 # 9 The Impact and Consequences of Partner Abuse on Partners

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Full article available in *Partner Abuse*, Volume 3, Issue 4, 2012.

(Article available for free at: http://www.ingentaconnect.com/content/springer/pa)

The purpose of the current study was to review and critique the existing literature on the psychological and physical consequences of psychological and physical abuse on partners. In the current study, a comprehensive review of the literature was conducted using a variety of search engines and key terms (e.g., abuse, aggression, violence; intimate partner, relationship, partner, spousal; psychological, emotional, physical). We included studies examining male and/or female abusers and we included studies examining male and/or female victims. Within our review of physical consequences, we included studies that examined victims' health behaviors (e.g., smoking) as a possible consequence of abuse.

We narrowed our review to studies published from 1989-2012, studies published in English, studies published in peer-reviewed journals, and studies containing empirical data. Consequently, we excluded book chapters that did not include empirical data and excluded doctoral dissertations. We also excluded studies examining the consequences of sexual abuse, as that type of abuse was reviewed in another section of this project. We also excluded studies examining the consequences of abuse on children or on parenting behaviors, as those consequences were reviewed in another section of this project. Finally, we did not include studies that focused exclusively on economic or social consequences for victims or society; however, we did include economic consequences to victims in our tables if those consequences were investigated as part of a study we were already including in our review.

The application of these inclusion and exclusion criteria resulted in 122 empirical articles and 10 review articles on this topic. The empirical articles were categorized by the nature of the abuse and the nature of the consequences as follows: psychological consequences of psychological abuse (Table 1), psychological consequences of physical abuse (Table 2), and physical consequences of physical and psychological abuse (Table 3). Physical consequences of physical abuse and physical consequences of psychological abuse were combined into one table because these consequences were almost always examined in the same study. Within each of

 · http://dx.doi.org/10.1891/1946-6560.3.4.e9

these tables we also organized the studies by the nature of the sample they assessed as follows: large population samples, smaller community samples, university/school samples, treatment-seeking samples, and legal/criminal/justice-related samples. We also created a table of previously published review articles on this topic (Table 4). For each review article in Table 4, we listed the articles those authors reviewed and the main findings from those reviews. In our own review we included the relevant papers from those review articles as well. All studies included in this published review were entered into an on-line summary table that includes the full reference for the study, the sample size and its characteristics, the study method and design, the measures used, and the results relevant to the question of the psychological and physical consequences of psychological and physical abuse on victims.

Given that 10 review articles have been published in the last two decades on this topic, the current review was approached differently than the approaches taken in other manuscripts from the Partner Abuse State of Knowledge Project. Reporting prevalence rates, conducting additional analyses, or conducting a meta-analysis or other detailed review summarizing the findings in our 122 empirical studies would have been redundant with the existing published reviews on this topic. In brief, the multitude of basic research studies examining the impact of abuse on partners yields strong and consistent evidence of two facts. First, psychological and physical abuse have serious physical and psychological consequences for victims and the consequences are, with some exceptions, generally greater for female victims compared to male victims. Second, with regard to the physical consequences of physical abuse, injuries are similar across samples of female victims (e.g., community samples, clinical samples, shelter samples).

The most striking finding was the consistent and strong correlation between physical victimization and poorer physical health outcomes for female victims. Specifically, physical victimization was associated with increased chronic pain, gynecological problems (e.g., greater probability of cervical cancer, pelvic pain, UTIs, abdominal pain, menstrual cycle changes, child-birth delivery complications), gastrointestinal problems (e.g., Irritable Bowel Syndrome, stomach pain), cardiovascular problems, compromised immunological functioning (e.g., lower hemoglobin levels), vision and hearing difficulties, and nutritional deficits (e.g., low iron levels). Physically victimized women were more likely to suffer from longstanding illnesses and chronic diseases, to suffer physical injuries including potentially lethal injuries (e.g., burns, broken bones, gunshot or knife wounds, facial injuries, concussions, losses of consciousness, traumatic

brain injury), to visit emergency rooms, and to be seen by physicians compared to women who were not victimized.

The psychological consequences of physical victimization have also been well documented in the literature. Experiencing physical abuse in a romantic relationship significantly decreases female victims' psychological well-being and increases the probability of suffering from depression, anxiety, post-traumatic stress disorder (PTSD), and alcohol or other substance abuse. Physical victimization is also associated with higher rates of suicidal ideation and attempts and with more memory and other cognitive impairments. Finally, compared to non-victimized women, physically victimized women are more likely to report higher than normal levels of stress and more visits to mental health professionals, and are more likely to take medications to treat their depression and anxiety, including painkillers and tranquilizers.

Our review also demonstrated that psychological victimization leads to a variety of consequences for female victims' psychological health, physical functioning (e.g., migraine, stomach ulcers, indigestion, pelvic pain, chronic pain, chronic disease), and cognitive functioning. Higher levels of psychological victimization are strongly associated with current depressive and anxiety symptoms, insomnia, suicidal ideation, lower self-esteem, higher levels of self-reported fear, and increased perceived stress. Moreover, the evidence suggests that psychological victimization is at least as strongly related to depression, PTSD, and alcohol use as is physical victimization, and that the effects of psychological victimization remain even after accounting for the effects of physical victimization.

There was a relative dearth of research examining the consequences of physical and psychological victimization in men, and the studies that have been conducted have focused almost exclusively on sex differences in injury rates. When sex differences were examined, physical violence demonstrated more deleterious physical consequences for women than men. Women were more likely to suffer severe and potentially life threatening injuries, and to visit an emergency room or hospital as a result of intimate partner violence. However, the severity of the physical abuse seemed to moderate these sex differences in injury rates. When mild-to-moderate aggression is perpetrated (e.g., shoving, pushing, slapping), men and women tend to report similar rates of injury. When severe aggression has been perpetrated (e.g., punching, kicking, using a weapon), rates of injury are dramatically higher among women than men, and those injuries are more likely to be life-threatening. Relatedly, there is limited research on the

psychological consequences of abuse on male victims, and the research that does exist has yielded mixed findings (some studies find comparable effects of psychological abuse across gender, while others do not.) As such, we believe it is premature to draw conclusions about the psychological consequences of violence for male victims.

In addition to the findings delineated above and in past reviews, we uncovered several findings that had not been discussed in past reviews. First, there is a small but critical group of studies examining the effects of abuse on health behaviors (as opposed to physical health itself). For example, researchers have examined the effects of abuse on diet, exercise, alcohol and other substance use, and smoking. Physically abused women have been found to engage in poorer health behaviors, including a greater likelihood of smoking, engaging in sexually risky behaviors, and having poor eating habits. Psychologically victimized women also have been found to engage in poorer health behaviors, including a greater likelihood of smoking and engaging in risky sexual behaviors. Second, in addition to the physical and psychological consequences, physical victimization has serious economic and social consequences for victims and society at large. Physically victimized women are more likely to miss work or be unemployed, have lower educational attainment, have lower marital or relationship satisfaction, have fewer social and emotional support networks, be less involved in their communities, and experience more negative life events. They are also less likely to be able to take care of their children and perform household duties. Similarly, psychological victimization among women is significantly associated with poorer occupational functioning and social functioning. Third, all of the consequences found for victims of psychological and physical abuse are significantly worse for victims who are of low income, are ethnic minorities, and/or are unemployed.

Despite the multitude of studies examining the consequences of abuse for victims, a variety of conceptual and methodological limitations to existing research hinder our understanding of the consequences of abuse for victims. For example, with regard to the content of prior studies, the research has been limited largely to studies of main effects, there is a lack of basic research on the physical consequences of violence for male victims other than basic sex differences in injury rates, and there exists little research on (mal)adaptive coping mechanisms among victims, a potentially key point of intervention. In terms of conceptual limitations, basic research on the consequences of abuse for victims has been largely atheoretical, the construct of psychological aggression has been inconsistently and poorly defined, and the relation between

psychological and physical aggression has rarely been taken into account. With regard to methodological limitations, we found an overreliance on self-report questionnaires, the use of psychological violence measures that suffer from poor discriminant validity, and a reliance on cross-sectional designs to investigate purported consequences of abuse. (Please see full published manuscript for a more detailed discussion of these issues.)

Given these limitations, we recommend that future research be framed within a temporally dynamic view of violence and its consequences, employing multi-wave longitudinal designs. We also encourage researchers seek to clarify mediating processes of the well-known main effects in order to guide interventions for victims. We call for an emphasis on low income, ethnic minority and/or unemployed victims given the uniformly stronger consequences for these victims. We also encourage researchers to integrate investigations of multiple types of violence (psychological, physical, sexual), multiple victims of violence (partners, children), and multiple factors (personality, relationship, situational) into their studies in order to elucidate the nature of family violence. Finally, we recommend that interventions targeting partner violence be based on acceptance and mindfulness techniques. Preliminary evidence from the authors' own research demonstrates the effectiveness of such techniques at reducing psychological and physical aggression among male perpetrators. We are confident that the field is ready to move into a new phase of basic research, one in which more nuanced questions can be answered and more effective interventions can be implemented.

About the Authors

Erika Lawrence, Ph.D. is an Associate Professor in the Department of Psychology at the University of Iowa. Dr. Lawrence earned her undergraduate degree in Psychology from Emory University and her M.A. and Ph.D. in Clinical Psychology from the University of California, Los Angeles (UCLA). Dr. Lawrence completed her clinical internship at the UCLA Neuropsychiatric Institute and Hospital. Dr. Lawrence's program of research is focused on: (a) clarifying the developmental course of and developing evidence-based treatments for intimate partner violence and (b) examining the factors impacting the role of intimate relationships in the developmental course of psychopathology. Over the last 20 years she has conducted basic and applied research focusing on perpetrators, victims, relationships and children of intimate partner violence. She has published dozens of articles in peer-reviewed journals such as *Journal of Consulting and Clinical Psychology*, *Psychological Assessment*, and *Journal of Family Psychology*. Dr. Lawrence's research has been supported consistently by extramural funding from NIMH, NICHD, the CDC and the Department of Justice's Office of Violence against Women. She has served on the American Psychological Association's Think Tank on Violence and Abuse in Relationships: Connecting Agendas and Forging New Directions, and on the Research Task Force for the National Partnership to End Interpersonal Violence. Currently, and in collaboration with the Iowa Department of Corrections, the Iowa Judicial Branch, and the Iowa Coalition against Domestic Violence, Dr. Lawrence is conducting a multi-site randomized controlled trial of a novel intervention with men who have been court-mandated to treatment for intimate partner violence. This study is the first in which a researcher has had the opportunity to incorporate an evidence-based violence intervention (other than the traditional approaches) into a state's court-mandated Batterers Education Program. If the new intervention continues to demonstrate empirical support, Iowa will be the first state in the country to mandate a statewide, empirically supported intervention for male offenders.

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Rosaura Orengo-Aguayo, M.A. is a 3rd year doctoral student at the Clinical Psychology Program at the University of Iowa. Ms. Orengo-Aguayo earned her B.A. in Psychology from the University of Puerto Rico and her M.A. in Clinical Psychology from the University of Iowa.

Before pursuing graduate studies, Ms. Orengo-Aguayo was funded by NIMH Career Opportunities in Undergraduate Research Program (COR) to conduct research on intimate partner violence among Latina women and on relationship dynamics among low-income minority couples. She has also been awarded the National Academy of Science Ford Fellowship and the National Science Foundation Graduate Research Fellowship to conduct research on relationship dynamics and intimate partner violence among low-income Hispanic and black couples. During the past three years, Ms. Orengo-Aguayo has been actively involved in developing an empirically-based intervention based on third-wave behavior therapies such as Acceptance and Commitment Therapy (ACT) aiming to reduce violent behaviors among men convicted of domestic assault. Ms. Orengo-Aguayo is passionate about translating basic research into interventions that can improve the quality of life of underserved populations and hopes to continue this work in the future.

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Amie Langer, M.A. is a predoctoral researcher at the University of Iowa. She earned her undergraduate degree in psychology from Iowa State University and her M.A. in clinical psychology from the University of Iowa. Ms. Langer's research is focused on developing and testing empirically-supported interventions for emotional and behavioral dysregulation. With Dr. Lawrence and Ms. Orengo-Aguayo over past three years, Ms. Langer has been involved in developing an empirically-based intervention based on third-wave behavior therapies such as Acceptance and Commitment Therapy (ACT) aiming to reduce violent behaviors among men convicted of domestic assault.

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Rebecca L. Brock, Ph.D., is a postdoctoral scholar at the University of Iowa. She earned her undergraduate degree in psychology from North Dakota State University and her M.A. and Ph.D. in clinical psychology from the University of Iowa. Dr. Brock's research is focused on the etiology and treatment of depression and anxiety, the role of interpersonal processes in the development and maintenance of internalizing disorders, and factors impacting satisfaction and

stability in intimate relationships. She has published dozens of articles in peer-reviewed journals, and has received numerous awards for her research, including a Ruth L. Kirschstein National Research Service Award from NIMH, the Steve Duck New Scholars Award from the International Association for Relationship Research, and the American Psychological Association Dissertation Research Award. She has also served on the executive board and numerous subcommittees for the Society for a Science of Clinical Psychology (Division 12, Section 3, of APA).

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PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
Mouton, C. P., Rodabough, R. J., Rovi, S. L. D., Brzyski, R. G., & Katerndahl, D. A. (2010). Psychosocial effects of physical and verbal abuse in postmenopausal women. *Annals of Family Medicine, 8*, 206-213.	93,676	Postmenopausal women. *M* age = 65 (range: 50-79); 83% White, 3.9% Hispanic, 8.2% African American, and 4.7% Other. 62% unmarried. 40% had incomes in excess of $50,000	Longitudinal design (2 waves over 3 years). Subjects were recruited nationally for the Women's Health Initiative (WHI) Observational Study. Self-report by victim.	Women in all categories of abuse (physical abuse only, verbal abuse only, both physical and verbal abuse) showed worse mental health (assessed via the RAND Health Survey mental component summary score) than women reporting no abuse. Physical and psych abuse were assessed with single items inquiring about incidence and severity of abuse over the past year. New exposure to physical abuse resulted in an increase in depressive symptoms (CES-D) and a decline in overall mental health; however, only decline in overall mental health reached statistical significance. Women newly exposed to verbal abuse or to both physical and verbal abuse had an increase in depressive symptoms and a decline in overall mental health.
Renner, L. M. (2009). Intimate partner violence victimization and parenting stress: Assessing the mediating role of	1,153	Women with children. *M* age = 31 years; *M* of 2 children in household; *M* age = 8.2 years	Longitudinal (2 waves). Subjects were recruited as part of a large population-based study in Illinois.	Psych IPV at wave 1 (8 questions adapted from the WEB) was associated with concurrent depressive symptoms (CES-D) when controlling for physical IPV (6 questions including items from the CTS). Physical IPV was not associated with symptoms when controlling for psych IPV.

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depressive symptoms. *Violence Against Women, 15*, 1380-1401.			Self-report by victim.	Psych IPV (wave 1) predicted subsequent parenting stress at wave 2 (modified version of Parenting Stress Index) when controlling for physical IPV. Physical IPV did not predict stress when controlling for psych IPV. The relation between psych IPV and parenting stress was mediated by depressive symptoms. Psych and physical IPV (wave 1) was not associated with subsequent parental warmth (wave 2).
Bonomi, A. E., Thompson, R.S., Anderson, M., Reid, R. J., Carrell, D., Dimer, J.A., & Rivara, F.P. (2006). Intimate partner violence and women's physical, mental, and social functioning. *American Journal of Preventive Medicine, 30*, 458- 466.	3,429	Women. *M* age = 45.3 years; primarily White, English speaking	Cross-sectional design. Subjects were randomly selected from a large health plan and completed a telephone interview. Self-report by victim.	Lifetime IPV (physical, sexual, and non-physical IPV assessed via the WEB and 5 questions from the BRFSS survey): more likely to be current or former smokers and engage in heavy drinking in the past year (BRFSS & AUDIT-C), more likely to engage in risky behaviors compared to no IPV Recent IPV (past 5 years): lower SF-26 scores, more likely to report depressive symptoms (CES-D) and severe depression, limited activity in voluntary groups, and less trusting of people in community compared to no IPV Remote IPV (before past 5 years): increased risk for depressive symptoms, severe depression, limited

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				involvement in voluntary groups, distrust of community, and lower SF-36 scores compared to no IPV Highest risk for adverse health effects if: (a) IPV was recent versus remote, (b) IPV was physical and/or sexual versus non-physical, and (c) exposure to IPV was longer
Coker, A., Davis, K., & Arias, I. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*, *24*, 260-268.	13,912	6790 women and 7122 men, ages 18-65	Cross-sectional design. Subjects recruited through random-digit-dial telephone survey as part of the National Violence Against Women Survey (NVAWS). Self-report of victim.	For both men and women, physical IPV victimization (CTS and NVAWS) was associated with increased risk of current poor health, substance use, developing a chronic disease, chronic mental illness, and injury (all measured via the NVAWS), and depressive symptoms (SF-36 depression scale) When physical and psych IPV scores were both included in logistic regression models, higher psych IPV scores were more strongly associated with these health outcomes than physical IPV scores.
Lemon, S. C., Verhoek-Oftedahl, W., Donnelly, E. F. (2002). Preventive healthcare use, smoking, and alcohol	1,561	Women ages 18-54. 45.5% ages 30-44; 89.9% Non-Hispanic white; 61.7% married/	Cross-sectional design. Subjects recruited as part of a large-scale telephone survey	Physical IPV (in past 12 months) was associated with receiving regular pap smears, current smoking, and high-risk alcohol use (all assessed via the BRFSS). Psych IPV (in the past 12 months) was associated with

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Study	N	Sample Characteristics	Method and Design	Results
use among Rhode Island women experiencing intimate partner violence. *Journal of Women's Health and Gender Based Medicine, 11*, 555-562.		cohabitating	in Rhode Island. Self-report of victim.	high-risk alcohol use. All variables were assessed via the BRFSS.

Smaller Community Samples

Study	N	Sample Characteristics	Method and Design	Results
Lawrence, E., Yoon, J., Langer, A., & Ro, E. (2009). Is psychological aggression as detrimental as physical aggression? The independent effects of psychological aggression on depression and anxiety symptoms.	206	Married Couples (*N*=103). Modal education level = 14 years. Modal joint income = $35,001 to $45,000. Husbands were 95% White, Wives 94% White; husbands *M* age was 26.4, wives was 25.0	Longitudinal (4 waves over 33 months). Couples were recruited from the community in the Midwest. Self-report of victim and perpetrator.	Greater physical IPV over the first 3 years of marriage (CTS-2 physical assault scale) was associated with greater anxiety symptoms (BAI) for husbands and wives, but not depressive symptoms (BDI-II). Greater psych IPV over 3 years (MMEA) was associated with higher depressive and anxiety symptoms for both husbands and wives, even with controlling for the effects of physical IPV. No sex differences were identified.

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Study	N	Sample Characteristics	Method and Design	Results
Violence and Victims, 24, 20-35.				
Koopman, C., Ismailji, T., Palesh, O., Gore-Felton, C., Narayanan, A., Saltzman, K. M. et al. (2007). Relationships of depression to child and adult abuse and bodily pain among women who have experienced intimate partner violence. *Journal of Interpersonal Violence, 22*, 438-455.	57	Women with history of IPV. *M* age = 35.5, *M* years of education = 15.9, majority were heterosexual, White, and single.	Cross-sectional design. Subjects were recruited from the community. Self-report of victim.	Severity of psych abuse by intimate partner (Abusive Behavior Inventory Partner Form Physical Abuse Subscale) was associated with depressive symptoms (BDI) but not bodily pain (Short-Form-36 Health Survey: Bodily Pain Scale).
Taft, C. T., O'Farrell, T. J., Torres, S. E., Panuzio, J., Monson, C. M., Murphy, M. et al. (2006). Examining the correlates of	290	Heterosexual couples (*N*=145) Females: 99% White, *M* age = 39.7, *M* education =	Cross-sectional design. Subjects were recruited from the community in	Physical IPV (CTS-2) was not uniquely associated with psych distress (Brief Symptom Inventory – BSI) or depression and anxiety (Subscales of BSI) when controlling for psych IPV (CTS-2 and Psychological Maltreatment of Women Inventory). Female-perpetrated

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Study	N	Sample Characteristics	Method and Design	Results
psychological aggression among a community sample of couples. *Journal of Family Psychology, 20*, 581-588.		14.9 years, 53% employed, Males: 94% White, *M* age = 41.6, M education = 14.7 years, 91% employed; 90% married.	Massachusetts through random-digit dialing. Self-report of victim and perpetrator	physical IPV had a small association with men's physical health symptoms (Physical Symptom subscale of the Health and Daily Living Form). Psych IPV was uniquely associated with psych distress, depression and anxiety symptoms, and physical health with one exception: female-to-male aggression was not associated with men's depression.
Campbell, J. C., & Soeken, K. L. (1999). Women's responses to battering: A test of the model. *Research in Nursing & Health, 22*, 49-58.	141	Women. *M* = 31.4 years; *M* # of children = 2.2; *M* length of relationship = 5.7 years; 78% had children; 79% African American	Cross-sectional design. Subjects were recruited from the community and screened for battering. Self-report of victim.	IPV (latent variable including magnitude of physical and nonphysical abuse assessed via the Index of Spouse Abuse and risk factors for homicide assessed via Danger Assessment) predicted lower "self-care agency" (a latent variable made up of self-esteem assessed via the Tennessee Self-Concept Scale and perceived ability to care for oneself assessed via the Denyes Self-Care Agency Instrument) and poorer health (a latent variable made up of depressive symptoms assessed via BDI and physical health problems assessed via the Health Responses Scale).
Marshall, L. L. (1999). Effects of men's subtle and overt psychological abuse on low-income	834	Women. 36.3% African American; *M* age = 32.81; 41.4% married; *M*	Longitudinal design (7 waves, only included first wave in	Subtle psych IPV (undermining, discounting, isolation) was associated with lower self-esteem (Rosenberg's scale), more stress (Cohen et al.'s measure), lower health quality of life (1 item), global emotional distress (Symptom

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Study	N	Sample Characteristics	Method and Design	Results
women. *Violence and Victims, 14*, 69-88.		duration of relationship = 7.7 years	present study). Subjects were recruited from the community as part of the Health Outcomes for Women project. Self-report of victim.	Checklist 90), and severe depression and suicide (General Health Questionnaire) even when controlling for overt psych IPV (dominance, indifference, monitoring, discrediting) and physical and sexual aggression (Severity of Violence Against Women Scale).
Arias, I., Lyons, C. M., & Street, A. E. (1997). Individual and marital consequences of victimization: Moderating effects of relationship efficacy and spouse support. *Journal of Family Violence, 12*, 193-210.	66	Married women. *M* age = 26.86; married *M* of 3.76 years; *M* education = 15.91 years	Cross-sectional design. Subjects were recruited from the community. Self-report by victim.	Neither verbal victimization status (CTS: victim of any psych aggression during the past year) nor physical victimization status (CTS: victim of any physical aggression during past year) significantly predicted depression (BDI). Moderation analyses did indicate that physical IPV does have an impact on depression for women with high perceptions of acceptance of emotional expression and perceived intimacy in their relationships.
Ratner, P. A. (1993). The incidence of wife abuse and mental	406	Women. 95% married; *M* age = 39.4; *M* relationship	Cross-sectional design. Subjects were recruited	Physically abused wives (exposure to 1+ physically aggressive acts in the past year – CTS) and psychologically abused wives (a score of 10+ on verbal aggression scale of

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
health status in abused wives in Edmonton, Alberta. *Canadian Journal of Public Health, 84*, 246-249.		duration = 14.5; 60.7% employed	via random-digit dialing and had to be living with partner within the past year. Self-report of victim.	CTS and score of 0 on physical scale) had more somatic complaints, higher levels of anxiety and insomnia, greater social dysfunction and more symptoms of depression (all assessed via General Health Questionnaire) than nonabused wives. 16.3% of physically abused and 11.3% of psychologically abused wives were alcohol-dependent as measured by the CAGE (compared to 2.4% of non-abused wives).

University and School Samples

Study	N	Sample Characteristics	Method and Design	Results
Avant, E. M., Swopes, R. M., Davis, J. L., & Elhai, J. D. (2010). Psychological abuse and posttraumatic stress symptoms in college students. *Journal of Interpersonal Violence, 26*, 3080-3097.	191	College men and women. 81.7% women; 89.5% White; 93.2% heterosexual; 85.3% currently in relationship	Cross-sectional design. Subjects were recruited from two mid-Western universities online and through flyers. Self-report of victim.	Trauma history (Trauma Assessment for Adults-Self-Report Version), but not past year relationship violence (CTS), was a significant predictor of PTSD symptom severity (Modified PTSD Symptom Scale- Self-Report) for women, but neither set of variables significantly predicted PTSD symptom severity for men.

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Study	N	Sample Characteristics	Method and Design	Results
Filson, J., Ulloa, E., Runfola, C., & Hokoda, A. (2010). Does powerlessness explain the relationship between intimate partner violence and depression? *Journal of Interpersonal Violence, 25,* 400-415.	327	Female college students. *M* age = 19.64; 51.7% White; 47% freshmen; 98% no children	Cross-sectional design. Woman at least 18 years of age were recruited and participated in order to partially fulfill course requirements. Victim report.	Greater victimization (greater frequency of physically, sexually, and psychologically aggressive behaviors via the CTS) was associated with greater depressive symptoms (BDI-II). Greater power and control in the relationship mediated this link.
Kelly, V., Warner, K., Trahan, C., & Miscavage, K. (2009). The relationship among self-report and measured report of psychological abuse, and depression for a sample of women involved in intimate relationships with male partners. *The Family Journal, 17,*	100	Women. *M* = 28.79; 66% graduate students (8% were *not* students); 92% White.	Cross-sectional design. Subjects were recruited by researchers in classes at two universities and at local community meetings. Self-report by victim.	Psych abuse (levels of total psych abuse, emotional/verbal abuse, and dominance/isolation assessed via the PMWI) and depression (BDI-II) were significantly associated.

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Study	N	Sample Characteristics	Method and Design	Results
51-57.				
Harned, M. S. (2001). Abused women or abused men? An examination of the context and outcomes of dating violence. *Violence and Victims, 16*, 269-85.	874	Undergraduate and graduate students: 489 females and 385 males. Ages 17-52; 76% White, non-Hispanic; included opposite- and same-sex couples: homosexual (4%), bisexual (2%)	Cross-sectional design. Subjects were randomly selected from the entire graduate student body at the university and randomly sampled from undergraduate students whose last names feel in the first half of the alphabet. Self-report of victim.	Psych IPV (Abusive Behavior Inventory) and Sexual IPV (Sexual Experiences Survey) were significantly associated with worse psych outcomes of all types. Physical victimization (CTS-2) only significantly predicted higher levels of anxiety (Mental Health Index), posttraumatic stress (PTSD Checklist), and body shape concern (Body Shape Questionnaire). Women reported more severe outcomes as the frequency of IPV increased. Psych, physical, and sexual IPV predicted higher levels of academic withdrawal but not school withdrawal. No gender differences were found. Men reported slightly more physical injuries (CTS-2 injury subscale) at low levels of physical violence whereas women experience more injuries as physical violence becomes more frequent.
Katz, J., Arias, I., & Beach, S. R. H. (2000). Psychological abuse,	682	Female college students in heterosexual dating relationships. *M* age	Longitudinal (2 waves over 6 weeks). Subjects were recruited	IPV and self-esteem were examined as predictors of *relationship* outcomes; however, preliminary analyses indicated that psych IPV (Psychological Maltreatment of Women – Emotional/Verbal Abuse Scale) was

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Study	N	Sample Characteristics	Method and Design	Results
self-esteem, and women's dating relationship outcomes. *Psychology of Women Quarterly, 24*, 349-357.		= 19; 88% White; *M* length of relationship = 9 months	from an undergraduate research pool at a large southeastern university if they were in a relationship of at least one month. Victim report.	significantly correlated with concurrent (lower) self-esteem (Rosenberg Self-Esteem Scale).
Pape, K. T., & Arias, I. (1995). Control, coping, and victimization in dating relationships. *Violence and Victims, 10*, 43-54.	122	Female college students: victims of IPV = 48; non-victims = 74. *M* age = 19; 82% of victims and 81% of nonvictims were White; *M* length of relationship = 26.8 months for victims and 17.7 for nonvictims.	Cross-sectional design. Subjects were recruited from The University of Georgia and were involved in exclusive, noncohabiting dating relationships for at least 2 months. Victim	Victims vs. nonvictims (status determined by CTS) did not differ with regard to general distress level, depression, anxiety, or somatization (measured via the SCL-90-R). Victims reported higher levels of hostility. Victims' general distress was not associated with level of violence experienced.

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Study	N	Sample Characteristics	Method and Design	Results
			report.	

Clinical Samples

Study	N	Sample Characteristics	Method and Design	Results
Blasco-Ros, C., Sánchez-Lorente, S., & Martínez, M. (2010). Recovery from depressive symptoms, state anxiety and post-traumatic stress disorder in women exposed to physical and psychological, but not to psychological intimate partner violence alone: A longitudinal study. *BMC Psychiatry*, *10*, 98.	91	23 psych IPV women, 33 physical/psych IPV women, and 35 non-abused women. Spanish nationality. On average, women were in their 40s.	Longitudinal (2 waves over 3 years). Subjects were recruited from the Valencian community of Spain from both 24-hour Centers for Helping Women (victims of IPV) and women's clubs (control). Self-report of victim.	Women experiencing physical/psych IPV (assessed via an interview) had a higher likelihood of cessation or reduction of IPV over time and experienced a significant decrease in symptoms of depression (BDI), anxiety (STAI), and PTSD (Echeburua's Severity of Symptom Scale of PTSD). Women exposed to psych IPV alone had a high probability of continued exposure to the same type of IPV and experienced no recovery in mental health status (no change in psych symptoms).
Edelson, M. G.,				

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
Hokoda, A., & Ramos-Lira, L. (2007). Differences in effects of domestic violence between Latina and non-Latina women. *Journal of Family Violence, 22*, 1-10.	65	Women: 44 Latina and 21 non-Latina. Latina women *M* age = 34.35, had an *M* of 2.33 children, *M* time away from abuser was 23.24 months; Non-Latina women *M* age = 35, *M* of 2.55 children, *M* time away from abuser was 24.6 months.	Cross-sectional design. Subjects were recruited from an agency offering support groups and therapy for battered women and children. Questionnaires were administered prior to receiving intervention. Self-report of victim.	Latina women evidenced significantly more depressive symptoms (BDI-II) than non-Latina women. Latina women were also more bothered by intrusive thoughts and experienced more trauma-related symptoms (The Impact of Events Scale), and viewed themselves as having lower self-esteem related to social situations and personal attributes (CFSEI-2). Latina women attributed positive events to factors that were less global (less likely to apply to many events) as indicated by the Attributional Style Questionnaire. Latina women had higher scores on PSI scales (parenting stress)
Tiwari, A, Chan, K. L., Fong, D., Leung, W. C., Brownridge, D.A, Lam, H., et al. (2008). The impact of psychological abuse by an intimate partner on the mental	3,245	Pregnant women. *M* age = 31; 97% married/ cohabiting; 42% had children; 20% has a family income below average.	Longitudinal (2 waves at 32-36 wks of gestation and 1 week post-partum). Subjects were	Women in the psych abuse only group (any abuse in past year or since becoming pregnant as measured by the Abuse Assessment Screen – AAS) had a higher risk of postnatal depression (EPDS), thoughts of self-harm (Item 10 of EPDS), and poorer mental health-related quality of life (SF-12) compared with nonabused women. Greater risk of postnatal depression and thoughts of self-harm were not

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
health of pregnant women. *British Journal of Obstetrics and Gynecology, 115*, 377-384.			recruited from obstetrics and gynecology departments. Self-report of victim.	observed in the physical and/or sexual abuse group (any abuse in past year or since becoming pregnant as measured by the AAS); however, poorer mental health-related quality of life was greater). Groups did not differ on physical functioning (SF-12).
Pico-Alfonso, M. A, Garcia-Linares, M. I., Celda-Navarro, N., Blasco-Ros, C., Echeburúa, E., & Martinez, M. (2006). The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: Depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide. *Journal of Women's Health, 15*, 599-611.	182	Women: 52 nonabused, 75 physically/ psych abused, 55 psych abused. Spanish nationality. *M* age = 43.9-46.6 across groups	Cross-sectional design. Subjects were recruited from the Valencian community of Spain from both 24-hour Centers for Helping Women (victims of IPV) and women's clubs (control). Self-report of victim.	Both physically/psychologically and psychologically abused women (group assignment via interview) had higher scores of depression (BDI), anxiety (STAI), and PTSD (Echeburua's Severity of Symptom Scale of PTSD) than nonabused women. There were no differences between the two abused groups.

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
Moracco, K. E., Brown, C. L., Martin, S. L., Chang, J. C., Dulli, L., Loucks-Sorrell, M. B. et al. (2004). Mental health issues among female clients of domestic violence programs in North Carolina. *Psychiatric Services*, *55*, 1036-1040.	71	Domestic violence programs. Most common types of services: court advocacy, crisis intervention, domestic violence counseling, phone hotlines, shelter, transportation, counseling for children. *M* number of women using shelters = 188.	Cross-sectional design. Surveys were mailed to domestic violence service providers in North Carolina and completed by shelter personnel.	Nearly two-thirds of the programs (43 programs-61%) estimated that at least 25% of clients had mental health problems; 12 programs (17%) estimated more than half had problems. A program's urban or nonurban status was not related to the percentages of clients with problems.
Coker, A. L., Smith, P. H., Thompson, M. P, McKeown, R. E, Bethea, L., & Davis, K. E. (2002). Social support protects against the negative effects of partner	1,152	Women. Ages: 28.2% 18-29, 27.7% 30-29, 27.1% 40-49. 62.1% African American, 37.9% White. 11.2 % unemployed.	Cross-sectional design. Subjects were recruited from family practice clinics. Self-report of victim.	IPV, independent of type (physical, sexual, or psych as assessed via an interview including questions from ISA-P, AAS, and WEB), was associated with self-perceived mental and physical health (1 item), cigarette smoking, anxiety (Spielberger State-Trait Personality Inventory), depression (CES-D), and suicide ideation and action.

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
violence on mental health. *Journal of Women's Health & Gender-Based Medicine, 11*, 465-476.				Although not associated with psych IPV, drug and alcohol abuse (Drug Abuse Screening Test and TWEAK) were associated with sexual and physical IPV, as was having a higher PTSD symptom score (DSM-IV criteria). In general, the associations were stronger for these mental health outcomes for women experiencing sexual IPV than for physical IPV without sexual IPV or psych IPV alone.
Coyne, J. C., Thompson, R., & Palmer, S. C. (2002). Marital quality, coping with conflict, marital complaints, and affection in couples with a depressed wife. *Journal of Family Psychology, 16*, 26-37.	115 couples	Couples: 38 with wife outpatient for depression, 35 with wife inpatient for depression; 42 community control couples. *M* age: 42.6 for controls, 39 for outpatients, 48.6 for inpatients; Employed: 50% for controls, 60.5% for outpatient, 11.8% for inpatient.	Cross-sectional design. Subjects were recruited from women seeking treatment for depression and meeting criteria for major depressive disorder. Controls were recruited from the community via radio, newspapers, and	Outpatient depressed couples reported more destructive and less constructive tactics for resolving conflict (Destructive Tactics Scale of the Conflict Inventory including psychologically aggressive behaviors) than did community control couples Inpatient depressed patients reported more physical attacks by spouse relative to community controls

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
			flyers. Self-report of victim and perpetrator.	
Krishnan, S. P., Hilbert, J. C., & VanLeeuwen, D. (2001). Domestic violence and help-seeking behaviors among rural women: Results from a shelter-based study. *Family and Community Health, 24*, 28-38.	102	Women from domestic violence shelter. The majority were Hispanic (72%), under 30 years of age (52%), had education limited to high school or less (54%), and were unemployed (53%).	Cross-sectional design. Subjects were recruited from rural domestic violence shelter in Southern New Mexico. Self-report of victim.	48% reported thoughts of or attempts of suicide, 23% reported alcohol use, 10% reported drug use; 35% sought medical attention and 38% sought counseling. More Hispanic participants (53%) indicated that they thought of and/or attempted suicide compared to other racial/ethnic groups (35%). More participants from other racial/ethnic groups reported using alcohol or other drugs as compared with Hispanic participants. All variables were assessed via a survey read to women within 24 hours of entry into shelter.
Street, A. E., & Arias, I. (2001). Psychological abuse and posttraumatic stress disorder in battered women: Examining the roles of shame and guilt. *Violence and Victims*,	63	Heterosexual women. *M* age = 32; 63% White; 84% had children; *M* # of children = 2.44; 53% were married, but separated.	Cross-sectional design. Subjects were approached by shelter staff and invited to participate in a research study. Self-report of	Physical IPV (CTS) and psych IPV (Psychological Maltreatment of Women Inventory - PMWI) were associated with PTSD (Civilian Mississippi Scale for PTSD). When examined together, only psych IPV remained significant. The emotional/verbal subscale of PMWI was a correlate of symptoms when controlling for physical IPV, but not domination/ isolation. Psych and physical IPV were not associated with shame or guilt (Test

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
16, 65-78.			victim.	of Self-Conscious Affect), but the emotional/verbal subscale of the PMWI was associated with both. The link between the emotional subscale and PTSD was mediated by shame.
Ali, A., Oatley, K., & Toner, B. B. (1999). Emotional abuse as a precipitating factor for depression in women. *Journal of Emotional Abuse*, *1*, 1–13.	40	Women in therapy. *M* age = 34.7; 58% childless; 90% White; 33% never married, 28% married, 20% divorced	Cross-sectional design. Subjects included self-referred clients attending the Women's Therapy Center of a university teaching hospital. Self-report of victim.	Women who experienced "major emotional abuse" (Interview) reported more symptoms of depression (BDI) than women who reported "no major emotional abuse." A greater proportion of women meeting diagnostic criteria for major depression (SCID) were in the "major emotional abuse" category relative to women who did not meet criteria for MD.
Arias, I., & Pape, K. T. (1999). Psychological abuse: Implications for adjustment and commitment to leave violent partners. *Violence and Victims*,	68	Women in shelters. All had been married or cohabiting for at least 1 year. *M* age = 36; 48% White, 56% employed; *M* personal income of	Cross-sectional design. Subjects were recruited from battered women's shelters in Atlanta, Georgia and	Psych abuse (PMWI) was associated with PTSD symptoms (SCL-90-R) even when controlling for physical abuse (CTS-R).

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
14, 55-67.		$22,000.	surrounding counties. Victim report.	
Cascardi, M., O'Leary, K. D., & Schlee, K. A. (1999). Co-occurrence and correlates of posttraumatic stress disorder and major depression in physically abused women. *Journal of Family Violence, 14*, 227–249.	92	Women. *M* age = 35.4 years; Women were married approximately 8 years, *M* family income of $48,130, averaged 2.2 children and *M* education was 13.5 years 98% White	Cross-sectional design. Subjects were recruited from couples seeking treatment for serious marital difficulties through multimedia advertisements. Self-report of victim.	Frequency of severe H → W physical aggression (MCTS) was a significant predictor of both depressive symptoms (BDI) and PTSD symptoms (SCID). Dominance/isolation (subscale of Psychological Maltreatment of Women Scale) was only a significant predictor of PTSD symptoms (not depressive symptoms). Comorbid women and those with PTSD reported significantly more husband-to-wife physical aggression than those with MDD (SCID) only or neither disorder. No group differences were found for spouse's controlling/isolating tactics.
Sackett, L. A., & Saunders, D. G. (1999). The impact of different forms of psychological abuse on battered women. *Violence and Victims*,	60	Women: 30 shelter, 30 nonresidential. *M* age = 34.7; 62% White; 63% some college; 40% employed; 62%	Cross-sectional design. Subjects were recruited from domestic violence agencies and had	Both psych abuse and physical abuse (assessed via Interview) contributed independently to depression (BDI) and low self-esteem (Coopersmith Self-esteem Inventory). However, fear of being abused was uniquely predicted by psych abuse.

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
14, 105-117.		children; 70% cohabiting; 56% married.	been physically abused at least once. Women were either shelter residents or in non-residential counseling for domestic violence. Victim report.	
Kaslow, N. J., Thompson, M. P, Meadows, L. A., Jacobs, D., Chance, S., & Gibb, B. et al. (1998). Factors that mediate and moderate the link between partner abuse and suicidal behavior in African American women. *Journal of Consulting and*	285	Black women. 148 suicide attempters; 137 controls. Suicide attempters: *M* age = 30.30, education = 11.47, 15.5% homeless, 71.4% unemployed, 24.3% married; Controls: *M* age = 31.32, education = 12.05, 10.9% homeless,	Cross-sectional design. Subjects were recruited from the Grady public health system at Emory university. Self-report of victim.	Suicide attempters reported higher levels of partner abuse than controls (both physical and nonphysical partner abuse). Also examined mediators and moderators of this link. Higher levels of self-reported physical IPV (physical scale of ISA) and nonphysical IPV (nonphysical scale of ISA) in the past year were associated with greater levels of overall psych distress (Brief Symptom Inventory), hopelessness (Beck Hopelessness Scale), alcohol use (MAST), and drug use (DAST).

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
Clinical Psychology, 66, 533-540.		45.3% unemployed, 21.2% married		
Tuel, B. D., & Russell, R. K. (1998). Self-esteem and depression in battered women: A comparison of lesbian and heterosexual survivors. *Violence Against Women, 4*, 344-362.	40	Women: 23 lesbians, 17 heterosexuals. *M* age=37.8. Majority were White.	Cross-sectional design. Subjects were recruited from agencies for battered women. Self-report of victim.	After controlling for key demographic variables, nonphysical abuse (nonphysical abuse scale of ISA) predicted self-esteem (Rosenberg's) and physical abuse (physical abuse scale of ISA) predicted depression (BDI). Gender of batterer (female → female versus male → female) did not predict self-esteem or depression.
Orava, T. A, McLeod, P. J., & Sharpe, D. (1996). Perceptions of control, depressive symptomatology, and self-esteem of women in transition from abusive relationships. *Journal of Family Violence, 11*, 167-186.	39	Women: 21 abused, 18 control. Abused *M* age= 34; control *M* age= 40; *M* number of children = 2.4 for both groups.	Cross-sectional design. Subjects were recruited from transition houses (abused) and the community (control). Victim report.	Abused women had lower self-esteem (Rosenberg's self-esteem scale) and reported greater depressive symptomatology (BDI) compared to the control group. When statistically controlling for verbal abuse (CTS), depression and physical abuse (CTS) was no longer related suggesting verbal abuse accounted for depression.

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
Cascardi, M, O'Leary, K. D., Lawrence, E. E., & Schlee, K. A. (1995). Characteristics of women physically abused by their spouses and who seek treatment regarding marital conflict. *Journal of Consulting and Clinical Psychology, 63,* 616-623.	97	Women: 49 abused (at least 2 acts of physical aggression in past year via CTS); 23 martially discordant non-abused; 25 martially satisfied non-abused. Exclusively white.	Cross-sectional design. Subjects were recruited from women in a treatment study for serious marital conflict (abused) and the community (discordant and control).Victim report.	Both abused and discordant-only women had elevated rates of depression, panic disorder, and generalized anxiety disorder (assessed via the SCID) compared with community-control women. Abused women were significantly more likely to report PTSD than discordant-only women and community-control women.
Kemp, A., Green, B. L., Hovanitz, C., & Rawlings, E. I. (1995). Incidence and correlates of posttraumatic stress disorder in battered women: Shelter and community samples. *Journal of Interpersonal Violence, 10,* 43-55.	227	Women: 179 battered, 48 verbally abused. Modal age for both groups was 21-30; Battered women: 82% White; verbally abused women: 85% White.	Cross-sectional design. Women were recruited from shelters, support groups, and therapist referrals. Group assignment based on CTS. Self-report of	81% of subjects in battered (physical abuse) group had PTSD diagnosis (Mississippi Scale of PTSD, PTSD Self-Report Scale). 62.5% of subjects in verbal abuse group met criteria.

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
			victim.	
Abbott, J., Johnson, R., Koziol-Mclain, J., & Lowenstein, S. R. (1993). Incidence and prevalence in emergency department population. *The Journal of The American Medical Association, 273,* 1763-1767.	648	Women. *M* age = 34; 62% unemployed; 49% had annual household incomes less than $10,000.	Cross-sectional design. Subjects were recruited from emergency rooms. Self-report of victim.	11.7% of women with a current male partner at emergency department reported acute IPV (assault, threat, or intimidation by male partner). 5.6% without current partners reported an episode of DV in the past 30 days. Cumulative lifetime prevalence of DV exposure for entire sample was 54.2%. Women exposed to acute or prior DV were more likely to have made suicide attempts and report excessive alcohol use.
Kahn, F., Welch, T., & Zillmer, E. (1993). MMPI-2 profiles of battered women in transition. *Journal of Personality Assessment, 60,* 100-111.	31	Women. *M* age = 30 years, *M* education = 11.5 years, *M* # of children = 2.4.	Cross-sectional design. Subjects were recruited from the Women Against Abuse shelter. Self-report of victim.	Length and severity of psych forms of abuse (9 item scale) were significantly associated with psych distress (MMPI-2). Physical forms of abuse (9 item scale) were not related to psych disturbance.
Follingstad, D. R., Brennan, A. F., Hause, E. S., Polek,	234	Battered women. *M* age = 36.6; 81% White, *M* # of	Cross-Sectional design. Subjects were recruited if	Severity of physical and psych symptoms was predicted by a model including women with more injuries requiring medical attention, women adhering to traditional sex role

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
D. S., & Rutledge, L. L. (1991). Factors moderating physical and psychological symptoms of battered women. *Journal of Family Violence, 6*, 81-95.		children = 1.85; 33 women currently in a relationship.	they had some history of physical abuse and were interviewed over the phone. Self-report of victim.	values, and the presence of one type of emotional abuse. Battered women perceived their physical and emotional health as deteriorating during the relationship and during the abuse, but as getting healthier after the abuse ended.
Hooley, J. M., & Teasdale, J. D. (1989). Predictors of relapse in unipolar depressives: Expressed emotion, marital distress, and perceived criticism. *Journal of Abnormal Psychology, 98*, 229-235.	39	Depressed and married men and women: 23 females, 16 males. *M* age = 47.6; *M* marriage = 21.9 years; *M* of 2.3 children.	Cross-Sectional design. Subjects were recruited from three psychiatric hospitals and met criteria for MDD. Victim report.	Perceived criticism from one's spouse (2 item scale) was associated with 9-month relapse rates of MDD. Patients who relapsed rated their spouses as significantly more critical than nonrelapsing patients.

Justice or Legal Samples

Study	N	Sample Characteristics	Method and Design	Results

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
Nurius, P. S., & Macy, R. J. (2010). Person-oriented methods in partner violence research: Distinct biopsychosocial profiles among battered women. *Journal of Interpersonal Violence, 25*, 1064-1093.	448	Battered women. *M* age = 32.01; 54.3% White, 21.5% African American, 25% Latino	Cross-sectional design. Subjects were selected based on a stratified random sample of police reports and protective orders. Women who agreed to participate completed an interview. Self-report of victim.	Cluster analysis identified 5 unique biopsychosocial profiles in this sample of battered women. These groups were compared with regard to IPV exposure (as assessed via the CTS-2). (See article for detailed description of results.) More intensive violence exposure was associated with the greatest level of challenge and impairment. Groups with comparable levels of IPV exposure manifested distinctly different configurations of biopsychosocial profiles.
Dutton, M. A., Kaltman, S., Goodman, L. A., Weinfurt, K., & Vankos, N. (2005). Patterns of intimate partner violence: Correlates and outcomes. *Violence and Victims, 20*, 483-497.	406	Women. 81% African American; *M* age = 32; 74% had at least a high school education; 28% were married to batterer; *M* number of children = 2.	Longitudinal design (3 waves analyzed in the present study over 1 year). Subjects were seeking assistance for IPV (by current or former male partner) and were recruited across multiple sites (shelters, district court, district court, etc.). Victim report.	Identified 3 patterns of IPV. The pattern characterized by high levels of physical IPV (CTS-2), psych IPV (PMWI), stalking and sexual IPV was associated with the highest prevalence of PTSD (PTSD checklist) and depression (CES-D).

PASK#9 Online Tables – Table 1: Psychological Consequences of Psychological Abuse

Study	N	Sample Characteristics	Method and Design	Results
Dutton, M. A., Goodman, L. A., & Bennett, L. (1999). Court-involved battered women's responses to violence: The role of psychological, physical, and sexual Abuse. *Violence and Victims, 14*, 89–104.	149	Women in domestic violence center. 91% African American; *M* age = 30; *M* length of relationship = 4.42 years; 32.5% cohabiting with abusive partner; 46% employed; 74.1% had children.	Longitudinal design (3 waves over 1 year). Subjects were recruited from women seeking assistance from a domestic violence intake center and seeking a civil protection order and/or criminal prosecution against abusive partner. Victim report.	Psych IPV (PMWI), physical IPV (CTS-2), and sexual abuse and injury predicted current depression (CES-D), acute stress (Standford Acute Stress Reaction Questionnaire), and PTSD symptoms (PSS-SR) at follow-up. When all IPV types were examined together: only psych IPV was associated with depression and only psych IPV and injury were associated with acute stress and PTSD.

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Large Population Samples

Study	N	Sample Characteristics	Method and Design	Results
Mburia-Mwalili, A. Clements-Nolle, K., Lee, W., Shadley, M., Yang, W. (2010). Intimate partner violence and depression in a population-based sample of women: Can social support help? *Journal of Interpersonal Violence*, *25*, 2258-2278.	3,352	Women. Over 2/3 between 25-54 years of age. 64% white and 17% Hispanic. 41% married, 59% unmarried. 29% college graduates, 39% with some post high school education, 27% high school or GED, 5% less than high school.	Cross-sectional design. Data collected from the 2006 Behavioral Risk Factor Surveillance System (BRFSS) by telephone interview-Nevada. Self-report.	Physical IPV assessed by asking subjects "has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?" Experiencing IPV in the past year resulted in a 6.1 times higher odds of being diagnosed with PTSD.
Afifi, T. O., MacMillan, H., Cox, B. J., Asmundson, G. J., Stein, M. B., & Sareen, J. (2009). Mental health correlates of intimate partner violence in marital relationships in a nationally representative sample of males and females. *Journal of Interpersonal Violence*, *24*, 1398-1417.	2,254	1,116 males; 1,138 females. Ages 18 and over. Subjects in a heterosexual marital relationship either experiencing no violence or being a victim of violence (including victims only and mutual violence).	Cross-sectional design. Data from the U.S. National Comorbidity Survey Replication. Face to face interviews. Group comparisons; male victims of IPV to male non-	IPV among males associated with increased odds of any disruptive behavior disorder, any substance abuse disorder, and psychiatric comorbidity. IPV among females was associated with increased odds of any anxiety disorder, any disruptive behavior disorder, any substance use disorder, any psychiatric disorder, and suicide ideation. Compared to IPV among males, IPV among females was associated with increased odds of any anxiety disorder .

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
			victims of IPV; female victims of IPV to female non-victims of IPV; and male victims of IPV to female victims of IPV. Self-report.	
Nerøien, A. I., & Schei, B. (2008). Partner violence and health: Results from the first national study on violence against women in Norway. *Scandinavian Journal of Public Health, 36,* 161-168.	2,143	Norwegian women. Ages 20-55; mostly white. 1,164 with 11-13 years of education; 318 poor; 1,240 average incomes; and 572 well off.	Cross-sectional design. National random sample conducted by Statistics Norway. Subjects sent questionnaires through the mail. Self-report.	Physical IPV victims significantly more likely to report their current health as poor, to suffer from longstanding illness, to be taking prescribed drugs, and to report anxiety and depression symptoms.
Loxton, D., Schofield, M., & Hussain, R. (2006). Psychological health in midlife among women who have ever lived with a violent partner or spouse. *Journal of Interpersonal Violence, 21,* 1092-1107.	11,310	Australian women aged 47-52 years. 11% married; 30% single, widowed, separated, or divorced.	Longitudinal; designed to last 20 years. For this study only Survey 1 (1996) and Survey 2 (1998) were analyzed. Surveys were mailed to participants.	A diagnosis of depression, anxiety, or an "other" psychiatric disorder; recent symptoms of depression and anxiety; use of psychoactive medication for depression or anxiety in the 4 weeks prior to the survey; and reported current depression were associated with an increased odds of experiencing domestic violence. As psychological well-being decreased, the odds of having ever experienced domestic violence increased.

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
			Self-report.	
Arias, I., & Corso, P. (2005). Average cost per person victimized by an intimate partner of the opposite gender: A comparison of men and women. *Violence and Victims, 20,* 379-391.	16,005	50% male, 50% female ages 18 and older. 66.5% of men and 62.5% of women married; 80.4% men and 80.6% of women white.	Cross-sectional design. Computer-assisted telephone interviewing from the National Violence Against Women Survey. Random digit dialing in all 50 states and DC. Self-report.	A greater proportion of women than men reported seeking mental health services and reported more visits on average in response to physical IPV victimization. Women were more likely than men to report using emergency department, inpatient hospital, and physician services, and were more likely than men to take time off from work and from childcare or household duties because of their injuries. The total average per person cost for women experiencing at least one physical IPV victimization was more than twice the average per person cost for men.
Williams, S. L., & Frieze, I. H. (2005). Patterns of violent relationships, psychological distress, and marital satisfaction in a national sample of men and women. *Sex Roles, 52,* 771-784.	3,519	Men and women of the United States between ages 15-54; 50% men and 50% women. Data drawn from only married or cohabiting couples.	Cross-sectional design. Subjects recruited through household survey as part of the National Comorbidity Survey. Interviews were conducted face-to-face in the homes of the subjects. Self-report.	Patterns of violence were similarly related to psychosocial outcomes for both genders; however, women experienced greater detriment to their marital satisfaction when involved in victimizing relationships than men.

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
Sundaram, V., Helweg-Larsen, K., Laursen, B. Bjerregaard, P. (2004). Physical violence, self rated health, and morbidity: Is gender significant for victimization? *Journal of Epidemiology and Community Health, 58,* 65-70.	12,028	Men and women, 16 years and older.	Cross-sectional design. Subjects recruited through randomly selected Central Population Register in Denmark. Results obtained from the Danish national health interview survey. Face-to-face interviews conducted in subject's home, along with a self-administered questionnaire. Self-report.	Female victims of physical IPV were significantly more likely to rate their health as poor and to report anxiety, depression, and stomachache than female non-victims. Male victims were significantly more likely to report stomachache than male non-victims.
Pimlott-Kubiak, S., & Cortina, L. M. (2003). Gender, victimization, and outcomes: Reconceptualizing risk. *Journal of Consulting and Clinical Psychology, 71,* 528-539.	16,000	Men and women; 50% male, 50% female. Majority white, average age for W (44.2 years), M (42.5 years). 65% married or cohabiting, 17% reported being	Cross-sectional design. Data obtained from National Violence Against Women Survey using computer-assisted telephone	Over 1/3 of sample disclosed significant levels of interpersonal aggression in their lifetime. For both genders, violence across the lifespan related to more mental and physical health problems.

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
		previously married. 50% with some college. Median reported household income $35-50K per year.	interviewing survey. Self-report.	
Plichta, S. B., & Falik, M. (2001). Prevalence of violence and its implications for women's health. *Women's Health Issues, 11*, 244-258.	1,821	Women of the United States ages 18-64.	Cross-sectional design. Subject data drawn from the Commonwealth Fund 1998 Survey for Women's Health. Subjects given questionnaires and interviews. Self-report.	Women who reported any type of violence were significantly more likely than women who did not experience violence to have been diagnosed with depression or anxiety, to have depression symptoms, and, for women sexually assaulted by an intimate, to be currently taking medication for depression or anxiety.

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the National Violence Against Women Survey. *Violence Against Women, 6*, 142-161.	14,212	Men and women of the United States.	Cross-sectional design. Subjects recruited through random-digit telephone dialing in all 50 states and District of Columbia. Subjects interviewed via telephone. Data drawn from National Violence Against Women Study. Self-report.	Women were significantly more likely than men to report that they sustained an injury, received medical treatment, were hospitalized, received mental health counseling, and lost time from work due to intimate perpetrated rape, physical assault, and stalking. Women assaulted by a current or former partner (versus another adult) were significantly more likely than their male counterparts to report consequences.

Smaller Community Samples

Study	N	Sample Characteristics	Method and Design	Results
Humphreys, J., Cooper, B. A., & Miaskowski, C. (2010). Differences in depression, posttraumatic stress disorder, and lifetime trauma exposure in formerly abused	84	Women ages 19-76; 42% white, 27% black, 7% Latino, 6% Native American, 5% Asian, and 12% mixed or multiracial; 2 women were homosexual	Cross-sectional design. Subjects recruited using computer and web-based advertisements. Questionnaires took place in	77% reported pain of >3 months duration, 75% had moderate to severe pain. Women with moderate to severe chronic pain were significantly less likely to be employed, had more depressive symptoms, and were in the abusive relationship longer than women in mild chronic pain.

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Study	N	Sample Characteristics	Method and Design	Results
women with mild versus moderate to severe chronic pain. *Journal of Interpersonal Violence, 25,* 2316-2338.			research office. Self-report.	Both pain severity groups had equally high levels of depressive and PTSD symptoms and multiple trauma exposures.
González-Guarda, R. M., Peragallo, N., Vasquez, E. P., Urrutia, M. T., & Mitrani, V. B. (2009). Intimate partner violence, depression, and resource availability among a community sample of Hispanic women. *Issues in Mental Health Nursing, 30,* 227-236.	82	Hispanic/ Latino women aged 18-60 from 12 different countries; majority low income and not employed; *M* age=39.28	Cross-sectional design. Majority of participants recruited from organization in South Florida with connections to the Hispanic population as well as through the local newspaper. Interviews were conducted face-to-face. Self-report.	Those who reported being exposed to IPV had higher depression scores than those who did not. Participants with higher depression scores reported less education. Strong relationship established between IPV and depression. Exposure to IPV resulted in an average of six points higher in participants' CES-D scores, even after controlling for age.
Zink, T., Jacobson, C. J., Regan, S., Fisher, B., & Pabst, S. (2006). Older women's descriptions and understandings of their abusers. *Violence*	38	Women in an abusive relationship since age 55, Median age = 58; majority white.	Cross-sectional design. Subjects recruited with flyers through the local domestic violence and	Qualitative study concluded that the severity of physical abuse lessens with age; however, the potential for lethality is a concern no matter what the age or health of the perpetrator.

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
Against Women, 12, 851-865.			aging service agencies. First five interviews conducted in person and the remaining done over the telephone. Self-report.	
Beach, S. R. H., Kim, S., Cercone-Keeney, J., Gupta, M., Arias, I., & Brody, G. H. (2004). Physical aggression and depressive symptoms: Gender asymmetry in effects? *Journal of Social and Personal Relationships, 21*, 341-360.	166	Intact first marriages with an 11-12 year old child in the home. Median family income = $46,799. Mean # of children=2.4. Husbands: Wave 1→76% white, M age = 41.2, 54.2% HS/some college. Wives: Wave 1→ 75.3% white, M age=38.6, 64.9% HS/some college.	Longitudinal design. 2 waves of data. Home visits were made to each family and questionnaires were administered via computer. Partners completed questions separately. Self-report.	Physically aggressive behavior predicted later depressive symptoms for wives and not for husbands. Husbands' psychological aggression moderated the effect of their own physically aggressive behavior on wives' later depressive symptoms but the same effect was not observed for wives. Results suggest possible gender asymmetry in the effects of physical aggression on wives and husbands' depressive symptoms.
Sutherland, C. A., Bybee, D. I., Sullivan, C. M. (2002). Beyond bruises and broken bones: The joint effects	397	All female, 70% white, 20% black, 6% mixed, 5% Hispanic, 1% Asian, 1% Native American.	Cross-sectional design. Majority of subjects recruited through newspaper	Stress accounted for 80% of the indirect effect of physical IPV on women's physical health. Its direct effect on physical health was somewhat larger than its indirect effect through depression, but both processes played a key role in determining the effect of physical IPV on women's

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
of stress and injuries on battered women' s health. *American Journal of Community Psychology, 30*, 609-636.		Mean age 34.	advertisements. Face-to-face interviews were conducted at places convenient to the subjects. Self-report.	physical health problems. Abuse was a stronger predictor of women's stress than was poverty'
Capaldi, D. M., & Owen, L. D. (2001). Physical aggression in a community sample of at-risk young couples: Gender comparisons for high frequency, injury, and fear. *Journal of Family Psychology, 15*, 425–440.	159	At risk young couples. Men's age range was 20-24 (*M* age=21.3) and women's age ranged from 16-42 (*M* age= 20.8) Over half of the couples were living together or married. Range of relationships was 1-96 months (*M*=20.5). 90% white and 75% lower and working class	Longitudinal study. Only adulthood wave collection data was used for this specific study. Subjects recruited from OYS sample of young men who were at risk for antisocial behavior. Subjects recruited from school samples with higher than normal rate of delinquency in comparison to other schools in the	Overall, there was no significant difference between men and women in reported fear of their partner's behaviors When the frequency of physical aggression by one partner was taken into account, women were significantly more fearful than men when their partner was frequently aggressive and men's reported fear approached significance when their female partner was frequently physically aggressive.

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
			neighborhood. Face-to-face interviews and questionnaires given to male and female subjects, along with a problem-solving discussion task. Self-report.	
Testa, M., & Leonard, K. E. (2001). The Impact of marital aggression on women's psychological and marital functioning in a newlywed sample. *Journal of Family Violence, 16*, 115-129.	543	Men and women, married. Husbands (Mean age=24) and Wives (Mean age =23); Mostly white.	Longitudinal design. Subjects recruited through marriage license application in Buffalo, NY. Questionnaires were sent to subjects and postage provided for subjects to return the surveys. Self-report.	Wives who experienced physical IPV from their husbands during the first year of marriage reported increased stress and lower marital satisfaction at the first anniversary. Experiences of partner physical aggression during the premarital period were associated with greater frequency of heavy drinking episodes among wives.
Magdol, L., Moffitt, T. E., Caspi, A., Newman, D. L., Fagan, J., & Silva, P. A. (1997).	861	50% men and 50% women, mostly European; All 21 years old. 71% of	Longitudinal design in 9 waves. Data from 9th wave.	Involvement in a relationship with severe physical IPV was more strongly associated with unemployment, low educational attainment, few social support resources, polydrug use, antisocial personality disorder symptoms,

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
Gender differences in partner violence in a birth cohort of 21-year-olds: Bridging the gap between clinical and epidemiological approaches. *Journal of Consulting and Clinical Psychology, 65*, 68-78.		subjects in dating relationships, 26% in cohabiting relationships, and 3% married	Subjects recruited from the Dunedin Multi-disciplinary Health and Development study. Subjects were given a 50-minute standardized interview conducted by female interviewers. Self-report.	depression symptoms, and violence toward strangers for men than for women. Female victims of severe physical IPV were more likely than male victims to experience anxiety symptoms.
Marshall, L. (1996). Psychological abuse of women: Six distinct clusters. *Journal of Family Violence, 11*, 379-409.	578	Women ages 16-85; heterosexual; ethnicity not specified; women were not in recent or extensive therapy; 20.2% seriously dating; 13.9% cohabiting; 42.7% married; 6.1% separated or divorced	Cross-sectional design. Subjects recruited through newspaper articles, public service announcements, and flyers soliciting women in a bad or stressful long-term relationship. Questionnaires	Increased psychological abuse was related to more frequent visits to a physician and a serious or chronic illness.

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
			given over the phones. Self-report.	
Quigley, B. M., & Leonard, K. E. (1996). Desistance of husband aggression in the early years of marriage. *Violence and Victims, 11*, 355-70.	188	Males and females. *M* age = 24 (husbands), 22.7 (wives); 63% husbands and 64.4% wives were white. 15.8% did not graduate high school; 32.4% graduated high school; 33% attended, but did not graduate college; 13.3% graduated college (husbands). 12.8% (wives) had not graduated high school; 25.5% had high school diplomas; 43.1% had some college; 13.3% were college graduates.	Longitudinal design. Subjects recruited after they had applied for a Buffalo marriage license. Husbands and wives were given identical questionnaires that were completed at time of recruitment, approximately 1 year after marriage and approximately 3 years after marriage. Questionnaires completed at researcher's facility. Self-report.	Overall 23.9% had no violence in years 2 and 3, but desistance rates differed as a function of the type of violence that occurred in year 1. Husbands who had only one incident of minor physical aggression and no severe violence in year 1 were most likely to desist in years 2 and 3 while those who used severe violence in year 1 were least likely to desist. Subsequent analyses showed that wife's depression (and dissatisfaction with the partner) increased from years 1 to 3 when desistance did not occur.
Vitanza, S., Vogel, L.				All groups reported serious emotional distress on the

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
C., & Marshall, L. L. (1995). Distress and symptoms of posttraumatic stress disorder in abused women. *Violence and Victims, 10,* 23-34.	93	All women. Majority white middle-class.	Cross-sectional design. Subjects recruited through newspaper advertisements, flyers, and public service announcements. Subjects completed a 4-hour questionnaire and 4-hour interview. Self-report.	SCL90-R dimensions; psychoticism was the highest subscale for all groups and most women (56%) suffered PTSD according to a subscale of the SCL90. Difficulties with perception, memory, and motor functions (cognitive failure) more consistently predicted intrusive thoughts, PTSD scores, and attempted suicide than did women's attention to their inner thoughts and feelings.

University and School Samples

Study	N	Sample Characteristics	Method and Design	Results
Romito, P., & Grassi, M. (2007). Does violence affect one gender more than the other? The mental health impact of violence among male and female university students. *Social Science*	502	Italian university students; majority was 25 years old or younger; 2/3 were female.	Cross-sectional design. Subjects recruited through local University in Trieste, Italy. Questionnaires were distributed to all students anonymously.	Among mental health effects, panic attacks were more common among females, and alcohol problems among males. For both men and women, the more violence, the higher the risk of health problems; however, the increased risk of mental suffering occurred between three and four /five types of violence, the latter category more often for females.

PASK #9 Online Tables - Table 2: Psychological consequences of physical abuse

Study	N	Sample Characteristics	Method and Design	Results
and Medicine, 65, 1222-1234.			Self-report.	

Clinical Samples

Study	N	Sample Characteristics	Method and Design	Results
Stampfel, C. C., Chapman, D. A., & Alvarez, A. E. (2010). Intimate partner violence and posttraumatic stress disorder among high-risk women: Does pregnancy matter? *Violence Against Women, 16*, 426-443.	655	All women, majority black. 48% of sample was unemployed; 55% had a high school diploma; and 29% reported their health status as good	Cross-sectional design. Subjects recruited from medical service sites. Women were screened when they entered the hospital and interviewed if they answered yes to any one of the three violence-screening questions. Self-report.	Experiencing IPV in the past year resulted in a 6.1 times higher odds of PTSD diagnosis.
Woods, A. B., Page, G. G., O'Campo, P., Pugh, L. C., Ford, D., & Campbell, J. C. (2005). The mediation effect of posttraumatic stress	101	All women, majority African American between 18-60 years of age. Mean age=45 years. 32.7% met criteria for financial	Cross-sectional design. Subjects recruited from a primary care clinic for uninsured patients	Significantly greater levels of IFN-y in abused women PTSD symptoms mediated the association between IPV and IFN-y levels which may partially explain the association of mental health symptoms with physical health sequelae in IPV.

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Study	N	Sample Characteristics	Method and Design	Results
disorder symptoms on the relationship of intimate partner violence and IFN-gamma levels. *American Journal of Community Psychology, 36,* 159-175.		distress.	in Baltimore, MD via flyers. Subjects were interviewed about partner abuse. Self-report.	
Nicolaidis, C., McFarland, B., Curry, M., & Gerrity, M. (2009). Differences in physical and mental health symptoms and mental health utilization associated with intimate-partner violence versus childhood abuse. *Psychosomatics, 50,* 340-346.	380	Women. Mostly white non-Hispanic (84%); ages 18-92.	Cross-sectional design. Subjects recruited from an academic general internal medicine clinic via flyers. Subjects administered pencil-and-paper survey. Self-report.	35% reported being a victim of physical IPV IPV associated with increased depression and physical symptoms; association between IPV and depression was largely explained by physical symptoms. IPV decreased odds of receiving care from mental health providers.
Coker, A. (2003). Social support reduces the impact of partner violence on health: Application of structural equation models. *Preventive*	1,152	Women ages 18-65. Mean age=39.9. Insured by Medicaid or other managed care provider. 40.3% white; 59.7% African American.	Cross-sectional design. Subjects recruited at a university associated family practice clinic. Subjects were	Physical IPV was directly associated with poorer mental health and indirectly associated with poorer physical health and mental health primarily through battering. Higher battering scores were directly associated with less emotional support and indirectly associated with poorer physical and mental health primarily through

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Study	N	Sample Characteristics	Method and Design	Results
Medicine, 37, 259-267.			seeking medical care at time of study. Study included face-to-face interview concerning partner violence and a follow up telephone interview concerning medical history and general health. Self-report.	emotional support.
Mertin, P., & Mohr, P. B. (2000). Incidence and correlates of posttraumatic stress disorder in Australian victims of domestic violence. *Journal of Family Violence, 15*, 411-422.	100	Australian women, mean age=33 years, majority Anglo-European. 40 women married; 60 women in a relationship.	Cross-sectional design. Subjects recruited from five shelters in metropolitan area of Adelaide, South Australia. Subjects given 3 face-to-face interviews and 1 questionnaire to complete on their own. Self-report.	All women showed at least some of the symptoms of PTSD; 45% met full criteria. 17% were assessed as suffering significant levels of depression. 47% were assessed as being anxious.
Zlotnick, C., Kohn, R.,	6,451	50% women and 50%	Cross-sectional	An increase in degree of physical IPV was related to

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Study	N	Sample Characteristics	Method and Design	Results
Peterson, J., Pearlstein, T. (1998). Partner physical victimization in a national sample of American families: Relationship to psychological functioning, psychosocial factors, and gender. *Journal of Interpersonal Violence, 13,* 156-166.		men; Average age=45; Majority white. Married or cohabiting.	design. Victim and partner were interviewed and victims completed questionnaires. Self-report.	greater levels of depressive symptomatology for both men and women victims. Women were at greater risk of injury.
Christian, J. L., O'Leary, K. D., & Vivian, D. (1994). Depressive symptomatology in maritally discordant women and men: The role of individual and relationship variables. *Journal of Family Psychology, 8,* 32-42.	139	*M* Age=37 (husbands), 35 (wives); *M* length of marriage = 10.5 years; *M* of 2 children; *M* joint income = $45K.	Cross-sectional design. Subjects recruited were currently seeking marriage counseling. Questionnaires completed as part of the clinic's standard intake process. Self-report.	For wives, physical aggression by the partner predicted depressive symptomatology after controlling for global marital dissatisfaction (DAS). For men, only lower problem-solving ability (not physical aggression) added to the prediction of depressive symptomatology.
Saunders, D. G. (1994). Posttraumatic stress symptom profiles of battered women: A comparison of	192	Women, mean age = 34, mostly Caucasian. 60.4% had some college; 13.5% less than high school.	Cross-sectional design. Subjects were women who had obtained help through domestic	60% of the women in the DVP group and 62% in the NDVP group met criteria for a diagnosis of PTSD DVP women experienced a variety of symptoms more frequently. Group differences in PTSD symptomatology were not present after statistically controlling for

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Study	N	Sample Characteristics	Method and Design	Results
survivors in two settings. *Violence and Victims, 9*, 31-44.		26.8% single; 14.2% married; 20% divorced.	violence programs vs. non-violence programs. Questionnaires distributed at shelters. Self-report.	severity and frequency of the violence and length of time since the abusive relationship.
Vivian, D., & Langhinrichsen-Rohling, J. (1994). Are bi-directionally violent couples mutually victimized? A gender-sensitive comparison. *Violence and Victims, 9*, 107-124.	91	57 mutually aggressive couples; 34 nonaggressive couples.	Cross-sectional design. Subjects were treatment-seeking couples at the a marital therapy clinic in Stony Brook, NY. Subjects given questionnaires. Self-report.	Wives sustained more injuries and were more negatively affected by their partner's physical aggression than did husbands. Highly victimized wives and highly victimized husbands in the asymmetrical victimization subgroups reported greater levels of relationship and individual distress than did spouses in the mutual/low victimization and nonaggression control groups.

PASK#9 Online Tables - Table 3: Physical consequences of physical abuse and psychological abuse

Large Population Samples

Study	N	Sample Characteristics	Method and Design	Results
Becker-Dreps, S., Morgan, D., Peña, R., Cortes, L., Martin, C. F., & Valladares, E. (2010). Association between intimate partner violence and irritable bowel syndrome: A population-based study in Nicaragua. *Violence Against Women, 16,* 832-845.	960	Women from Nicaragua. *M* age = 37 (range 18-65). 56% in relationships. 29% in moderate poverty, 4% in extreme poverty. 40% less than 6th grade, 42% HS degree	Cross-sectional design. Subjects recruited through random representative survey by Health & Demographic Surveillance Site-Leon, Nicaragua. Self-report.	A significantly higher percentage of women with irritable bowel syndrome (IBS; 23.8%) experienced violence (CTS), compared to women without IBS (13.1%). Those who experienced physical violence had 2x the odds of having IBS after adjusting for socio-demographics.
Kimerling, R., Alvarez, J., Pavao, J., Mack, K. P., Smith, M. W., & Baumrind, N. (2009). Unemployment among women: Examining the relationship of physical & psychological intimate partner violence & post-traumatic stress disorder. *Journal of*	54,200	Women. Age range 18-64. Unemployed women: 41% Hispanic, 33% white; 42% born outside US; 34% HS degree. Employed women: 27% Hispanic, 50% white; 27% born	Cross-sectional design. Subjects recruited through California Women's Health Survey, an annual RDD probability sample of adult women in CA. Self-report.	Victims of physical & psychological IPV in the past year (CTS-2) were significantly more likely to be unemployed.

PASK#9 Online Tables - Table 3: Physical consequences of physical abuse and psychological abuse

Study	N	Sample Characteristics	Method and Design	Results
Interpersonal Violence, 24, 450-463.		outside US; 38% college degree or higher.		
Vung, N. D., Ostergren, P., & Krantz, G. (2009). Intimate partner violence against women, health effects & health care seeking in rural Vietnam. *European Journal of Public Health*, 19, 178-182.	883	Women from Vietnam. Age range = 17-60. 79% higher education. 86% worked as farmers. 60% classified as higher income.	Cross-sectional design. Subjects recruited via random representative survey in northern Vietnam. Self-report.	Victims of physical IPV (CTS) at considerably elevated risk for memory loss, pain & discomfort compared to women non-victimized women in past year, adjusting for socio-demographics. Almost 50% of victims of physical IPV reported injuries. Of those women, 58% sought medical treatment.
Jun, H. J., Rich-Edwards, J. W., Boynton-Jarrett, R., & Wright, R. J. (2008). Intimate partner violence & cigarette smoking: Association between smoking risk & psychological abuse with & without co-occurrence of physical and sexual abuse. *American Journal of Public Health, 98*, 527-535.	54,200	Female registered nurses. Age range = 37-56. 95% white. 87% employed. 62% annual household income $75K or more.	Longitudinal design. Subjects part of ongoing prospective study of nurses' medical history and lifestyle. Self-report.	Victims of physical or sexual IPV with and without psychological IPV (Abuse Assessment Screen & WEB) were more likely to smoke than non-victimized women, even when controlling for income, social networks and woman's mental health status.

PASK#9 Online Tables - Table 3: Physical consequences of physical abuse and psychological abuse

Study	N	Sample Characteristics	Method and Design	Results
Nerøien, A. I., & Schei, B. (2008). Partner violence and health: Results from the first national study on violence against women in Norway. *Scandinavian Journal of Public Health, 36*, 161-168.	2,143	Mostly White European women. Victims of physical IPV: ages 20-55 yrs.; 59% 11-13 yrs. of education; 36% married; 53% self-reported average economic range.	Cross-sectional design. Subjects part of national random sample to estimate prevalence & consequences of IPV in Norway. Self-report.	Victims of physical IPV (CTS) were significantly more likely to suffer longstanding illnesses, bleeding disorders, vaginal discharge, stomach pain, headaches, dizziness, & muscular pain than non-victimized women (health assessed by self-reports of health related questions).
Bonomi, A. E., Thompson, R. S., Anderson, M., Reid, R. J., Carrell, D., Dimer, J. A., & Rivara, F. P. (2006). Intimate partner violence and women's physical, mental & social functioning. *American Journal of Preventive Medicine, 30*, 458- 466.	3,429	Women ages 18-64. 82% White non-Hispanic. 67% annual income greater than $50K. 12% less than HS diploma. 33% had children in home.	Cross-sectional design. Subjects recruited through RDD phone survey to assess IPV exposure & health outcomes in Washington State and northern Idaho. Self-report.	Victims of physical IPV (WEB & Behavioral Risk Factor Surveillance System survey, BRFSS) were: (1) nearly 3x as likely to report fair or poor health (SF-36 Short Form Health Survey); (2) more likely to be current or former smokers; (3) more likely to engage in risky behaviors & heavy or binge drinking in past year; (4) more likely to report limited voluntary group involvement; and (5) more likely to report distrust of community members. Victims of physical IPV for >10 years reported worse health outcomes than women who were never victims.
Loxton, D., Schofield, M., Hussain, R., & Mishra, G. (2006). History of domestic violence and physical	14,100	Middle-aged Australian women. *M* age = 47.7 (range 45-50); 80% married; 63% 6 or fewer yrs. of	Longitudinal design. Subjects from 1st wave of Australian Longitudinal	Victims of physical IPV (yes/no to whether they had been in a violent relationship with a partner) associated with: pain, fatigue, more allergy symptoms, bowel problems, vaginal discharge, flushes, hearing & eyesight problems, cardiovascular problems, diabetes, low iron, &

PASK#9 Online Tables - Table 3: Physical consequences of physical abuse and psychological abuse

Study	N	Sample Characteristics	Method and Design	Results
health in midlife. *Violence Against Women, 12,* 715-731.		secondary school; 72% lived in urban areas.	Study on Women's Health, a random population survey of women. Self-report.	greater probability of cervical cancer diagnosis (symptom checklist questionnaire & previous medical diagnoses). Those who smoked 10-19 cigarettes/ day had more than 3x the odds of being victims of physical IPV. Binge drinking associated w/increased odds of lifetime physical IPV victimization.
Arias, I., & Corso, P. (2005). Average cost per person victimized by an intimate partner of the opposite gender: A comparison of men and women. *Violence and Victims, 20,* 379-391.	16,005	Men and women. Average male: White, 42 years old, married w/child under age 18 living in home, employed F/T, at least HS degree, & annual personal income $35K - $50K. Average female: White, 44 years old, married w/child under age 18 living in home, employed F/T, at least HS degree, & annual personal income < $5K.	Cross-sectional design. Subjects recruited through RDD as part of National Violence Against Women Survey (NVAWS). Self-report.	Significantly more women than men reported physical IPV victimization (CTS-2) & related injuries (self-report injury questions). More women than men sought mental health services & more visits on average in response to physical IPV. Women more likely than men to report going to ER, inpatient hospital and physician services, and more likely to take time off from work, childcare & household duties because of injuries. Total average per person cost for women experiencing at least 1 physical IPV instance was more than 2x average per person cost for men.

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Study	N	Sample Characteristics	Method and Design	Results
Johnson, M. P., & Leone, M. L. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues, 26,* 322-349.	4,967	Married women; *M* age = 44.55 (range 18-97). 46% working, 21% homemakers. 87% white, 5% African American. 36% HS degree, 28% some college.	Cross-sectional design. Subjects recruited through RDD as part of the National Violence Against Women Survey (NVAWS). Self-report.	Intimate terrorism: physical IPV and pattern of control (3+ control tactics on 7-item Control Scale). Situational couple violence: physical IPV without pattern of control (0-2 control tactics). Odds of injury (yes/no to whether injured during most recent argument) 2½ x higher for victims of intimate terrorism than victims of situational couple violence. Victims of intimate terrorism more likely than women in nonviolent relationships to use painkillers, tranquilizers, & miss work as a result of physical IPV.
Sundaram, V., Helweg-Larsen, K., Laursen, B., & Bjerregaard, P. (2004). Physical violence, self-rated health, and morbidity: Is gender significant for victimization? *Journal of Epidemiology and Community Health, 58,* 65-70.	12,028	Men and women 16 years or older.	Cross-sectional design. Subjects randomly selected through Central Population Register in Denmark as part of Danish National Health Survey. Self-report.	Female victims of physical IPV (assessed by tactics such as being pushed, shaken, kicked, strangled, etc.) significantly more likely to rate health as poor (self-ratings ranging from very poor to excellent) and report more stomach aches than female non-victims. Associations between physical IPV and self-reported poor health & morbidity were significant for women not men.
Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M. et al. (2002). Physical and mental	13,912	Men (n = 7,122) & women (n = 6,790) ages 18-65.	Cross-sectional design. Subjects recruited through RDD as part of National Violence	For both men and women, victims of physical IPV (CTS) & victims of psychological IPV (13-item Power & Control Scale) associated with increased risk of poor health currently (dichotomous variables comparing poor health with fair, good, very good, or excellent health),

PASK#9 Online Tables - Table 3: Physical consequences of physical abuse and psychological abuse

Study	N	Sample Characteristics	Method and Design	Results
health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine, 23,* 260-268.			Against Women Survey. Self-report.	developing a chronic disease, & injury. Female IPV victims also more likely to be heavy alcohol users & use drugs for "therapeutic" reasons. Abuse of power and control more strongly associated with health outcomes than verbal abuse. Higher psychological IPV scores more strongly associated with health outcomes than physical IPV scores.
Lown, E. A., & Vega, W. A. (2001). Intimate partner violence and health: Self-assessed health, chronic health, and somatic symptoms among Mexican American women. *Psychosomatic Medicine, 63,* 352-360.	1,155	Women. Median age = 32 yrs. (range 18-57). Median yrs. education = 9 (range 0-20). 58% born in Mexico, 42% born in US. 44% had no health insurance (public or private).	Cross-sectional design. Subjects recruited through random household survey of Mexican Americans living in Fresno, CA. Self-report.	Victims of physical or sexual IPV by current partner in last year (questions adapted from Abuse Assessment Screen & National Comorbidity Survey) had poorer health status, persistent health problems, & somatic symptoms (e.g., gastrointestinal, cardiopulmonary, neurological, sexual, reproductive) (all self-report). Victims also 12x more likely to report urinary retention problems and 9x more likely to report amnesia or paralysis. compared to non-victimized women.
Goodwin, M. M., Gazmararian, J. A., Johnson, C. H., Gilbert, B. C., & Saltzman, L. E. (2000). Pregnancy intendedness and physical abuse around the time of pregnancy:	39,348	Women who delivered a live infant in previous 2-6 months. 86% at least 20 years old. 80% had 12+ years of education. 68% married. 67% white, 19% African	Cross-sectional design. Subjects recruited through random sampling of birth certificates from 14 states from the Pregnancy Risk	Women w/"mistimed" or unwanted pregnancies reported significantly more physical IPV (assessed as physical tactics including pushing, hitting, slapping, & kicking) in 12 months before conception or during pregnancy compared with planned/intended pregnancies. Women with unintended pregnancies had 2.5x the risk of physical IPV compared to those with intended

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Study	N	Sample Characteristics	Method and Design	Results
Findings from the pregnancy risk assessment monitoring system, 1996-1997. *Maternal and Child Health Journal*, , 85-92.		American.	Assessment Monitoring System. Self-report.	pregnancies.
Cokkinides, V. E., Coker, A. L., Sanderson, M., Addy, C., & Bethea, L. (1999). Physical violence during pregnancy: Maternal complications and birth outcomes. *Obstetrics and Gynecology*, *93*, 661-666.	6,143	Women. Predominantly white and African American.	Cross-sectional design. Subjects randomly selected among those who delivered live infants 1993-1995 in South Carolina. Self-report.	Victims of physical IPV (18-item inventory) were more likely than non-victimized women to deliver by cesarean and to be hospitalized before delivery for maternal complications (kidney infection, premature labor, & trauma due to falls or blows to abdomen). Physical IPV not associated with low birth weight, preterm birth or low birth weight/premature birth combinations.
Langley, J., Martin, J., & Nada-Raja, S. (1997). Physical assault among 21-year-olds by partners. *Journal of Interpersonal Violence, 12*, 675-684.	944	Men and women. All 21 years old. 54% employed, 28% students, 15% unemployed. 29% received lowest score on 6-point SES scale, 20% received 2nd lowest score. 21% living with spouse/partner.	1 time point in larger longitudinal study. Subjects recruited from Dunedin Multi-disciplinary Health & Development Study Self-report.	A disproportionate number of female victims of physical IPV (items assess physical tactics similar to CTS) sought treatment for IPV compared to men. 13% of IPV incidents reported by women resulted in medical treatment compared to 0% of IPV incidents reported by male victims.

PASK#9 Online Tables - Table 3: Physical consequences of physical abuse and psychological abuse

Study	N	Sample Characteristics	Method and Design	Results
Morse, B.J. (1995). Beyond the Conflict Tactics Scale: Assessing gender differences in partner violence. *Violence and Victims*, *10*, 251-272.	1,496 at Time 1	Time 1 (1983): 18-24 years old, 32% in relationships. Time 2: 21-27 years old, 52% in relationships. Time 3: 24-30 years old, 67% in relationships. Time 4 (1992): 27-33 years old, 75% in relationships.	Longitudinal design. Subjects recruited through National Youth Survey in US (study of problem behaviors). Self-report.	Female victims of physical IPV (CTS) reported more injuries & medical treatment than male victims. Approximately 30% of the women felt in physical danger 1x or more at each time point, compared to 9.5% of men at Time 3 and 13.5% of men at Time 4.

Smaller Community Samples

Study	N	Sample Characteristics	Method and Design	Results
Humphreys, J., Cooper, B. A., & Miaskowski, C. (2010). Differences in depression, posttraumatic stress disorder, and lifetime trauma exposure in formerly abused women with mild versus moderate to severe chronic pain. *Journal of Interpersonal Violence*, *25*, 2316-2338.	84	Women. *M* age= 45.1 years (range 19-76). 73% mothers w/1-3 children (range 0-10). 42% white, 27% black, 7% Latino, 6% Native American, 5% Asian, 12% multiracial. 36% employed. *M* monthly income = $1,584.	Cross-sectional design. Subjects recruited via public-notice ads for women with history of IPV as adult and out of IPV relationship for at least 1 year. Self-report.	Women with moderate to severe pain (Brief Pain Inventory) were in IPV relationships (CTS, Abuse Assessment Screen, Severity of Violence Against Women Scale) significantly longer than women with mild chronic pain and were more likely to be unemployed. For every 6 months a woman was in an IPV relationship, the odds of being in the moderate to severe chronic pain group (rather than mild pain group) were 1.1x greater.

PASK#9 Online Tables - Table 3: Physical consequences of physical abuse and psychological abuse

Study	N	Sample Characteristics	Method and Design	Results
Ruíz-Pérez, I., Plazaola-Castaño, J., & del Río-Lozano, M. (2007). Physical health consequences of intimate partner violence in Spanish women. *European Journal of Public Health*, *17*, 437-443.	1,402	Women in Spain. *M* age = 39 years (range 18-65). 33.3% had 2 children. 63% married. 51% employed. 65% did not have college degree.	Cross-sectional design. Subjects recruited randomly from 23 medical family practices in Spain. Self-report.	Victims of physical, psychological or sexual IPV (CTS) more likely to suffer from chronic disease and spend more days in bed (assessed by series of health questions) than non-victimized women. The longer the duration of IPV, the greater the probability of developing a chronic disease.
Evans-Campbell, T., Lindhorst, T., Huang, B., & Walters, K. L. (2006). Interpersonal violence in the lives of urban American Indian and Alaska Native women: Implications for health, mental health, and help-seeking. *American Journal of Public Health*, *96*, 1416-1422.	112	American Indian/Alaska Native women. *M* age = 42.6 (range 18-77). *M* years of education = 14 (range = 6-17). Median household income = $30K-$40K. 40% employed. 64% born in urban area, 36% in rural area or on a reservation.	Cross-sectional design. Subjects randomly selected from membership list from an American Indian/Alaska Native community center in NY. Snowball techniques used with participants. Self-report.	General health (self-ratings from poor to excellent) not associated with any type of IPV. Multiple experiences of victimization past and present (modified version of a 16-item trauma-event checklist) -- particularly if sexually assaulted -- associated with substantial increase in sexual risk behaviors, specifically risk of contracting HIV.
Taft, C. T., O'Farrell, T. J., Torres, S. E., Panuzio, J., Monson, C. M., Murphy, M., &	145	Couples: *M* = 14.1 years living together. 90% married, 10% cohabiting.	Cross-sectional design. Subjects recruited from Plymouth County	Psych IPV (CTS-2) associated with poorer physical health (Physical Symptom subscale of Health & Daily Living Form) beyond effects of physical IPV (CTS-2).

PASK#9 Online Tables - Table 3: Physical consequences of physical abuse and psychological abuse

Study	N	Sample Characteristics	Method and Design	Results
Murphy, C. M. (2006). Examining the correlates of psychological aggression among a community sample of couples. *Journal of Family Psychology*, *20*, 581-588.		Women: *M* age = 39.7 years; 99% White; *M* = 14.9 years education; 53% employed, Men: *M* age = 41.6 years; 94% White; *M* = 14.7 years education; 91% employed.	of MA by RDD. Self-report of both partners.	
Woods, A. B., Page, G. G., O'Campo, P., Pugh, L. C., Ford, D., & Campbell, J. C. (2005). The mediation effect of posttraumatic stress disorder symptoms on the relationship of intimate partner violence and IFN- γ levels. *American Journal of Community Psychology*, *36*, 159-175.	101	Women. *M* age = 45.3 years (range 18-60). 75% African American, 25% white. 78% unmarried. 33% indicated significant financial stress	Cross-sectional design. Subjects recruited from primary care clinic for uninsured/low income individuals in Baltimore, MD. Self-report and blood samples.	Significantly greater reports of chronic pain symptoms (Miller Abuse Physical Symptoms & Injury Survey) among IPV victims (Abuse Assessment Screen) compared to non-victimized women, Significantly greater levels of the pro- inflammatory cytokine IFN-γ (indicative of poor immune functioning) among IPV victims compared to non-victimized women. Relation between IPV and IFN-γ levels mediated by presence of PTSD symptoms (Davidson Trauma Scale). Mental health effects of IPV helped explain differences in physical health and immune function outcomes.
Allsworth, J. E., Zierler, S., Lapane, K. L., Krieger, N., Hogan,	603	Women. Age range = 36-45 years. 96% white non-Hispanic.	Longitudinal design. Subjects recruited	Female victims of sexual or physical IPV in childhood, adolescence or adulthood (Survey of Interpersonal Relationships) showed signs of menstrual cycle change

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Study	N	Sample Characteristics	Method and Design	Results
J. W., & Harlow, B. L. (2004). Longitudinal study of the inception of perimenopause in relation to lifetime history of sexual or physical violence. *Journal of Epidemiology and Community Health, 58,* 938-943.		43% had graduate degrees, 32% had college degrees.	randomly in Boston as part of Harvard Study of Moods and Cycles. Self-report.	indicative of slower onset of perimenopause compared to women with no history of IPV.
Bauer, H., Gibson, P., Hernandez, M., Kent, C., Klausner, J., & Bolan, G. (2002). Intimate partner violence and high-risk sexual behaviors among female patients with sexually transmitted diseases. *Sexually Transmitted Diseases, 29,* 411-416.	409	Women. *M* age = 27.9 years (range 16-68). 50% white, 19% African American, 14% Hispanic. 62% annual income < $10K. 78% medically uninsured. 71% born in the U.S.	Cross-sectional design. Subjects recruited from public STD clinic in San Francisco, CA. Self-report.	Significantly greater proportion of physical IPV victims (Y/N to question: "Have you been hit, kicked, pushed, or physically hurt by a main sex partner?") had history of STDs (Chlamydia, gonorrhea, syphilis, warts, herpes, HIV), 2x as likely to report use of alcohol or drugs at last sexual encounter, and 3x as likely to report partners who had sex with someone else in the past 3 months.
Campbell, J., Snow-Jones, A., Dienemann, K. J., Schollenberger, J., O'Campo, P.,	2,005	Women. IPV victims: 90% 40-49 years old; 54% African American, 41% white;	Cross-sectional design. Subjects recruited from a female health	IPV victims (Abuse Assessment Screen) had more health problems (SF-36) (headaches, back pain, vaginal infection, digestive problems, STDs, vaginal bleeding, painful intercourse, pelvic pain, UTIs, appetite loss,

PASK#9 Online Tables - Table 3: Physical consequences of physical abuse and psychological abuse

Study	N	Sample Characteristics	Method and Design	Results
Carlson-Gielen, A., & Wynne, C. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine, 162*, 1157-1163.		36% married; 40% some college; 36% annual income $30-$50,000. Non-victimized women: 44% 40-49 years old; 55% white, 41% African American; 48% married; 31% 4-year degree; 31% annual income $50-$80K.	maintenance organization in a metropolitan area. Self-report.	abdominal pain). IPV victims had more facial injuries, injuries requiring surgery, bad burns, and concussions (Miller Abuse Physical Symptom & Injury Scale) .
Mcnutt, L. A., Carlson, B. E., Persaud, M., & Postmus, J. (2002). Cumulative abuse experiences, physical health and health behaviors. *Annals of Epidemiology, 12*, 123-130.	557	Women. Ages 18-44. 66% white, 23% African American. 86% HS degree, 53.7% post-HS education. About ¼ household income > $50K, 38% < $20K.	Cross-sectional design. Subjects recruited from 2 primary care sites of an HMO. Self-report.	Victims of high levels of physical IPV (CTS) were more likely to be current smokers, binge drink and have poorer dietary habits than non-victimized women and victims of lower levels of physical IPV.
Sutherland, C. A., Bybee, D. I., & Sullivan, C. M. (2002). Beyond bruises and broken bones: The joint effects of stress and injuries on battered	397	Women. *M* age = 34 years. 70% white, 20% African American, 6% multiracial, 5% Hispanic. 66% employed. 74% some	Cross-sectional design. Subjects recruited through newspaper ads, flyers, or referred by friends, relative or service	Women with higher rates of partner violence (assessed with CTS and IPA- Index of Psychological Abuse) reported higher levels of injuries (e.g., cuts, scrapes, bruises, broken bones, fractures and gunshot or knife wounds assessed with an injury checklist) and stress (assessed with 50-item Life Event Checklist) than did women with no or lower rates of partner violence.

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Study	N	Sample Characteristics	Method and Design	Results
women's health. *American Journal of Community Psychology*, *30*(5), 609-636.		college. 39% married or cohabiting, 27% in serious non-cohabiting relationship, 34% single. Median monthly income = $1,600; 33% below poverty line.	providers. Self-report.	Both stress and injuries significantly mediated the relationship between abuse and physical health.
Augenbraun, M., Wilson, T. E., & Allister, L. (2001). Domestic violence reported by women attending a sexually transmitted disease clinic. *Sexually Transmitted Diseases*, *28*, 143-147.	375	Women. *M* age=28.9; 87% never been married; 42% cohabitating with partner; 78% African American; 51% employed; 75% completed high school/GED.	Cross-sectional design. Subjects recruited from an STD clinic in Brooklyn, NY. Self-report.	Those reporting either lifetime or recent experiences of IPV (assessed with four questions regarding physical tactics such as kicking, punching, etc. and psychological tactics such as verbal threats or abuse) were more likely to: 1) have sought care for a serious medical problem at some time; 2) to have been diagnosed with an STD in their lifetime; 3) to have experienced STD-related symptoms in the past year.
Capaldi, D. M., & Owen, L. D. (2001). Physical aggression in a community sample of at-risk young couples: Gender comparisons for high frequency, injury, and fear. *Journal of Family Psychology*, *15*, 425–440.	159	Young couples. *M* age men = 21.3 (Range= 20-24) *M* age women = 20.8 (Range = 16-42); 37% of couples were living together and 18% were married. *M* duration of the relationship = 20.5 months (Range = 1-96).	Longitudinal design (only one time point-young adult-was used for this study.) Subjects recruited through schools with a higher than usual incidence of delinquency in the neighborhood	The prediction that injuries would be more prevalent for the women and that they would report significantly higher rates of injuries (assessed directly by questions about injury frequency and type) was not supported. Mutual injury was three times higher than expected by chance. There were almost twice as many instances of only the man reporting some injury as of only the woman reporting some hurt or injury. Despite mutuality in injuries, women sustained more

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Study	N	Sample Characteristics	Method and Design	Results
			for a medium-sized metropolitan area. Self-report by both partners.	*severe* injuries (assessed by the CTS) than men and required more medical attention when compared to their partners.
Coker, A. L., Smith, P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine, 9*, 451-457.	1,152	Women. Age range= 18-65; 62% African American and 38% white; 12% did not complete high school and 34% had some college; 85% were employed; 39% were married.	Cross-sectional design. Subjects were women who sought medical care in 2 university-associated family practice clinics. Self-report.	Women experiencing psychological IPV (assessed using: Abuse Assessment Screen, Index of Spouse Abuse, and WEB) were significantly more likely to report poor physical and mental health and was associated with a number of adverse health outcomes, including: a disability preventing work, arthritis, chronic pain, migraine and other frequent headaches, stammering, sexually transmitted infections, chronic pelvic pain, stomach ulcers, spastic colon, frequent indigestion, diarrhea, or constipation. Psychological IPV was as strongly associated with the majority of adverse health outcomes as was physical IPV.
King, E. A., Britt, R., McFarlane, J. M., & Hawkins, C. (2000). Bacterial vaginosis and chlamydia trachomatis among pregnant abused and non-abused Hispanic women. *Journal of Obstetric Gynecologic and*	701	Hispanic women who were pregnant. *M* age of abused women= 23.80 years and 52% were married; *M* age of non-abused women 24.59 years and 59% were married.	Cross-sectional design. Subjects were recruited from 3 urban prenatal clinics of a public health department in the southwestern US. Self-report and medical charts.	Combined prevalence of Bacterial Vaginosis (BV) and Chlamydia trachomatis (CT) was significantly higher for abused women (assessed using the Abuse Assessment Screen). There was no significant difference between abused and non-abused women for CT alone; however, prevalence of BV alone was significantly higher for abused women.

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Study	N	Sample Characteristics	Method and Design	Results
Neonatal Nursing, 29, 606-612.				
Mouton, C. P., Rovi, S., Furniss, K., & Lasser, N. L. (1999). The associations between health and domestic violence in older women: Results of a pilot study. *Journal of Women's Health and Gender Based Medicine, 8*, 1173-1179.	257	Women. *M* age= 63 (Range = 51-79); 90% white; 63% married; 32% between $20K-$49K and 35% between $50K-$99K annual income; 74% had at least some college education or greater.	Cross-sectional design. Subjects who came for screening visits to the Observational Study Arm of the Women's Health Initiative were invited to participate. Self-report.	Women experiencing physical violence (as assessed by the DVSQ- Domestic Violence Screening Questionnaire) had lower scores on the Medical Outcomes Study Short Form (SF36) subscales: pain index, general health perceptions, vitality (among others pertaining to mental health). Women experiencing threats (psychological violence) had lower scores on the SF36 subscales: physical functioning, role-physical, pain index, general health perceptions (approached significance), vitality, social functioning, role-emotional, and mental health index.
Curry, M. A, Perrin, N., & Wall, E. (1998). Effects of abuse on maternal complications and birth weight in adult and adolescent women. *Obstetrics and Gynecology, 92*, 530-534.	1,897	Women. Abused women: *M* age = 22, *M* years of education = 11, *M* monthly income = $777. Non-abused women: *M* age = 24, *M* years of education = 12, *M* monthly income = $1,253. The sample was 58% white, 26.6% African American, and 4.9% Hispanic.	Cross-sectional design. Subjects were adult and adolescent pregnant women attending prenatal clinics. Self-report.	Abused adult women (assessed using the Abuse Assessment Screen) were more likely to have unplanned pregnancies and to begin care after 20 weeks compared to non-abused women. Abuse among adult women was a significant risk factor for low birth weight and poor obstetric history, use of tobacco, alcohol and drugs. Abused adolescents were at greater risk for smoking and of first or second trimester bleeding, poor obstetric history, vaginal/cervical infection during pregnancy, and alcohol and drug use when compared to non-abused women.

University and School Samples

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Study	N	Sample Characteristics	Method and Design	Results
Stueve, A., & O'Donnell, L. (2007). Continued smoking and smoking cessation among urban young adult women: Findings from the reach for health longitudinal study. *American Journal of Public Health, 97*, 1408-1411.	538	Young women from inner-city schools. *M* age = 19.7; 70% African American, 25% Hispanic; low SES.	Longitudinal design. Subjects were young women The Reach for Health study which was implemented in 1994 at 3 high-poverty middle schools in Brooklyn, NY. Self-report.	Young women who reported partner violence victimization (assessed with the CTS), either in the past year or before that time, were more likely than those who did not report such victimization to be regular smokers.
Straight, E. S., Harper, F. W. K., & Arias, I. (2003). The impact of partner psychological abuse on health behaviors and health status in college women. *Journal of Interpersonal Violence, 18*, 1035-1054.	147	Women. *M* age = 19.24 (Range = 17-37); 88% white and 10% African American; *M* length of relationship in months = 16.61; 96% had never been married	Cross-sectional design. Subjects were female college students recruited from introductory psychology courses at a large Southeastern university. Self-report.	Psychological abuse (assessed with The Psychological Maltreatment of Women Inventory) was related to more physical limitations, role limitations, worse health perceptions, and cognitive impairment (assessed with the SF-36) after controlling for length of the dating relationship, physical victimization, substance use, and head injury. Psychological abuse was also positively related to illegal drug use after controlling for length of dating relationship and physical victimization.

Clinical Samples

Study	N	Sample Characteristics	Method and Design	Results
García-Linares, M. I.,	111	Women. Physically	Cross-sectional	Physically abused women (assessed by closed ended

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Study	N	Sample Characteristics	Method and Design	Results
Sánchez-Lorente, S., Coe, C. L., & Martínez, M. (2004). Intimate male partner violence impairs immune control over herpes simplex virus type 1 in physically and psychologically abused women. *Psychosomatic Medicine*, *66*, 965-972.		abused women: *M* age = 42.5, 34% completed primary school, 89% had cohabitated with partner in the previous year. Psychologically abused women: *M* age = 41.7, 48% had completed primary school, 89% cohabitated with a partner in the previous year. Non-abused women: *M* age = 46.6, 40% only completed primary school, 97% cohabitated with a partner in the previous year.	design. Subjects recruited from several centers for helping women victims of IPV in Valencia, Spain. Non-abused women were recruited through women's clubs. Self-report and saliva samples.	questions about punches, kicks, slaps, etc.) had the lowest HSV-1 virus neutralization (Immune control over the latent Herpes simplex virus type 1), significantly below the other two groups, with the psychologically abused (assessed by close ended questions about humiliation, isolation, harassment, etc.) group intermediate and the non-abused group last.
Kramer, A., Lorenzon, D., & Mueller, G. (2004). Prevalence of intimate partner violence and health implications for women using emergency departments and primary care clinics. *Women's Health Issues,*	1,268	Women. 69% of the sample were in the 18-44 age range; 60% were Caucasian, 21% African American and 12% Hispanic; 47%% had an annual income between $0-$24,999; 53% had some high school or	Cross-sectional design. Subjects recruited from urban, suburban or rural emergency departments or primary care clinics. Self-report.	Abused women (assessed using the Abuse Assessment Screen) reported significantly lower health status ratings than non-abused women. Psychological abuse (assessed using the Abuse Assessment Screen) was as strongly associated with health problems as physical abuse. 70–93% of women with headaches, stomach problems, chronic pain, vaginal bleeding, substance abuse,

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Study	N	Sample Characteristics	Method and Design	Results
14, 19-29.		diploma/GED, and 40% had a college or postgraduate education.		depression, and suicidal thoughts had experienced lifetime physical/ emotional abuse.
Pico-Alfonso, M. A, García-Linares, M. I., Celda-Navarro, N., Herbert, J., & Martínez, M. (2004). Changes in cortisol and dehydroepiandrosterone in women victims of physical and psychological intimate partner violence. *Biological Psychiatry, 56*, 233-240.	182	Women. Physically abused women: *M* age = 44.7, 3% completed primary school, 81% had cohabitated with partner in the previous year. Psychologically abused women: *M* age = 45.3, 41% had completed primary school, 87% cohabitated with a partner in the previous year. Non-abused women: *M* age = 47.5, 39% only completed primary school, 98% cohabitated with a partner in the previous year.	Cross-sectional design. Subjects recruited from several centers for helping women victims of IPV in Valencia, Spain. Non-abused women were recruited through women's clubs. Self-report and saliva samples.	Physically abused group (assessed by closed ended questions about punches, kicks, slaps, etc.) had greater levels of evening cortisol and of both morning and evening DHEA (a steroid hormone) when compared to non-abused group. There was a significant association between morning DHEA levels and adulthood psychological victimization (assessed by closed ended questions about threats, power and control, intimidation, humiliation, harassment, etc.). Intimate partner violence was the main factor predicting the alterations in hormonal levels after controlling for age, smoking, pharmacologic treatment, and lifetime history of victimization.
Corrigan, J. D., Wolfe, M., Mysiw, W. J., Jackson, R. D., & Bogner, J. A. (2003). Early identification of	169	Women. *M* age = 34.8; 37% White and 41% African American; the 2 most frequently listed zip	Cross-sectional design. Subjects recruited from 3 metropolitan area hospitals with	30% of women reported loss of consciousness on at least one occasion as a result of physical violence (women were assumed to be victims of IPV because they were seeking services at these specialized clinics).

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Study	N	Sample Characteristics	Method and Design	Results
mild traumatic brain injury in female victims of domestic violence. *American Journal of Obstetrics and Gynecology, 188*, S71-S76.		codes indicating place of residency were in more financially impoverished areas of the city.	sexual assault/ domestic violence programs. Self-report.	67% percent of the women surveyed reported a total of 97 residual problems that were potentially head injury related. These symptoms are consistent with the effects of mild traumatic brain injury. 35% percent were identified by the sexual assault–domestic violence staff as potentially having sustained a mild brain injury.
Brokaw, J., Fullerton-Gleason, L., Olson, L., Crandall, C., McLaughlin, S., & Sklar, D. (2002). Health status and intimate partner violence: A cross-sectional study. *Annals of Emergency Medicine, 39*, 31-38.	108	Women. Median age=31.5 (Range=18-50); 52% Hispanic, 38% white; 48% had an annual income of less than $10K; 61% completed high school; 30% currently married and 39% never married.	Cross-sectional design. Subjects recruited from a large urban emergency department. Self-report, urine and blood tests, and a pelvic examination.	The odds of experiencing an STD among women with any history of IPV (assessed by the question: "Have you ever been hit, kicked, punched, slapped, or physically threatened by a husband, ex-husband, boyfriend, or ex-boyfriend?) were more than 3x greater than the odds among women with no such history. Women with a recent IPV history (past 12 months) tended to have lower hemoglobin and hematocrit levels and to have microcytosis when compared to women abused more than 12 months ago and women with no history of abuse. A history of cocaine use was more prevalent among women with acute (past 12 months) physical violence.
Jackson, H., Philp, E., Nuttall, R. L., & Diller, L. (2002). Traumatic brain injury: A hidden consequence for battered women.	53	Women. *M* age = 30 (Range = 18-48); 60% African American and 28% Hispanic; 36% had less than a high-school degree; 86%	Cross-sectional design. Subjects were either living in a shelter or participating in a battered women's	92% reported a history of having been hit in the head or face during partner violence (type of IPV not assessed directly and women were assumed to be battered based on recruitment strategy.) Of the total sample, 91% reported having been hit in the head in the "past year".

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Study	N	Sample Characteristics	Method and Design	Results
Professional Psychology: Research and Practice, 33, 39-45.		unemployed; 45% married.	outreach program Self-report.	40% reported at least one instance when they were aware that they had lost consciousness as a result of having been hit in the head or face, or severely shaken by a partner. 77% reported symptoms consistent with a concussion following the assault (e.g., dizziness, memory gaps, nausea, confusion, and feeling "out of it"). The majority of women reported frequent and acute cognitive difficulties, including current problems with being easily distracted, having headaches, and having trouble concentrating.
Perciaccante, V. J., Ochs, H. A., & Dodson, T. B. (1999). Head, neck, and facial injuries as markers of domestic violence in women. *Journal of Oral and Maxillofacial Surgery, 57,* 760-762.	100	Women. *M* age =40 years (SD=16.3).	Cross-sectional design. Subjects were female trauma patients treated in an inner-city hospital emergency room. Self-report and medical charts.	A woman who had head, neck or facial injuries was 7.5 times more likely to be a victim of partner violence (assessed as a patient who gave a history of being injured by her spouse or sexual partner) than a woman with injuries limited to other locations.
Muelleman, R. L., Lenaghan, P. A., & Pakieser, R. A. (1998). Nonbattering presentations to the ED of women in physically abusive relationships.	4,501	Women. Ages 19-65.	Cross-sectional design. Subjects were recruited from 10 different emergency departments in two Midwest	Women in currently physically abusive relationships (assessed by questions about injuries by a current partner) were more likely to have the following diagnoses: urinary tract infections, neck pain, vaginitis, foot wound, suicide attempt, finger fractures. However, these represented only 19.8% of the diagnoses in this group suggesting that injuries among physically abused

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Study	N	Sample Characteristics	Method and Design	Results
The American Journal of Emergency Medicine, *16*, 128-131.			cities in order to determine which diagnoses, apart from battering injuries, were more common among women who were living in physically abusive relationships. Self-report and medical charts.	women are more heterogeneous.
Beck, S. R., Freitag, S. K., & Singer, N. (1996). Ocular injuries in battered women. *Ophthalmology*, *103*, 148-151.	79	Women ages 15-90.	Cross-sectional design. Subjects were referred to an eye emergency department due to possible trauma. Self-report and medical charts.	An average of 3 visits per week to the emergency room were the result of physical violence (patient indicated that she was injured by her partner) . Most common diagnoses included: periorbital contusion/laceration (79% of the patients); subconjunctival hemorrhage (68%); traumatic iritis (34%), and microhyphema (28%). Four patients claimed to have lost consciousness at time of injury and 6 patients were admitted to the hospital because of the seriousness of the injuries.
Muelleman, R. L., Lenaghan, P. A., & Pakieser, R. A. (1996). Battered women: Injury	9,057	Women ages 19-65.	Cross-sectional design. Subjects were women who presented for any	Women victims of physical violence (assessed with the question: "Was your visit to the Emergency Department today due to an injury caused by an intimate partner trying to harm you?") were more likely to be injured in

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Study	N	Sample Characteristics	Method and Design	Results
locations and types. *Annals of Emergency Medicine*, *28*, 486-492.			reason to the emergency departments of 10 hospitals serving inner-city, urban, and suburban populations. Self-report and medical charts.	the head, face, neck, thorax, and abdomen than were women injured by other mechanisms.
Cascardi, M., Langhinrichsen, J., & Vivian, D. (1992). Marital aggression: Impact, injury, and health correlates for husbands and wives. *Archives of Internal Medicine*, *152*, 1178-1184.	109	Couples seeking treatment (n = 93) and control couples (n = 16). *M* family income= $48K; *M* years of education = 14; *M* years of marriage = 12; *M* age for clinical sample husbands = 38 and 35 for wives; *M* age for control group husbands = 44 and 39 for wives.	Cross-sectional design. Subjects were couples seeking treatment for a variety of marital & individual problems including depression, sexual problems, communication problems, and physical aggression. Self-report by both partners.	Wives sustained significantly more severe injuries than the husbands as a consequence of mild marital aggression and a trend for the same outcomes for severe marital aggression (assessed with the CTS). 15% of the wives who experienced mild aggression and 11% who experienced severe aggression reported sustaining broken bones, broken teeth, and/or injury to sensory organs. In contrast, only 2% of the husbands who experienced mild aggression and none of the husbands who experienced severe aggression reported such injuries.
Cascardi, M., & O'Leary, K. D. (1992). Depressive	33	Women. *M* age = 30.76 (Range = 19-50); *M* annual income	Cross-sectional design. Subjects were women who	89% percent of the women experienced severe acts of physical aggression. 75% percent of the women reported being beaten up by their partners within the past year,

PASK#9 Online Tables - Table 3: Physical consequences of physical abuse and psychological abuse

Study	N	Sample Characteristics	Method and Design	Results
symptomatology, self-esteem, and self-blame in battered women. *Journal of Family Violence, 7*, 249-259.		= $7,662.00 ($0-$34,000); 67% white; 58% unemployed; 67% married.	sought therapeutic assistance from the Nassau County Coalition Against Domestic Violence. Self-report.	and 84% sustained at least superficial wounds within the past year. 31% percent required surgery or suffered a concussion as a result of their injuries (assessed using the CTS).

Justice/Legal Samples

Study	N	Sample Characteristics	Method and Design	Results
Constantino, R. E., Sekula, L. K., Rabin, B., & Stone, C. (2000). Negative life experiences negative life experiences, depression, and immune function in abused and non-abused women. *Biological Research for Nursing, 1*, 190-198.	24	Women. Participants were 18 years or older; abused women had a significantly lower income and lower educational level when compared to control group.	Cross-sectional design. Subjects were women who sought legal representation in court from the local Neighborhood Legal Services pro bono program. Self-report and blood samples.	Abused women (women who indicated that they were abused by their spouse or intimate partner on more than one occasion over the past year) reported more negative life experiences (assessed with the Life Experiences Survey) than non-abused women.
Kernic, M. A., Wolf, M. E., & Holt, V. L. (2000). Rates and	1,355	Women. Age range = 18-44. Primarily white and African American.	Cross-sectional design. Subjects were women	In comparison with non-abused women, women obtaining protection orders had significantly higher rates of hospital admissions in the previous year for mental

PASK#9 Online Tables - Table 3: Physical consequences of physical abuse and psychological abuse

Study	N	Sample Characteristics	Method and Design	Results
relative risk of hospital admission among women in violent intimate partner relationships. *American Journal of Public Health, 90*, 1416-1420.			residents of King County, WA who had filed for a temporary or permanent protection order in a district or superior court. Self-report and court files.	disorders, diseases of the digestive system, injury and poisoning. The abused group also had a nearly 4x risk of hospital admissions in which a suicide attempt or assault was coded. The relative risk for hospitalization with a diagnosis in the injury and poisoning category was 1.6 for the 12 months to 6 weeks before the filing of a protection order and this risk nearly doubled in the 6 weeks before the protection order was filed. The strongest finding was a 9x relative risk of hospital admission with a diagnosis of contusion.

PASK#9 Online Tables – Table 4. Literature reviews

Review Paper Citation	Citation within Article	Results
Coker, A. L. (2007). Does physical intimate partner violence affect sexual health? A systematic review. *Trauma, Violence, and Abuse, 8*, 149-177.	Forty years of published research (1966-2006) addressing physical intimate partner violence (IPV) and sexual health (51 manuscripts).	IPV was consistently associated with sexual risk taking, inconsistent condom use, or partner non-monogamy (23 of 27 studies), having an unplanned pregnancy or induced abortion (13 of 16 studies), having a sexually transmitted infection (17 of 24 studies), and sexual dysfunction (17 of 18 studies).
Plichta, S. B. (2004). Intimate partner violence and physical health consequences: Policy and practice implications. *The Journal of Interpersonal Violence, 19*, 1296-1323.	Bohn & Holz, (1996); Campbell, (2002); Plichta, (1992); Resnick, (1997)	Health effects of IPV reported include death, injury, chronic pain, functional disability, poor general health status, and poor pregnancy outcomes.
	Greenfeld, Rand, & Craven (1998)	In murders of women from 1976-1996, intimate partners represent 41% of known perpetrators.
	Arbuckle et al. (1996)	An examination of all femicides in New Mexico found that male intimates are the perpetrator 46% of the time and that victims of intimate partner femicide are much more likely to be sexually assaulted before death than are other victims of femicide (22% vs. 3%).
	Wadman & Muelleman (1999)	A Kansas City, Missouri, study reports that almost one half of victims of femicide had prior visits to the ER for injuries because of IPV.
	Centers for Disease Control (1996); Greenfeld et al. (1998)	National and statewide studies show that IPV puts women at high risk for injury, with 40% and 60% of women who are abused being injured in a given year.
	Tjaden & Thoennes (2000)	Women assaulted by intimates are more likely to suffer

PASK#9 Online Tables – Table 4. Literature reviews

Review Paper Citation	Citation within Article	Results
		injury than those assaulted by non-intimates.
	Corrigan, Wolfe, Mysiw, Jackson, & Bogner, (2003)	A study of 51 victims of IPV in three urban ERs found that 30% experienced a loss of consciousness at least once, and 67% have symptoms consistent with a head injury.
	Wilbur et al. (2001)	This study, as well as one of 100 women strangled by a male intimate, found that neck and throat injuries, problems swallowing, difficulty speaking, and pain were common sequelae. Also reported were symptoms consistent with neurological disorders such as dizziness, left- or right-side weakness, paralysis, headaches, and memory loss; symptom frequency and severity increased as the number of reported attacks increased.
	Coker, Smith et al., (2000); Hathaway et al., (2000); Lown & Vega (2001); Plichta (1996); Plichta & Falik (2001); Weinbaum et al.(2001)	Population-based studies consistently report an increased risk of disability (self-reported) among victims of IPV.
	Alexander et al. (1998); Campbell, Riley, Kashikar-Zuck, Gremillion, & Robinson, (2000); Leserman et al. (1996); Riley, Robinson, Kvaal, & Gremillion (1998)	Greater pain levels are also found in victims of IPV in patient populations with specific disorders such as fibromyalgia, temporomandibular joint disorder GI disorders and facial pain.
	Curry et al. (1998); Huth-Bocks, Levendosky, & Bogat (2002); Martin, English, Clark, Cilenti,& Kupper (1996); McFarlane, Parker, & Soeken (1996); Renker (1999)	Women who are abused and pregnant report a greater use of alcohol, tobacco, and drug use than other women who are pregnant, as well as a lower likelihood of ceasing substance use during pregnancy.
	Campbell, Jones et al., (2002); Plichta (1996);	Several population-based studies find that IPV is related to

PASK#9 Online Tables – Table 4. Literature reviews

Review Paper Citation	Citation within Article	Results
	Weinbaum et al. (2001)	increased risk of a STD or UTI.
	Augenbraun, Wilson, & Allister (2001); Bauer et al. (2002); Champion, Shain, Piper, & Perdue (2001)	Even among women attending STD clinics, victims of sexual IPV are more likely to have recurrent STDs than are other women.
	Coker, Sanderson et al. (2000)	Victims of sexual IPV may also be at an increased risk of invasive cervical cancer or dysplasia than others.
Campbell, J. C. (2002). Violence against women II: Health consequences of intimate partner violence. *The Lancet, 359*, 1-6.	Campbell & Lewandowski (1997); Koss, Koss, & Woodruff (2001)	Intimate partner violence has long-term negative health consequences for survivors even after the abuse has ended.
	Rand (1997)	Battering is a significant direct and indirect risk factor for various physical health problems frequently seen in health-care settings and intimate partner violence is one of the most common causes of injury in women.
	Grisso & Schwarz (1999)	Battered women were more likely to have been injured in the head, face, neck, thorax, breasts, and abdomen than women injured in other ways.
	Crawford, Gartner, & Dawson M. (1997); Brock & Stenzel (1999)	40–60% of murders of women in North America are done by intimate partners.
	Ratner (1993); Tollestrup, Sklar, & Frost (1999); McCauley , Kern, & Kolodner (1995); Diaz-Olavarrieta & Campbell (1999); Leserman , Li, & Drossman (1998); Campbell, Dienemann, Jones, et al. (in press); Coker, Smith, Bethea, King, & McKeown (2000); Plichta (1996)	The injuries, fear, and stress associated with intimate partner violence can result in chronic health problems such as chronic pain (e.g., headaches, back pain) or recurring central nervous system symptoms including fainting and seizures.

PASK#9 Online Tables – Table 4. Literature reviews

Review Paper Citation	Citation within Article	Results
	McCauley, Kern, Kolodner et al. (1995); Sharps, Campbell, Campbell, Gary, & Webster (2001)	Abused women frequently (10–44%) report choking—incomplete strangulation—and blows to the head resulting in loss of consciousness.
	Diaz-Olavarrieta, Campbell, Garcia de la Cadena, Paz, & Villa (1999); Leserman, Li, Drossman, & Hu (1998); Campbell, Dienemann, & Jones (in press); Coker, Smith, Bethea, King, & McKeown (2000)	Battered women have significantly more than average self-reported gastrointestinal symptoms (e.g., loss of appetite, eating disorders) and diagnosed functional gastrointestinal disorders (e.g., chronic irritable bowel syndrome) associated with chronic stress.
	Tollestrup, Sklar, Frost et al.(1999); Plichta (1996)	Self-reported cardiac symptoms such as hypertension and chest pain have also been associated with intimate partner violence.
	Koss, Koss, & Woodruff (1991); Tollestrup, Sklar, Frost et al. (1999); McCauley, Kern, Kolodner et al. (1995); Leserman , Li , Drossman, & Hu (1998) Campbell, Dienemann, & Jones (in press); Coker, Smith, Bethea, King, & McKeown (2000); Plichta (1996); Letourneau, Holmes, & Chasendunn-Roark (1999); Campbell, Soeken (1999); Schei & Bakketeig (1989); Collett, Cordle, Stuart, & Jagger (1998)	Gynecological problems are the most consistent, longest lasting, and largest physical health difference between battered and non-battered women. Differential symptoms and conditions include sexually-transmitted diseases, vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain, and urinary-tract infections.
	McCauley, Kern, Kolodner et al. (1995)	In one of the best-sampled U.S. population based studies of self-reported data, the odds of having gynecological problems were three times greater than average for victims of spouse abuse.

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Review Paper Citation	Citation within Article	Results
	McCauley, Kern, Kolodner et al. (1995); Champion & Shain; Coker & Richter (1998); Wood & Jewkes (1997); Wingood & DiClemente (1997); Watts, Ndlovu, Njovana, & Keogh (1997); Maman, Campbell, Sweat, & Gielen (2000)	Links have been found between intimate partner violence and sexually transmitted diseases, HIV, and unintended pregnancy in population-based studies in the USA and in developing countries.
	Parsons & Harper (1999); Jejeebhoy (1998); Pearlman, Tintinalli, & Lorenz (1990)	The main health effect specific to abuse during pregnancy is the threat to health and risk of death of the mother, fetus, or both from trauma.
	Campbell, Ryan, Campbell et al. (1999); McFarlane, Parker, & Soeken (1996)	Maternal low weight gain, smoking, or both were mediators of the connection between abuse and low birth weight in several studies.
	Koss, Koss, & Woodruff (1991); Tollestrup, Sklar, Frost et al. (1999); Wisner, Gilmer, Saltzman, & Zink (1999); Leserman, Li, Drossman, & Hu (1998)	Analysis of the relation between partner abuse, health status, and use of medical care in women in population based and clinical studies has shown poorer overall mental and physical health, more injuries, and more consumption of medical care including prescriptions and admissions to hospital in abused than non-abused women.
	Ratner (1993)	In a Canadian population-based study battered women sought care from accident and emergency departments and saw a medical professional about 3 times more often than non-battered women.
	Koss, Koss, & Woodruff (1991)	Strong evidence suggests that use of medical services increases with the severity of physical assault.

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Review Paper Citation	Citation within Article	Results
Campbell, J., Snow-Jones, A., Dienemann, J., Kub, J., Schollenberger, J., et al. (2002). Intimate partner violence and physical health consequences. *Archive of Internal Medicine, 162*, 1157-1163.	Mullerman , Lenaghan, & Pakieser (1996)	The most common locations for injuries among battered women are the face, neck, upper torso, breast, or abdomen.
	Leserman, Li, Drossman, & Hu (1998); Plichta (1996); Coker, Smith, Bethea, King, & McKeown (2000); McCauley, Kern, Kolodner, et al. (1995); Diaz-Olavarrieta, Campbell, Garcia de la Cadena, Paz, & Villa (1999); Toomey, Hernandez, Gittleman, & Hulka (1993); Zachariades, Koumoura, & Konsolaki-Agouridaki (1990); Karol, Micka, & Kuskowski (1992); Rapkin, Kames, Darke, Stampller, & Naliboff (1990); Cascardi, Langhinrichsen, & Vivian (1992)	Less obvious and often long term health problems include pain or discomfort from recurring central nervous system (CNS) symptoms, such as headaches, back pain, fainting, or seizures.
	Leserman, Li, Drossman, & Hu (1998); Plichta (1996); Coker, Smith, Bethea, King, & McKeown (2000); McCauley, Kern, Kolodner, et al. (1995); Letourneau, Holmes & Chasendunn-Roark (1999); Schei & Bakketeig (1989); Plichta & Abraham (1996)	Researchers have found battered women more likely to have gynecological (GYN) symptoms such as: sexually transmitted diseases, vaginal bleeding or infection, fibroids, pelvic pain, and urinary tract infections, all of which are also associated with sexual abuse.
	Davilla & Brackley (1999)	Abused women report fearing to negotiate condom use because it might lead to further abuse.
Coker, A. L., Davis, K. E., Arias, I., Desai, S. et al. (2002). Physical and mental health effects of intimate partner violence for men and women.	Mullen, Romans-Clarkson, Walton, & Herbison (1988); Plichta (1992); Coker, Smith, Bethea, King, & McKeown (2000); Smith & Edwards (1997); Jaffe, Wolfe, & Wilson, Zak (1986); Golding (1999); Golding (1996); Koss, Woodruff, & Koss (1990); Kimerling &	Women experiencing IPV are more likely to report poor physical and mental health.

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Review Paper Citation	Citation within Article	Results
American Journal of Preventative Medicine, 24, 260-268.	Calhoun, (1994); Koss & Heslet (1992)	
	Campbell & Lewandowski (1997); Plichta (1997); Coker, Smith, Bethea, King, & McKeown (2000); Campbell & Soeken (1999)	Repeated physical assaults may directly increase the risk of injuries or some chronic diseases such as chronic pain, osteoarthritis, and severe headaches.
	Smith & Gittelman (1994); Coker, Smith, Bethea, King, & McKeown (2000)	Chronic psychological stress associated with IPV may affect other acute and chronic health conditions indirectly.
Coker, A. L, Smith, P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine, 9*, 451-457.	Plichta (1992); Wagner & Mongan (1998); Smith & Edwards (1997); Mullen, Romans-Clarkson, Walton, & Herbison (1988); Jaffe, Wolfe, Wilson, & Zak (1986); Koss, Koss, & Woodruff (1991); Drossman, Lesser, Nachman et al. (1990) Hogston (1987); Chapman (1989); Domino & Haber (1987)	Results indicate that women who experience IPV are more likely to report their physical and mental health as fair to poor, and to have more physician visits, irritable bowel syndrome and frequent dyspepsia, chronic pain, and migraine and other frequent headaches.
	Plichta (1996); Hogston (1987); Chapman (1989); Domino & Haber (1987); Bergman & Brismar (1991); Campbell & Alford (1989); Schei (1991); Rapkin, Kames, Darke et al. (1990)	IPV is associated with sexually transmitted infections, pelvic inflammatory disease, chronic pelvic pain, and bladder, kidney or other urinary tract infections.
Gazmararian, J. A., Petersen, R., Spitz, A. M., Goodwin, M.M., et al. (2000). Violence and reproductive health: Current knowledge and future research directions.	Tjaden & Thoennes (1998)	An estimated 1.5 million women are physically assaulted or raped by an intimate partner in the United States annually.
	Campbell, Pugh, Campbell, & Visscher (1995)	Women in battered women's shelters described abusive relationships that resulted in unintended pregnancy through the partner's control of contraception and coercing the woman to have a child.

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Review Paper Citation	Citation within Article	Results
Maternal and Child Health Journal, 4, 79-84.	The noncompliant patient: She could be a victim of domestic abuse. (1994)	It has been suggested that violence is probably part of the reason for failure to use contraception because the threat of abuse makes birth control negotiation difficult.
	Walker (1984)	Barrier methods, such as diaphragms and condoms, may not be feasible alternatives for women who experience sexual abuse by intimate partners.
	Evins & Chesceir (1996)	Rates of current abuse as well as childhood abuse experiences may be higher among women seeking abortion services.
	Amaro, Fried, Cabral, & Zuckerman (1990); Webster, Chandler, & Battistutta (1996)	Found that physical violence is related to previous pregnancy terminations or miscarriages.
	Parker, McFarlane, & Soeken (1994); Bullock & McFarlane (1989); Dye, Tollivert, Lee, & Kenney (1995); Schei, Samuelson, & Bakketeig (1991)	Two outcomes, mean birth weight and low birth weight, were found to be significantly associated with abuse in more than one study.
Campbell, J., & Lewandowski, L. A. (1997). Mental and physical health effects of intimate partner violence on women and children. *The Psychiatric Clinics of North America, 20*, 353-	Fagan & Browne (1994)	The most severe health consequence of intimate partner violence is homicide, accounting for more than half the homicides of women in the United States each year.
	Campbell (1992)	The majority of murdered adult women are killed by a husband, partner, or ex-husband or ex-partner, and in the majority of those homicide cases, the woman was battered before she was killed.

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Review Paper Citation	Citation within Article	Results
374.	Bergman & Brismar (1991); Breslau & Davis (1991); Campbell & Alford (1989); Stark & Filtcraft (1988); Straus & Gelles (1990)	Other symptoms and conditions shown to be associated with physical violence from intimate partners may be more related to the results of stress, including chronic irritable bowel syndrome and other stress related symptoms.
	Campbell & Alford (1989)	Approximately 40% to 45% of all battered women are forced into sex by their male partners.
	Bland & Om (1986); McKibbon, De Vos, & Newberger (1989); Stark & Filtcraft (1988); Straus & Gelles (1990)	Several studies have established a significant overlap of child abuse and wife abuse, with estimates of 40% to 70% of children entering battered women's shelters who are themselves abused.
Resnick, H. S., & Acierno, R. (1997). Health impact of interpersonal violence II: Medical and mental health outcomes, *Behavioral Medicine*, 23, 65-78.	Bachman & Saltzman (1996)	28% of aggravated assaults and 29% of simple assaults against women were committed by intimate partners.
	Springs & Friedrich (1992)	Women with histories of sexual abuse or assault may be less likely to engage in positive healthcare behaviors, such as obtaining regular Pap smears.
	Goodman, Koss, & Russo (1993); Resnick, Kilpatrick, Dansky, Saunders, & Best (1993)	When only those women with a past history of smoking were considered, the odds of active cigarette use in assault victims increased by a factor of 1.35, indicating that assault may play a role in both the initiation and the maintenance of cigarette use.
Plichta, S. B. (1992). The effects of woman abuse	Stark, Flitcraft, & Frazier (1979)	One study showed abused women were three times more likely to be injured while pregnant than non-abused women.

PASK#9 Online Tables – Table 4. Literature reviews

Review Paper Citation	Citation within Article	Results
on health care utilization and health status: A literature review. *Women's Health Issues,* 2, 154-163.	Bowker & Maurer (1987)	A nonrandom sample of 1000 abused women found that battering is common and severe, with 46% reporting 20 or more beatings and 56% reporting being raped by their partners, as well as abused.
	Russel (1982)	One study of 914 married or once-married women found that 14% women had been raped or sexually assaulted at least once by their husbands; this was twice the number than those who had been victimized by strangers.
	United States Department of Justice (1986)	Department of Justice records show that 30% of all female homicide victims were slain by husbands, ex-husbands, or boyfriends.
	Haber (1985); Chapman (1989)	Two clinical studies found that abused women are significantly more likely to experience chronic pain.
	Miller (1989)	Reported that spousal violence scores were the strongest predictor of alcoholism in women, even after controlling for income, violence in family of origin, and having an alcoholic husband.
	Haber (1985); Rath, Jarratt, & Leonardson (1989)	53% of women seeking care at a hospital-based chronic pain clinic had been physically or sexually abused by their husbands more than once; 28% of women seeking care at two primary care clinics suffered severe abuse at the hands of their husbands at least once.