Post-Traumatic Stress Disorder (PTSD) in Battered Women: A Shelter Sample

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A sample of 77 battered women in shelters was examined for the presence or absence of a post-traumatic stress disorder (PTSD) diagnosis. Self-report data were obtained on battery characteristics, extent of intrusion and avoidance, depression, anxiety, and general psychopathology. Eight-four percent of the sample met the DSM-III-R criteria for PTSD according to self-report. The reported subjective distress regarding the battery experience was positively correlated with presence and degree of PTSD, intrusion, depression, anxiety, and general psychopathology. Extent of abuse was positively related to presence and degree of PTSD, depression, anxiety, and overall symptom distress. Length of the abusive relationship was least related to the outcome variables. The results of this study indicated that the shelter population of battered women is at high risk for post-traumatic stress disorder and this is linked with characteristics of the battery experience. The usefulness of these findings with regards to diagnosis and treatment is discussed.

KEY WORDS: battered women; physical abuse; post-traumatic stress disorder.

INTRODUCTION

Officially, about 1.8 million women are battered each year (Okun, 1986). Physical force used by batterers may include pushing, slapping, punching, kicking, choking, burning, using a knife or gun, trying to drown, etc. At the upper end of this range, the events are life-threatening and a serious threat to physical and psychological integrity. The DSM-III-R (APA, 1987) criteria for a traumatic

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event are that it be "outside the range of usual human experience" and "be markedly distressing to almost anyone." The more violent physical aggression incidents in battery clearly meet these criteria. Such experiences may be grouped with other examples of traumatic events, such as combat, disasters, rape, incest, and assault.

Post-traumatic stress disorder (PTSD) is one potential reaction to such events. The central question of this study was what percentage of a sample of recently battered women met the criteria for post-traumatic stress disorder. Battery was defined broadly to include minimal physical aggression such as pushing and shoving up to the maximum of attempted murder. The broad definition was used because agreement on the definition of trauma does not yet exist (Green et al., 1985). There is some disagreement with the criterion of the stressor being outside the range of usual human experience with some authors also arguing for the subjective aspect of the stressor as being more critical (Breslau and Davis, 1987). Including a range of battery events and objective along with subjective indicators will provide more information on the attributes of the battery events in relationship to the outcome measures. The study examined the hypothesis that the extent, length, and distress of the battery experience would be positively related to the degree of the stress response. This information is important in ensuring that battered women receive appropriate psychological treatment based on appropriate diagnosis.

PTSD has not been explicitly examined in the battered women's literature; however, studies do report some of the symptomatology of PTSD. A PTSD diagnosis, according to the DSM-III-R (APA, 1987), requires that a traumatic event has occurred, that there is reexperiencing of the trauma, that symptoms of avoidance or numbing of general responsiveness be present, that there are persistent symptoms of increased arousal, and that symptoms have been present for 30 days.

Reviewing studies of battered women from the perspective of PTSD symptoms, four studies have found the presence of reexperiencing the trauma. Hilberman and Munson (1977-78), Finkelhor and Yllo (1985), and Walker (1984) found nightmares present. Intense fear elicited by events reminding them of the battery was found by Hilberman (1980) and Hilberman and Munson (1977-78). Flashbacks were reported by Finkelhor and Yllo (1985).

Five studies have reported symptoms of avoidance of reminders of the trauma or the numbing of general responsiveness. The symptom of numbness was found in the studies of Mills (1985), Hilberman (1980), and Hilberman and Munson (1977-78). Kuhl (1984) noted that battered women kept others at a distance. Star et al. (1979) found withdrawal and avoidance of interpersonal contact.

With regard to symptoms of increased arousal, Hilberman (1980) and Hilberman and Munson (1977-78) found agitation, extreme anxiety, and vigi-