Published in final edited form as:

J Interpers Violence. 2008 October ; 23(10): . doi:10.1177/0886260508314300.

Partner's Stake in Conformity and Abused Wives' Psychological Trauma

Alfred DeMaris and
Bowling Green State University

Catherine Kaukinen
University of Colorado–Colorado Springs

Abstract

This study investigates the potential buffering effect of help-seeking in the association between intimate partner assault and women's psychological trauma, and how this, in turn, may depend on the partner's stake in conformity. The sample consists of 374 women reporting the experience of domestic violence from a current intimate partner, drawn from the larger survey Violence and Threats of Violence Against Women and Men in the United States, 1994-1996. Help-seeking did not appear to buffer the impact of assault severity, contrary to expectation. However, the partner's stake in conformity did condition the effect of his or her having been arrested. Victims had higher levels of posttraumatic stress disorder (PTSD) when police arrested partners of average or below-average stake in conformity. But victims of partners characterized by higher than average stake in conformity did not show elevated PTSD due to their partners having been arrested. On the other hand, PTSD was higher among women experiencing more emotional abuse from the partner.

Keywords

domestic violence; women's mental health; help-seeking; stake in conformity

Physical or sexual assault can have lasting effects on women's psychological health. Women experiencing such abuse report elevated levels of depressive symptomatology, posttraumatic stress disorder (PTSD), and suicidal ideation, and are generally more fearful for their future safety compared to others (DeMaris & Swinford, 1996; Fergusson, Horwood, & Ridder, 2005; Holzworth-Munroe, 2005). When such abuse is at the hands of an intimate partner, it can be especially damaging. The partner is often the most important significant other in a woman's life. Hence, in such instances, the one who would normally be most counted upon for supportive and validating counsel is instead the one to be most feared.

In the face of assault by an intimate partner, women have been found to employ a variety of coping strategies. Among these are divulging their experiences to family and friends, seeking services or advice from professionals such as therapists or attorneys, retreating to women's shelters, or calling the police (Kaukinen, 2002). Perhaps because it seems intuitive that such help-seeking should buffer the impact of victimization on psychiatric impairment, few studies have addressed this issue. However, the work of both Ullman (1996) and Lempert (1997) with small, localized samples suggests that whether outside help will be beneficial depends very much on others' reactions to the victim. Both researchers found that

victims often resented definitions of the situation imposed on them by others, or perceived others as blaming them in part for their plight. Negative third-party attitudes and reactions to the victim's appeal for help may well nullify any potential benefits they could bestow. At present, it is unclear to what extent help-seeking in response to violent victimization buffers victimization's impact on psychiatric sequelae.

Even less attention has been paid to how the abusing partner's characteristics might affect the process. Prior research suggests that the partner's stake in conformity may be especially important. Police arrest of wife abusers has been found to have opposite effects on abusers' recidivism, depending on this factor. Although abusers with a stake in conformity were less likely to reassault their partners after being arrested, those with no stake in conformity were more likely to do so (Sherman & Smith, 1992). In the present investigation, we attempt to shed additional light on these issues. We employ data from a large national survey to examine the manner in which help-seeking buffers the impact of intimate assault on women's psychological trauma. We also consider whether the partner's stake in conformity further conditions the potential beneficial effects of such help-seeking.

Theoretical Considerations

Domestic violence is a serious social issue that affects both genders. But its impact on physical and mental health appears to be especially pronounced for female victims. Women are not only more likely to be injured in domestic altercations, but they are also more likely to seek medical treatment and be fearful about their future safety (Morse, 1995). Even after the physical scars of a violent attack have healed, the psychological aftermath of physical or sexual assault often includes symptoms of depression, PTSD, lowered self-esteem, and fearfulness (Campbell & Soeken, 1998; DeMaris & Swinford, 1996; Saunders, Kilpatrick, Hanson, Resnick, & Walker, 1999; Ullman & Brecklin, 2002).

A handful of studies have examined the factors that influence whether victimized women seek help from third parties (Felson & Pare, 2005; Kaukinen, 2002, 2004). However, substantially fewer studies have addressed whether such help reduces psychological trauma in the aftermath of victimization. On one hand, self-efficacy theory (Ozer & Bandura, 1990) and the stress process model (Pearlin, Menaghan, Lieberman, & Mullan, 1981) suggest that active coping and third-party social support should buffer the impact of traumatic experiences on psychological health. On the other hand, studies of victimized women suggest that appealing to others for help is not always ameliorative. Ullman's (1996) study of sexual assault victims found that emotional support from friends was related to better recovery than emotional support from other sources. Formal support providers tended to respond more negatively to victims than informal helpers. And disclosing abuse to physicians or police at times resulted in being blamed, treated differently, or discouraged from talking about the assault. Reactions to sexual assault victims, however, may differ qualitatively from reactions to physical assault victims.

Lempert's (1997) qualitative study of 32 women victims of intimate-partner violence reveals the complex nature of interactions between victims and help givers. All of her respondents reported negative responses from family and friends to their requests for assistance, descriptions of violence, or characterizations of their relationships. These women found burdensome the imposition of "victim" as their master status, rather than their being willing participants in a complex emotional relationship. As Lempert notes: "Further dissonance developed because others often held orientations of the violent events as unambiguous assaults requiring immediate action to ensure safety, while the women held orientations bred in the ambiguity of love and violence and predicated on commitment and their partners' promises of change" (Lempert, 1997, p. 297). To the extent that victims' and others'

definitions of the situation diverge, well-meaning help givers may only add frustration to an already stressful experience.

Given the salience of the intimate partner in a woman's life, his (or her) characteristics may also influence whether a victim's quest for outside help will improve her situation. Research on police intervention in domestic disputes has found that the abusive partner's stake in conformity conditions the effects of police actions. Several studies suggest that arresting the abuser is only protective of the victim if the partner has a relatively high stake in conformity, that is, something of significance to lose by being censured by the criminal justice system. Otherwise, arrest appears to result in a higher risk of the victim being reassaulted (Sherman & Smith, 1992). In contrast, however, Johnson, Luna, and Stein (2003) did not find partner's characteristics to be influential in whether victim protection orders were effective. They found no relationship between violation of protection orders and the abuser's employment status, education, marital status, or residential ownership.

The importance of the partner's stake in conformity stems from control theory. Sampson and Laub (1990) argue that pathways to crime and deviance can be counteracted by having social bonds to adult institutions of social control. In research on domestic violence, the abuser's stake in conformity has similarly been conceived in terms of the degree of investment in his or her social standing in the community. It is often tapped by assessing whether the abuser is employed and/or married to the victim (Sherman & Smith, 1992). Drawing on investment theory, we enlarge the concept to include the abusive partner's degree of interpersonal investment in the *victim*. Investments are material or emotional resources contributed to intimate relationships that would be lost or whose value would be diminished should the relationship end (Rusbult & Buunk, 1993). We therefore suggest the following: Partners with a firmer social standing in the community or who have more material or emotional resources invested in the victim should be more motivated than others to end their violence. They should also respond in a more positive fashion to the victim's efforts to ameliorate their domestic situation. Such partners should also be less likely to retaliate against the victim if she has invoked official sanctions by, say, calling the police or having the abuser arrested. In turn, these more positive responses to victim help-seeking should facilitate a more beneficial outcome from the assistance sought.

Hypotheses

With the foregoing discussion in mind, we propose four research hypotheses. First, because violent victimization by intimate partners, our focal explanatory variable, constitutes a stressful experience, and the more so the more severe the victimization has been, we propose:

Hypothesis 1—Greater assault severity by the current partner (whether physical or sexual) should elevate symptoms of psychiatric impairment.

Second, although there is some evidence to the contrary, it appears reasonable that help-seeking should, on the whole, lessen the negative impact of victimization. Thus,

Hypothesis 2—Help-seeking should generally buffer the effects of assault severity by the current partner on psychiatric impairment; in particular, assault severity should have a stronger positive impact on psychiatric impairment for those who did not seek any outside help, but a weaker impact for those who did.

This second hypothesis postulates a first-order interaction between assault severity and help-seeking in their effects on psychological trauma. Third, consistent with prior research that finds partner's stake in conformity to condition the effect of police arrest, we propose:

Hypothesis 3—Police arrest of the current partner will lower levels of the victim's psychological impairment when the partner has a high stake in conformity/interpersonal investment, but will raise them when he or she has a low stake in conformity/interpersonal investment.

Similarly, this hypothesis poses a first-order interaction between police arrest of the abusing partner and his or her stake in conformity/interpersonal investment in their effects on psychological trauma. Finally, because the partner's stake in conformity/interpersonal investment should generally influence whether help-seeking attempts are successful, we propose:

Hypothesis 4—The interaction (buffering) effect outlined in Hypothesis 2 should be more pronounced for victims whose partners have a high, rather than a low, stake in conformity/interpersonal investment.

This last hypothesis involves a second-order interaction effect. That is, we suggest that the buffering effect of help-seeking on the relationship between assault severity and psychological trauma proposed in Hypothesis 2 will itself vary, according to the abusing partner's stake in conformity. The buffering effect of help-seeking should be minimal when the partner's stake in conformity/interpersonal investment is lowest.

Control Variables

Several control variables need to be considered when examining the above hypotheses. In particular, we hold constant several factors found in previous research to predict psychiatric impairment, per se, such as race/ethnicity, age, education, income, physical health, number of dependent children, and employment status (DeMaris & Kaukinen, 2005). Additionally, any factors correlated with intimate partner assault severity that are also related to psychological trauma need to be controlled. These include the victim's having been abused as a child, having been assaulted as an adult by persons other than her intimate partner, the victim's or partner's use of drugs or alcohol, the partner's emotional abuse of the victim, and the victim's being the primary aggressor in any incident of abuse (Felson & Cares, 2005; Hutchison, 1999; Macmillan & Gartner, 1999; Simons, Johnson, Beaman, & Conger, 1993).

Methods

Data

The data for the current investigation are taken from the national survey Violence and Threats of Violence Against Women and Men in the United States (NVAWS), 1994-1996 (Tjaden & Thoennes, 1999). This was a national telephone survey of violent victimization experienced in the adult noninstitutionalized population, and consisted of 8,000 adult women and 8,005 adult men. Data were gathered between 1995 and 1996. In that our interest is in the psychological trauma of women victims, we exclude male respondents. The women's survey had a household participation rate of 72.1%.

PTSD has been cited as the psychological disorder most often found among battered women (Holtzworth-Munroe, 2005), and was therefore deemed our primary response variable. But the NVAWS only elicited PTSD symptoms from the subset of 410 women who had been abused by a current intimate partner. Missing data on PTSD further reduced the valid sample size to 374. Below we address potential sample selection effects due to restricting the sample in this manner. We have made no attempt to limit the sample to heterosexual respondents. First, there is insufficient information in the data to determine the gender of the

current intimate partner. Second, our hypotheses are not predicated on gender differences, and hence are indifferent to the gender of the abusing partner.

Response Variables

We employ two scales to tap psychiatric impairment, our response variable. The first is a scale of depressive symptoms. Respondents were presented with eight different symptoms of depression and asked how often they were experienced in the past week, with response categories coded from 1 (*never*) to 4 (*most of the time*). A typical item was, "How often in the past week did you feel downhearted and blue?" To have a valid score, we required that respondents have answered at least four of the items. The scale score was the mean of the items, times 8—equivalent to summing the items. Alpha reliability was .77.

The second dependent variable was PTSD symptoms. Respondents were read a list of 21 PTSD symptoms and asked how much they experienced each in the past week when thinking about "the violence you have experienced by your current husband/partner." Response categories ranged from 1 (*not at all*) to 4 (*quite a bit*). A typical item was, "I had trouble falling asleep." As with the previous scale, we required at least half of the items—10, in this case—to have been answered for a valid scale score, which consisted of the mean of the items times 21. Alpha reliability was .95.

Focal Explanatory Variables

The focal predictors in this study consisted of scales of severity of physical and sexual assault by the intimate partner, help-seeking as a consequence of this assault, and partner's stake in conformity/interpersonal investment. Physical assault victimization, in general, was tapped with a modified version of the conflict tactics scale (Straus, 1979) in which the respondent recorded simply whether any of 12 different violent acts were perpetrated upon her. Minor physical assault was coded 1 if respondents reported any of the relatively minor forms of aggression of having something thrown at them; being pushed, grabbed, or shoved; having their hair pulled; or being slapped or hit. Severe physical assault was coded 1 if respondents reported any of the more severe forms of aggression, such as being: kicked or bitten; choked or pushed underwater; hit with an object; beat up; threatened with a weapon; or assaulted with a weapon. Dummy variables were also created to tap whether the respondent was pregnant at the time of the assault, whether she was injured in the assault, whether she had to have medical care or dental care as a result of the assault, and whether she had to take time off from work or other important activities as a result of the assault. The physical assault severity scale was the sum of these seven dummies, and consequently had a theoretical range from 0 to 7. Two versions of this variable were created to represent physical assault by a current intimate partner versus physical assault by anyone else. The variables were labeled severity of physical assault by current partner and severity of physical assault by others (used as a control variable), respectively. Due to relatively few instances of sexual assault by the current partner, the variable sexually assaulted by current partner was just a dummy variable. It was coded 1 if any of the up to five sexual assaults reported by respondents was perpetrated by a current intimate partner, and 0 otherwise.

Help-seeking was assessed via a series of questions asked about efforts by respondents to get help after each type of assault reported—physical or sexual. Based on these, we created three dummy variables to tap help-seeking after a physical assault by an intimate partner. "Talked to anyone about physical assault" is a dummy variable indicating that the respondent talked to any outside parties about the assault. These included family, friends, social-service personnel, clergy, attorneys, or mental-health professionals. Those who did not talk to any outside parties received a code of 0. "Police response other than arresting partner" was a dummy variable indicating that police had been called and they responded by

taking some action other than arresting the abuser. These actions included making a report, referring the victim to court or victim services, giving the victim advice on self-protection, or taking the victim “somewhere.” If either the police were not involved or they were, but none of these particular actions was taken, a score of 0 was assigned. “Police arrested current partner for physical assault” was a dummy flagging those whose partners were arrested for assaulting them. Finally, due, again to small cell sizes, only one variable was created to represent help-seeking in connection with sexual assault. “Any help-seeking for sexual assault” was a dummy coded 1 if the victim called on any outside sources in response to being sexually assaulted, and 0 otherwise.

“Stake in conformity/interpersonal investment” was an index based on six binary characteristics of the partner and his or her relationship with the victim. Dummy variables were constructed to represent the couple having a relatively long relationship (relationship duration at or above the median of 14 years), the partner's being married to the victim, the partner's having a biological child with the victim who was in the household at the time of the assault, the partner's having gotten counseling for his or her violence, the partner's being employed, and the couple currently residing together. The index was the sum of these six dummies, with a higher score indicating a greater stake in conformity/interpersonal investment. A dichotomous version of this index, called *high stake*, was also constructed for some of the analyses, coded 1 for those with scores above three on the index, and 0 otherwise.

Controls

Control variables were as follows. The respondent's annual income from all sources was an ordinal variable coded from 0 for none to 10 for more than \$100,000. “Presence of a chronic disease” was coded 1 if the respondent reported having a disabling chronic disease or health condition, and 0 otherwise. Child abuse scale was the sum of 12 dichotomous items designed to mirror the violence items from the Conflict Tactics Scale. Each asked whether a parent or parent surrogate perpetrated a form of physical abuse on the respondent in childhood. Types of abuse ranged from “threw something at you that could hurt you” through “used a knife or other weapon on you besides a gun.” “Presently employed” was a dummy variable representing the respondent currently being employed either full- or part-time. “First to use physical aggression” was a dummy variable coded 1 if the respondent reported ever being the first to use or threaten physical force against the current partner, and 0 otherwise. “Using alcohol/drugs during physical assault” was a dummy variable indicating that the victim was using alcohol or drugs during the assault by the partner, and 0 otherwise. “Current partner's emotional abuse” was a scale based on the respondent's answers to 13 dummy-coded items flagging behaviors by the current partner that were either coercive or emotionally abusive (Macmillan & Gartner, 1999). An example item is “tried to limit your contact with family or friends.” For a valid score, the respondent had to answer at least 6 of the items. The scale score was the mean of the answered items times 13. Alpha reliability was .79. Means and standard deviations for all study variables are shown in Table 1.

Statistical Models

As the response variables were both approximately continuous, analyses were conducted using ordinary least squares (OLS) regression. First-order interaction effects (as specified in Hypotheses 2 and 3) were tested using cross-product terms or blocks of cross-product terms. Continuous variables involved in cross-product terms (e.g., severity of assault by current partner, stake in conformity/interpersonal investment) were centered around their means to minimize problems with collinearity. To avoid the increase in collinearity induced by using second-order interaction terms, our plan for evaluating Hypothesis 4 was to split the sample by high stake and evaluate separate first-order interaction models involving the interaction

of assault severity with help-seeking in each subgroup. The second-order interaction effect would then be tested via a Chow test (Greene, 2003). This test was not warranted, however (see below).

Missing data issues—Missing values were an appreciable problem for only three variables, all controls: presence of a chronic disease, annual income, and partner's emotional abuse. Results presented below employ regression imputation (Little & Rubin, 1987) to replace these missing values. Potentially more serious was the selectivity of the subsample actually used: those involved with currently abusive partners. To address possible sample-selection bias in limiting the sample in this manner, we employed the Heckman two-step estimator (Greene, 2003; separate selection results are available from the senior author upon request). No evidence of selection effects was found for depressive symptomatology. However, for PTSD there was some evidence that the effects of the level of child abuse experienced and of talking to anyone about the physical assault may be somewhat underestimated in the current analysis.

Results

Table 2 presents the results of the regression for depressive symptomatology. Model 1 contains only the focus variables of assault severity and victim help-seeking. Greater depressive symptomatology is associated with more severe physical assault by the current partner, which is consistent with Hypothesis 1. No other factors are significant. Next, to examine Hypothesis 2, we tested the block of terms representing the interaction of assault severity with help-seeking (results not shown). The test was very nonsignificant ($F = .36, p > .78$); therefore, the interaction terms were removed. Model 2 adds control variables representing victim characteristics. Greater depressive symptomatology is associated with lower income, having a chronic illness, and having been exposed to more severity of abuse as a child. Net of these factors, the severity of physical assault by the partner is no longer significant. Model 3 adds a final block consisting of characteristics of the current partner or of the victimization incident. None in this last group of variables is significant. Net of these, however, income is no longer a significant predictor of depressive symptoms. The addition of Help-Seeking $\times$ Assault Severity interaction terms to this final model (results not shown) once again produced a nonsignificant result ($F = .41, p > .74$). Thus, the final model shows that only two of the explanatory variables have significant effects on depression. Having a chronic disease and having experienced more severe treatment as a child both elevate depressive symptoms. Neither finding is surprising. On the other hand, none of the focus variables—partner's assault severity, help-seeking, stake in conformity/interpersonal investment—or other control variables appear to be influential, net of other factors.

Altogether, we found no evidence for a moderating effect of help-seeking on the impact of assault severity, contrary to Hypothesis 2. We also examined this interaction effect separately for high versus low stake in conformity/interpersonal investment groups, with similar results (not shown). As the Assault Severity $\times$ Help-Seeking interaction was not significant for either high- or low-stake groups, there was no point in performing a Chow test to evaluate a second-order interaction. We then added the cross-product of Police Arrested Current Partner for Physical Assault $\times$ Stake in Conformity/Interpersonal Investment to the model to test Hypothesis 3 (not shown). This term was nonsignificant. As Table 2 shows, the discriminatory power of the final model is not particularly high: Only 13% of the variance in depression symptoms is accounted for.

The results of the regressions for PTSD are shown in Table 3. Once again, Model 1 contains only assault severity and help-seeking factors. As expected, more severe physical assault, and the experience of sexual assault, by the current partner are associated with elevated

PTSD. Surprisingly, the main effect of police arrest of the current partner is positive: Women whose partners were arrested by the police reported more PTSD symptoms, on average. As with depression symptoms, the next step included the Assault Severity $\times$ Help-Seeking interaction terms (results not shown). And, as before, these terms were not significant ($F = 1.143, p > .3$), and were therefore removed in the next step.

Model 2 adds additional victim characteristics to the equation. Greater levels of PTSD are associated with lower income and more severe childhood abuse. Net of these additional controls, police arrest of the current partner is no longer significant. Model 3 adds partner/incident characteristics. Victims who had ever been the first to use physical aggression on the partner reported fewer PTSD symptoms. Victims whose partners were more emotionally abusive and those experiencing more severe physical assault by others were higher on PTSD. On the other hand, women whose partners had greater stake in conformity/interpersonal investment levels reported lower levels of PTSD. Once these additional factors are held constant, severity of physical assault and sexual assault by the current partner no longer have significant effects.

At this point we retested the Assault Severity $\times$ Help-Seeking interaction block (results not shown), but again found it to be nonsignificant ($F = 1.316, p > .25$). Separate interaction models estimated within groups distinguished by high stake similarly revealed no interaction effects in either subgroup (not shown). As with the depression analysis, because the Assault Severity $\times$ Help-Seeking interaction was not significant for either high- or low-stake groups, there was no point in performing a Chow test to evaluate a second-order interaction.

In contrast, a test of the Police Arrested Current Partner for Physical Assault $\times$ Stake in Conformity/Interpersonal Investment interaction was significant. Results are shown in Model 4. The effect of police arrest can be written: $6.99 - 3.17 \times \text{Stake}$. At average stake in conformity/interpersonal investment, police arrest has a significant effect on PTSD, raising symptoms by 6.99 units. However, at one standard deviation above mean stake, that is, among partners with a higher than average stake in conformity/interpersonal investment, the effect is $6.99 - 3.17(1.71) = 1.57$ and is not significant. At maximum stake (a value of 2.77 on the centered variable), the effect of police arrest is -1.79 , but is also not significant. At any rate, the observed trend is that police arrest enhances PTSD symptoms when partners have a lower stake in conformity/interpersonal investment, but has no effect on PTSD when they are higher on this factor. The prediction of PTSD was substantially more efficacious than of depression: 36% of the variance in PTSD was accounted for by the final model (Model 4).

Discussion

Of four hypotheses tested in this study, only two were at least partially supported. Consistent with Hypothesis 1, we found physical or sexual assault by the current partner to elevate psychiatric impairment. However, the importance of these variables was ultimately overshadowed by other factors. Net of controls, only having a chronic disease and having experienced more abusive treatment as a child were significant risk factors for depression. PTSD symptoms were primarily affected by emotional, rather than physical or sexual, abuse by the current partner, as well as the victim's own use of aggression and the severity of assaults by others.

We found that the police having arrested a woman's current intimate partner for physical assault was associated with higher average PTSD symptoms. This may well be due to the victim's fear of retaliation by her abusing partner for having invoked formal sanctions against him. Police therefore need to be sensitive to this fear, and should attempt to

minimize it when intervening in such disputes. The use of comprehensive domestic violence response teams and police–social work crisis intervention are alternatives to using road officers to respond to these types of calls. These innovative law enforcement, clinical, and prosecutorial partnerships have the goal of simultaneously increasing victim safety and well-being while raising offender accountability through the collaborative work of both victim advocates and law enforcement officers on the team.

Consistent with Hypothesis 3, the effect of arrest on PTSD was further conditioned on the partner's stake in conformity/interpersonal investment. In particular, police arrest raised average PTSD among victims whose partners had low to average levels of stake in conformity/interpersonal investment. Among more conforming, invested partners, on the other hand, there was no significant association of the victim's PTSD with arrest of the partner. This finding is somewhat consistent with prior research that has considered the conditioning effect of partner's stake in conformity on police actions (Sherman & Smith, 1992). But where that work found police arrest to be beneficial among more conforming partners, we found that, at best, it does no harm. We also found that higher levels of the partner's stake in conformity/interpersonal investment, per se, were associated with fewer PTSD symptoms, on average.

Together, these findings suggest that the strength of the partner's social bond with the victim is a key factor in her recovery from having been assaulted by him or her. And it does not appear to be the case that the partner's characteristics are important because they lead to a lower level of physical aggression or to less emotional abuse. Both severity of the partner's violent assault and his or her level of emotional abuse were controlled in this study. Instead, it is likely that partners who have a greater investment in the victim and/or their standing in the community are seen by victims as offering greater promise of curbing their violence. Perhaps these partners express greater regret over violent episodes and appear more amenable to suggested ways of avoiding them in the future. Such partners should also expect to have a greater level of continued involvement with the victim over time, compared to others. They may therefore be less inclined to be spiteful or vengeful as a response to the victim's invoking of outside help.

Interestingly, the severity of physical assault by persons other than the current intimate partner was a significant and positive predictor of PTSD, net of other effects. However, others, not having the same level of social bonds with the victim as the intimate partner, may pose a greater threat of future assault. Although the severity of physical assault by the partner was unrelated to PTSD in the multivariate context, his or her level of emotional abuse was. Current partner's emotional abuse had a strong, positive effect on PTSD symptoms, controlling for other factors. This may partly be due to the fact that emotional abuse is most likely an ongoing problem. In that physical and sexual assault are the forms of victimization most likely to trigger attention from the criminal justice system, they are most likely to be sanctioned. Emotional abuse is less likely to be addressed and, therefore, curtailed.

We also found that victims who were ever the first to use physical aggression against their partners were significantly lower on average PTSD than their more passive counterparts. This is consistent with self-efficacy theory. To the extent that women feel more vulnerable and powerless in the face of assaults, they would be expected to be more fearful for their future safety (DeMaris & Swinford, 1996; Ozer & Bandura, 1990). Such women would, consequently, be more likely to experience recurring PTSD. In contrast, women who have in the past initiated physical altercations probably feel they have more control over their safety for two reasons. First, having been the first to be aggressive, they may feel that they are partly to blame for their experience of physical assault. And they can therefore curtail their

own aggression as a first step in warding off future violence. Second, women with the temerity to assault their partner first are probably more physically self-assured to begin with. They may therefore feel more able to defend themselves in future attacks.

The findings that did not emerge from this study are at least as important as those that did. First, we did not find the severity of physical assault victimization, or the fact of sexual assault, from the current partner to be predictive of psychological trauma, net of other covariates. Although we did find the severity of physical assault by others to affect PTSD symptoms, net of controls, we found no effects of assault severity, per se, on depression symptoms once other factors were held constant. This contrasts with the results of another recent study of a large community sample, which found domestic violence to predict depressive symptomatology, as well as suicide ideation, even after controlling for individual background factors (Fergusson et al., 2005). However, as that study was of a specific birth cohort at age 25, respondents were considerably younger than in the current study in which the average age was approximately 40 (39.75, to be exact). Although average relationship duration was not mentioned, it was in all likelihood substantially shorter than in the current study, in which the typical relationship had been in progress for 14 years. Not only are younger respondents more prone to intimate violence (Morse, 1995), such experiences may be more traumatic when not embedded in the context of a long-term partnership (Lempert, 1997).

Second, and more disturbing, we did not find any evidence of a buffering effect of help-seeking on the relationship between current-partner assault and psychological trauma. Granted, net of controls, current-partner assault did not appear to have a main effect on such trauma. But this could, conceivably, have been masked by a significant interaction effect involving help-seeking. One would expect victimization, at the least, to adversely affect psychological functioning when the victim sought no outside help. However, this pattern did not emerge. In contrast, the only role played by help-seeking behavior appeared to be a negative one. As noted above, police arrest of the current partner increased PTSD symptoms when the partner's stake in conformity/interpersonal investment level was not high.

A couple of limitations could have precluded the finding of support for a moderating effect of help-seeking. Perhaps most important is the character of the experience of violent victimization displayed by our sample. Johnson and his associates have argued that the more severe forms of domestic violence, referred to as intimate terrorism (Johnson & Ferraro, 2000), are likely underrepresented in community surveys. It may require violence of a most pernicious and prolonged nature before help-seeking strategies are seen to be beneficial. Whether such violence characterizes the current sample is not clear. Violence reported by sample victims did not seem trivial. For example, fully 35% of sample women were classified as having experienced severe assault from the current partner, whereas 27% reported being injured in these assaults, and 20% had to take time off from work or other activities as a result. On the other hand, only 5% sought medical treatment for their injuries. It is unclear to what degree the current sample captures levels of violence severe enough to have a continuing impact on psychological functioning.

A second issue is sample selectivity. Our sample-selection analysis suggested the possibility of some effects being underestimated due to severe restrictions on eligibility for the analytic sample. Although this bias did not appear to be pronounced, we were unable to fully address selectivity problems given the focus of the study on women victimized by current partners. Future work utilizing larger samples of women involved with abusive partners may be able to avoid selectivity issues altogether.

A third limitation is the retrospective nature of this study, which is based purely on victim recall of past victimization and coping efforts, and is further unable to totally disentangle cause from effect. Thus, does police arrest of the current partner lead to greater psychological trauma for the victim? Or is it that more psychologically traumatized victims are more likely to involve the police in a domestic violence incident? Or—yet a third possibility—are more aggressive, and therefore more anxiety-provoking, partners more likely to be arrested? Prospective data may not enable us to completely resolve these issues, but would at least let us more confidently place events in chronological sequence.

Our findings suggest directions for domestic violence interventions and future research on the role of help-seeking and police response in moderating the mental health impact of intimate partner violence. Although our research suggests that help-seeking from informal sources does not alleviate the impact of violence, we are unable to evaluate the motivations of women seeking help and what types of responses their help-givers provided. Future research (which may help to guide social and criminal justice policy) needs to clearly identify why some women seek help in the first place and, more important, why other women do not. Future research should therefore examine the motivations and emotional needs of women that lead them to seek help and social support. That is, what are women looking for when they call upon their family and friends in dealing with violence at the hands of their intimate partner? This approach to women's decision making suggests the need to continue to integrate social psychological frameworks into theory and research on intimate partner violence (Kaukinen, 2004). At the same time, research needs to clearly identify the nature of advice, support, and tangible resources offered to victims by their help-givers and the impact this has for victims dealing with the aftermath of intimate partner violence. The nonsignificant effect of help-seeking potentially masks two groups of women: those who received resources that helped to improve their lives and relationships, and those whose needs went unaddressed.

Acknowledgments

This project was supported by a grant from the National Institute of Justice (Award #2002-WG-BX-0005) to professors DeMaris and Kaukinen.

References

- Campbell JC, Soeken KL. Women's responses to battering over time: An analysis of change. *Journal of Interpersonal Violence*. 1998; 14:21–40.
- DeMaris A, Kaukinen C. Violent victimization and women's mental and physical health: Evidence from a national sample. *Journal of Research in Crime and Delinquency*. 2005; 42:384–411.
- DeMaris A, Swinford S. Female victims of spousal violence: Factors influencing their level of fearfulness. *Family Relations*. 1996; 45:98–106.
- Felson RB, Cares AC. Gender and the seriousness of assaults on intimate partners and other victims. *Journal of Marriage and Family*. 2005; 67:1182–1195.
- Felson RB, Pare P. The reporting of domestic violence and sexual assault by non-strangers to the police. *Journal of Marriage and Family*. 2005; 67:597–610.
- Fergusson DM, Horwood JL, Ridder EM. Partner violence and mental health outcomes in a New Zealand birth cohort. *Journal of Marriage and Family*. 2005; 67:1103–1119.
- Greene, WH. *Econometric analysis*. 5th. Upper Saddle River, NJ: Prentice-Hall; 2003.
- Holzworth-Munroe A. Male versus female partner violence: Putting controversial findings in context. *Journal of Marriage and Family*. 2005; 67:1120–1125.
- Hutchison IW. Alcohol, fear, and woman abuse. *Sex Roles*. 1999; 40:893–920.
- Johnson JM, Luna Y, Stein J. Victim protection orders and the stake in conformity thesis. *Journal of Family Violence*. 2003; 18:317–323.

- Johnson MP, Ferraro KJ. Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and the Family*. 2000; 62:948–963.
- Kaukinen C. The help-seeking decisions of violent crime victims: An examination of the direct and conditional effects of gender and the victim–offender relationship. *Journal of Interpersonal Violence*. 2002; 17:432–456.
- Kaukinen C. The help-seeking strategies of female violent-crime victims: The direct and conditional effects of race and the victim–offender relationship. *Journal of Interpersonal Violence*. 2004; 19:967–990. [PubMed: 15296612]
- Lempert LB. The other side of help: Negative effects in the help-seeking processes of abused women. *Qualitative Sociology*. 1997; 20:289–309.
- Little, RJA.; Rubin, DB. *Statistical analysis with missing data*. New York: Wiley; 1987.
- Macmillan R, Gartner R. When she brings home the bacon: Labor-force participation and the risk of spousal violence against women. *Journal of Marriage and the Family*. 1999; 61:947–958.
- Morse BJ. Beyond the conflict tactics scale: Assessing gender differences in partner violence. *Violence & Victims*. 1995; 10:251–272. [PubMed: 8703839]
- Ozer EM, Bandura A. Mechanisms governing empowerment effects: A self-efficacy analysis. *Journal of Personality and Social Psychology*. 1990; 58:472–486. [PubMed: 2324938]
- Pearlin LI, Menaghan EG, Lieberman MA, Mullan JT. The stress process. *Journal of Health and Social Behavior*. 1981; 22:337–356. [PubMed: 7320473]
- Rusbult CE, Buunk BP. Commitment processes in close relationships: An interdependence analysis. *Journal of Social and Personal Relationships*. 1993; 10:175–204.
- Sampson RJ, Laub JH. Crime and deviance over the life course: The salience of adult social bonds. *American Sociological Review*. 1990; 55:609–627.
- Saunders BE, Kilpatrick DG, Hanson RF, Resnick HS, Walker ME. Prevalence, case characteristics, and long-term psychological correlates of child rape among women: A national survey. *Child Maltreatment*. 1999; 4:187–200.
- Sherman LW, Smith DA. Crime, punishment, and stake in conformity: Legal and informal control of domestic violence. *American Sociological Review*. 1992; 57:680–690.
- Simons RL, Johnson C, Beaman J, Conger RD. Explaining women's double jeopardy: Factors that mediate the association between harsh treatment as a child and violence by a husband. *Journal of Marriage and the Family*. 1993; 55:713–723.
- Straus M. Measuring intrafamily conflict and violence: The conflict tactics scale. *Journal of Marriage and the Family*. 1979; 41:75–88.
- Tjaden, P.; Thoennes, N. *Violence and threats of violence against women and men in the United States, 1994-1996*. 1999. [Computer file]. ICPSR version. Denver, CO: Center for Policy Research [producer], 1998. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 1999
- Ullman SE. Do social reactions to sexual assault victims vary by support provider? *Violence and Victims*. 1996; 11:143–157. [PubMed: 8933710]
- Ullman SE, Brecklin LR. Sexual assault history, PTSD, and mental health service seeking in a national sample of women. *Journal of Community Psychology*. 2002; 30:261–279.

Biographies

Alfred DeMaris is a professor of sociology and statistician for the Center for Family and Demographic Research at Bowling Green State University. His previous research has primarily focused on an examination of the antecedents and consequences of intimate partner violence for both married and unmarried couples. His current research interests involve the assessment of equity/inequity in marriage, and the consequences of such for various marital outcomes, including violence.

Catherine Kaukinen is an associate professor and director of the undergraduate and graduate programs in criminal justice in the School of Public Affairs at the University of

Colorado–Colorado Springs. Her research has examined the risk factors for physical violence and emotional abuse in intimate relationships, the physical and mental health consequences of violent victimization over the life course, the help-seeking behavior of violent crime victims, and the relationship between adolescent victimization and problem drinking behaviors. She is currently working on an examination of the effect of intensive no-contact orders on offender recidivism and victim well-being in cases of domestic violence.

Table 1
Descriptive Statistics for All Variables in the Analyses

Variable	<i>M</i>	<i>SD</i>	Range
Depressive symptoms	17.75	4.39	8 to 30
Posttraumatic stress disorder symptoms	12.51	15.13	0 to 63
Severity of physical assault by current partner	1.80	1.27	0 to 5
Sexually assaulted by current partner	.09	.29	0 to 1
Talked to anyone about physical assault	.53	.50	0 to 1
Police response other than arresting partner	.18	.38	0 to 1
Police arrested current partner for physical assault	.06	.24	0 to 1
Any help-seeking for sexual assault	.07	.25	0 to 1
Annual income (ordinal)	3.95	2.29	0 to 9
Presence of a chronic disease	.13	.33	0 to 1
Child abuse scale	2.15	2.29	0 to 12
Presently employed	.62	.49	0 to 1
First to use physical aggression	.21	.41	0 to 1
Using alcohol/drugs during physical assault	.12	.33	0 to 1
Current partner's emotional abuse	3.42	2.58	0 to 12
Severity of physical assault by others	.59	1.26	0 to 7
Stake in conformity/interpersonal investment	3.23	1.71	0 to 6

Note: $N = 374$.

Table 2
Unstandardized Ordinary Least Squares (OLS) Regression Coefficients for the Models of Depression Symptoms

Explanatory Variable	Model 1	Model 2	Model 3
Intercept	17.74***	17.88***	17.44***
Severity of physical assault by current partner ^a	.59**	.34	.23
Sexually assaulted by current partner	1.28	.43	.18
Talked to anyone about physical assault	-.17	-.12	-.13
Police response other than arresting partner	-.61	.02	.02
Police arrested current partner for physical assault	1.41	.68	.65
Any help-seeking for sexual assault	.07	.46	.74
Annual income (ordinal)		-.23*	-.20
Presence of a chronic disease		2.18**	2.07**
Child abuse scale		.33**	.30**
Presently employed		-.46	-.46
First to use physical aggression			-.37
Using alcohol/drugs during physical assault			-.28
Current partner's emotional abuse			.16
Severity of physical assault by others			-.01
Stake in conformity/interpersonal investment ^a			.07
<i>F</i>	2.18*	4.79***	3.43***
<i>df</i>	6	10	15
<i>R</i> ²	.03	.12	.13

^aVariable is centered around its mean.

*
 $p < .05$.

**
 $p < .01$.

 $p < .001$.

Table 3
Unstandardized Ordinary Least Squares (OLS) Regression Coefficients for the Models of PTSD Symptoms

Explanatory Variable	Model 1	Model 2	Model 3	Model 4
Intercept	10.19***	11.54***	5.43**	5.29**
Severity of physical assault by current partner ^a	3.13***	2.33***	.83	.71
Sexually assaulted by current partner	14.48**	12.89*	8.18	7.82
Talked to anyone about physical assault	1.22	1.23	1.51	1.44
Police response other than arresting partner	.86	2.70	1.83	1.73
Police arrested current partner for physical assault	7.99*	6.14	6.42*	6.99*
Any help-seeking for sexual assault	-4.09	-3.47	-2.30	-2.12
Annual income (ordinal)		-.87*	-.42	-.36
Presence of a chronic disease		1.84	-.38	-.57
Child abuse scale		1.22***	.54	.56
Presently employed		-1.46	-1.66	-1.74
First to use physical aggression			-4.07*	-4.35**
Using alcohol/drugs during physical assault			-2.52	-2.31
Current partner's emotional abuse			1.92***	1.94***
Severity of physical assault by others			2.00***	1.95***
Stake in conformity/interpersonal investment ^a			-.86*	-.59
Police Arrest × Stake in Conformity/Interpersonal Investment				-3.17*
<i>F</i>	10.18***	9.34***	12.77***	12.50***
<i>df</i>	6	10	15	16
<i>R</i> ²	.14	.20	.35	.36

^aVariable is centered around its mean.

*
 $p < .05$.

**
 $p < .01$.

 $p < .001$.