatric casualties in battle as characterized by passive-dependency, guilt, and depression. Spiegel (1955) also discussed the "battle reaction" of those in combat who exhibited severe passivity in the face of danger, and a lack of escape behaviors when those were possible. "War neuroses" was defined by Kardiner (1959) as occurring when individuals feel overwhelmed by the danger surrounding them and react by withdrawing from contact with the outside world. As defensive strategies are employed by the victim, the individual becomes more and more involved with internal defense

mechanisms, and external activity diminishes, giving the appearance of extreme apathy (Withey, 1962).

Abuse related to captivity or attack differs significantly from natural disaster in that the captor or assailant has a major influence on how the victim appraises the situation and the available alternatives (Biderman, 1967). Biderman (1964) discussed what he called "antagonistic cooperation", where the dimension of conflict dominates the relationship but where there is also a degree of mutual dependence. The relationship is then developed by the captive to facilitate survival and to obtain leniency. He also suggested that a normal human being might be incapable of sustaining a totally hostile or antagonistic interaction over a long period of time, and that periods of acquiescence may be necessary for physiological and emotional survival. Some interesting parallels exist between principles of brainwashing used on prisoners and the experiences of many battered women. In brainwashing, the key ingredients are: Isolation, humiliation and degradation by the captor, followed by kindness, coupled with the threat of a return to the previously degraded state (Symonds, A., 1979). The victim becomes apathetic, sometimes reacts with despair, and may finally totally submit (Meerloo, 1961).

The selection of defenses, or coping strategies, is partially dependent on the appraisal of the threat (Arnold, 1967). Such appraisal involves an evaluation of whether a method of coping would further endanger the victim, and to what degree (Arnold, 1967; Lazarus, 1967). A crucial factor is the perceived balance of power between the force and the victim. Richard Lazarus suggested that the determination between a response of fear or of anger may be a function of the victim's perceived ability to control the aggressor, in relation to the aggressor's ability to control or harm the victim. In situations of extreme helplessness, such as concentration camps, surprisingly little anger is shown toward the captors, and this may be a measure of the captors' power to retaliate (Lazarus, 1967). "Fight or flight" responses are inhibited by this perception, and depression can result, based on the perceived helplessness of the situation. Martin Symonds (1978) discussed the implications of a "state of terror" which can occur as a result of this appraisal. Victims may perceive the captor as their protector, and become ingratiating and appeasing in the hope of saving themselves.

During recovery, victims may still exhibit a partial detachment from reality and a problem with depression and listlessness. Some victims

remain relatively withdrawn, suggestible, and passive (Chapman, 1962). Bard & Sangrey (1979) wrote that even "normal" recoveries can take months, and are characterized by lapses into helplessness and fear. Fatigue, tension, intense startle reactions, disturbances of sleeping and eating patterns, and nightmares may occur (Burgess & Holmstrom, 1974; Hilberman & Munson, 1977-78; Nathan, Eitinger, & Winick, 1964). With all types of trauma, the fear is of a force that has been out of control. In the absence of a clear explanation for why this occurred, symptoms of psychological disorder and anxiety often develop (Bard & Sangrey, 1979).

The self-concept of victims of trauma is a crucial factor in their recovery. A perception of danger involves the implication of threat to the physical body or to the self-identity of the individual (Jaco, 1970). Martin Symonds (1975) suggested that victims are often reduced to the coping mechanisms of early childhood, and react in a regressive fashion. Janis (1958) theorized that any threat of damage to the body would be interpreted in the same way as were threats of parental punishment, and the individual would try to mitigate the threat by compliance.

A victim of violent crime is also dealing with the implications of "losing" at self-defense (Weis, K., & Weis, S., 1973). Physical injuries are seen in our society as symbols of ineptness or defeat and victims are thus stigmatized by their failure to remain in control of themselves and of the situation. The victim may react to this by becoming dependent, childlike, and unable to make decisions (Bard & Sangrey, 1979). In retrospect, their memory of being helpless may lead to self-accusations of complicity and a sense of loss generalizes to a perception of themselves as "losers". Even with natural disasters, where causes are clearly out of their control, researchers note expressions of inappropriate guilt from the victims, apart from the guilt of survival (Lifton, 1964; Spiegel, 1955; Symonds, M., 1975).

A function of self-blame seems to be the need to find an explanation for an inexplicable event, and thus regain some perception of control. If victims designate themselves as the cause, they can hope to change certain behaviors and thus prevent a reoccurrence (Bard & Sangrey, 1979). This need to find a rational explanation for events is also reflected in society, and leads to a search for ways in which victims contribute to their own victimization (Symonds, M., 1975).

Applying these concepts to the battered woman leads to the expectation that such women would report higher levels of fear, anxiety, shock, and depression than anger and hostility. We would also predict that abused women would exhibit a post-impact reaction similar to that of other victims, with a tendency toward withdrawal (Chapman, 1962; Mileti et al., 1955). Alternatives such as resistance or seeking outside help might be appraised as too dangerous and in conflict with the woman's basic goal of survival. Thus we would expect a battered woman's activity level to show an initial decrease after a battering incident, and that seeming apathy might result.

Some degree of impaired functioning could also be predicted, especially in terms of decision-making and initiating remedial action (Bard & Sangrey, 1979). The theories on self-blame (Bard & Sangrey, 1979; Janis, 1958; Lifton, 1964; Spiegel, 1955) would indicate that a woman would assign a high degree of fault for the incidents to herself, and show some degree of guilt and shame. We would also expect battered women to feel that the abusive behavior of the batterer was out of their control when the impact phase actually began.

#### METHOD

##### SAMPLE

Self-identified battered women (n=400) were selected to participate in this project. Subjects were self-referred, responding to public service announcements, or referred by a variety of human services agencies. In addition to Colorado, subjects were interviewed in specific populations in Montana, Utah, Wyoming, and North and South Dakota. A special attempt was made to increase the representation of rural women and older women (defined as over 60 years of age). Women were also interviewed on Indian reservations, in high energy-impact areas, and in prisons, and a special group of women who had killed their batterers was obtained.

##### DEFINITIONS

A woman was considered battered if she reported that she was physically assaulted at least two times by a man with whom she had an intimate relationship or to whom she was married. Physical abuse was defined as any form of coercive physical assault, with or without injury. Psychological abuse included excessive possessiveness or jealousy; extreme verbal harassment and/or threats; and physical or psychological restraint on

activities such as withholding money, social contacts, or transportation. Our questionnaire was not designed to adequately measure psychological abuse.

##### CONTROL GROUP

No control group was utilized because of the time and expense involved in matching so large a sample. Comparisons were made through the use of norms on standardized psychological scales. In addition, each woman served as her own control if she had a non-battering relationship, as we asked identical questions about both relationships.

##### INTERVIEWERS

Interviewers varied in age, ethnic and racial backgrounds, educational backgrounds, and socio-economic levels. They were trained in the administration of the questionnaire and in advocacy skills.

##### INSTRUMENTS

A 200-page questionnaire was developed specifically for this study. It measured demographic and psychosocial variables using the subject's self report. It contained both closed (forced-choice) and open-ended response categories. The interview covered general demographics on the subject and the batterer, information about their childhoods, and information about their relationship together. These questions were also asked if she had had a non-battering relationship. In addition, minute details were collected about four battering incidents.

##### PROCEDURE

When a battered woman called the project she was asked qualifying questions, and if she met the criteria, she was scheduled for an interview. Any cancellations were usually filled by residents of one of the shelters for battered women in the Denver area. The women arrived at 9 AM and remained with their interviewer for the entire day. The questionnaire was administered first, followed by the psychological schedules. It took an average of five hours to administer the questionnaire, and approximately one hour of additional time to complete the psychological tests.

##### VARIABLES

For the research on victims' reactions to trauma, questions were analyzed from the questionnaire administered following the standard procedure at the Battered Women Research Center. The first battering incident (chronologically), plus a later significant battering, were chosen for analysis. The later battering was referred to as the "third" because of its position in the questionnaire, but was often the "worst"

from the woman's point of view. The first incident was chosen for comparison with a later battering to obtain some measure of change in victims' reactions after repeated trauma. The "third" significant incident was chosen for this comparison, since it constituted evidence of repeated abuse. The "last" battering incident before our interview was not used, as most of the women in our sample left the relationship after that attack. Unique factors that precipitated her leaving may be confounded with simple reactions to repeated trauma in this incident.

About one-half of the way through the account of each incident, the woman was asked: "What was your emotional reaction to this battering incident?" Response categories included fear, anxiety, depression, anger, shock, and hostility. Answers were on a Likert scale, with "1" being "none" and "5" being "overwhelming". Women were also asked: "What did you do initially, right after the acute battering?" Possible answers included: Left the relationship temporarily; hid it from others, showed shame and guilt; sought outside help; took offensive action against the man; showed uncertain or mixed behavior. An evaluation of the woman's level of passive versus active behavior before and after each incident, was provided by an interviewers' rating in a summary section following each account.

At the end of the account of each battering, the woman was asked: "In your own opinion, who do you think was responsible for this incident?" Response categories ranged from: "It was mostly his fault" to "It was mainly my fault that it happened". A summary question was asked after the four battering accounts: "Generally, to what extent do you think you can control him or his behavior?". Response categories ranged from: "Never, not at all" to "Anytime I need or want to".

#### RESULTS

As indicated by Table 1, most emotional reactions intensified over time, with fear, anxiety, depression, anger, and hostility being reported at higher levels after the third incident. Reported shock decreased.

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Insert Table 1 about here

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Few women made any attempt to leave the relationship after the incidents, to seek outside help, or to take offensive action against the batterer. Over half reported hiding the incident from others, showing

shame, and guilt, and showing uncertain or mixed behavior after the first incident. As shown by Table 2, those figures decreased after the third incident.

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Insert Table 2 about here

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Interviewers' ratings of women's behavior in terms of passive versus active behavior before and after each incident did show a decrease in activity after the first incident, as indicated by Tables 3 and 4.

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Insert Tables 3 and 4 about here

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Women attributed most of the responsibility for the abusive incidents to the abuser, after both the first and third incidents, as indicated by Table 5.

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Insert Table 5 about here

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Women also felt that they had little control over the batterers' behavior, as shown in Table 6.

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Insert Table 6 about here

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#### DISCUSSION

Wilson (1962) noted that human reaction patterns after disaster are "amazingly congruent" with what we already know about human behavior in general. Viewed from this perspective, the responses of battered women after an attack seem fairly consistent with those of other types of victims. In our sample, 60% reported that they felt they could never control the batterer or his behavior. Instead, they concentrated on protecting themselves during the attack. Walker (1979) found that the women in her sample, like disaster victims, reported a sense of distance from the attack. As one woman in our study said:

I wasn't afraid; didn't feel the pain. I was aware of what was going on, but my mind was racing, trying to out-think him. I was always talking to him...afraid to disagree with a name or an accusation. It worked best to agree and apologize. I learned quickly that my strength did not compare to his and the best option was to try and protect myself.

Because of the perceived balance of power in favor of the abuser, battered women often engage in "antagonistic cooperation" as discussed by Biderman (1964). The batterer normally does have greater physical power to retaliate and inflict harm, and is known by the woman to use that power indiscriminately when provoked. Abused women seem to develop survival skills, rather than escape skills, and are able to articulate specific ways in which they avoid or mediate violence. The cycle of abuse (Walker, 1979) followed by kindness, which is accompanied by the implicit threat of renewed abuse, is comparable to the techniques of brainwashing described earlier (Symonds, A., 1979). Many battered women report living in enforced isolation and anticipatory terror, and express a sense of hopelessness and despair about their lives (Hilberman & Munson, 1977-78).

#### Perceived Helplessness

High levels of fear and depression were reported after battering incidents by the women in our sample, which is consistent with reports of the reactions of prisoners to situations of perceived helplessness (Lazarus, 1967). After the first battering, 61% reported "a lot" to "overwhelming" amounts of fear, while 47% reported depression in these categories. Contrary to our predictions that levels of anger would be lower than levels of fear, approximately 46% also reported anger as "a lot" to "overwhelming". However, only 35% of the women reported feelings of hostility in these categories, while 53% reported no hostility or only a little toward the abuser. As predicted, high levels of anxiety were reported, with 56% reporting "a lot" to "overwhelming".

After the third incident, 75% reported high levels of fear and 66% reported depression in these same categories. Approximately 70% reported "a lot" to "overwhelming" amounts of anxiety. Reports of shock in these categories decreased from 77% after the first incident to 54% after the third, probably because the women had begun to expect reoccurrences of the abuse. Levels of anger and hostility appeared to increase, with 70% reporting "a lot" to "overwhelming" anger and 63% reporting these

amounts of hostility. Thus, the intensity of most emotions appeared to increase from the first to the third incident, with the exception of shock, which decreased. Further analysis of these data is needed to determine if these trends are significant.

#### Escape versus Survival

The battered woman, similar to other trauma victims, seems to show a marked tendency to withdraw immediately after the incident, rather than attempting to escape the relationship or seek outside intervention. In our sample, 77% made no attempt to leave the relationship after the first incident, 86% did not seek outside help, and only 8% took any kind of action against the abuser. After the third incident, 70% reported that they made no attempt to leave and 69% did not seek outside help, while 15% did take action against the man.

The activity level of women after the first abusive incident did show a seeming decrease, with 61% of the women being rated as "more active than passive" or "very active" before the incident, and only 22% being rated as "more active" or "very active" after the incident. After the third incident, 48% were rated as more active before the incident, and 40% were rated as active after the incident, so the distribution was more equal. Further analysis of these data will be done, looking at the frequency and severity of beatings, in terms of levels of activity after abusive incidents. Analysis will also be done of differences in these measures between women who had left the relationship at the time of the interview, and women who were still in the relationship.

#### Self Blame

With respect to the theories on self-blame, 58% of our sample reported hiding the first incident from others and showing guilt and shame, but only 7% attributed the blame for the incident as "more mine" or "mainly mine". Only 12% felt that they and the batterer were "equally responsible", and 81% said it was "more" or "mostly" his fault. These trends were consistent after the third incident, as well. The discrepancies in reporting guilt and shame, but not self-blame, could be a function of the attributional styles of battered women. As Frieze (1979) found in her study on battered wives, they frequently make inconsistent attributions. The response on the fault question may also have been affected by the fact that many of the women

in our sample were referred to us from shelters or support groups for abused women, and their responses could have been influenced by prior counseling.

#### Conclusion

For battered women, as with other victims, the main goal is survival. In a conversation with a woman at the Battered Women Research Center, she explained her apparently passive reaction during beatings:

It was so painful, I would just try to tune it out. Anything I tried to do would make it worse, so I just got quiet and waited for it to be over. I knew I would be hurt and weak for days, and I tried to conserve my energy and just survive. He had been a boxer....There wasn't much I could do, once he got started.

For this woman, leaving meant he would stalk her, and if he found her, possibly kill her. Her best chance for survival seemed to be within the relationship, even though it was painful. It is understandable that such women show stress reactions of fear, fatigue, depression, anxiety, and helplessness, along with anger and hostility.

In conclusion:

- The reactions of battered women are similar to those of other victims of trauma.
- Battered women seem to develop survival skills, rather than escape skills, until the final battering incident.
- Specific emotional reactions include depression and denial, shock and anxiety, fear and hostility, and anger and passivity.
- The emotional reactions of battered women change over time, with apparent increases in the levels of fear, anxiety, depression, anger, and hostility. Levels of shock seem to decrease.

Further integration of the findings on victims of disaster, war, and personal offenses will enable us to formulate further testable questions about the cognitions and behaviors of the battered woman.

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Table 1 What was your emotional reaction to this battering incident?

INCIDENT 1:

	None	A Little	Moderate	A Lot	Overwhelming
Fear	13%	13%	13%	34%	27%
Anxiety	16%	12%	16%	39%	17%
Depression	22%	14%	17%	31%	16%
Shock	7%	7%	8%	36%	41%
Anger	17%	19%	17%	29%	17%
Hostility	34%	19%	13%	23%	12%

INCIDENT 3:

	None	A Little	Moderate	A Lot	Overwhelming
Fear	10%	7%	8%	27%	48%
Anxiety	13%	7%	11%	32%	38%
Depression	14%	7%	13%	31%	35%
Shock	22%	13%	12%	25%	29%
Anger	12%	6%	12%	33%	37%
Hostility	18%	10%	9%	30%	33%

Table 2 What did you do initially, right after the acute battering?\*

	INCIDENT 1	INCIDENT 3
Left the relationship temporarily	23%	29%
Hid it from others; showed shame and guilt	58%	40%
Showed uncertain, mixed, or ambivalent behavior	54%	43%
Sought outside help	14%	31%
Took offensive action against the man	8%	15%

\*Subjects allowed more than one response. Totals may be greater than 100%.

Table 3 Passivity-Activity during the period before the battering incident

	INCIDENT 1	INCIDENT 3
Very passive; low profile	12%	16%
More passive than active	18%	20%
Mixed or ambivalent behavior	9%	16%
More active than passive	48%	35%
Very active; assertive	13%	13%

Table 4 Passivity-Activity during the period after the battering incident

	INCIDENT 1	INCIDENT 3
Very passive; resigned	26%	21%
More passive than active	28%	23%
Mixed or ambivalent behavior	22%	17%
More active than passive	14%	23%
Very active; assertive	9%	17%

Table 5 In your own opinion, who do you think was responsible for this battering incident?

	INCIDENT 1	INCIDENT 3
It was mostly his fault	67%	71%
It was more his fault than mine	14%	10%
We were both equally responsible	12%	12%
It was more my fault than his	4%	4%
It was mainly my fault	3%	2%

Table 6 To what extent do you think you can control him or his behavior?

Never; not at all	60%
Sometimes	29%
About half the time	3%
Most of the time	8%
Anytime I need or want to	1%

**END**