

Secondary Data Analysis on the Etiology, Course, and Consequences of Intimate Partner Violence Against Extremely Poor Women

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Although much research has been done over the past 20 years on violence by intimates, research on the impact of partner violence on women who are poor has been limited. Until the mid-1990s, there were few inquiries into the prevalence and severity of intimate violence in community-based samples of low-income women (see Browne and Bassuk, 1997, for review). Although physical abuse of women and children is found at all socioeconomic levels, studies began to focus on poverty as a serious risk factor for interpersonal violence (Wolfner and Gelles, 1993; Hotelling and Sugarman, 1990; Kaplan, 1997). Most recently, and largely in response to Federal welfare policy, a growing body of literature has consistently documented high rates of intimate partner violence among impoverished women on welfare (Browne, Salomon, and Bassuk, 1999; Allard et al., 1997; Browne and Bassuk, 1997; Lloyd and Taluc, 1997; Curcio, 1997).

The current study, conducted by researchers at the National Center on Family Homelessness (formerly The Better Homes Fund), found that nearly two-thirds of impoverished women, most on public assistance, reported at least one episode of severe partner violence. Rates of childhood physical abuse and sexual molestation were also startlingly high, at 63 percent and 42 percent, respectively. When all family/intimate violence was combined across the lifespan, more than 8 in 10 low-income single mothers were found to have experienced some form of severe violence (see Bassuk et al., 1996 for overview).

With prevalence rates at this magnitude, a better understanding of impoverished women's risk for partner violence, its course over time, and its impact on work and substance abuse is critical. The limited research on the impact of trauma on participation of women in the labor force and their economic well-being is a serious gap in knowledge, especially in view of welfare reform's emphasis on putting poor women to work (Crowell and Burgess, 1996; Salomon, Bassuk, Brooks, 1996). Victimization, poverty, and the use of addictive substances among poor mothers may also have profound effects on the children in their care. Study findings provide important insight for policymakers and practitioners in designing strategies for protecting women and children at greatest risk of partner abuse and creating preventive and responsive interventions to help them escape poverty.

Study Purposes

This secondary data analysis project seeks to increase understanding of risk markers for adult partner violence, the effect of partner violence on the use of addictive substances, and the effect of partner violence on the capacity to maintain work among impoverished single mothers. Researchers have completed three papers addressing each of the three project aims (Bassuk, Dawson, and Huntington, submitted; Salomon, Bassuk, and Huntington, 2002; Browne, Salomon, and Bassuk, 1999), which include:

- ◆ **Aim 1.** Describe patterns of partner violence in the lives of poor single mothers and delineate childhood and adult risk markers for partner violence. Researchers hypothesized that childhood molestation and inadequate nonprofessional support in adulthood would be associated with increased risk of partner violence.
- ◆ **Aim 2.** Evaluate the relationship between partner violence and substance abuse among poor mothers, exploring the joint and independent contribution of childhood physical and sexual

abuse, posttraumatic stress disorder (PTSD), and partners' substance abuse. Researchers hypothesized that women who experienced intimate partner violence would have increased odds of subsequently abusing alcohol or illicit drugs.

- ◆ **Aim 3.** Evaluate the relationship between partner violence and women's capacity to maintain employment over time. Researchers hypothesized that experiencing intimate partner violence would decrease a woman's capacity to maintain employment over time.

Research Design and Methods

Description of the Data Set

Data for these analyses are drawn from the Worcester Family Research Project (WFRP), a comprehensive inquiry into the lives of 220 homeless and 216 low-income housed (never homeless) single mothers living in Worcester, Massachusetts (Bassuk et al., 1996). Funded by the National Institute of Mental Health and the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services, this longitudinal study interviewed women at three points in time—at baseline and at approximately 12 months and 24 months. Baseline interviews covered a broad range of domains and lasted 10 to 12 hours over multiple sittings. Followup interviews took about 2 hours. Detailed information was available on interpersonal violence in the lives of extremely poor women across their lifespan.

Respondents

Using a case-control design, homeless mothers were randomly enrolled from Worcester's emergency and transitional shelters and its two welfare motels (3.2 percent of the sample) between August 1992 and July 1995. All homeless women who had been in a shelter for at least 7 days and were pregnant or had custody of at least one dependent child younger than 17 were asked to participate in the study. The comparison group of low-income housed mothers was randomly selected from women who visited Worcester's Department of Public Welfare. To be eligible, comparison mothers had to have no history of homelessness; be pregnant or have custody of at least one dependent child younger than 17; and be currently receiving public assistance. Of the 436 women in the baseline study, 356 were reinterviewed between May 1994 and November 1996 (followup 1), and 327 were again reinterviewed between September 1995 and August 1997 (followup 2).

At baseline, mothers were on average 27 years old; 37 percent were Hispanic (primarily Puerto Rican), 39 percent were non-Hispanic white, and 17 percent were African-American. The mean number of children was 2.2; two-thirds of women had never been married. The mean annual income for homeless mothers was \$7,910; housed mothers had an annual income of \$9,988.

Analysis

For this project, each of the three reports focused on a slightly different subset of women and used various analytic methods relevant to the questions at hand. In general, researchers first explored bivariate relationships to identify crude associations between variables and then used logistic regression modeling techniques to clarify the multivariate relationship between major predictors and outcomes. Researchers also took advantage of the longitudinal design to establish

temporal ordering and ensure that predictive variables preceded outcomes of interest. Covariates for housing status at baseline and ethnicity were included in all models to control for important design and background factors.

Findings

The first report describes patterns of partner violence longitudinally and uses multivariate analyses to delineate *childhood and adult risk markers for partner violence among poor and homeless women* (Bassuk, Dawson, and Huntington, submitted). Researchers found that impoverished women who experienced childhood sexual abuse were significantly more likely to experience intimate partner violence as adults. Child sexual abuse remained the only significant childhood risk marker in multivariate modeling. Two aspects of women's social supports in adulthood were significantly associated with increased risk of partner violence in the multivariate model. Women who experienced no partner violence had significantly higher levels of emotional support from nonprofessional network members and significantly less conflict in their nonprofessional network than women who reported partner violence. In addition, women with lower self-esteem were more likely to be victimized by abusive partners. Women were at greatest risk for partner violence (nearly five times the odds) when their partners had substance abuse problems, however. A partner's poor work history also predicted increased risk for partner violence, but at a less pronounced rate.

Study findings also indicate that although lifetime prevalence of intimate partner violence is high among poor women, most experiences were episodic and limited over time. Following women over four timeframes (i.e., age 17 until 1 year prior to the baseline interview, the year prior to the baseline interview, the year prior to the second interview, and the year prior to the third interview), the study found that less than 2 percent of women reported intimate partner violence across all four timeframes. Among the large group of women whose violence had stopped at some time before the last timeframe, about 28 percent returned to violent relationships.

The second set of analyses focused on the *relationship between intimate partner violence and the subsequent use of addictive substances* by poor and homeless single mothers (Salomon, Bassuk, and Huntington, 2002). It builds on a literature that has documented strong associations between interpersonal violence and substance abuse, although it neither fully clarified causal relationships nor tested more nuanced explanatory theories. The study addressed two major questions: 1) Do poor women who experience intimate partner violence have increased odds of *subsequently* abusing alcohol or illicit drugs? And 2) What role, if any, do childhood victimization, adult PTSD, and partners' substance abuse have in the relationship between adult partner violence and subsequent substance abuse in poor women?

The study found that intimate partner violence is predictive of subsequent drug, but not alcohol, abuse in poor women. Controlling for all factors of interest (including age, ethnicity, education, marital status, homelessness, history of child sexual molestation, PTSD, partner's alcohol/drug abuse, and respondent's baseline drug use), women with a history of adult partner violence had nearly three times the odds of using illegal drugs during the subsequent study years than did women who had not experienced partner violence as adults. Reverse causation (i.e., that women's substance abuse increases the likelihood that they will become involved in physically

violent relationships) did not account for the strong association. Adjusting for past drug abuse did not eliminate the observed association and it was much stronger among women with no history of drug abuse at baseline. The study found a striking interaction between childhood sexual molestation and PTSD (i.e., the effect of each on subsequent drug use depended strongly on the presence of the other), but no interaction between partner violence and PTSD. Finally, women whose partners were substance abusers were twice as likely to subsequently use illicit drugs.

The third paper explored the *impact of recent partner violence on poor women's capacity to maintain work over time* (Browne, Salomon, and Bassuk, 1999). Prior empirical studies focused either on poor women's desire to work or on employment history. Most found that women victims of partner violence were no less likely to have worked or to express a desire to work (Brooks and Buckner, 1996; Lloyd and Taluc, 1997). However, past research did not define work in terms of duration of work experience or hours of work per week. The prominent question for these analyses was whether extremely poor women at recent risk of partner violence are less likely to maintain work over time than are extremely poor women without such experiences. The study found that women who had experienced recent intimate partner violence had less than one-third the odds of maintaining work over time (i.e., for at least 30 hours per week for 6 months or more). Recent experiences with partner violence (in the past 12 months), rather than partner violence prior to baseline, predicted reduced capacity to maintain work during the subsequent year. Although alcohol/drug problems did not independently predict limited capacity to maintain work, mental health variables remained negatively associated with the capacity to maintain work. Job training, job placement services, and past employment experience were highly predictive of enhanced ability to maintain work over time. Controlling for multiple factors, a woman was about seven times more likely to be working if she received job training and four times more likely to be working if she received job placement services. Histories of childhood physical and sexual abuse were significantly associated with partner violence, but did not differentiate women who held jobs over time from those who did not, nor, in the final modeling, were they independently predictive of limited capacity to work.

Implications for Researchers

The three studies outlined above suggest a number of directions for future research. In the first study, for example, the limited influence of the individual-level factors measured by WFRP suggests that future research should consider contextual factors, such as policing practices (e.g., arrest rates of the perpetrator), as well as the complex interplay of economic, social, and cultural factors, in delineating risk factors for adult partner violence. The second study suggests that there are multiple pathways from adult partner violence to poor women's substance abuse, supporting the need for further research that examines other theoretical models. Although the authors confined their analysis to PTSD, future research might explore other indicators of emotional distress that are potentially associated with both partner violence and substance abuse, such as depression, anxiety, or helplessness. Although this study looked exclusively at illicit drug use, the use and abuse of prescription drugs, especially as they relate to health and mental health consequences, including later illicit drug abuse, should also be examined. Finally, the third study suggests the need for further analyses of the mechanisms by which recent partner violence affects women's ability to work and a better understanding of the dynamics that limit women's

stay in jobs over time. Also, future research needs to include the characteristics of children in the household in analyses of mothers' work patterns and the circumstances that affect them.

Implications for Practitioners

As the results of this research using the WFRP data set indicate, women and children who live in poverty are at extremely high risk of physical and sexual victimization by intimates. For thousands of women, a lack of economic resources has devastating consequences for their ability to alter their environments or to live in safety, particularly if they have dependent children. For the subset of women addressed in these reports, issues related to partner violence may make it especially difficult to escape poverty or make the transition to independent employment as mandated by current welfare reform law.

As these reports demonstrate, women who are involved with abusive partners are at significantly increased risk for subsequent illicit drug use and have limited capacity to maintain employment over time. Both these factors have a profound effect on women's ability to be financially self-sufficient, escape violence, and live in safety. Although substance abuse did not independently predict incapacity to maintain employment, the authors found that when controlling for potentially confounding variables, women who experienced recent partner violence were far less likely to hold jobs over time. The significant effects of partner violence on work emerged only when the level and duration of work was defined more specifically. For women who are unable to hold jobs over time, escaping poverty through work becomes even more challenging. Low-wage entry-level employment can be transformed into work that produces true economic independence only when workers are able to invest enough time in the workplace to secure promotions or to move progressively to new and higher paying jobs.

In addition to the contribution of abuse by partners to women's illicit drug use, the current report indicates that substance abuse by partners independently contributes to women's later drug and alcohol abuse. Understanding these joint and independent contributions to women's substance abuse is an important step in structuring treatment and policies that respond to women's real needs. Drug involvement of young women is a major contributor to their increased incarceration over the past 15 years and has other devastating consequences for families and society (Beck and Gilliard, 1995). Health and mental health risks, economic deprivation, loss of child custody, mounting stigma—all have been identified as long- and short-term consequences of drug abuse for women (Maher, 1992, Brown et al., 1994; David and Lucile Packard Foundation, 1999; Blume, 1992; Finkelstein et al., 1998). Practitioners report that use of illegal drugs can negatively affect women's sense of self and their ability to take charge of their lives. Drug involvement may thus make it more difficult for women to leave abusive partners due to financial dependence and to protect the children in their care (Finkelstein, 1994; Finkelstein, et al., 1998). Furthermore, understanding the impact of partner substance abuse on a woman's use of illegal substances and on her risk for partner abuse, as well as the risk in a partner's poor job history, all underscore the importance of working with the offending partner to prevent further violence and drug abuse.

As we also learn from these reports, children who grow up in abusive, threatening, and unpredictable environments are less able to protect themselves in adulthood from abusive men.

Specifically, sexual molestation during childhood was most highly associated with the likelihood of adult intimate partner violence. In addition, women with histories of childhood sexual molestation and diagnoses of PTSD are far more likely to abuse drugs. This report's finding that survivors of child sexual molestation are vulnerable to involvement with abusive partners and to subsequent PTSD and drug abuse suggests an important direction for programs and policies. Programs that serve drug-abusing women need to better understand the impact of trauma on health and mental health across the lifespan. Relapse and treatment may be compromised if issues related to childhood sexual molestation, its interaction with PTSD, and adult partner violence are not identified. Targeted treatment and prevention strategies that start in early childhood, including parenting programs designed for survivors of child sexual abuse, are essential.

These reports also suggest the importance of nonprofessional supports, such as family, friends, and neighbors, in protecting women from involvement with abusive partners. Enabling women to sustain work over time may provide an opportunity to develop more robust and protective support systems in the workplace and to escape poverty. The findings reported here demonstrate the positive impact of job training and placement services on women's capacity to maintain employment over time. They also point to the importance of developing job-related supports for welfare-to-work efforts that are sensitive to women's psychosocial needs, especially as they relate to mental health and violence. The episodic nature of partner violence for most of the women in this study also highlights the potential to identify safe times for interventions.

Responding to the complex relationship among childhood sexual molestation, partner violence, substance abuse, and employment is especially important today as thousands of families are forced to leave welfare rolls because of time limits. A subset of families may fall into extreme poverty as a result of the circumstances outlined here and may contribute to an increasing population of women and children at risk for further violence and its aftereffects. These complex relationships call for cross-system solutions that include health, mental health, substance abuse, battered women's services, criminal justice, and child welfare systems. Increasing demands on an already overburdened criminal justice system may risk jeopardizing the well-being of our Nation's most vulnerable families.

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