Longitudinal Patterns of Intimate Partner Violence, Risk, Well-Being, and Employment: Preliminary Findings

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Although much research on intimate partner violence has been conducted over the past 25 years, still relatively little is known about how battered women's experiences of abuse and its consequences change over time, especially during and following specific community and legal interventions. The Panel on Research on Violence Against Women, established by the National Research Council in 1995, recommended that "longitudinal research should be undertaken to study the developmental trajectory of violence against women" (Crowell and Burgess, 1996, p. 90). Despite this recommendation, only a few studies have tracked battered women's experiences of intimate partner violence and its consequences over time, and fewer still have documented factors that predict patterns of reabuse.

Most longitudinal studies of victims of intimate partner violence have focused on patterns of reabuse over time. Feld and Straus's (1990) 2-year panel study represents the largest of these studies. Based on a national probability sample of married and cohabitating couples, the study found that of men who had committed three or more severe acts of domestic assault in the year prior to the first interview, about two-thirds committed additional acts during the following year. A second, smaller longitudinal study found that in a community sample of 51 intimate partner violence victims who responded to advertisements about the study (Campbell et al., 1994), 25 percent of participants reported continued abuse 2½ years later. A third longitudinal study, which focused on batterers under court-ordered treatment (Gondolf, 2000), found that 41 percent of the men committed a reassault during the 30-month followup, according to victims' reports. This represents a 7-percent increase over the 15-month assault rate. Two-thirds of first reassaults, however, occurred within the first 6 months. Finally, findings from a comprehensive longitudinal study of intimate partner violence victims recruited from a shelter in the Midwest, half of whom received volunteer advocacy services, show that median time to first reabuse was 3 months for the control group and 9 months for the advocacy group (Sullivan and Bybee, 1999; Sullivan, 2002). The probability of reabuse in the future leveled off at approximately 15 months for the advocacy group, but continued to escalate to the end of the 24-month followup period for the control group. Altogether, 3 of 4 women in the advocacy group and 9 of 10 women in the control group experienced recurrent intimate partner violence at some point across the 24 months of postintervention followup, either from the original assailant or from a new intimate partner.

These studies underscore the wide variation in patterns of repeat abuse, and they highlight the dangers of generalizing findings based on one type of sample to different populations. They also suggest the need to develop common forms of measurement, followup intervals, and definitions across studies. Although none of these longitudinal studies focused specifically on battered women's emotional well-being over time, Campbell and Soeken (1999) found, not surprisingly, that women who continued to be abused after 3½ years reported significantly higher levels of emotional distress (including depression and stress) than those who remained free of abuse. Furthermore, Sullivan, Bybee, and Allen (2002) found that women who participated in the advocacy intervention reported higher quality of life, higher social support, and fewer depressive symptoms than those in the comparison group; however, both groups reported improvements along these dimensions during the followup period. Although these findings are interesting and important, they do not provide a clear picture of how the emotional well-being of battered women shifts over time.

Furthermore, none of these studies explored the potential contribution of intimate partner violence to women's ability to sustain employment over time. Yet a review of several studies documenting the relationship between domestic violence and welfare concludes, "domestic violence presents a barrier to sustained labor market participation" (Raphael and Tolman, 1997, p. 22). For example, a recent study (Browne, Salomon, and Bassuk, 1999) involving a sample almost exclusively composed of recipients of Aid to Families with Dependent Children found that those who had experienced domestic violence during a previous 12-month period had only one-third the odds of maintaining employment for at least 30 hours a week for 6 months or more compared to those who had not experienced domestic violence during that period. However, this study was not able to examine the temporal relationship between violence and work within the 12-month period or the factors that contribute to battered women's employment difficulties.

Finally, none of these studies thoroughly explored the range of individual, interpersonal, and community factors that might contribute to violence cessation or escalation. Without a deeper understanding of the longitudinal patterns of intimate partner violence and factors that influence these patterns, it will be difficult to develop new methods for combating intimate partner violence, to determine whether specific interventions are working to reduce intimate partner violence and its consequences, or to advise women on which risk factors represent the greatest risk. The longitudinal study described in the next section attempts to address some of these gaps.

Purpose

This study was designed to deepen understanding of the experience of victims of intimate partner violence over time. Specific goals of the study are to examine 1) trajectories of intimate partner violence, including women's subjective appraisal of risk; 2) women's strategies for responding to intimate partner violence over time; and 3) potential predictors of these patterns, identified on the basis of an ecological or contextual model (Bronfenbrenner, 1986). This model situates the individual and her characteristics within her larger social context by investigating the influence of a broader set of factors on individual-level phenomena. Thus, this study goes beyond individual characteristics of the batterer or victim to identify contributors to patterns of intimate partner violence that are rooted in the larger community and the battered women's social support system. Below are preliminary data on patterns of intimate partner violence, subjective appraisal of risk, emotional well-being, and employment.

Methods

Recruitment Procedures and Sample Description

Over 7 months (June 1999 to January 2000), researchers recruited 406 women from one of three sites in a Northeastern city at the point they were seeking help for intimate violence at the hands of a current or former male partner. The first site, the Shelter (n = 68, 16.7 percent), is the main crisis shelter for battered women and their children in the city. Participants were recruited within the first 30 days of their shelter stays. The second site, the District Court, Civil Division (n = 220, 54.2 percent), offers services to domestic violence victims seeking civil protection orders. Participants were recruited at the point they were seeking an initial temporary restraining order. The third site, the District Court, Domestic Violence Criminal Docket (n = 118, 29.1 percent), is

a specialized court that handles all domestic violence misdemeanor cases in the city. Participants were recruited outside the courtroom following the final disposition of the case.

Written informed consent was obtained and participants completed the study questionnaire either through an interview or as a written questionnaire (n = 294) at the time of recruitment. Others returned the questionnaire by mail (n = 112) if they were willing to participate but unable to do so at the time of recruitment. The overall refusal rate was 28.6 percent.

To participate in the study, a potential participant had to be a victim of violence by a man who was a current or former intimate partner, English speaking, sober, and without significantly impaired mental status at the time of the initial interview. As part of informed consent, each potential participant was advised that a researcher would contact her by telephone every 3 months for the next year. She was asked to provide detailed contact information and to answer a series of questions about how to maximize her safety during followup phone contacts. Participants were paid $20 for the first interview and for each successive interview, with the exception of the 12-month interview, for which they were paid $50. At the 1-year point, 80.5 percent of the women in the sample had been retained.

African-American women predominated in the sample (81.2 percent). A large majority were currently separated from their abusive partners (81.5 percent), although most (73 percent) had been living with their partners at the time of the incident that brought them to the shelter or courts. Nevertheless, a significant proportion expected either to have ongoing contact (39.3 percent) or to continue in a relationship (17.3 percent) with their abusive partner. (Exhibit 1 presents demographic and other characteristics.) Although the women were recruited from three different communities or legal systems, many reported involvement with more than one of these communities, as is reflected in the following categories: Criminal Only (n = 79, 20.2 percent); Civil Only (n = 145, 37 percent); Criminal + Civil (n = 100, 25.5 percent); and At Least Shelter (including either civil or criminal, or neither, or both) (n = 68, 17.3 percent).

More than one-third of the participants (39.4 percent) reported prior experience with physical violence by another intimate partner. In addition, 53.1 percent of women in the sample reported some form of childhood physical or sexual abuse.

Measures

Intimate partner violence was measured using a modified version of the Revised Conflict Tactics Scales (CTS–2) (Straus et al., 1995). The items in each subscale ask if, in the past year, the participant has experienced specific acts of sexual abuse and physical abuse or specific types of injuries from the abuse. For ease and speed of administration as well as consistency with the rest of the protocol, participants were given a yes/no response choice rather than asked about frequency. Also, the seven sexual abuse items were consolidated into four. Stalking items were included from the National Violence Against Women Survey (Tjaden and Thoennes, 1998). Subjective appraisal of risk was measured using a new 14-item instrument developed for this study. Mean scores reflect overall risk and range from 1 to 5. Items assessed violent, nonviolent, and child-related risks. Emotional well-being was measured using the quality of life measure adapted from Sullivan (Sullivan and Bybee, 1999), the Post Traumatic Stress Disorder (PTSD) Checklist (Blake et al., 1995; Blanchard et al., 1996), and the CES–D (Center for Epidemiological Studies—Depression) scale for depression (Radloff, 1977).

Exhibit 1. Sample Characteristics

	Percent[1]	Mean (S.D.)	Range
Demographic Characteristics			
Ethnicity			
African-American	81.2		
Caucasian	13.0		
Other	5.8		
Length of relationship		72.2 months (72.8)	1–427 months
Age		32.5 years (8.7)	17–65 years
At least one child	90.9		
Number of children		2.2 (1.4)	0–8
Children living in home	78.9		
Children in common with abusive partner	45.4		
Employment			
Unemployed	25.4		
Employed	62.9		
Full time	51.0		
Part time	11.9		
Income			
Less than $5,000	37.5		
$6,000 to $15,000	28.7		
$16,000 to $25,000	20.2		
$26,000 and above	13.4		
Public Assistance			
Any type	35.2		
Public housing	7.0		
WIC	28.9		
Food stamps	65.6		
Education			
Less than high school	27.0		
High school	28.7		
Technical school	7.2		
College	38.1		
Some courses	27.7		
2-year graduate	3.5		
4-year graduate	3.7		
Some graduate	2.2		
Relationship			
Married	42.1		
Boyfriend	57.9		
Living together at time of incident	73.0		
Currently estranged relationship	81.5		
Expect to continue relationship	17.3		
Expect to have contact	39.3		
Protective Services Involvement			
Child removed from home for any reason	8.9		
If removed, removal due to abuser's violence	25.0		

[1] Percent within subcategory reflects percent within parent category

Findings

Violence and Abuse

Exhibit 2 shows the prevalence of different forms of abuse and injury reported by participants at baseline. Eighty-eight percent of participants reported some form of serious violence during the previous year (e.g., slammed against wall, strangled or choked, punched, object thrown at, twisted arm or hair, beaten up, kicked, threatened with or used knife or gun, burned or scalded), 46.9 percent reported some form of sexual abuse, 77.7 percent reported some form of injury, and 82.9 percent reported some form of stalking during the previous year.

Exhibit 2. Frequencies of Physical Violence, Sexual Abuse, Injury, and Stalking in the 12 Months Prior to the Study (*n* = 406)

	Percent		Percent
Physical Violence		**Stalking**	
Any serious physical violence	88.1	Any stalking	82.9
Push/Shove	86.3	Destroyed property	57.4
Grab	85.3	Followed or spied on	49.1
Slam against wall	57.6	Unwanted phone calls	49.1
Slap	56.1	Stood outside home, office, work	40.1
Strangle or choke	50.9	Showed up without reason	38.8
Punch	50.6	Sent unwanted letters/note	21.0
Throw object	47.3	Hurt or killed pets	9.8
Twist arm or hair	49.9		
Beat up	41.8		
Kick	36.0	**Injury**	
Use or threaten with knife, gun	35.8	Any injury	77.7
Burn or scald	5.8	Pain the next day	67.7
		Sprain, bruise, or cut	64.4
Sexual Abuse		Lost consciousness	13.7
Any sexual abuse	46.9	Broken bone	8.5
Refused to wear condom	31.8	Received medical attention	32.3
Coerced sex – fear	29.9	Needed to, but did not receive medical attention	31.1
Forced sex	27.4		
Coerced sex – explicit threats	21.4		

By the first 3-month followup period (Time 2), nearly one-third (29.6 percent) of the participants reported recurrence of some form of physical violence, 20.4 percent reported an injury, and 18.1 percent reported sexual abuse. Stalking between Time 1 and Time 2 was reported by 46.9 percent of participants. For the subgroup reporting some physical violence at Time 2, 71.6 percent reported severe violence and 55.2 percent reported being injured.

By the 1-year followup (Time 5), 38.8 percent of participants reported at least some recurrence of physical violence within the past year, 24.3 percent some type of injury, 23.4 percent some form of sexual abuse, and 59.1 percent some form of stalking by the original abusive partner.

Appraisal of Violence and Future Risk

Participants were asked to rate on a five-point scale the level of severity of the index violent episode that brought them to the shelter, civil protection order court, or criminal court. Most participants in each site rated the violence as severe (rating 4 or 5): shelter, 73.6 percent; civil court, 63.1 percent; and criminal court, 56 percent. A little more than half (56.8 percent) of the women overall indicated that this was the worst incident and 35.9 percent overall indicated that it was the first. For a significant proportion (43.2 percent), the incident that brought them into contact with these institutional agencies was not the most serious.

Participants also were asked about their appraisal of intimate partner violence-related risks within the next 12 months. At Time 1, a significant number of participants indicated their level of risk as high.[2] The types of risk most commonly rated as high were the risks that the abusive partner would violate a protection order (44.1 percent), track down the participant and find her (43.4 percent), humiliate her (43.2 percent), create financial problems for her (42.1 percent), and destroy her property (42.1 percent). The percentage of participants rating the risk of being injured (28.1 percent) or killed (25.4 percent) as high also is remarkable.

Participants' mean scores for appraisal of future risk were significantly lower after 3 months (Time 2) (M = 2.16 vs. 2.09, t = 7.28, df = 274, $p \leq .001$). Nevertheless, at Time 2, a significant portion of participants still perceived as high their risk of being assaulted (15 percent) or injured (12.8 percent). At 1-year followup, the risks of being assaulted and of being injured were both reported as high by 10.2 percent of the sample.

These findings indicate that for many women, exposure to violence and abuse continues past their contact with a community or legal agency. Further, for most of those revictimized, that violence appears to be serious and to result in injury. Taken together, results suggest different trajectories for violence and abuse following participants' involvement with community and legal system interventions.

Emotional Well-Being

Mean scores on each of the measures of well-being indicated an overall improvement in reported quality of life at Time 2 compared to Time 1 (29.5 vs. 33.4, t = -7.8, df = 287, $p \leq$ = .0001). Likewise, an overall mean decrease was observed in reported depressive symptoms (29.6 vs. 21.4, t = 11.33, df = 286, $p \leq .0001$) and PTSD symptoms (47.3 vs. 37.3, t = 10.53, df = 288, $p \leq$ = .001).

However, this progress was not uniform. When the proportion of women who reported clinically significant levels of depression was examined (16 or higher on the CES–D scale), 69.2 percent of the 83.4 percent of women who met criteria for depression at Time 1 remained depressed 3 months later. Perhaps more surprising, 18 percent of those *not* reporting clinical levels of depression at Time 1 did so at Time 2. Overall, 60.2 percent reported depression at Time 2.

Of the 70 percent who met diagnostic criteria for PTSD at Time 1, more than half (59.2 percent) continued to do so at Time 2. Furthermore, 26.1 percent of those who did *not* meet diagnostic criteria for PTSD at Time 1 did so at Time 2, indicating an increase in PTSD symptomatology for some participants. Overall, 49 percent of all women met diagnostic criteria at Time 2.

One year after having entered a legal system or shelter because of domestic violence, 46.3 percent of the overall sample met criteria for clinical depression and 29.8 percent met all the criteria for PTSD. More than half of the sample reported experiencing significant posttraumatic symptoms 1 year later: 56.3 percent, 34.2 percent, and 52.5 percent met criteria for intrusion, avoidance, and arousal symptom clusters, respectively. Overall, these findings indicate ongoing distress for a large number of participants. Further, they indicate different trajectories of well-being, with some participants making strides toward improvement and others experiencing greater distress over time.

Employment

Employment patterns indicate a slight increase in employment over the 1-year period. At Time 1, 59.6 percent of the participants reported being employed either full or part time. One year later, 63.4 percent of participants reported having some form of employment. Of those employed at Time 1, 78.2 percent remained employed 1 year later. A substantial proportion of those not employed at Time 1 (41.9 percent) were employed 1 year later.

Implications

Much is yet to be understood about battered women's experience over time, but these results help point to some important considerations for both researchers and practitioners.

Implications for Researchers

These preliminary findings indicate different patterns of revictimization across different types of intimate partner violence acts: physical violence, sexual abuse, and stalking. For researchers, this underscores the importance of including all these categories of intimate partner violence in their protocols. Furthermore, it is desirable that research protocols incorporate variables that measure appraisal of risk along with intimate partner violence acts. Preliminary results suggest that these variables reflect different and important phenomena, which can contribute to a more complete understanding of the long-term consequences of intimate partner violence. A third implication is the importance of including information about how an "index" violence incident (e.g., in this study, the one that brought them into the court or shelter) fits within an overall pattern of intimate partner violence. Failing to recognize this point may result in the failure to understand fully battered victims' behavior or decisionmaking. Finally, these findings support the value of including broadly defined outcomes, such as safety, well-being, and employment, to better understand intimate partner violence aftereffects.

Implications for Practitioners

One of the most important implications for practitioners is similar to that for researchers, but for different reasons. Advocates have recognized for some time that for many battered women, the intimate partner violence that brings them into contact with the legal system or shelter is not the most serious incident. However, other institutional systems (e.g., courts) are more inclined to address the "index" incident without sufficient regard for prior, and sometimes far more serious, incidents that may signal an increased danger. Without this knowledge, a heightened risk may go undetected. A related implication of these results for designing legal and nonlegal interventions

is the importance of recognizing stalking as the type of intimate partner violence most likely to recur.

Another implication of these findings is the recognition that the mental health impact of intimate partner violence may worsen over time, at least in the short term. Although a battered woman may not report serious depression or posttraumatic effects when she enters the legal system or shelter, she may experience greater distress later.

Preliminary findings illustrate the range of abusive behaviors that batterers engage in, including physical violence, sexual abuse, stalking, and psychological abuse. These data highlight the importance of maintaining broad definitions of domestic violence in creating and interpreting existing legal remedies as well as services for victims of domestic violence. Further, some of the demographic characteristics of the 406 women sampled have implications for courts and other systems responding to the problem of domestic violence. Some are important simply because they help to dispel stereotypes of victims (e.g., the large percentage of women who are employed, the wide range of age as well as income levels). Others are important because they help courts and legislatures to focus on areas of particular need in developing and enforcing remedies. For example, 92 percent of the women in the sample had at least one child and almost half had a child in common with the abuser. Some judges, particularly in civil protection order proceedings, are still reluctant to address issues involving children in court hearings. These data suggest that remedies relating to the care, support, and protection of children are central to many civil protection order proceedings.

It is also noteworthy that nearly three-quarters of the participants were living with their abusers at the time of the violent incident that brought them to the attention of the court or shelter intervention, but more importantly, many were planning either to continue in relationships or to have contact with their abusers in the future. Again, these data suggest that courts need to fashion remedies that extend beyond no-contact orders and are designed to promote continued, but safe, contact between the victim and abuser. Such orders include supervised visitation orders, earnings withholding orders for emergency family maintenance, and orders to enforce participation in batterer treatment programs.

Notes

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2. High risk was defined as a rating of 4 or 5 on a 5-point Likert-type scale.

References

Blake, D.D., Weathers, F.W., Nagy, L.M., Kaloupek, D.G., Gusman, F.D., Charney, D.S., and Keane, T.M. (1995). "The Development of a Clinician-Administered PTSD Scale." *Journal of Traumatic Stress*, 8(1), 75–90.

Blanchard, E.B., Jones-Alexander, J., Buckley, T.C., and Forneris, C.A. (1996). "Psychometric Properties of the PTSD Checklist (PCL)." *Behaviour Research and Therapy*, 34(8), 669–673.

Bronfenbrenner, U. (1986). "Ecology of the Family as a Context for Human Development: Research Perspectives." *Developmental Psychology*, 22(6), 723–742.

Browne, A., Salomon, A., and Bassuk, S.S. (1999). "The Impact of Recent Partner Violence on Poor Women's Capacity to Maintain Work." *Violence Against Women*, 5(4), 393–426.

Campbell, J.C., and Soeken, K.L. (1999). "Women's Responses to Battering Over Time." *Journal of Interpersonal Violence*, 14(1), 21–40.

Campbell, J.C., Miller, P., Cardwell, M.M., and Belknap, A. (1994). "Relationship Status of Battered Women Over Time." *Journal of Family Violence*, 9, 99–111.

Crowell, N.A., and Burgess, A.W., eds. (1996). *Understanding Violence Against Women*. Washington, DC: National Academy Press.

Feld, S.L., and Straus, M.A. (1990). "Escalation and Desistance of Wife Abuse in Marriage." In M. Straus and R.J. Gelles (eds.). *Physical Violence in American Families* (pp. 489–506). New Brunswick, NJ: Transaction Publishers.

Gondolf, E.W. (2000). "A 30-month Follow-Up of Court-Referred Batterers in Four Cities." *International Journal of Offender Therapy and Comparative Criminology*, 44(1), 111–128.

Radloff, L.S. (1977). "The CES–D Scale: A Self-Report Depression Scale for Research in the General Population." *Applied Psychological Measurement*, 1(3), 385–401.

Raphael, J., and Tolman, R.M. (1997). *Trapped by Poverty/Trapped by Abuse: New Evidence Concerning the Relationship Between Domestic Violence and Welfare.* Chicago: Project for Research on Welfare, Work, and Domestic Violence, a collaborative project of the Taylor Institute and the University of Michigan Research Development Center on Poverty, Risk and Mental Health.

Straus, M.A., Hamby, S.L., Boney-McCoy, S., and Sugarman, D.B. (1995). *The Revised Conflicts Tactics Scales (CTS-2).* Durham, NH: Family Research Laboratory.

Sullivan, C.M., and Bybee, D.I. (1999). "Reducing Violence Using Community-Based Advocacy for Women With Abusive Partners." *Journal of Consulting and Clinical Psychology,* 67(1), 43–53.

Sullivan, C.M., Bybee, D.I., and Allen, N.E. (2002). "Findings From a Community-Based Program for Battered Women and Their Children." *Journal of Interpersonal Violence,* 17(9), 915–936.

Tjaden, P., and Thoennes, N. (1998). *Stalking in America: Findings From the National Violence Against Women Survey.* Washington, DC: U.S. Department of Justice, National Institute of Justice and U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, NCJ 169592.