COMMON CHARACTERISTICS OF ABUSED WOMEN

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ABSTRACT

The purpose of this study was to investigate the psychological characteristics of women who remain in a battering relationship for one or more years.

The Cattell Sixteen Personality Factor Inventory was used to measure the 16 source traits which Cattell formed through factor analysis. The questionnaire was administered to a sample of 11 battered women selected from those women who had sought assistance from the Victim-Witness Advocate Program and from women who responded to a newspaper ad.

The data were analyzed statistically. The mean raw scores were calculated for each of the 16 factors and then compared to the normative means established for the general adult population. T-values were calculated.

Statistical significant results were obtained for Factor A toward Sizothymia, Factor B toward less intelligence, Factor F toward desurgency, Factor G toward stronger superego strength and Factor Q2 toward self-sufficiency. A substantive trend was noted for Factor C toward lower ego strength. The study suggested the psychological characteristics of the abused woman to be reserved, detached and aloof and that the women possessed characteristics of self-sufficiency, persistence and moralism. The women showed a decrease in intellectual functioning, had a low frustration tolerance and were emotionally less stable. These trends are conceptually explained within the framework of Cattell's Personality Theory.

CHAPTER 1

INTRODUCTION

The syndrome of the abused wife is a topic which has been generally ignored and avoided in our society until recent years. The trend toward increased awareness and interest in the abused woman seems to have been ignited by the recent women's liberation movement and a general re-evaluation of the woman's role in our society. The first book published on the subject was not until 1974 (Pizzey). Then, in 1975, by unanimous vote, the National Organization of Women at its national conference proclaimed marital violence a major issue and established a National Task Force on Battered Women and Household Violence. The plans for this task force were to launch a massive education program, establish emergency shelters for the women, and lobby for remedial legislation (Martin, 1977).

Even with the increased awareness of the problem of violence toward women in the home, there is only minimal knowledge and research on the dynamics of this widespread problem. Instead, there are many myths and beliefs on the topic that are widely held by the public as well as professionals. These myths range from viewing the woman as a passive, innocent victim to believing that she asked for and wanted to be beaten.

The battered woman is seen by the nurse in almost all areas of the health care system. She is usually first seen in the doctor's office or the emergency room for immediate attention to her injuries, or on the

medical unit if her injury is serious enough for hospitalization. The community health nurse may see the battered woman in her home. Many batterings occur during pregnancy when the obstetric nurse will interact with the battered woman. The psychiatric-mental health nurse frequently interacts with and counsels women who have been abused by their husbands or who are presently being abused. It is important that the nurse, as well as all other members of an interdisciplinary team, have an understanding of the dynamics of the battered women in order to offer optimal psychiatric treatment.

Significance of the Study

The battering of women by their husbands is considered to be the most underreported crime in this country. The incidence of wife abuse is estimated to be three times that of rape (Franché, 1976). Nobody knows the exact extent of wife abuse, but estimates based on police reports and family court complaints place the figure at about one million women being battered each year (U.S. News and World Report, 1976). Plus, wife abuse is a widespread problem which appears to cover all ages, lifestyles, races and economic classes. Considering the extent of this problem, there is only limited research contributing to reliable knowledge for those in the health care system who will encounter these women.

The investigator believes that it is imperative for the health care profession to have a clearer understanding of the dynamics of the abused woman. The knowledge and education of the health professional can affect his interaction with the battered woman. Too often the battered woman is responded to in a stereotyped way, whether she applies

for assistance in the emergency room, the psychiatric clinic, or with the legal profession. One means to increase the understanding of the battered woman is through research.

Increased knowledge, from research of the battered woman, is particularly important for the psychiatric clinician. For the most appropriate treatment plan to be established, the clinician must understand the client and not be blinded by past stereotypes.

Negative attitudes can be a problem for the health care professional when working with battered women. If these attitudes are not dealt with, the client can be left feeling further alienation. Nichols wrote:

Lacking cognition in wife abuse treatment, some social workers believe that the woman who is beaten has 'asked for it.' Other workers are self-conscious and defensive, afraid of being judged as being too allied with feminism.

The result of this unclear thinking is that the client's feelings of anger and frustration are often silenced, and the client's experience is played down in such a way as to alter its reality (Nichols, 1976:27-28).

A clearer understanding of the client can help to alleviate this problem and lead to more effective treatment.

Many women stay in abusive situations for years and the motivation for staying is unknown. If more was understood of the psychological dynamics of the woman, then a plan could be devised to help her look at her pattern of abuse and how, due to her psychological characteristics, she contributes to it and avoids changing the situation. Then a plan could be instituted to help her break the pattern of the maladaptive behavior.

In summary, the results of this study can make the following contributions. First, the health care profession will have additional empirical data to increase their knowledge of the battered woman. Secondly, this understanding can facilitate more effective care planning by the health profession. And, thirdly, results can stimulate further study on the description, treatment and prevention of wife abuse.

Statement of the Problem

Research done in the area of describing the battered woman is minimal. Various environmental factors related to the battered woman have been identified, yet little has been done to describe the woman herself. This study investigated the question of what psychological characteristics are commonly found among battered women.

Purpose of the Study

Through exploration of the characteristics of the battered women, common traits can be identified that might interplay in the dynamics in physical violence in marriages. The findings of this study will contribute to the body of knowledge on battered women, in order to assist the health care provider in prevention and treatment.

Definitions

For the purpose of the study, the following terms were used.

1. Wife. Any woman, whether a legal wife, a common-law wife, of a cohabitee, who has shared a residence with a particular man.
2. Battered. A woman who has suffered repeated physical injury from the man who she resides with. Repeated includes any observable physical abuse which has occurred over time.

3. Psychological Characteristics. The source traits identified by Cattell's 16PF Questionnaire (Institute for Personality and Ability Testing, 1969).

Conceptual Framework

Cattell provided a general theory of personality. His definition of personality is:

Personality is that which permits a prediction of what a person will do in a given situation. The goal of psychological research in personality is thus to establish laws about what different people will do in all kinds of social and general environmental situations. . . . Personality is . . . concerned with all the behavior of the individual, both overt and under the skin (Hall and Lindzey, 1970:386).

In Cattell's theory of personality, the trait is the most important concept. He believed there are common traits among all individuals, or at least between all individuals who share common social experiences. Plus, there are unique traits which apply only to a particular individual and can be found in no other person in that form. According to Cattell's theory, then women who share the common experience of abuse share common traits.

Cattell distinguished between two traits, First, there are the surface traits which are the overt behaviors which seem to go together. Secondly, there are the source traits which represent underlying variables that enter into the determination of multiple manifestations of behavior (Hall and Lindzey, 1970). The surface traits in wife abuse are the observable behaviors that go together to form the wife abuse syndrome. The source traits can only be identified through factor analysis which permits the estimation of the factors which consist of the basis of the surface traits.

Cattell placed strongest emphasis on the source traits. The source traits have the most utility in accounting for behavior. In wife abuse, the source traits are the structural influence of the underlying personality which accounts for why the wife stays in an abusive marriage. The source traits of the battered woman influence and help define what surface traits would be observable in the marriage.

Allport is similar in his theory to Cattell in that they both devised a trait theory. Allport, as cited in Hjelle and Ziegler (1976: 174), defined personality as ". . . the dynamic organization within the individual of those psycho-physical systems that determine his characteristic behavior and thought." Allport used the concept of trait as a unit of analysis for representing what people are like and how they differ from one another psychologically. A trait is a predisposition to respond in an equivalent manner to several kinds of stimuli. One of the aspects of a trait which Allport emphasizes is, they do not wait to be aroused by external stimuli, but will actually seek out situations that encourage the expression of the trait (Hjelle and Ziegler, 1976).

If abused women do have certain traits in common, have they stayed with their marriages so there can be expression of these traits? According to Allport, traits are dynamic and cause behavior.

Murray developed a theory of personality similar to Cattell's in his emphasis on motivational constructs. For Murray, the personality integrates, organizes and regulates the individual's behavior.

Central to Murray's theory is the concept of "need." Murray, as cited in Hjelle and Ziegler (1976:99), defined "need" as a construct which stands for a force in the brain region, "a force either internally

or externally instigated which organizes other psychological processes." The concept "need" acts as an abstraction for the purpose of describing and explaining what underlies and directs a person's behavior. "Needs" organize the way people think, feel and act (Hjelle and Ziegler, 1976).

Murray explained that "needs" are gratified in an individual's environment. He used the term "press" to identify the person's environment. Needs constantly interact with the press to mold a person's behavior. An individual who has a certain need will participate in an environment which presses him to satisfy this need (Hjelle and Ziegler, 1976).

For Sullivan, as cited in Hall and Lindzey (1970), the smallest unit which can be studied in the personality is a dynamism. A dynamism is any habitual reaction toward one or more persons, such as a feeling, attitude or an overt action. All individuals have basic dynamism, though the mode of expression can vary with the situation or life experiences of the individual. Dynamisms are characterized in one's interpersonal relations.

Horney (1967) derived a theory of psychopathology in which she identified neurosis as a disturbance of the total personality. These disturbances are characterized by rigidity and their capacity to induce conflict and anxiety, due to the compulsive quality of the attitudes from which they develop. These attitudes "must be abided by regardless of the individual's real wishes, feelings or interests, lest he incur anxiety, feel torn by conflict, be overwhelmed by guilt feelings, or feel rejected by others" (Freedman and Kaplan, 1967:329).

These neurotic trends may include needs, traits, drives, and expectations. The attribute is created by the individual, acts upon him, demands satisfaction, produces strivings, or presses the individual toward action. The individual must develop protective measures to allay the anxiety and resolve the conflict between the neurotic trends (Freedman and Kaplan, 1967).

All of these theories identify a basic structure to the personality, whether it is called a trait, need, dynamism or attitude. These motivate the individual toward certain behaviors in the environment so that these structures can be expressed. In relationship to the battered wife, these theories point to the possibility that the majority of battered women may have basic common traits. These traits would motivate them to stay in a particular environment so that the trait might be fulfilled by the atmosphere created in the abusive situation.

CHAPTER 2

REVIEW OF THE LITERATURE

There are many speculations in the literature as to why a woman stays in a violent home. These speculations are frequently subjective in nature and merely express the opinion of the authors. Due to the lack of research on wife abuse, it is unclear as to what motivates the wife to stay.

The literature was searched for any assessments made as to the reasons women stay in these marriages after they have been beaten. This was done to help clarify common factors that have already been observed in battered women.

Childhood experience seems to be one of the primary factors leading to the development of the acceptance to be battered. Langley and Levy write that the childhood of the woman is an important factor in motivating her to stay in an abusive marriage. The witnessing of violence in the home teaches a child how to be violent and instills a subconscious approval for the use of violence. The female child observes her mother being hit and sees that this behavior is accepted. She then grows up believing men are supposed to hit their wives. The more times a girl is struck by her parents, the more likely she is to grow up and be struck by her husband (Langley and Levy, 1977).

Hanks and Rosenbaum (1977) conducted a study of women who live with violent, alcohol-abusing men. They found that violence acted as a

need for the couple, with the wife being neither the innocent victim nor the sole collaborator. The women acted as collaborators with their mates in the creation, enactment and resolution of the violence. The women's involvement in their adult life with violence was found to be paralleled to early conditions. Three types of families were identified in which these women were raised. If the woman was from a subtly controlling mother/figurehead father family, then her staying with the violent, alcohol-abusing man made her feel superior and allowed her to feel needed when she rescued him from his legal troubles. If she is from a submissive mother/dictatorial father family, the violent man provides a focus to her directionless life. If she comes from a disturbed mother/multiple father family, the woman forms a mystical attachment to relative strangers who never turn out to be her long-sought, idealized father.

Gaylin cited the ages of the children in the home as affecting the woman's decision to remove herself from the home. If the child is young, the woman often feels that it is important for the child to have a father, as well as feeling that the present arrangement is better than raising her children alone. The woman will be more prompted to seek help if she has teenage children in the home. Teenagers frequently get involved in the fight, so the mother will leave the husband as a means to protect them (Gaylin, 1977).

Fear is a factor which may leave a woman feeling immobilized in her situation. This can include fear of the endangerment of their children and friends. The man will often go to great lengths to keep

his wife because losing her can be a threat to his stability, masculinity and superiority (Martin, 1977).

Martin (1977) believes that rationalization is a defense mechanism frequently used by the battered woman. Rationalization is used as a means to decrease the anxiety the woman feels in relationship to the guilt she feels. She will rationalize that she is not that bad off or believe the man needs her. The more violent he is, the sicker he is perceived to be, and the more he needs his wife.

Sex role conditioning, according to Martin, teaches the woman that she is responsible for the effects of her marriage. This sense of responsibility will result in her feeling ashamed and embarrassed if the marriage is a failure. This leads her to try to hide the instability of her home (Martin, 1977).

In an article by Gingold (1977), she stated several reasons why women endure abuse. She feels a large part is that women feel they have no choice due to their economic dependence on the man. They are aware of their limited earning power and are faced with the responsibility of several children.

In addition, Gingold (1977) cited that psychological pressures keep the woman involved with the man who beats her. They often fear more severe beatings if they try to seek help. Or, they fear further humiliation by their neighbors discovering their abuse. Women in our society are taught to make the man happy. They feel responsible for the beatings and thus their guilt keeps them from leaving.

It is speculated by some that battered women provoke their husbands. Langley and Levy (1977) found that it is frequently reported

that the woman strikes the first blow and may even hit the husband repeatedly before he finally hits back. Many women still hold on to the idea of male chivalry and feel they can strike the man and he will not strike back.

Reynolds and Siegle (1959) conducted a study of marital violence in nine couples and feel the men and women had some common characteristics. This research was done by clinical observations and with the use of case records. The population was selected because of the marked sado-masochistic aspects in the personality structure which was confirmed by a psychiatric consultant. The couples had employed extreme verbal or physical hostility throughout the marriage, the marriage had existed at least a year and both husband and wife had had casework treatment previously.

They stated that each client in the study revealed both sadistic and masochistic characteristics, to varying degrees, and feel each spouse was openly provoking. Clinically, they felt all the couples showed distorted judgment, unsound reality testing, low tolerance for frustration, and were highly narcissistic with a limited capacity to form mature object relationships. Overuse of projection and rationalization were shown in the couples, with their superego functioning childlike and sometimes defective. It was shown that these couples lacked the ability to perceive the effects of their behavior on others.

U.S. News and World Report gives three reasons why women tolerate abusive behavior. First, they lack self-esteem and are generally dependent, emotionally, physically and economically on the man. Secondly, they are externally hopeful things will improve. Thirdly,

they reason that they can put up with a beating once a month or so if it means their children will have a father (U.S. News and World Report, 1976).

Gayford (1975) studied 100 women at Chiswick Women's Aide Hostel in London. He identified numerous sociological and environmental characteristics of these battered women. He identified the following statistics in his study. The average length of time the women were battered was six years, and the battered women in this study were more common among an immigrant population. Battered wives have more dependent children than the average population. Twenty-nine percent of the women were from unhappy home backgrounds, and 23 percent of the women had witnessed violence between their parents. The women have a vision that the men they married were "rough diamonds" who only needed the influence of a good stable marriage to reform them. In addition, 85 percent of the women in the study had intercourse before marriage, with 60 percent becoming pregnant before marriage. Twenty-five percent had warning before marriage of what was to take place. The age of 15 was the mode age for leaving school, and most of the women married over the age of 20 years. Seventy-one percent of the women had visited a general practitioner at some time and were prescribed anti-depressants or tranquilizers. Of the women, 50 percent had made suicide attempts. Forty-six percent had been referred to a psychiatrist, and 25 percent had been diagnosed as depressed. Thirty-five percent reported having no sex life. Thirty-seven percent of the women admitted taking their frustrations out on their children.

Scott (1974) feels the battered wife syndrome is a result of a variety of social, psychological and psychiatric factors. He regards this entity as a failure to acquire adequate social learning. In battering couples who frequently return to each other, he observed sado-masochistic tendencies, dependency, fear of loneliness, and not knowing that there is any better form of relationship.

Franché (1976) described three reasons she feels women have suffered physical abuse in silence. First, admitting their situation would be too shameful. They fear the loss of financial support; and, finally, they find themselves caught in the indifference of the judicial system that is reluctant to interfere in family disputes.

Four predominant characteristics were found by Heppner (1978) as to why the battered woman stays in the marriage. These were identified as shame, fear, learned helplessness and the facts of reality. Heppner felt the predominant emotion of battered women is shame, as she is unlovable and inadequate. Due to the cultural conditioning she may feel that she is at fault and deserved the beatings. Fear plays a major part in that the woman fears her husband's reproaches will be even more severe if she attempts to leave. In learned helplessness, the woman feels a total lack of control. She perceives her actions as having no effect on environmental consequences and that life events are a product of chance. The fact of reality for the battered women, noted by Heppner, is that the women are frequently over 40, have children, no job skills, no money and no place to go.

Heppner (1978) also pointed out that the woman's relationship with the man who beats her is often very confusing. The man who tells

her he loves and cares for her one day may become hateful and abusive the next. This inconsistent behavior provides an intermittent reinforcement and punishment schedule which can act to prolong the woman's relationship with the man.

Snell et al. in their study, "The Wifebeater's Wife," interviewed 12 families who had been in court due to wife abuse. They also further assessed, through clinical observation, the women who continued for long-term therapy. They found that the husband's aggressive behavior seemed to be filling masochistic needs of the wife and are necessary for the wife's equilibrium. The wives were found to be aggressive, efficient, masculine and sexually frigid. There seemed to be a need for reversal of roles in these couples at times so the wife could be punished for her castrating activity and the man could re-establish his masculine activity (Snell et al., 1964).

Dominian (1972) described the object relations theory as one way essential characteristics are shaped. The first intimate relationship one develops in with one's parents. Marriage is the second intimate relationship which one develops. The deprivations, fantasies and expectations of the first relationship are relived in the second with all the possibilities of gratification and conflict.

Freud (1962) considered narcissism, passivity and masochism as constitutional feminine traits and norms of healthy female development. Masochistic women seek and accept punishment or suffering as a condition of love.

Horney (1967) summarized the psychoanalytic view of female masochism by writing that there is a masochistic nature noted in the

satisfaction women experience in sex life, motherhood and menstruation. The psychoanalytic view believes that unconsciously humiliation, rape and violence are sought by the woman in intercourse. The woman seeks unconscious masochistic satisfaction even as a child in her sexual wishes and fantasies for the father. These illustrate a desire to be mutilated; that is, castrated by him.

Gelles (1974) found in his study of the violent marriage that the abuse of the wife is frequently a result of her own provocation. The behavior of the victim interacting with the state of the husband and the environment can contribute to violence. Gelles found the provocation is distributed along a continuum of verbal attacks, name calling, and physical attack by the woman.

Schultz (1960) studied seven men who had murdered their wives. He found the men to have had a dependent and repressed, hostile relationship with their mothers who were domineering and aggressive. Their relationship was repeated within the marital relationship. When the man's dependency needs were threatened, the aggression would break through, aimed toward the wife who acted as the frustrating object.

Most of the studies cited focus on social and environmental factors. The predominant factors which are mentioned in these studies are childhood experiences, sex role conditioning, economic insecurity of the women, fear of humiliation by neighbors, friends and family, ages of the children, and indifference of the judicial system.

Psychological characteristics are cited in the literature; yet, these have mainly been noted through clinical observations which are

highly subjective. There are no studies where psychological characteristics have been empirically studied. The characteristics which have been observed through clinical assessment show that the women who are battered are considered to be narcissistic, dependent, masculine, sado-masochistic, with fears of loneliness and exhibit a provoking quality in their interactions.

CHAPTER 3

RESEARCH DESIGN

This study attempted to determine what psychological traits are found in battered women who stay in the abusive marriage for one year or longer. A descriptive design was used. Discussion of the research design, the sample, and the tool will be found in this chapter.

Sample

The sample consisted of women referred from the Victim-Witness Advocate Program of a southwestern city and from respondents to an ad in the Dandy Dime Want Ad paper. The data were collected over a three month period.

The criteria for inclusion in the study were: the women were married, common-law or cohabitee with the abusing man. She had been involved in the abusive situation for one year or longer. She must have been battered two or more times which demonstrated deliberate physical injury. The woman's word was accepted on this matter. All the women were able to read English with at least a sixth grade education as the questionnaire required a reading level of grade six and over.

Eleven subjects were obtained for this study. Of the 11 subjects, seven were from the Victim-Witness Program and four were respondents from the Dandy Dime ad. The questionnaire was mailed to five of the respondents and six were personally taken by the investigator to the respondent's home.

Procedure

The investigator obtained permission from the District Attorney's Office to contact individuals who had had assistance from the Victim-Witness Advocate Program in Tucson. The Victim-Witness Advocate Program is a program established under a grant received from the Law Enforcement Assistance Administration in 1975 to assist in insuring the legal rights and social welfare of crime victims and witnesses. The primary goals of the Victim-Witness Program are to assist victims in recovering from trauma caused by crime, helping witnesses in the difficulties associated with participating in the judicial process, and to train the community as to the role citizens can play in deterring crime. These goals are achieved with seven fulltime professional and 35 trained community volunteers, who are available, round the clock, seven days a week.

Data were also obtained from respondents to an ad in the Dandy Dime Want Ad paper in the city. The ad read: "BATTERED WOMEN needed to participate in graduate student's study. Strictly confidential. If interested please call Lisa at (phone number)."

The questionnaire was administered personally by the investigator or mailed to the subject. In those cases where the investigator administered the questionnaire personally, she sat with the respondent while she took the test. Instructions were given according to the 16PF manual. The investigator was available for the participants to ask for clarification of the questions on the form.

The investigator telephoned battered women who had received services from the Victim-Witness Program for the year 1977 until July 1978 and asked if they would be willing to participate in the study.

Respondents to the Dandy Dime ad were requested to telephone the investigator. Subjects who consented to participate were asked to read a Subject's Consent Form (see Appendix A). The subject's anonymity was protected by collecting and keeping identifying information and the questionnaire separate. Respondents were assured that they could withdraw from the study at any time. The proposal was reviewed by the Human Subjects Committee of The University of Arizona and no risk to human subjects was found.

In addition each participant was asked to fill out a form for general information (see Appendix B). This was used for clarification of data.

The Instrument

The instrument used was Cattell's Sixteen Personality Factor Inventory (16PF)(IPAT, 1969). Form C of this questionnaire was chosen for use as it is the shortest form, consisting of 105 items. Time for completion is said to be 25-30 minutes to complete (IPAT, 1972). A motivation distortion key is included in Form C which can act as a check for subjects who want to create a good impression of themselves by giving socially desirable answers. [Form C is used most frequently in testing situations when an individual might want to present a particular favorable picture of himself (IPAT, 1972).]

Cattell formed his 16 source trait categories (see Appendix C) through factor analysis after pulling all words from the dictionary with psychological connotations. He based the 16PF inventory on these traits. According to Cattell, this test covers all the main dimensions along

which people can differ according to basic factor analytic research. The traits are functionally independent and result from isolation and replication in nearly 30 years of factor analytic research. These traits measured by the test are not just unique to the 16PF but are based on a general theory of personality. This questionnaire was originally published in 1949, with its most recent revision being published in 1972 (IPAT, 1972).

There are drawbacks to the questionnaire type of instrument; yet, the test construction of the 16PF has minimized these. Questionnaires are often susceptible to distortion and deliberate faking of answers. However, in the 16PF, the majority of questions are indirect in that the mental interiors are found in the questionnaire factors and the factors are established in behavior. Since the subject would not necessarily perceive the trait in the question asked, this escapes some distortions (IPAT, 1972).

Other limitations to the questionnaire are that items may be disregarded without any explanation, or answers may be selected that are not the subject's actual choice. The sample population for a questionnaire is limited to those who are literate, the information is limited to the subject's interest span, items may be misunderstood, and data are limited to the information supplied by the subjects (Treece and Treece, 1977).

Most of these are dealt with in the 16PF. In Form C, the items are arranged by a plan to insure maximum variety and interest for the examinee. Plus, Form C is a short form and only takes 25-30 minutes to answer. The test is not a forced choice test. Three alternative

answers are provided so that there is a compromise answer available. The test is appropriate only for those whose educational level is over sixth grade. Finally, it is felt that disregard for items or misunderstanding of items will be diminished if the tester is available for questions and takes the time to point out to the subjects the importance of careful, truthful responses (IPAT, 1972).

Reliability for Form C has been established. The reliability is given for dependability by short-term test-retest correlations and stability by retesting after a longer time interval (IPAT, 1972).

After 10 success factor analyses, validity was established to verify the existence and natural structure of the 16 factors used in the items of the final test forms. Concept validity has been established for the test itself. This means that the test questions are good measures of the personality factors. The validity coefficients are exceptionally high for concept validation in Form C (IPAT, 1972).

Concrete validity has also been established. This means that the scales correlate with specific external criteria (IPAT, 1972).

Method of Data Analysis

For each of the 16 factors in the questionnaire a mean, standard deviation and standard error was calculated. A t-value was established to measure the significance of the differences between the means of the scores of the 16PF for the general normative population and the sample population. The t-values were calculated for the raw scores. These will be compared to the adult female general population's mean scores and the differences between the means will be calculated.

The scores for norms for the general population for Form C are based on a population of 1,335 with the age of 30 years for females. A single norm table for a standard age level is adequate since differences over a fairly wide age range are not generally so large as for the sex differences. The construction of norm tables by IPAT for standard ages near the median makes it unnecessary for age corrections to be used (IPAT, 1969).

This study was limited in that the subjects were partially drawn from those women who have sought help or advice from some agency. Variables, such as number of children and ages, income, ability to support self and availability of support systems were not controlled for in this study.

CHAPTER 4

ANALYSIS OF DATA

The purpose of this chapter is to present and discuss the data collected. This will include a description of the participants and an analysis of the findings of the 16PF questionnaire. These data will be related to the original question studied: "What psychological characteristics are commonly found among battered women?"

Characteristics of the Sample

The characteristics of the sample are shown in Tables 1 through 8. Table 1 shows the age, length of time married and length of time battered. The ages of the respondents ranged from 24 to 67 years,

Table 1. Age, Length of Time Married and Length of Time Battered of Respondents

Age in years	Length of time married (years)	Length of time battered (years)
29	7	6
40	15	5
67	10	10
44	18	1
51	5	5
24	2	2
55	32	32
43	27	4
38	7	7
27	7	7
31	2	2
Mean 41	12	7

with a mean of 41 years. The length of time married ranged between two years to 32 years. The mean of the time married was 12 years. The length of time battered ranged from one year to 32 years. The mean of the length of time battered for the respondents was 7.36 years.

Table 2 shows the frequency of the batterings reported by the respondents. Of the respondents, 18.19 percent were battered once per month; 27.27 percent were battered twice per month; and, 18.19 percent of the respondents were battered once per week. The "other" category was marked by 36.36 percent of the respondents. The "other" category will be explained in the Comments by the Respondents section.

Table 2. Frequency of Batterings
of Respondents

Frequency	Number	Percent
Once per month	2	18.19
Twice per month	3	27.27
Once per week	2	18.19
Twice per week		
Daily		
Other	4	36.36
Total	11	100.00

Table 3 shows the description of the instrument used in the batterings. Of the respondents, 90.91 percent had been abused with the hand or fist used as the instrument; 18.18 percent of the respondents had been abused with the feet; 18.18 percent with a gun; and, 18.18 percent marked the "other" category. Clarification of the "other" category will be in the Comments by the Respondents section. The percentage of women marking that a stick had been used as an instrument in the battering was 9.09. No respondent marked the broom as the instrument used. Many of the women were battered in more than one way.

Table 3. Description of Batterings of the
Respondents by Instrument

Instrument Used	Number	Percent
Hand or fist	10	90.91
Feet	2	18.18
Gun	2	18.18
Stick	1	9.09
Broom	0	0.00
Other	2	18.18

Table 4 shows the description of the batterings of the respondents in terms of the area battered. A stick figure was used to obtain these data. The information obtained was less precise than the information obtained from the more direct questions. The findings show the respondents were most frequently battered in the area of the head, with 81.82 percent of the respondents indicating that they had at some time been battered in this area. Of the respondents, 27.27 percent had been battered in the area of the chest and 27.27 percent in the area of the back. Other areas noted were the stomach, legs, neck, arms and feet. Many of the women were battered in more than one area.

Table 4. Description of Battering of Respondents by Area

Area	Number	Percent
Head	9	81.82
Neck	1	9.09
Chest	3	27.27
Stomach	2	18.18
Back	3	27.27
Arms	1	9.09
Legs	2	18.18
Feet	1	9.09

Table 5 shows the number of children of the respondents. Of the 11 respondents, 54.55 percent had two children; 18.18 percent had no children, 9.09 percent had one child; 9.09 percent had three children; and, 9.09 percent had six children.

Table 5. Number of Children of Respondents

Children	Number of Respondents	Percent
0	2	18.18
1	1	9.09
2	6	54.55
3	1	9.09
4		
5		
6	1	9.09
Total	11	100.00

Table 6 shows the ages of the children of the respondents. Among the 11 respondents, there were 21 children. The percentage of children between the age of 11-15 years was 23.81; 19.05 percent were between 16-20 years of age; 19.05 percent were between 20-25 years of age; 14.29 percent were between 0-3 years; and, 14.29 percent were 25 years and over. There were 4.76 percent between the age of four to six years of age and 4.76 percent between 7-10 years of age.

Table 6. Ages of Children of Respondents

Ages	Number	Percent
0- 3 years	3	14.29
4- 6 years	1	4.76
7-10 years	1	4.76
11-15 years	5	23.81
16-20 years	4	19.05
20-25 years	4	19.05
25 and over	3	14.29
Total number of children	21	100.00

Table 7 shows the level of education of the respondents. Eight years of education had been completed by 9.09 percent of the respondents; 9.09 percent had 9-11 years; 45.46 had 12 years of education or a G.E.D.; 18.18 percent had 13-14 years; and, 18.18 percent had 15-16 years of education.

Table 8 shows the occupation of the respondents and the husbands' occupations. The respondents' occupations included: housewife, registered nurse, dietary attendant, mine worker, babysitter, sales clerk, real estate agent, secretary, cashier and customer service. The husbands' occupations included: carpenter, salesman, welder, accountant, pilot, shipping/receiving clerk, plumber and student. Three of the husbands were unemployed.

Table 7. Level of Education of Respondents

Education in Years	Number of Respondents	Percent
8	1	9.09
9-11	1	9.09
12 or G.E.D.	5	45.46
13-14	2	18.18
15-16	2	18.18
16 plus		
Total	11	100.00

Table 8. Occupation of Respondents and Husbands' Occupations

Respondents	Respondents' Occupations	Husbands' Occupations
1	Housewife	Carpenter
2	Registered nurse	Salesman
3	Housewife	Welder
4	Dietary Attendant	Accountant
5	None given	Pilot
6	Mine worker	Unemployed
7	Babysitter	Unemployed
8	Sales clerk	Unemployed
9	Real estate agent	Shipping/ receiving clerk
10	Secretary	Plumber
11	Cashier and customer service	Student

Analysis of the Data

The data were analyzed to assess if there was any significant difference between the general population and the battered women sample population. The respondents' mean raw scores for each factor on the 16PF were compared to the mean raw scores established by IPAT for the general population of adult females (see Figure 1 and Table 9). The standard deviations, standard error and the t-values were then calculated for the raw scores (see Table 10).

The scores were significantly different on five factors and showed a substantial trend on one. On Factor A, Sizothymia to Affectothymia, the mean for the battered women sample was 6.45 compared to the mean of the general population of 8.75 (a difference of 2.30). This yields a t-value of 3.71 ($p < .01$). This suggests that for Factor A the mean for battered women are significantly lower than the mean for the general population. On Factor B, lower scholastic mental capacity to higher scholastic mental capacity, the mean for the battered women was 3.36 and 4.31 (a difference of .95) for the mean of the general population which yields a t-value of 2.50 ($p < .05$). This suggests that the mean for the battered women was significantly lower than the mean for the general population for Factor B. On Factor F, desurgency to surgency, the mean for the battered women was 5.45 and 6.90 (a difference of 1.45) for the general population. This yields a t-value of 2.38 ($p < .05$). This indicates a significantly lower mean for the battered women on Factor F. On Factor G, weaker superego strength to stronger superego strength, the mean for the sample of battered women was 9.27 and 7.44 for the general population (a difference of 1.83) which yields a t-value of

Figure 1. Comparison of Mean Scores for the Factors of the PFI6 for the General Population and the Sample Population

Table 9. Differences Between the Means of the Sample Population and the General Population for Each Factor of the 16PF

Factor	General Population Mean	Sample Population Mean (Raw Scores)	Differences of Means
A	8.75	6.45	2.30
B	4.31	3.36	.95
C	7.25	5.18	2.07
E	4.99	5.00	.01
F	6.90	5.45	1.45
G	7.44	9.27	1.83
H	6.73	5.64	1.09
I	7.46	6.55	.91
L	5.33	4.82	.51
M	5.88	5.09	.79
N	4.80	4.45	.35
O	6.79	7.27	.48
Q1	6.65	7.18	.53
Q2	3.89	6.00	2.11
Q3	7.71	6.82	.89
Q4	6.09	7.29	1.20

Table 10. t-Tests Estimating Differences Between the Raw Scores of the General Population and the Sample Population of the 16PF

Factor	Standard Deviation	Standard Error	t-Value
A	1.96	.62	3.70*
B	1.21	.38	2.50**
C	2.99	.95	2.18***
E	2.19	.69	- .14
F	1.92	.61	2.38**
G	2.10	.66	-2.77
H	2.20	.70	1.06
I	2.07	.65	1.40
L	1.99	.63	.81
M	2.07	.66	1.20
N	1.37	.43	1.00
O	3.60	1.14	- .43
Q1	2.89	.91	- .58
Q2	2.72	.86	-2.45**
Q3	2.14	1.68	1.31
Q4	2.24	.71	-1.69

*t-value yields $p < .01$

**t-value yields $p < .05$

***t-value yields $p < .10$

2.77 ($p < .05$). This indicates a significantly higher mean on the battered women for Factor G. On Factor Q2, group adherence to self-sufficiency, the means for the battered women sample was 6.00 and 3.89 (a difference of 2.11) for the general population. This yields a t-value of 2.43 ($p < .05$). This indicates a significantly higher mean for battered women when compared to the general population of women for Factor Q2. On Factor C, lower ego strength to higher ego strength, a mean for the sample population of battered women was 5.18 and 7.25 for the general population (a difference of 2.07). This yields a t-value of 2.18 ($p < .10$). This indicates a substantial trend lower on the means of battered women in the Factor C.

Comments by the Respondents

On the General Information form given to the respondents, some additional comments were written. Other comments were made verbally to the investigator. These comments were significant to the investigator in that they increased the general information on the sample.

On the "other" category for the frequency of the batterings, one respondent stated that her husband hollered and threatened her every day, yet the physical abuse was less frequent. Another woman stated that the abuse was sporadic. One respondent reported she had been battered frequently in her first marriage and only once in her second.

Three women stated they had been battered in previous marriages. One wrote that she had been battered in her second and third marriages which equaled ten years, as well as most of her childhood. Five respondents had been battered in their childhood. This is consistent with

the findings of Langley and Levy (1977), Hanks and Rosenbaum (1977), and Gayford (1975) that childhood experiences lead to recapitulation of this behavior as an adult.

Comments by the respondents on how the abuse occurred included those by one respondent who said she was dragged by her husband in a car down the road, which resulted in two broken legs. Another time he tried to strangle her. Another respondent stated that her husband frequently spit at her when he beat her. One subject had experienced a broken jaw and another a broken nose. Seven of the women stated their husbands were heavy drinkers.

Two women stated they could not leave the abusive marriage because of finances. They felt they would have to take a great decrease in their standard of living if they separated from the man they were married to. This correlates with the literature by Heppner (1978), Franche (1976), Gingold (1977), Martin (1977) and U.S. News and World Report (1976) which identify finances to be a major reason women stay in an abusive marriage.

Discussion

This study was designed to determine what psychological characteristics are commonly found among battered women. The personality factors established for the battered women sample were compared to the general adult female population.

A sample of 11 battered women was acquired over the three month period designated by the investigator for data collection. The investigator tried to phone all the battered women who had received assistance

from the Victim-Witness Program. If the individual could not be reached by phone a letter was sent. There were no responses to the letters. Many women were unable to be contacted due to change of address or their phone had been changed or disconnected. The most common verbal reason for refusing to answer the questionnaire was fear of the husband's response. Over 50 names of battered women were obtained from the Victim-Witness Program, yet it was difficult to obtain subjects due to the high number who had moved since their contact with Victim Witness, those who refused to participate and those who were unable to be contacted for reason unknown.

The 16PF questionnaire was administered to each subject. The results of this questionnaire, which was constructed by Cattell, gives a picture of the source traits in the personality. According to Cattell's personality theory, the source traits have the most utility in accounting for behaviors. These traits have a predictive function of how an individual will respond in his environment. There are common traits which are found among those individuals who share common social experiences (Hall and Lindzey, 1970).

In this study, the common social experience is wife abuse and five traits were found to be significantly different from the general population of adult females and one factor suggested a substantive trend. In this section these traits are compared to characteristics noted in the literature on battered women. Yet, the literature information revealed in this area is small. The descriptive results of this study do not replicate the findings of previous studies, yet some similarities can be noted.

Langley and Levy (1977) write that childhood is an important factor in the manner a woman perceives violence and abuse. If a woman is raised in an abusive family, she will develop an unconscious approval for violence. This development of what is right and wrong is part of her superego development. Martin (1977) feels sex-role conditioning results in a woman feeling responsible for her marriage. If the marriage succeeds or fails depends on the woman. Because of this responsibility the woman will go to great lengths to insure the stability of the marriage or the appearance of stability. If the marriage fails, the woman feels guilt and shame. Franche (1976), Gingold (1977) and Heppner (1978) support that battered women experience a great deal of guilt. This feeling of responsibility, guilt and shame are superego functions. This study supports this by suggesting a stronger superego strength.

Factor G in this study is significantly higher for stronger superego strength. An individual who scores higher on superego strength is concerned with moral standards and rules, emotionally disciplined, persevering, motivated by duty and responsible (Cattell, 1973). This person feels obliged to live by a certain ethical code of what is right and wrong, and a high degree of merit and worth is found in what is believed to be good deeds. This is consistent with most of the literature in that the battered woman is taught that she is responsible for keeping her marriage together and it is acceptable for a man to hit his wife. They feel they have a moral obligation to stand by their husband. It has also been noted that many battered women have younger children and feel they must stay with their husband so their children can have a father (Gaylin, 1977; Gingold, 1977). Again, they are being strongly motivated

by duty. Gaylin (1977) found that as the children become teenagers and get involved in the fight, the mother will frequently leave the husband to protect the child. This shows her feeling of responsibility and duty to the children.

The study by Reynolds and Siegle (1959) contradicted these findings. Reynolds and Siegle found the superego functioning to be childlike and sometimes defective. The discrepancy between the studies could be related to the fact that Reynolds and Siegle obtained their results through subjective observations. This writer assumes that staying in a marriage where you are physically abused might appear to the subjective observer as childlike superego functioning; because one might feel that a woman who is staying in a marriage where abuse could occur, would have poorly internalized standard of behavior and ethics, according to what is considered normal behavior in our society. Yet when more deeply explored, according to the findings of this study, one instead finds that the woman is staying because they have internalize a parental system of belief that they should stay because of the commitment to marriage. This is contrary to believing that they have a poor conceptualization that violent behavior is right or wrong. According to the findings of this study, battered women do have a strongly developed system of what is right or wrong. They will accept even physical abuse to have a successful marriage.

Reynolds and Siegle (1959) stated that they found battered woman to have a low frustration tolerance. This is supported in the present study which shows a substantive trend to lower ego strength. Cattell (1973) stated that a high score on ego strength indicates a

person who is able to avoid problems through planning and foresight and rationally handles them when they do occur. So one who scores lower on ego strength, as the study sample did, would have less of an ability to deal with crises and problems, such as those which might occur in a marriage. This writer has clinically observed this process in battered women. In one case, clearly when the woman became critical of her husband, the tendency for abusive behavior would escalate in her husband. This woman could find no alternatives on her own to substitute for critical behavior. With every issue, she felt her point must be made then or she would never be able to voice it again and had difficulty grasping other choices for dealing with conflict in the marriage. Two other battered women observed became confused as to possible options when any crises arose. It is this writer's belief, that given this information, that battered women have poor problem solving capabilities. The health care worker should take special care to focus in this area. In a crisis, the nurse might offer the battered woman specific alternatives to explore. It would be important for the nurse to give concrete clear alternatives and offer means to implement these. If time is available, role playing these alternatives could help the woman obtain a better grasp and internalization of them.

Overuse of projection and rationalization were reported for each violent couple Reynolds and Siegle studied. Defense mechanisms are the ego's way of protecting itself from id impulses. Defense mechanisms function in all individuals, yet an overuse might indicate lower ego strength and these findings indicate a tendency to lower ego strength. It can be inferred that if the ego is weak, to protect the individual

from anxiety inducing id impulses, that defense mechanisms such as projection and rationalization might be used.

Scott (1974) and U.S. News and World Report (1976) identify dependency as a characteristic of women who are abused. Heppner (1978) identifies learned helplessness as a characteristic in that the woman feels she has no control. This was not supported in the study which suggests that self-sufficiency is a trait in battered women. This factor is also high in persons who are more isolative toward society such as research scientists, creative writers, artists, inadequate personalities and schizophrenics of all kinds (Cattell and Kline, 1977). Battered women score high on self-sufficiency, perhaps because with their preference for their own decisions, they tend to interact less with others. This could possibly mean they would be less likely to turn to others for support during conflict and feel they could handle the situation on their own. Snell et al. (1964) supported the trait of self-sufficiency by describing battered wives as aggressive and efficient.

Factor A, sizothymia, seems to this writer, to be closely related to this description of self-sufficiency. The person who tends toward sizothymia is described by Cattell and Kline (1977) to be more skeptical, critical and aloof, with rigid emotional inhibitions. This coincides with the observations of the writer. In clinical observations, the battered woman observed tended toward blaming behavior in the relationship with the husband and they tend to distance themselves from others. This writer felt, from observation that these women had difficulty seeing their responsibility in the interplay of the violent

behavior and instead put the total blame on outside sources, particularly the husband. This writer assumes that physical violence from the husband should not be condoned or excused yet the blaming but aloof pattern of the battered woman helps create the battering scene. There is an interaction of traits in these relationships that predispose these couples to respond in their particular fashion. In professionally working with battered women, the nurse should be aware of the traits of the women that contribute to her patterns of behavior. The nurse can work with the woman on her responsibility in the relationship and explore alternative behaviors.

At this time, for Factor B, lower scholastic mental capacity and Factor F, desurgency, there is no literature to support these findings. In Factor F, the battered woman tended to score lower to desurgency. Cattell and Kline (1977) describe the desurgent as sober, cautious, full of cares, reflective and noncommunicative. Cattell does caution that the desurgent not be confused with the depressed. Desurgency is noted in neurotics, alcoholics and physical illness. One respondent interviewed described herself as a "constant worrier," to the point this even interfered with her sleeping patterns. Yet she had difficulty verbalizing her frustrations and kept them to herself. This way they seemed to build up and seemed twice as complicated. Her non-communication led to her questioning the validity of her concerns. She stated she had no idea if others experienced her same fears. The health care professional can intervene in this trait by helping the woman verbalize her feelings. If possible, a group would be helpful to give the battered woman an opportunity to validate her concerns and disconfirm

her feelings that her problem is unique. Women's groups can help the battered woman see the similarity of their cares with other women.

The general picture of the battered women from the present study is different from the stereotyped picture of the masochistic battered woman. The battered woman, from these findings, is seen as a woman motivated by a feeling of responsibility to her husband and her marriage. She has a low frustration tolerance, is easily upset and has less of an ability to deal with crises. She tends to be critical, aloof and reserved and is found to be self-sufficient and prefer her own decisions. This study shows the battered woman to have a decreased intellectual functioning, and she has the trait of being serious, reflective, and introspective.

All the traits together show a general picture of a woman who stays to herself in a rather rigid manner. She is motivated by inner values and believes strongly that she must make the moral rules hold. She would probably not tend to seek outside help yet at the same time has a poor capacity for dealing with conflicts herself.

Generalization of the findings is limited by the small sample size and selected population. To obtain increased generalization an expanded population would be needed. There is also the limitation of the factor that the subjects used from the Victim-Witness Program had sought help. There is the question of whether there is a difference in those women who seek help from a helping agency and those who do not.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The purpose of this study was to investigate the psychological characteristics of those women who have stayed in a battering relationship for one or more years. The question asked in this study was, "What psychological characteristics are commonly found among battered women?"

The findings of this study demonstrate that there are psychological characteristics which were commonly found in this sample population of battered women. The findings show significant differences for the means for five factors: Factor A, Factor B, Factor F, Factor G and Factor Q2. A substantive trend was indicated between the two group means for Factor C.

This study has contributed to the scant literature on battered women. The battered woman has primarily been described through subjective means. Yet by using the 16PF Inventory for this study, more objective data are contributed to the data on psychological characteristics of the battered women. The battered woman has often been subjected to stereotyped description of either being described as the passive victim or the cause of the physical abuse. These descriptions tend to focus the blame on one partner. The study points to the conceptualization of the battered woman as a person with particular traits that led them to

relate in the abusive interaction in a like manner. This suggests that these traits could contribute to the initiation and continuation of the violent interactional pattern.

As was explained in the conceptual framework, Cattell writes that there are source traits which account for surface behaviors. Of these source traits, there are common traits among those persons sharing common social experiences. The source traits act in the determination of the surface experiences (Hall and Lindzey, 1970). The abusive situation is the surface trait and this study suggests that there are five factors which tend to be the source traits shared by these women. There is a tendency to sizothymia, lower scholastic mental capacity, desurgency, stronger superego strength and self-sufficiency. There is a substantive trend to lower ego strength.

This offers the possibility of a framework to help clarify the psychological disposition of the battered woman. This can enhance the understanding of the battered woman by the health care professional, therefore leading to treatment possibilities. Clinically, by examining these traits the nurse can be facilitated in making the most appropriate care plan for the battered woman. The treatment plan can be facilitated by exploring how one could alter or work with these characteristics to change the violent pattern of interaction. Increased knowledge of battered woman can also lead to a more positive attitude on the part of the nurse to these women. In the past there has been a tendency to respond to battered women in a punitive, judgmental style by the health care giver. Yet, increased understanding of the psychological make-up of these women can hopefully alter these attitudes.

In conclusion, the findings of this study did show that the mean scores for the sample population did deviate significantly from the normative population. It is then the assumption of this writer that these traits do interplay with the common social experience of wife abuse. The similarity of these traits in the sample population tend to show a predisposition of behavior to the given stimuli, of abusive behavior, in an equivalent manner.

Recommendations

Recommendations for further study include:

1. Crisis intervention has been a primary mode of treatment for the battered women, yet this study shows numerous source traits which possibly contribute to a woman staying in an abusive situation. The source traits could not be altered by crisis intervention and long term treatment would need to be considered by the nurse involved with the case. Evaluation of treatment of both crisis intervention and long term treatment, of over six months, of the battered women to assess the effectiveness over a long time period is needed.

2. For the crisis or emergency room nurse, crisis intervention may be the only appropriate mode of treatment economically. If crisis intervention is the treatment of choice some assumptions for treatment can be made from this study. In crisis intervention it is important to explore the sequence of events in the crisis. By being aware of the characteristic in these findings, one can examine how they are being expressed in the development of the situation. These findings show the tendency in battered woman toward low ego strength so the nurse may need to allow

ego borrowing or modeling in the treatment of this client. Direct information giving of resources available in the community may also be necessary. Due to the characteristic of being detached and aloof, the nurse may need to assist the battered woman through mediating catharsis. This can be done by reflecting affective qualities or expressing what assumed responses may have been. In crisis, due to Factor C, the battered woman may be emotionally upset and feeling less stable. If this is the case, the nurse should structure the interview to minimize the tension and increase clarification of the situation. Factor A shows that the battered woman may have a tendency to be critical and blaming. Due to this, if possible it would be important to hear from each member of the conflict, to help clarify the interaction that led to the physical abuse. Finally in the battered woman, according to these findings, one may see poor problem solving capacities. The nurse should then help the participants clearly define the situation and concretely explore solution to the situation.

3. Workshops for nurses involved in the care of battered women could help to sensitize and re-assess their feelings and attitudes toward the battered woman.

4. Early case findings of battered women could lead to early intervention with less disintegration of the family unit. Training of the Emergency Room nurse for this role could enhance case findings, since the nurse is frequently the first person to have contact with the battered woman.

5. Replicate this study by collecting data from a sample of battered women who have never sought treatment and compare with those that have made contact with the helping professions.

APPENDIX A

SUBJECT'S CONSENT FORM

I am requesting your voluntary participation in an investigation titled "Common Characteristics in Abused Women." The purpose of this study is to collect data related to the psychological traits common to abused women.

You are being asked to complete the form titled "General Information" and the questionnaire titled "16 PF." By responding to these, you will be giving your consent to participate in this study.

There will be no physical or mental risks involved. I will be available to answer any inquiries you may have concerning the study or any of the items in it. You will be free to withdraw from the study at any time with no ill will. All data collected will be kept confidential and the results will be treated anonymously.

While this project may not benefit you directly, it is hoped that this information will benefit those professionals who interact with abused women.

Lisa Mahon
Graduate Student
University of Arizona
College of Nursing

APPENDIX B

GENERAL INFORMATION

Please complete the following information.

1. Age: _____
2. Length of time married, co-habiting,
or living with present man: _____
3. Length of time battered:
(please check one)

1 year _____	3 years _____
15 months _____	4 years _____
18 months _____	5 years _____
21 months _____	6 years _____
2 years _____	Other _____
4. Frequency of batterings:
(please check one)

once per month _____
twice per month _____
once per week _____
twice per week _____
daily _____
Other _____
5. Description of batterings - Instrument used (please check):

Hand or fist _____	Stick _____
Feet _____	Broom _____
Gun _____	Other _____

Part of body usually hit
(circle area):

Front:

Back:

Other Comments:

6. Number of Children: _____
7. Ages of Children: _____
8. Education: (please indicate highest
grade completed) _____
9. Occupation: _____
10. Husband's Occupation: _____

APPENDIX C

CATTELL'S SIXTEEN SOURCE TRAIT CATEGORIES

Factor A

1. Sizothymia--reserved, detached, critical, cool
2. Affectathymia--outgoing, warmhearted, easy-going, participating

Factor B

1. Lower scholastic mental capacity--less intelligent, concrete thinking
2. Higher scholastic mental capacity--more intelligent, abstract thinking, bright

Factor C

1. Lower ego strength--affected by feelings, emotionally less stable, easily upset
2. Higher ego strength--emotionally stable, faces reality, calm

Factor E

1. Submissiveness--humble, mild, obedient, conforming
2. Dominance--assertive, independent, aggressive, stubborn

Factor F

1. Desurgency--sober, prudent, serious, taciturn
2. Surgency--happy-go-lucky, heedless, gay, enthusiastic

Factor G

1. Weaker superego strength--expedient, a law to himself, bypasses obligations

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1. Sizothymia--reserved, detached, critical, cool
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Factor E

1. Submissiveness--humble, mild, obedient, conforming
2. Dominance--assertive, independent, aggressive, stubborn

Factor F

1. Desurgency--sober, prudent, serious, taciturn
2. Surgency--happy-go-lucky, heedless, gay, enthusiastic

Factor G

1. Weaker superego strength--expedient, a law to himself, bypasses obligations

2. Stronger superego strength--conscientious, persevering, staid,
rule-bound

Factor H

1. Threctia--shy, restrained, diffident, timid
2. Parmia--venturesome, socially bold, uninhibited, spontaneous

Factor I

1. Harria--tough-minded, self-reliant, realistic, no nonsense
2. Premia--tender-minded, dependent, over-protected, sensitive

Factor L

1. Alaxia--trusting, adaptable, free of jealousy, easy to get on with
2. Protension--suspicious, self-opinionated, hard to fool

Factor M

1. Praxernia--practical, careful, conventional, regulated by external
realities, proper
2. Autia--imaginative, wrapped up in inner urgencies, careless of
practical matters, bohemian

Factor N

1. Artlessness--forthright, natural, artless, sentimental
2. Shrewdness--shrewd, calculating, worldly, penetrating

Factor O

1. Untroubled adequacy--placid, self-assured, confident, serene
2. Guilt proneness--apprehensive, worrying, depressive, troubled

Factor Q1

1. Conservatism--conservative, respecting established ideas,
tolerant of traditional difficulties

2. Radicalism--experimenting, critical, liberal, analytical, free-thinking

Factor Q2

1. Group adherence--group-dependent, a "joiner" and sound follower
2. Self-sufficiency--self-sufficient, prefers own decisions, resourceful

Factor Q3

1. Low integration--casual, careless of protocol, untidy, follows own urges
2. High self-concept control--controlled, socially-precise, self-disciplined, compulsive

Factor Q4

1. Low ergic tension--relaxed, tranquil, torpid, unfrustrated
2. High ergic tension--tense, driven, overwrought, fretful

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