

SPOUSE ABUSE: AN OVERVIEW AND TREATMENT
RECOMMENDATIONS FOR USE AT
NORTHLAND MENTAL HEALTH CENTER

by
Sheila Lynn Hart

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Sheila Lynn Hart

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March 28, 1983
Date

Ramona Maritz-Baden
Chairperson, Graduate Committee

Approved for the Major Department

March 29, 1983
Date

Margaret A. Briggs
Head, Major Department

Approved for the College of Graduate Studies

3-31-83
Date

Michael Malone
Graduate Dean

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ABSTRACT

The purpose of this study was to provide counselors at Northland Mental Health Center with an overview of the spouse abuse problem in order to facilitate agency planning for service provision to spouse abusers and victims. Flow charts aiding counselors in treatment decisions regarding spouse abuse were designed using information gained through the broad survey of spouse abuse literature. After completing a review of the literature, the following conclusions were made: (1) much additional research in the area of spouse abuse and battering is needed; (2) social conditioning of the female victim role and the male aggressor role need further consideration; (3) any spouse abuse study concentrating on victims themselves should be critically examined for victim blaming; (4) more research needs to be conducted through the facilities of community groups and service providers, paying attention to the victim's perceptions of the problem; (5) field investigations of services provided to the abused and the abuser are badly needed; (6) further development of male support groups should be encouraged. In diagramming the flow charts it became obvious that there are more community services available to battered women in Northland Mental Health Center's service area than to batterers. It was recommended that Northland Mental Health Center meet this demand by implementing self-help groups and support groups for the batterer and by further refining a conjoint marital therapy approach to spouse abuse.

CHAPTER I

ORIENTATION OF THE STUDY

Introduction

The recent increase in public and professional awareness of spouse abuse as an extensive and serious problem has paralleled the growth of the women's movement. Before Gelles (1976), Martin (1977), Steinmetz (1978) and Straus (1976) brought spouse abuse to the attention of the general public, there was a dearth of literature on violence in the home and a reluctance of people to admit that wife beating existed as a serious social problem. Since then, grass-roots women's organizations have played prominent roles in bringing the subject to the public's attention. People involved in the women's movement have focused increasing attention on the history, effects and prevention of male violence against women in our society. Community, state and national coalitions formed to deal with the prevention of spouse abuse, rape and incest exemplify these efforts to eliminate interpersonal violence.

Current research indicates the extent to which spouse abuse is a major social problem as well as a behavioral problem of particular individuals. Lenore Walker (1979) predicts that violent episodes will occur in 50% of all American marriages. A national survey conducted by Murray Straus (1977) established that at least two million women are beaten each year by their husbands. One out of six couples in his study reported some violence during the survey year. When questioned about the entire period of their marriage, one out of four couples

reported some violence. Straus and his fellow researchers conducting this national survey speculate that even these figures underestimate the extent of family violence. A 1979 Louis Harris survey in Kentucky also supports the severity of the problem. Ten percent of the wives interviewed reported physical abuse during the prior twelve month period and 21% reported some violence during their marriage. During the same twelve month period, 2% of the women interviewed reported assaults outside the home. Harris (1979) noted that based on these reports, it appears that the most dangerous place for a woman is not in the streets but in her own home.

Women who are abused are generally beaten repeatedly and suffer injuries serious enough to require medical attention. Of 100 battered wives studied in Britain in 1975, all had bruises and had been hit by clenched fists. Forty-four of the women had lacerations, fifty-nine had been kicked repeatedly. In forty-two of the cases, weapons had been used. Other injuries resulted from strangulation attempts, suffocation, burns and bites. There were cases of fractured bones, noses, broken teeth and ribs, and also shoulder or jaw dislocations. Nine of the women were found unconscious and were taken to the hospital (Gayford, 1975). Another study of hospital emergency room services found that almost half of the 1,400 women treated in the emergency room had injuries resulting from beatings. This study estimated that battering occurred approximately ten times more frequently than physicians usually identified (Stark et al., 1979). Spouse abuse results not only in severe injury to the victim as described above; crime reports and other statistics reveal that the violence often results in death.

Battering tends to escalate over time leading, in some instances, to murder. According to the 1977 FBI uniform crime reports, two-thirds of all homicides in the United States were committed by persons who were either a friend, relative, or acquaintance of the victim. In half of these cases, husbands and wives were perpetrators and victims (Federal Bureau of Investigation, 1977). In the January issue of Equal Opportunity Forum, Toni Breiter (1979) cites two studies with especially telling information. A California report in 1971 showed that while only 8.7% of male homicide victims were murdered by their wives, 32.8% of female homicide victims were murdered by their husbands. A 1973 Kansas City police department study revealed that in 85% of domestic homicide or aggravated assaults, police had been called to the residence at least once in the two years prior to the act, and in 50% of the cases had been called five or more times.

Domestic violence not only endangers the lives of those family members involved in the dispute, but also accounts for a high percentage of deaths and injuries sustained by officers responding to such calls. In the ten-year period from 1966 to 1975, 157 officers in the United States lost their lives responding to domestic disturbance calls (Federal Bureau of Investigation, 1975). The FBI reports that annually over 50% of all officers killed in the line of duty were in the process of responding to a domestic disturbance call. The majority of injuries to police officers also result from involvement in domestic abuse conflict intervention activity (Bannon, 1977).

Spouse abuse is an extensive problem in our society today. It endangers the lives of many. While all of the causes of wife beating

are not known, some characteristics of this form of family violence have been identified. One of the foremost questions asked by those first becoming involved with the issue of spouse abuse is "Why doesn't the battered woman leave?" Some women leave, many do not. There are psychological, situational, and emotional reasons why a battered woman does not leave a violent relationship. Contrary to a popular societal myth that battered women are masochistic, women who remain in abusive relationships do not want to be beaten. Battered women do not cooperate in their own beatings, they often try to get away (Bell, 1979).

The perpetration of spouse abuse in a relationship seems to result from a complex interaction of socioeconomic factors and societal attitudes. Another question often asked is, "What factors contribute to violence against women?" To answer this question it is necessary to first look at the history of violence and the subordination of women. Sex-role socialization, theories of violence in personality development, and attitudes expressed in popular culture are other possible causes of violence against women.

Statement of the Problem

As public and professional awareness of spouse abuse has grown, so has the demand for some kind of action. In some communities, individuals, groups and agencies are providing services. Other communities are still in the planning stages for service provision. Most of the literature geared to the counseling professions has consisted of

discussions of the incidence and cause of spouse abuse, accompanied by a description of services offered in a specific community.

Higgins (1978) notes that the handful of persons involved in spouse abuse who actually seek post-emergency counseling choose a wide variety of counseling professionals and settings. Counselors selected by abusers and victims include family and marriage counselors, psychoanalysts, psychologists and clinical social workers. Counseling settings include private practice locations, public mental health centers, general and psychiatric hospitals. Some couples prefer pastoral counseling, others go no further than the family doctor. Still others avoid professional counselors and seek advice from lawyers and family court officers. Del Martin (1977) points out that more and more women, and some couples, are selecting feminist therapists, who are found in traditional agency settings such as those mentioned above, private practice and feminist therapy collectives.

Counselors' views of the problem of spouse abuse are as varied as the counseling settings and the professionals themselves. Historically, clinicians have dealt with spouse abuse by attempting to diagnose and treat individuals. Straus (1977) observes that the primary therapeutic focus has been individual aggressive drives and female masochism. A more recent therapeutic emphasis has been placed on the unhealthy aspects of the relationship. Higgins (1978) links this change of focus to the growth of the marriage counseling field. Martin (1977) describes clinical psychology and psychiatry as traditionally conservative and sexist, with many therapists accepting prevalent patriarchal myths. Some feminists feel counseling for abused women can only be done by

another woman -- at least a counselor with a feminist perspective on the problem (Moore, 1979). Frequently, lawyers consulted by couples involved in spouse abuse advise that marriage counseling is useless (Truninger, 1971). Close examination of a potential counselor's perspective of both the problems and the solutions of spouse abuse is necessary both for referrals and for planning of community wide services.

Through the combined efforts of researchers from a variety of disciplines and people involved in the women's movement, public and professional awareness of spouse abuse has grown. Due to increased public and professional awareness, the demand for services for both the abuser and the victim has also increased. A prefatory review of current research literature reveals that counselors' views of the problem of spouse abuse, counseling settings and counseling professionals chosen by the spouse abuser and victim, and therapy models used in the treatment of spouse abuse all vary. Northland Mental Health Center, a tri-county community mental health center in northern Minnesota is still in the planning stages for providing services to the batterer and the victim. Before a treatment program can be designed an overview of spouse abuse including factors contributing to violence against women, factors influencing a battered woman to remain in an abusive situation, and treatment alternatives for counseling the abused and the abuser is needed. This broad survey is also necessary to heighten the awareness of Northland Mental Health Center counselors and increase their sensitivity to the spouse abuse issue, since counselors' views of the causes, dynamics and possible solutions of

spouse abuse are critical to the outcome of the therapy (Higgins, 1978; Martin, 1977; Moore, 1979; and Straus, 1977).

Purpose of the Study

The purpose of this study is to provide counselors at Northland Mental Health Center with an overview of the spouse abuse problem in order to facilitate agency planning for service provision to spouse abusers and victims. Flow charts aiding counselors in treatment decisions regarding spouse abuse were designed using information gained through the broad survey of spouse abuse literature. The dual purpose of presenting counselors at Northland Mental Health Center with an overview of the problem of spouse abuse and providing counselors with a flow chart to aid them in spouse abuse treatment decisions will be accomplished through the following objectives:

- (1) Exploration through a review of the literature, of the causes of violence against women including (1) a brief description of the violence toward and the subordination of women that has occurred throughout history, (2) the prevalence of violence in popular culture, (3) sex-role socialization, and (4) learned aggression.
- (2) An examination of the psychological, situational and emotional factors influencing women to remain in abusive relationships.
- (3) Identification and description of treatment models for the victim and the abuser.
- (4) The development of three flow charts designed to aid counselors at Northland Mental Health Center in treatment decisions for spouse abusers and their victims.

Limitations and Delimitations

(1) The actual incidence of violent encounters in intimate relationships remains unknown because battering is a private crime with few witnesses; it is often considered a taboo topic, and the reporting of the criminal justice system is inconsistent. Most statistics quoted are derived from a few sources which estimate the extent and severity of the problem.

(2) Definitions of violence vary. Researchers disagree about what constitutes violent behavior as opposed to other types of physical contact. Definitions and labels of victim and batterer also vary (Goodstein and Page, 1981). Comparison of statistics between research studies are not always valid or reliable because of these definitional inconsistencies.

(3) Few empirical studies comparing different therapy approaches in the treatment of spouse abuse have been conducted, making the effectiveness of specific treatment models difficult to assess.

Definition of Terms

(1) Battered woman: any emancipated minor or adult in a relationship with a man who physically abuses her to the point where she changes her behavior in order to attempt to avoid further abuse or to avoid escalation of the abuse. In order to be classified as a battered woman, the couple must go through the battering cycle described in this paper at least twice (Walker, 1979).

(2) Spouse abuse: battering between spouses or partners (adults who are married or involved in an intimate relationship). Spouse abuse in this paper will focus primarily on women as victims and men as the batterer since assaults by men on women are the most common (Pleck et al., 1978; Fields & Kirshner, 1978).

(3) Battering or beating: deliberate, severe and repeated demonstrable injury inflicted by the battering husband with the minimal injury of severe bruising (Parker and Schumacher, in Goodstein and Page, 1981).

(4) Battering husband or batterer: a man who beats the woman with whom he lives.

(5) Battering couple: a man and woman living together in a relationship which involves physical violence.

(6) Feminist therapy: an eclectic therapeutic approach that supports the empowering of women and encourages the development of healthy, full functioning individuals not confined, limited, or defined by sex-role stereotypes.

(7) Patriarchal society: a society in which lineage is traced through the male and in which males are at the apex of the family and social government hierarchy. In a patriarchal society, the position of women and men as wives and husbands has been historically structured as a hierarchy in which men possess and control women (Dobash & Dobash, 1979).

(8) Conjoint couples therapy or conjoint family therapy: the therapist meets with a couple or entire family and attempts to focus on the pattern of interaction rather than individual pathology.

CHAPTER II

REVIEW OF THE LITERATURE

The following chapter contains a review of the current literature on the topic of spouse abuse including factors contributing to violence against women and the psychological, emotional, and situational factors influencing women to remain in abusive relationships. Furthermore, the chapter comprises a discussion of three treatment alternatives in treating the abused and abuser: intervention strategies for working with the battered woman, programs for the batterer and conjoint couples therapy.

Factors Contributing to Violence Against Women

There are a number of factors that contribute to violence against women. In order to understand the development of today's contributing factors, it is necessary to become knowledgeable of the history of violence and the subordination of women. Current attitudes and social codes continue to sanction the enactment of violence against women. Films, television and pornography express the prevalence of violence in popular culture. Many researchers document sex-role socialization as a factor in violence. Still other researchers point to learned aggression as a factor contributing to violence against women.

History of violence and subordination of women. As stated in the previous chapter, Higgins (1978), Martin (1977), Moore (1979) and Straus (1977) indicate that the therapist's awareness and perspective concerning the causes, dynamics and possible solutions concerning the problem of spouse abuse are critical in relation to the outcome of therapy. Notable researchers attest that an understanding of the history of violence and subordination of women and the continuity of these patterns is essential in being able to comprehend and critically analyze today's extensive spouse abuse problem (Dobash & Dobash, 1979; Roy, 1977).

Patriarchal beliefs and practices in British and American tradition that have supported the right of a husband to dominate and chastise his wife, to have authority over her, and to use physical force against her have been described in the past three centuries. Dobash and Dobash (1979) document that there was little objection within the community to a man's using force against his wife as long as he did not exceed certain tacit limits. The eighteenth century belief that "the man who is not master of his wife is not worthy of being a man" was widespread and justified beating wives either for various "offenses" against her husband's authority or for failure to live up to his ideals about her work, domestic or otherwise.

J. J. Gayford (1977), an English psychiatrist who has studied wife abuse extensively, also chronicles a long progression of nineteenth-century and earlier British references to marital violence. Gayford points out that in the sixteenth century beating one's wife was placed in the same category as beating an outlaw, traitor, pagan or villain

and, in consequence, went unpunished. Gayford also documents that women of upper social classes did not escape spouse abuse.

A firm rejection of the legal support for various forms of control and chastisement did not become sufficiently strong or widespread in England and America until the nineteenth century. In the United States, wife beating was made illegal in Alabama and Massachusetts in 1871 but, by and large, changes in the law were directed not toward eliminating domestic assaults but setting limits upon how far a man could go on controlling his wife (Dobash & Dobash, 1979).

Other writers have explored the subjugation of women and traced the origin of female subordination in a meditative and impressionistic manner. In The Dangerous Sex; the Myth of Feminine Evil, Hays (1964) explains the origin of the belief in woman as property: the mythological falsity of women as told in the story of the Fall and feminine untrustworthiness. Eva Figs (1970) supports this view through an expose of myths and legends in the Judaic tradition, beginning with Adam's first wife and continuing through Freud's Victorian theories of submissive women. Figs describes sexual taboos of various world cultures, the fear of the insatiable, dominating woman that leads to all-powerful patriarchal society, and the transformation of women's role in the economic chain from a co-equal with her husband in the home-craft system to one of dependence after the Industrial Revolution. Daly (1978) also depicts the subjugation of women through using numerous examples of male oppressiveness, but she goes on to describe a path toward women's freedom from men's rule. Harris (1977) attempts to explain the domination and oppression of women through

tracing early domination of women in band and village societies. He links warfare and male sexism to social interventions which arose to prevent overpopulation and destruction of natural resources needed by primitive groups.

These authors have depicted continuing abuse or subordination of women throughout history. Justification for the maltreatment of women has been advanced in religious doctrine and civil codes and has been rationalized by the presence of evil spirits, wickedness, the mysteriousness of the female sex, and the right of husbands and fathers to demand obedience and mete out punishment.

Attorney Margaret Gates (1978) clarifies the disparate power relationship that began in earliest times: women pledging obedience and fidelity to their male protectors who in turn saved them from being carried off by the enemy for their value as breeders. In earliest times and in the present, when women have fallen short of obedience or fidelity, abuse begins. Gates regards the continued opposition to equality and a desire by some women for dependence on their husbands as a reversion to the submissiveness that in our current state of development is no longer needed. She states that women's unequal socialization continues to their own and society's detriment.

Katherine Saltzman (1978) goes beyond historical precedence and points out that female victimization could be viewed as a more manageable problem if the perpetrators were aberrant and the criminal justice system could be effectively employed. She believes, however, that current attitudes and social codes continue to sanction the

enactment of violence against women. These attitudes are examined in the following section.

The Prevalence of Violence in Popular Culture. Popular culture attitudes regarding the use of violence or physical force and the view of women in general are expressed in a number of ways. Literature, films, television and pornography convey popular sentiment towards women, sex-roles, and violence. In television advertising and prime-time television programs, women are often depicted as sex objects, or as inferior to men. Films and literature also exploit women and glorify rape. Examples in the past few years include Straw Dogs, Diary of a Rapist, Last Tango in Paris, and Deep Throat. Barbara Cooper (1976) notes that movie heroes often discipline their leading ladies if they become too independent, although the happy couple usually walk off into the sunset together in the end. In addition, Cooper observes that pornographic films and literature promote violence against women as a terrific prelude to sex. Popular magazines such as Playboy and Viva encourage or at least condone sado-masochistic behavior. Fashion magazines for women and popular music album covers, especially punk rock, portray women in masochistic roles. Becker and Abel (1978) enumerate instances in classical and popular literature and film in which females are constantly in need of protection and in which males are able to protect themselves. They state that these books and films influence children from an early age, contributing to sex-role socialization.

Learned Aggression and Sex-Role Socialization as a Factor in Violence. While influential researchers in the area of aggression in animal behavior (Tirenz, Ardrey, Morris) and human behavior (Freud

and Deutsch) assert that aggression is instinctual, there are sociologists and feminists who challenge the etiological and psychoanalytic view and claim that aggression resulting in violence is learned behavior. Bandura (1969) believes that behavior can be explained by a social learning theory in which modeling and consequences of observed behavior determine the type of behavior enacted. Bandura demonstrates that adults and children will learn aggressive behavior if this type of behavior is sanctioned and reinforced. In an experiment he conducted in which a number of children viewed a film in which a doll was hit, a significant number of children modeled their behavior after the aggressor when they played with the doll themselves. Milgram (1974) found that adults too are capable of performing violent acts when they are given reinforcement. In his experiments, Milgram found that adult volunteers would willingly apply high voltage shocks to subjects when given reinforcement by the experimenter, even when they believed the subject was in pain. In applying this research to spouse abuse, the implication is that the female victim's apparent inability to stop the battering, as well as societal attitudes and a male dominated culture, provide reinforcements to the batterer and serve to perpetuate his behavior.

Wolfgang (1976) defines socialization as the process of cultural transmission in which beliefs, attitudes, values, speech and habits are relayed through family and friends. Straus (1978), the sociologist who describes the marriage license as a hitting license, outlines nine specific ways in which the right of males to use violence is reinforced by the cultural norms and values of the western world. Of these nine points

described by Straus, those that seem to address sex-role socialization as a factor in violence most clearly are: (1) the defense of male authority and superiority, (2) the negative self-image of many women, (3) the myth of the negative effects of the single-parent household, (4) the view of women-as-property, and (4) the male orientation of the criminal justice system. In the conclusion of the study, Straus strongly supports assertiveness training for women as a means of combating traditional sex-role stereotypes and at the same time addresses the need for understanding both the advantages and disadvantages of the traditional male role.

Summary. Spouse abuse is not a phenomenon of the modern age. Gayford (1977), Dobash and Dobash (1979) document the incidence of violence towards wives throughout the seventeenth, eighteenth and nineteenth centuries. Hays (1964), Figs (1970) and Daly (1978) explore the subjugation of women and the origin of female subordination in a meditative, impressionistic matter. Legislators and others directed early law reformation attempts towards setting limits regarding how far a man could go in the chastisement and control of his wife rather than towards eliminating spouse abuse. Current literature, films, television and pornography demonstrate the prevalence of violence in today's popular culture. Other factors enumerated by researchers as factors of violence in relation to the issue of spouse abuse include learned aggression and sex-role socialization as opposed to a theory of inherent aggression supported by some animal and human behavior researchers.

Psychological, Situational and Emotional Factors: Why She Stays

Researchers in the area of spouse abuse have identified a complex interaction of psychological, situational and emotional factors composing reasons for a battered woman remaining in an abusive relationship. Psychological factors include learned helplessness theory and the cycle theory of violence. Situational factors include economic dependence, lack of alternative housing, lack of job skills, isolation, the socialization of traditional sex-roles and value systems, and other cultural and religious constraints. Emotional factors include guilt, ambivalence, low self-esteem, love for the batterer, and a belief that he will change. (For an outline of some of these factors, see Appendix I.) A discussion of each of these factors follows in an attempt to help counselors and other helping professionals understand why an abused woman remains in or returns to an abusive relationship.

Psychological Factors. Learned helplessness is one of the major social learning theories that can be applied to the psychological rationale for the victimization of battered women and their further entrapment in the abusive relationship. Learned helplessness is the area of research concerned with early-response reinforcement and subsequent passive behavior (Seligman, 1974). Learned helplessness theory has three major components: information about what will happen; thinking or cognitive representation about what will happen (learning, expectation, belief, perception); and behavior toward what does happen. Seligman first hypothesized that dogs who were subject to non-contingent negative reinforcement could learn that their voluntary

behavior had no effect in controlling what happened to them. In his experiments, the dogs' motivation to respond was lessened with the repetition of the aversive stimulus. Furthermore, even if the dogs later perceived the connection between their voluntary response and the cessation of the shock, the motivational deficit remained. As a result, the dogs experienced considerable anxiety and depression.

Lenore Walker (1979) has found learned helplessness to be a useful theoretical construct from which to understand the cognitive, emotional, and motivational deficits frequently observed in and reported by battered women. Walker utilizes learned helplessness theory in an explanation of the psychological paralysis that locks a battered woman in a victim role.

Thus, in applying the learned helplessness concept to battered women, the process of how the battered woman becomes victimized grows clearer. Repeated batterings, like electrical shocks, diminish the woman's motivation to respond. She becomes passive. Secondly, her cognitive ability to perceive success is changed. She does not believe her response will result in a favorable outcome, whether or not it might. Next, having generalized her helplessness, the battered woman does not believe anything she does will alter any outcome, not just the specific situation that has occurred. She says, "No matter what I do, I have no influence." She cannot think of alternatives. She says, "I am incapable and too stupid to learn how to change things." Finally, her sense of emotional well-being becomes precarious. She is more prone to depression and anxiety. (Walker, 1979:49-50).

Other researchers propose additional applications of the learned helplessness theory. Ball and Wyman (1978) theorize that the socialization of many women into traditional feminine roles and the history of family violence may account for later learned helplessness behavior. Gelles (1976) notes that prior learned experiences regarding violence

are a factor. He observed that women tend to stay in violent situations if they experience violence during childhood. On the basis of Seligman's experiments one might also argue that the passivity of many battered women is a form of learned helplessness acquired after repeated attempts to escape have been blocked by biased therapists, unsympathetic family members and friends, hostile police officers, an ineffective judicial process, degrading and humiliating welfare procedures, discriminatory employment practices and lack of alternative housing.

Walker (1979) uses the cycle theory of violence as further explanation of the victimization of women, their lapse into learned helplessness behavior, and their failure to escape. Walker isolated the cycle theory of violence through comparison of information of over 120 detailed interviews with battered women, interviews with batterers, and interviews with helping professionals involved in working with victims and batterers. On the basis of her research, Walker postulates that rather than a constant or random occurrence of battering, there is a definite cycle which is repeated over time. Described by Walker, this cycle has three distinct phases which vary in time and intensity between partners and between different couples: the tension building phase, the explosion or acute battering incident, and the calm, loving respite, sometimes labeled the "honeymoon phase."

In the tension building stage, phase one, the minor battering incidents occur. The battered woman tries to calm the man by becoming nurturing and compliant, either anticipating his every whim or avoiding him. She accepts his abusiveness as legitimately directed

toward her and believes she can prevent his anger from escalating. She becomes the batterer's accomplice by accepting some of the responsibility for his abusive behavior by not permitting herself to get angry with the batterer, by her psychological defense of denying her own anger at being unjustly hurt both psychologically and physically, by minimizing the isolated violent incident, and by denying her terror of the inevitable battering. The battered woman in this phase believes she has control over the batterer's behavior. As the tension builds, it is more difficult to make the coping techniques work, so the woman withdraws. As she withdraws under stress, the batterer looks for an expression of her anger, and tension increases.

Uncontrollable discharges of tensions, lack of control, and major destructiveness characterize the acute battering stage, phase two. The batterer generally justifies his behavior. He lacks predictability and control. If the woman resists, the batterer becomes more violent. Sometimes the woman will provoke the batterer to get the tension over with. The woman does not seem to feel the pain as much as she feels psychologically trapped and unable to flee. She often minimizes her injuries. After the incident she is listless, depressed, helpless, and tends to isolate herself from twenty-four hours to several days before getting help.

The "honeymoon stage," phase three, is characterized by an unusual calm. The batterer tries to make up to the woman by behaving in a consistently charming and loving manner. He is sorry and begs her forgiveness; he believes he can control himself from now on, and promises anything -- even psychotherapy. His reasonableness supports

her belief that he can change. She gets a glimpse of her original attraction to him and identifies the good strong man she loves, reinforcing her decision to stay in the relationship. He reminds her that he needs her and may commit suicide if she leaves home, appealing to her strong sense of guilt. In this phase, symbiotic bonding between the couple becomes even stronger. Each spouse is so dependent on the other than when one attempts to leave, both lives are drastically affected. Most of the woman's positive rewards for being married or coupled with the batterer also occur in this phase. Victims often use the batterer's "honeymoon stage" behavior as a rationale for remaining in the relationship. If the woman has been through the battering cycle several times, the knowledge that she is trading in her psychological and physical safety for a temporary dream state only adds to her self-hatred and shame (Walker, 1979).

Situational Factors. Fleming (1979), Walker (1979) and Gelles (1976) argue that a woman's available financial resources appear to be a very influential situational factor in her decision to stay or leave the home. Fleming (1979) describes a woman's degree of economic dependence as the ultimate determinant in whether or not she will achieve an independent existence. In violent marriages, Fleming asserts that the husband invariably controls the family finances and that the abused woman often has little or no knowledge of the family finances. Frequently the abusive husband puts property, stocks, bonds and so forth in his name only. Economic deprivation is a form of control that can be both physical and psychological in nature.

Closely related to a woman's degree of financial independence are two other situational factors keeping a woman in an abusive relationship: lack of alternative housing and lack of job skills (Gelles, 1976). Cooper (1976), Walker (1979), and Ball and Wyman (1978) identify isolation as another key factor. The battered woman is often socially isolated, sometimes out of her own shame, guilt, and embarrassment. The batterer may work to keep the victim physically and socially isolated, using the entrapment as yet another means of controlling the woman's behavior and at the same time insulating himself from disgrace and criticism. Social isolation contributes to a woman's low self-esteem since she has few sources of support and few opportunities for rewarding work, education or recreation. Also, the more a woman is isolated in her own home, the more dependent she becomes upon her husband for any information about her own personal value (Cooper, 1976). For example, if a woman's perception of her abuse differs significantly from the abuser's, she often believes she is going insane. When she is socially isolated, the battered woman has no one to confirm her sanity (Ball and Wyman, 1978). Social and physical isolation both foster a woman's feeling of powerlessness and helplessness (Walker, 1979). Isolation also results in abused women being unaware of resources available to them for help and in being uninformed or misinformed about their legal rights regarding separation, divorce, and child custody. This lack of information prevents women from developing a pragmatic separation plan.

The extent to which the battered woman has been socialized according to traditional sex roles and traditional value systems is also

related to how effectively she is able to respond to her situation. Many women are not socialized to demand or expect freedom from physical assault in their own homes (Prescott and Letko, 1979; Fleming, 1979; Walker, 1977; Ball and Wyman, 1978). For women in a traditional role, sources of self-respect are confined to appropriate performance of traditional sex-role prescriptions and approval or reward from the husband (Prescott and Letko, 1979). Traditional value systems often attach a stigma to single-parent households, separation and divorce, and welfare (Fleming, 1979). Of the battered women interviewed in Walker's study (1977) 75% reported coming from very traditional homes and backgrounds. There are also specific cultural and religious constraints regarding the sanctity of spousal relationships which deter a woman from risking change. In some religions and cultures, divorce is not an acceptable alternative. If the marital relationship terminates, a sense of failure in combination with religious and cultural taboos may be sufficiently strong and intergenerational to prevent positive action and subsequent support (Walker, 1979).

Emotional Factors. Guilt, fear, ambivalence, low self-esteem, love for the batterer, and a belief that he will change are some of the emotional factors enumerated by battered women as reasons for staying in a battering relationship (Barnett et al., 1980). Abused women often feel guilty about their unsuccessful marriages and assume that their husbands are violent because they have failed to meet their emotional needs (Fleming, 1979). The women internalize prevailing sexist assumptions by absorbing the blame for their own victimization and spending useless energy trying to avoid provoking the batterer.

Metzger (1979) comments on the abused woman's tendency to assume culturally assigned guilt:

For many battered women the ideology which branded them inferior as women, maintained their position as their husband's property, and mandated their subordination to their husbands' wills, has been internalized to the degree that they often accept being beaten as their "just" due. Not only men, but women also accept that women should be, or deserve to be, or even need to be beaten, and that husbands have the right to do so. In a study done by Gelles, there were statements from women such as "I ask for it," and "I deserved it." One woman said: "I keep thinking it must be my fault... What did I do to provoke him? Then one night I was in bed asleep and he came in and started hitting me, and I said, boy, I didn't provoke this." The battered wife often sees herself as a failure in those primary roles by which the male society defines her (wife, mate and mother) and thus believes that it is somehow her fault she is beaten. Herein lies the true efficacy of the ideology (Metzger, in Fleming, 1979, 81-82).

Fear also plays an important part in the lives of abused women. Many abused women are too afraid of their husbands to leave. A battered woman often fears that if she does leave, her assailant will find her and subject her to worse beatings, or he will kill her. She also fears retaliation against her children, family and others who try to help her. Some battered women are in a constant state of paralyzing terror similar to the terror of rape trauma syndrome except that the stress is unending and the threat of the next attack is ever-present. Fear of the unknown, of starting a new life, of being alone, of losing custody of the children or causing them emotional damage by raising them in a single-parent household, of the court process, and fear that the husband will not survive alone also contribute to the overall fear holding a battered woman in an unhealthy relationship (Hilberman and Munson, 1978; Barnett et al., 1980).

Cooper (1976) and Waites (1978) categorize the ambivalence many battered women experience in contemplating leaving an abusive relationship: (1) identity vs. identity loss, (2) social approval vs. stigmatization, (3) economic support vs. economic deprivation and downward social mobility, and (4) love vs. loss of attachments. Mixed messages from those around her heighten the battered woman's indecision. Walker (1978) lists several other issues surrounded by ambivalence: love/hate, anger/passivity, rage/terror, depression/anxiety, omnipotence/impotence, and security/panic. Another area of conflict surrounds the woman's decision about whether or not to prosecute the batterer in criminal court. Many of the women this author has worked with do not want their husbands or boyfriends to go to jail. They simply want the violence to end.

Love for the batterer, belief that he will change, and low self-esteem have been discussed previously in this paper as part of the cycle theory of violence and learned helplessness.

Summary. It is often difficult for professionals and others working with the battered woman to understand why she stays in a battering relationship. The battered woman remains in an abusive relationship because of a complex interaction of psychological, situational and emotional factors. Walker (1979) and Ball and Wyman (1978) use learned helplessness as a theoretical construct from which to understand some of the psychological factors keeping the victim in a violent relationship. Walker (1979) introduced the cycle theory of violence that includes (1) the tension building phase, (2) the acute battering stage and (3) the honeymoon stage as further explanation of

the victimization of women, their lapse into learned helplessness behavior, and their failure to escape. There are also many situational factors that influence a woman's decision to stay or leave the home. Those identified by researchers include the woman's degree of economic dependence, lack of alternative housing, lack of job skills, social and physical isolation, the extent to which the battered woman has been socialized according to traditional value systems, and religious and cultural constraints regarding the sanctity of marital relationships. Guilt, fear, ambivalence, low self-esteem, love for the batterer, and belief that he will change are some of the emotional factors described by battered women as reasons for staying in a battering relationship. Upon examining this complex interaction of factors it becomes obvious that leaving an abusive relationship is not as easy as it might first appear to an outside observer.

Counseling of the Abused and the Abuser: Treatment Alternatives

Treatment approaches to the problem of spouse abuse are as varied as the theories about its causes and longevity. This section expands upon three major categories of treatment approaches: intervention strategies for working with the battered woman, programs for the batterer, and marital therapy. The discussion that follows includes advantages and limitations of each of the different treatment approaches.

Intervention Strategies for Working with the Battered Woman. If a woman decides to take action against her victimization in an abusive

relationship, several options might be open to her: battered women's shelters, refuges or safehouses; individual and/or group counseling; and women's support groups. The woman's treatment options are dependent on her knowledge of existing resources and the availability of these resources in her community. Sometimes, safehousing, individual and/or group counseling and support groups all become a part of the battered woman's total treatment program.

A battered woman first takes steps towards independence when she summons the courage to leave her husband and the support he has provided. Difficult months and even years of breaking away preclude the battered woman's emancipation as an independent, assertive, self-sufficient individual. The battered woman often uses women's shelters, refuges or safehouses as important stepping stones on her road to independence. Fleming (1979) reports that shelters, refuges and safehouses provide an important sense of community and a support system for the battered woman. She is no longer a helpless victim; she can model assertive behaviors of other women in the shelter and begin to remove her feelings of isolation by becoming aware of the commonalities and differences she shares with other spouse abuse victims. About 50% of women who stay longer than one week in a safehouse will not return to live with their batterer. The percentage rises dramatically if the safehouse remains open to women who return home and then want to come back to the refuge. These women may need to experience the inevitability of the battering cycle several times before they admit they cannot control it.

Although safehouses, shelters and other refuges provide safety, housing, a sense of community, and a support system to battered women, Walker (1978) points out several limitations: (1) Shelters and safehouses provide an artificial sense of community that does not exist outside of itself. (2) There is limited potential for educational or vocational training. (3) Adequate programs, services, space, and resources for the children of the battered woman are lacking. (4) Crowding is a problem. (5) There are few programs and facilities for the batterer. (6) Safehouses and shelters are expensive and difficult to operate.

There are four major foci in treatment approaches for the battered woman. In the first approach, a therapist focuses on the battered woman's behavior, concentrating on how her behavior has contributed to the violence and how it might be changed to prevent further attack (Shainess, 1977). This approach seems to reinforce the abuser rather than help the victim. In a second approach, the emphasis is placed on preserving family life and strengthening and reinforcing the family unit. Social work agencies, mental health centers, and religious counselors often use this approach (Fleming, 1979). In a third approach to counseling a battered woman, the therapist's focus is on understanding the woman as victim and underdog. It involves helping the woman gain coping techniques to overcome her feelings of helplessness and powerlessness. This approach is most commonly supported by feminists and others experienced in working with battered women. Beverly Nichols observes:

The most innovative approaches to the treatment of wife abuse...are being developed outside the province of the

traditional family agency and are primarily the work of people interested and involved in the women's movement. In general, women's groups are bound by fewer stereotypes than professional counselors, so that they are freer to see and try options that do not maintain the status quo. One such option is the establishment of shelters where women who are chronically abused can go in a crisis and find help. The number of such homes is growing. Many are private residences of women familiar with abuse problems who want to help others. Counseling is at the grass roots level (Nichols, 1976:32).

A fourth model used in the treatment of battered women, "feminism as therapy" or "feminist therapy," incorporates the "woman as victim and underdog" approach, although its major focus is the development of the female identity as a positive force not limited, confined, or defined by sex-role stereotypes, self-direction and self-esteem (Nichols, 1976). This approach involves a mutuality therapy led by dedicated professional women. Ball and Wyman (1978) describe feminist therapy not as a new technique but rather a new orientation and philosophy that determines the nature of the therapeutic relationship, synthesizing modified traditional therapies and the creative development of the women's movement.

Counselors using the third and fourth treatment approach described above, the "woman as victim and underdog approach" and the feminist therapy approach, affirm the importance of allowing a battered woman to make her own choices throughout therapy. Through the decision-making process, a woman regains some of the power and control of her own life that she has lost in the abusive relationship. One of the decisions a battered woman makes may be to remain in or return to a battering relationship. If a battered woman is pressured to leave or condemned for not doing so, she may feel she has disappointed

or failed the therapist, and she may be reluctant to return in the future (Hilberman and Munson, 1978). Carlson (1977) points out that victims who remain in an abusive situation hoping to improve it also need support. If, however, the abuser's external or internal environment does not change in a meaningful way, Carlson gives a poor prognosis for improvement of the victim's situation. Ball and Wyman (1978) suggest that joining a women's group could also provide support for women during and after this difficult decision-making process.

Support groups and other forms of women's groups seem especially valuable for battered women because of the physical and social isolation they have often experienced. Betsy Warrior (1978) points out that in a support group the history of the relationship can be reviewed to assess the possibility of a real change. Klein (1979) states that feminists, who are aware that traditional values and traditional therapy have been more concerned with women's relationships with men than with their relationships with other women, stress the importance and benefit gained from women working out their problems in close caring relationships with other women.

Programs for the Batterer. While research on the characteristics of batterers is relatively recent, the general consensus is that most of these men do not fit a psychiatric profile. Martin (1977) and Pizzey (1968) suggest that batterers often show history of abuse as a child. Like their victims, batterers come from all socioeconomic levels, racial groups and occupational categories. Walker (1979) characterizes the batterer as possessing low self-esteem, holding traditional and sex-stereotyped values, often being jealous and possessive in relationships,

and frequently demonstrating severe stress reactions when pressured by work, family, or financial matters. Walker also cites several myths about batterers: alcohol causes their battering behavior; batterers are psychopathic personalities; batterers are violent in all relationships; and batterers are unsuccessful and unable to cope with the world.

In looking at the limited research, there is a great deal of variability in counseling approaches for men who batter. The variability manifests itself in techniques being used by counselors. It stems from differences in philosophies, in clients being served, in the skills of the therapists, and in the resources available to the programs. An introduction to three approaches, a traditional approach, a behavioral approach, and an approach utilizing self-help groups, illustrates the variability of counseling approaches for batterers. The discussion that follows also includes specific programs for men who batter.

The traditional mental health response to batterers has often been one of two extremes: assign a psychiatric classification and treat the batterer as a psychopath or blame the wife for the beatings and label her masochistic or hysterical. Batterers rarely seek help in the traditional mental health setting because they frequently do not see their behavior as inappropriate. Martin (1978) discusses the difficulty of getting abusive men to seek help and presents two possible methods of getting batterer into therapy much more expediently:

Because he believes not only that he has the right to beat his wife but that other husbands are doing it too, he considers his behavior to be "normal." Therefore, he believes he has no problem and no need for outside help. The only way to get him into therapy or counseling would be for the judge to order it as a condition for his release. Lt. George Rosko of the San Francisco Police Department suggests

that a first-time offender be remanded to a counseling center in the same way that traffic violators are sent to traffic school. The batterer would be warned explicitly that if he "ever lays a hand on his wife again," he will be sent to jail. If judges would take such a hard-nosed position and make it stick, Rosko believes there would be a marked reduction in the incidence of wife abuse.

An assistant district attorney in Spokane proposes a quicker method of obtaining results: peer pressure to bear upon offenders and let them know in no uncertain terms that such behavior is not acceptable; if men would work with batterers in much the same way as women working with victims, we might well be on our way to solving the problem (Martin in Chapman & Gates, 1978:128).

Dr. Anne Ganley and Dr. Lance Harris (1978) use a behavioral approach in their residential treatment program for batterers, based on their belief that violence is a learned response to stress. As with other behavioral programs, their philosophy is that violent behavior can be unlearned. Ganley (1982) states that although counselors cannot help men avoid stress, they can help them learn new ways to respond to stress. Ganley uses educational approaches and such techniques as anger management, assertiveness training, relaxation training, physical training, vocational training, and group interaction to bring about changes in behavior. Her treatment has one goal -- to stop the battering. Ganley favors court-mandated counseling for men who batter, believing that batterers are impulsive and need a strong, consistent motivation to stay in counseling programs. An essential component of Ganley and Harris's program is holding the man accountable for his behavior (Ganley and Harris, 1978).

The newest trend in treatment of male batterers is the growth of self-help groups founded by men, many of whom are ex-batterers. Emerge, based in Boston, is perhaps the best known and most

comprehensive of these programs. Organized as a collective of all male volunteers, it offers groups and individual counseling for men as well as training programs and educational materials for counselors and the community. As an extension of the men's movement, Emerge is concerned with re-examining the male sex-role stereotype, attacking sexist social relationships, and stopping violent behavior against women. Men learn alternatives to abuse, gain support from other men, deepen their awareness of their own emotional lives, and recognize the oppressiveness of their violent behavior. This consciousness-raising is reinforced by educational and behavioral techniques similar to those used by Ganley aimed at terminating violence (Emerge Inc, 1981).

Emerge shares similarities with the Domestic Abuse Intervention Project, a program for batterers and victims that operates in Duluth, Minnesota. The Domestic Abuse Project includes a system of advocates and safe housing or shelter for the victim, advocates (often reformed batterers) and a Batterers Anonymous program for the batterer, and counseling agencies and chemical dependency programs for both the batterer and victim. During the male advocate's visit to the batterer in jail the advocate informs the abuser of his prospects: a potential jail sentence of 10-90 days, exclusion from his home for up to a year, or mandatory counseling and continued family problems. The batterer can decide to assume control in his life by seeking counseling, or he can wait and let the courts take control of him. Another important function of the male advocate's jail visit is to let the batterer know there are people who are willing to help him. (See Appendix 2 for a flow chart of the Domestic Abuse Project's program.)

Batterers Anonymous (B.A.) is a self-help program designed to rehabilitate men who are abusive toward women. Batterers attend once a week meetings with other persons who have similar difficulties. As a group, they support and encourage each other in searching out positive alternatives to the abusive behavior they exhibit toward women (Goffman, 1980).

Professional staff members of the Harborview Medical Center in Seattle see men on an individual, couples, family or group basis. The primary goal is crisis intervention directed towards terminating the violence. When indicated, batterers participate initially in an outpatient alcohol counseling program prior to receiving other treatment. Boyd (1978) reported that experiences of the Harborview Medical Center counseling staff indicate a lack of success with batterers in traditional group therapy and suggest that batterers-only groups organized around the goal of abstinence from battering are more appropriate.

Research reveals several trends in treatment programs for batterers. While there are a variety of programs in numerous settings, none have demonstrated long-term success through experimental outcome studies. Preliminary data support the use of community based behavioral programs using a problem-specific group model, especially when these programs are underpinned by the local judicial system. Battering self-help groups are increasing in numbers and variety. A continuing problem is the very small percentage of battering men that seek help or even acknowledge having a problem that could benefit from counseling. Of the relatively few batterers who are caught, convicted and imprisoned, few receive therapeutic treatment of any kind.

Marital Therapy as an Intervention. Jacobson and Margolin (1979) point out that although feminists groups provide emergency housing, care and psychological support for battered women and their children, these programs vary in their sensitivity to dyadic issues. Despite growing awareness and public concern about spouse abuse there has been limited family violence research in the marriage and family therapy field. Family violence topics presented include the social learning theory formulation of marital violence and specific treatment technique recommendations, recommendations concerning the appropriateness of marriage counseling, and conjoint marital therapy as a treatment choice.

Jacobson and Margolin (1979) discuss the social learning theory formulation of marital violence, pointing out that the mismanagement of anger and frustration can be the breeding ground for emotional and physical abuse. Citing Albert Ellis and D. R. Mace, Jacobson and Margolin state that the most important goal for abusive couples is to learn to avoid or dissipate the early stages of anger, and thereby avoid the escalation of conflictual interactions. Margolin recommends employing several procedures that have been explicitly designed for enhancing spouses' anger management skills and reducing abusiveness: (1) Identify the cues that contribute to angry exchanges, (2) establish some ground rules, (3) develop a plan of action to interrupt the conflict patters, (4) modify faulty conditions regarding relationship function, and (5) express rather than act out dissatisfaction.

Jacobson and Margolin (1979), Straus (in Roy, 1982), Walker (1979), and Ganley (1978) all vary in their analysis and recommendations concerning marital therapy as an appropriate treatment approach

for battering couples. Jacobson and Margolin (1979) recommend relationship counseling only when (1) the couple is committed to improving the relationship, (2) the abusiveness has a relationship base, and (3) the couple gains immediate control over the physical abusiveness so that risk of physical harm is quickly diminished. Straus (in Roy, 1982) examines the contributions marriage counseling can make to battering problems. He stresses that marital counseling must focus on the relationship rather than individual pathologies such as presumed "aggressive drives" or "female masochism." Walker (1979) states that traditional marriage counseling is often inappropriate for goals of stopping violent behavior and building new, healthier relationships because of its narrow attention to strengthening the existing relationship. Walker states that the coercion and symbiotic dependency characterizing battering couples relationships are part of a rigid set of roles and behaviors that often cannot be changed. Walker recommends dissolving the relationship as the treatment of choice for most couples. In her description, a therapist enables a couple to break the psychological, symbiotic dependency bond by strengthening their individual identity and self-esteem. Walker applauds the need for assertiveness training for both the abused woman and the abuser. Ganley (1978) makes the following significant recommendation regarding marital counseling:

In my practice, a significant portion of the couples who had received traditional marital counseling reported that sessions were often followed by battering episodes. Sometimes the violence was triggered by direct communication of an emotionally charged issue and sometimes by the indirectness and distortion of their messages to each other. Regardless of which comes first, poor communication and then

battering or battering and then poor communication, the cycle is difficult to break using a process that requires communication, which the couples fear will result in violence. Couples counseling or family therapy with all members present in the session is not recommended until the battering has been eliminated. Once the man, woman, and counselor are confident that the violence has ended, then joint sessions can be used to develop basic communication skills necessary to resolving marital conflicts (Ganley, 1978:39).

In contrast to the above recommendations, Geller and Walsh (1978) argue that conjoint marital therapy is the treatment of choice if a battered woman chooses to remain in the marriage. They state that without the involvement of both partners in counseling, the violence will continue. Geller and Walsh view the relationship from a systems perspective: there is a locked pattern of behavior based on the interaction of both partners. From this perspective working with the system of interaction and thereby changing the environment in which a person lives is seen as the most effective treatment method. Conjoint marital therapists treat the husband's abuse behavior in conjunction with the effects of the abuse on his wife. The way in which a couple relates to each other needs to be improved; they have to learn to live together compatibly with mutual understanding. By conjointly working with the identified spousal violence problem, overall marital problems can also be treated.

Geller (1982) feels that the initial session is one of the most critical points in the treatment of abusing couples because of its impact on the system. Seeing the woman individually first often sabotages the treatment. In conjoint treatment the first appointment must be made with both partners together. When a woman requests treatment because she is in a violent relationship, she often feels a

need to come in alone. Her self-image is damaged, and she fears her abusive partner. To suggest conjoint family therapy to her husband she needs to overcome her fear and to ask that some of her own needs to be met. Coming for treatment because she asks him to involves a change in the couple's behavior pattern, requiring a cooperative action as well as a mutual admission of the existence of the problem. Postponing treatment until both partners agree to come also has therapeutic value. If the wife is successful in getting her husband to come in, she is no longer "just the victim" and he is no longer "just the abuser." There is usually resistance by the couple because of the strength of the battering relationship system. The therapist can use the couple's mounting anxiety to break through the system's homeostasis. If the therapist sees the woman individually first, the woman's anxiety level may be alleviated or reduced to the extent that she is immobilized. By the same token, the other partner in the system may view the treatment of his wife individually as validation of her responsibility for the violence. Or he may perceive that he has been labeled "the bad guy" and that the therapist and his wife are plotting against him. Geller and Walsh (1982) conclude that working with abusing couples requires cogent intervention strategies based upon an understanding of sound therapeutic techniques. Because working with violence can be potentially life threatening and spouse abuse itself jarring to the senses, Geller and Walsh state that it is essential that a treatment model for abusive couples include staff development and a sensitizing to the totality of clinicians' feelings through continued self-examination.

Summary. An examination of current research literature on therapeutic treatment approaches for spouse abuse reveals a lack of consensus among counselors regarding the most effective treatment model. The primary focus of therapy distinguishes the three identified treatment approaches. Two approaches, intervention strategies for working with the battered woman, and programs for the batterer, treat each member of the dyadic relationship separately. In counseling the battered woman recommended therapeutic goals include (1) making sure the woman is in a safe, supportive environment, (2) understanding the woman as victim and underdog, and (3) the development of the female identity as a positive force not limited, confined, or defined by sex-role stereotypes, self-direction, and self-esteem. Researchers identify women's shelters, individual and/or group counseling and support groups as helpful in attaining these goals. Programs for the batterer also focus on the individual rather than the relationship. Approaches identified for working with the batterer include (1) a traditional mental health approach, (2) a behavioral approach, and (3) an approach utilizing self-help groups. The main goal of therapy is to stop the battering behavior. Other goals include consciousness raising, an increased awareness of emotions, and an increase in self-esteem. A major shortcoming of programs designed for the batterer is the relatively small percentage of battering men that seek help or even acknowledge having a problem that could benefit from counseling.

A focus on the dyadic relationship itself differentiates conjoint marital therapy from the other two approaches which treat each partner separately. Clinicians differ in their recommendations concerning the

appropriateness of marriage counseling. While some professionals argue that conjoint marital therapy is the treatment of choice if a battered woman chooses to remain in the marriage, others state that traditional marriage counseling is often inappropriate for goals of stopping violent behavior because of its narrow attention to strengthening the existing relationship.

Upon reviewing the diverse recommendations for treatment of spouse abuse this author concludes that each spouse abuse case needs to be reviewed separately by counselors. This author further hypothesizes that each of the treatment approaches discussed above could conceivably be used in conjunction with each other, depending on the couple's commitment to remaining in the dyadic relationship.

Summary and Recommendations

Summary. Spouse abuse is an extensive and serious social problem as well as a behavioral problem of particular individuals that often results in serious injury or death to the victim. Factors contributing to violence against women include popular culture attitudes, sex-role socialization, learned aggression and a multiple-determinant view of violence in relationships. These factors are more readily understood when viewed through a historical perspective of violence and the related subordination of women. Reasons a woman remains in an abusive relationship form a complex interaction of psychological, situational and emotional factors.

Broad counseling approaches identified for the treatment of the abused and the abuser include individual and group treatment for the battered woman, programs for the batterer, and marital therapy. Proponents of each of these treatment approaches agree that the violent partner's behavior must stop before any type of effective therapy can begin. Another critical issue identified in all three models discussed was the violent partner's willingness to change, seek help and admit that his violent behavior is inappropriate.

Recommendations. Much additional research in the area of spouse abuse and battering is needed. Social conditioning of the female victim role and the male aggressor role needs further consideration. Concepts in the research itself are often vaguely defined. Some researchers are investigating "domestic violence," "family violence," "violence in the home/family," all of which may include forms of violence other than woman battering.

"Violence" itself may include verbal, psychological or physical acts of aggression, as well as property destruction. Most studies have limited criteria of "violence" to physical acts because of the ease of quantitatively measuring physical acts compared to verbal and/or psychological violence. The research of Lenore Walker (1979) is an exception. Few studies have investigated victim precipitation, a violent interaction in which the victim is first to use physical force. This, too, needs to be examined. It might also be helpful to measure the intensity of the acts or the degree of damage inflicted on the victim. The perspective of the researchers including life experiences, moral values, and ethics need to be clearly known in advance. It is the

author's bias that researchers who expose their basic assumptions are most often to be found among the feminist and minority scholars. Any study concentrating on victims themselves should be critically examined for victim blaming, i.e. looking for the cause of the problem within the victim herself. This traditionalist mind set continues to be found in rape and spouse abuse court cases and subsequent newspaper reports (Fleming, 1979). Studies should concentrate on male-female violence in society if researchers want to understand and eliminate violence in intimate relationships. More research needs to be conducted through the facilities of community groups and service providers, paying attention to the victim's perceptions of the problem. Field investigations of services provided to the abused and the abuser by law-enforcement, judicial, medical and social agencies are badly needed. Further development of male support groups should be encouraged.

In the nineteenth century, before the advent of child labor law reformations and public outcry against child abuse, the public found Lewis Carroll's rhyme amusing and acceptable:

Speak roughly to your little boy
And beat him when he sneezes.
He only does it to annoy,
Because he know it teases.

Perhaps, as public awareness of the extensiveness of spouse abuse and its detrimental effects on the family and society increases, it will be just as tasteless to smile at an anonymous twentieth century version of Carroll's verse:

Speak roughly to your little wife
And beat her when she bitches.
She's only out to end your life
And then collect your riches.

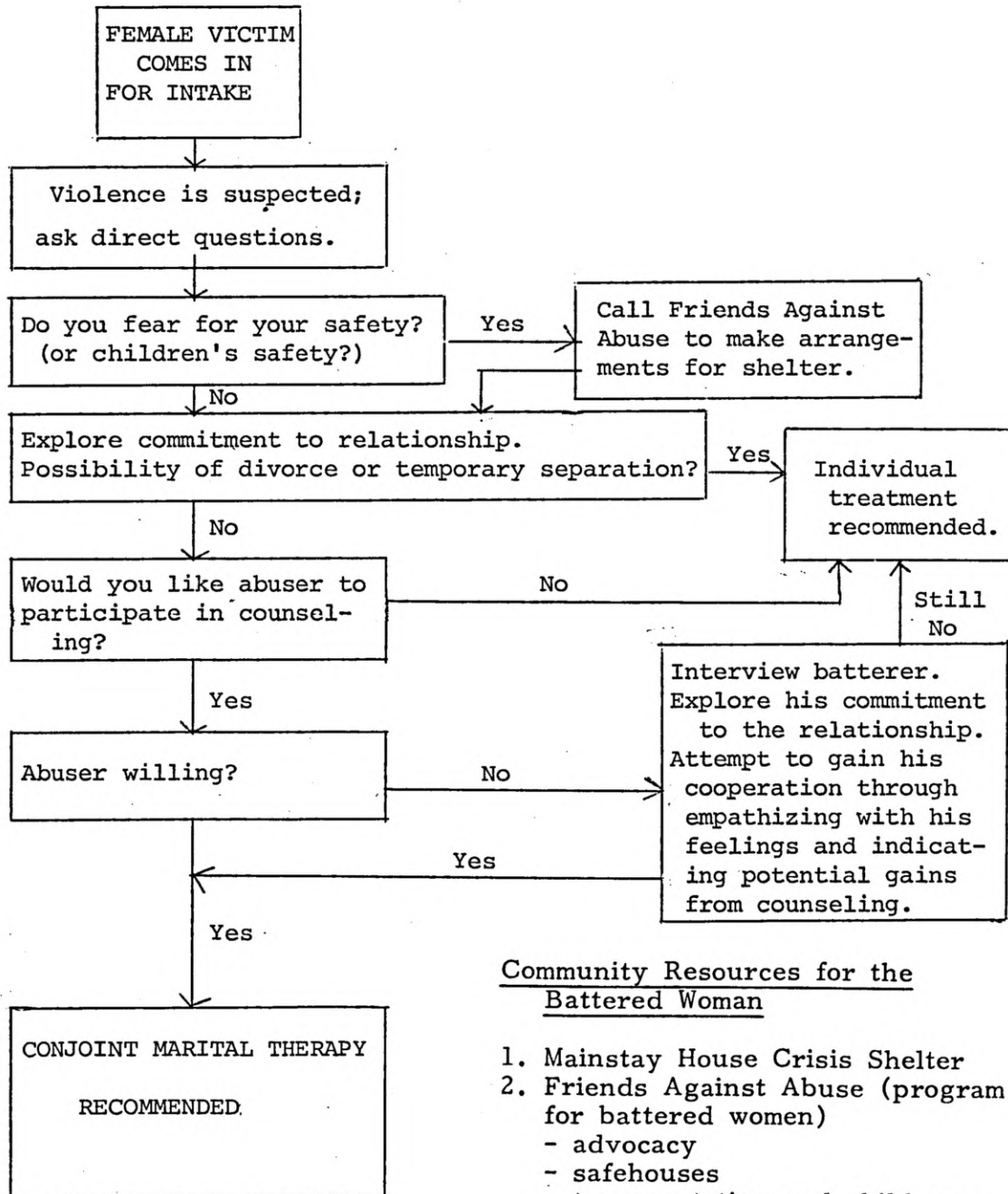
CHAPTER III

DECIDING ON TREATMENT STRATEGIES USING FLOW CHARTS

As discussed previously, there is little consensus among counselors regarding the most effective model for treatment of battered women and batterers. Saunders (1977) stresses that each case of marital violence needs to be assessed separately. The objective of the three flow charts included in this chapter is to assist counselors at Northland Mental Health Center in initial spouse abuse assessment and treatment decision-making.

Victim Flow Chart. The first flow chart depicts a treatment decision-making process used when the battered woman initially comes into the treatment facility by herself. Before assessment or counseling can begin, it is important to ascertain whether or not the victim currently fears for her safety or the safety of her children. If safety is an issue, the counselor makes a referral to one of the community resources for battered women, Friends Against Abuse. Friends Against Abuse is a program providing advocacy, safe housing, transportation, child care and support groups to battered women. Friends Against Abuse advocates can also make arrangements for a woman to stay in the Mainstay House Crisis Shelter located in the neighboring Canadian community of Fort Frances. Conjoint marital therapy is recommended when the woman is committed to remaining in the dyadic relationship and when the abuser is willing to participate in treatment. If either or

Victim Flow Chart #1 to Aid Counselors in Treatment Decision-Making



Community Resources for the Battered Woman

1. Mainstay House Crisis Shelter
2. Friends Against Abuse (program for battered women)
 - advocacy
 - safehouses
 - transportation and child care
 - support groups
3. Northland Mental Health Center
4. Help Phone-Crisis Line
5. Family Services
6. Chemical Dependency Services

both of these conditions are not met, individual treatment of the battered woman is advised.

Several researchers list individual treatment recommendations for the female victim. Hilberman and Munson (1978) state that therapy techniques used in working with the battered female spouse should focus on the woman's markedly impaired self-esteem, emotional isolation, and mistrust. Walker (1979) emphasizes that the woman needs to regain the power and control she has lost in her life. Walker also states that the battered woman's feelings of helplessness need to be addressed by the therapist. Techniques used to accomplish these goals come from a behavioral, insight-oriented feminist therapy approach. Homework assignments that encourage the woman to assert ownership and control in basic areas of her life such as money, space, time, and talent are an example of behavioral, insight-oriented techniques (Fleming, 1979).

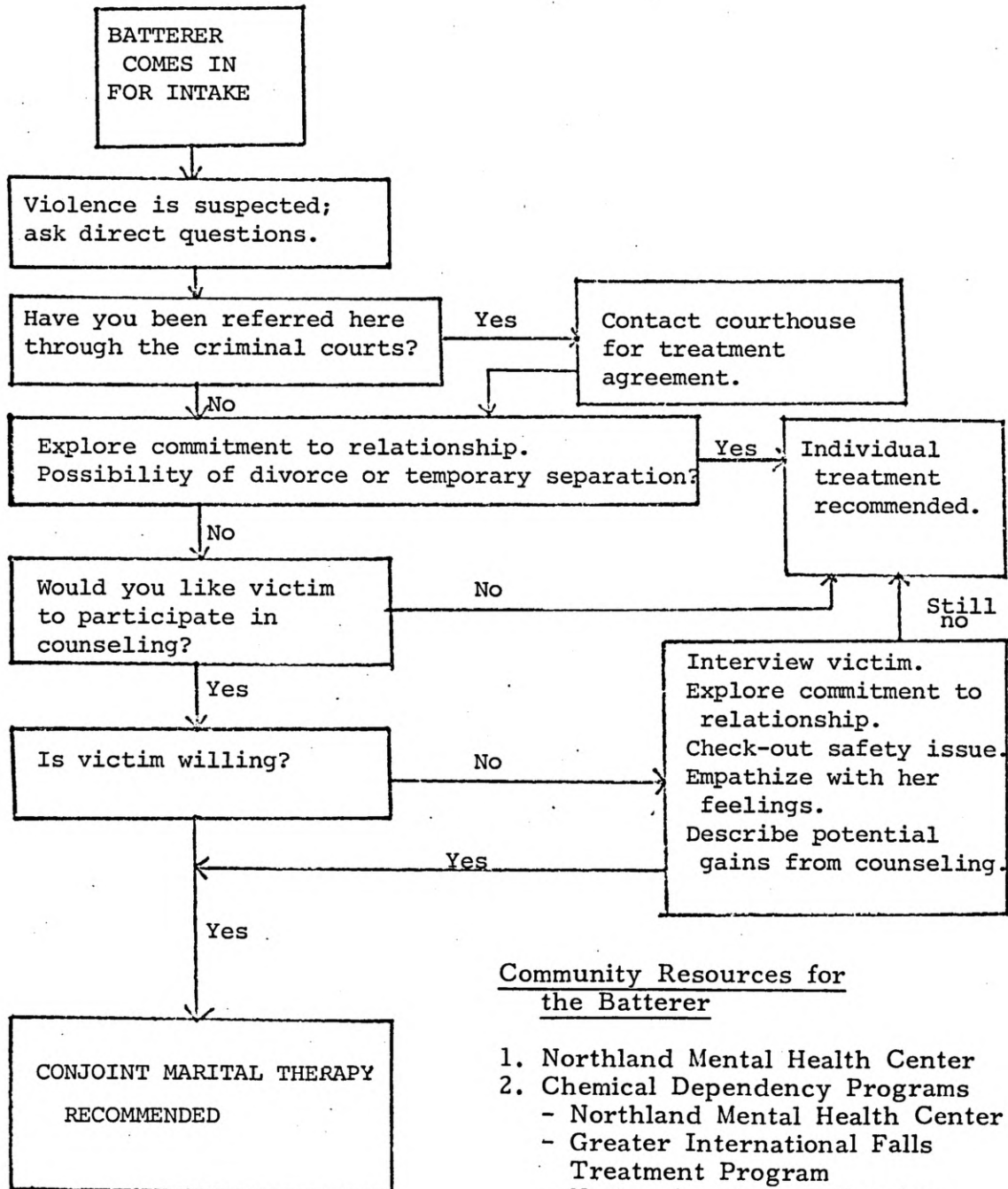
Assertiveness training has been described as one of the few therapeutic techniques designed to teach the client how to exercise more power. Ball and Wyman (1978) state that women in general benefit from assertiveness training because the socialization process encourages women to be passive and self-denying. They define assertiveness training as a combination of cognitive restructuring, role playing, coaching, homework, and feedback designed to teach the individual to express her thoughts without attacking the other person or denying her own feelings. In assertiveness training for battered women, the counselor encourages the client to clarify her rights and develop her own personal belief system (Fleming, 1979).

Other battered woman intervention strategies include affirmation of the woman, sensitive listening, formation of a strong support system, problem-solving, development of alternatives, recognition of the extreme mental and physical exhaustion experienced by the battered woman, and the development of independence skills including education, job, self-love and self-esteem (Fleming, 1979).

Batterer Flow Chart. The second flow chart represents a treatment decision-making process similar to the one shown in the first flow chart. However, the batterer is the identified client who first enters the treatment system. If the batterer has been referred to the mental health center through the court system, specific recommendations from the judge may be a part of treatment. Conjoint marital therapy is the treatment of choice when the batterer is committed to remaining in a marital relationship and his battered spouse is willing to participate in therapy. Otherwise, individual treatment for the batterer begins.

Individual treatment techniques recommended for the batterer include confrontation techniques, assertiveness training, stress management, anger control through time-out procedures, empathizing, problem-solving, and tension-reducing exercises. Therapists sometimes use a psycho-educational approach to increase the batterer's responsibility for his abusive behavior, to increase his understanding of the family and social facilitators of spouse abuse, and to increase the batterer's identification and expression of feelings. Researchers and therapists also recommend helping the batterer form his own personal support system (Ganley and Harris, 1978; Emerge, 1981).

Batterer Flow Chart #2 to Aid Counselors in Treatment Decision-Making

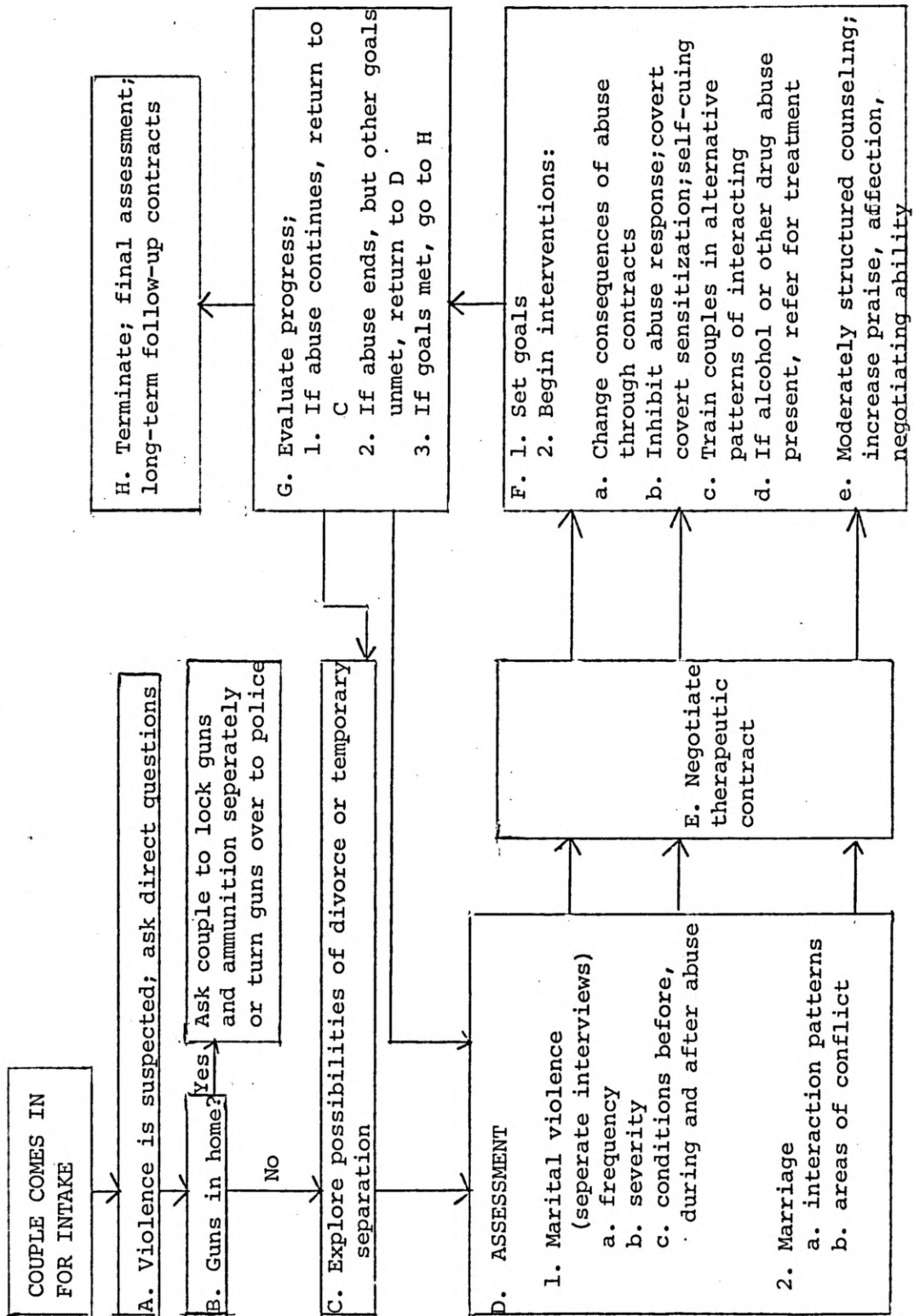


Conjoint Marital Therapy Flow Chart. The third flow chart delineates specific intervention techniques of conjoint marital therapy including assessment, contracting, goal setting, evaluation and termination. Mullvilhill and Tummin (1969) found that the mere accessibility of weapons can increase the chance of tragedy. A preliminary intervention strategy used in working with couples is to ask them to lock guns and ammunition at opposite ends of the house or to voluntarily turn the guns in to a local law enforcement agency. Another early intervention strategy is the exploration of divorce or temporary separation since each partner may have misconceptions about divorce. The counselor also needs to make a judgment at this time concerning the probability of violence recurring in future relationships if it remains untreated and divorce occurs.

Saunders (1977) recommends the assessment of the frequency and severity of marital violence and the assessment of conditions before, during and after abuse through the use of separate history-taking interviews. He suggests using marital adjustment scales and structured role plays as means of gaining a more precise picture of conflict areas and styles of interaction.

Several types of interventions to be used with couples are enumerated by Saunders (1977). The first of these is improving positive problem-solving capacities. Assuming that violence is a desperate attempt at problem-solving, a reasonable intervention strategy is to help the couple improve their positive means of influence and problem-solving through an increase in affection, praise, effective communication, and negotiating skills. Saunders' research indicates

Conjoint Marital Therapy Flow Chart #3 to Aid Counselors in Treating Spouse Abuse



structured communication and contract training to be more effective than non-structured insight approaches to marital counseling. Second, Saunders recommends changing the consequences of behavior. For example, a therapist might contract with a couple to separate for one or more nights or call the police immediately if abuse occurs. Third, the author suggests inhibiting the abusive response through covert sensitization, a procedure which inhibits responses by pairing mental images of the violent response with an aversive event, or through self-cuing, a process in which the client becomes aware of the psychological cues that precede violent episodes.

Summary. Whether or not to treat battering couples conjointly in marital therapy depends largely on each partner's commitment to the marriage and each partner's willingness to participate in therapy focused on the relationship. In diagramming the flow charts, it became obvious that there are more community services available to battered women in Northland Mental Health Center's service area than to batterers. More and more batterers are being referred to Northland Mental Health Center through the Koochiching County Court System. Northland Mental Health Center can meet this increase in demand by implementing self-help groups and support groups for batterers and by further refining a conjoint marital therapy approach to spouse abuse.

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APPENDICES

APPENDIX 1

WHY WOMEN STAY

SITUATIONAL FACTORS:

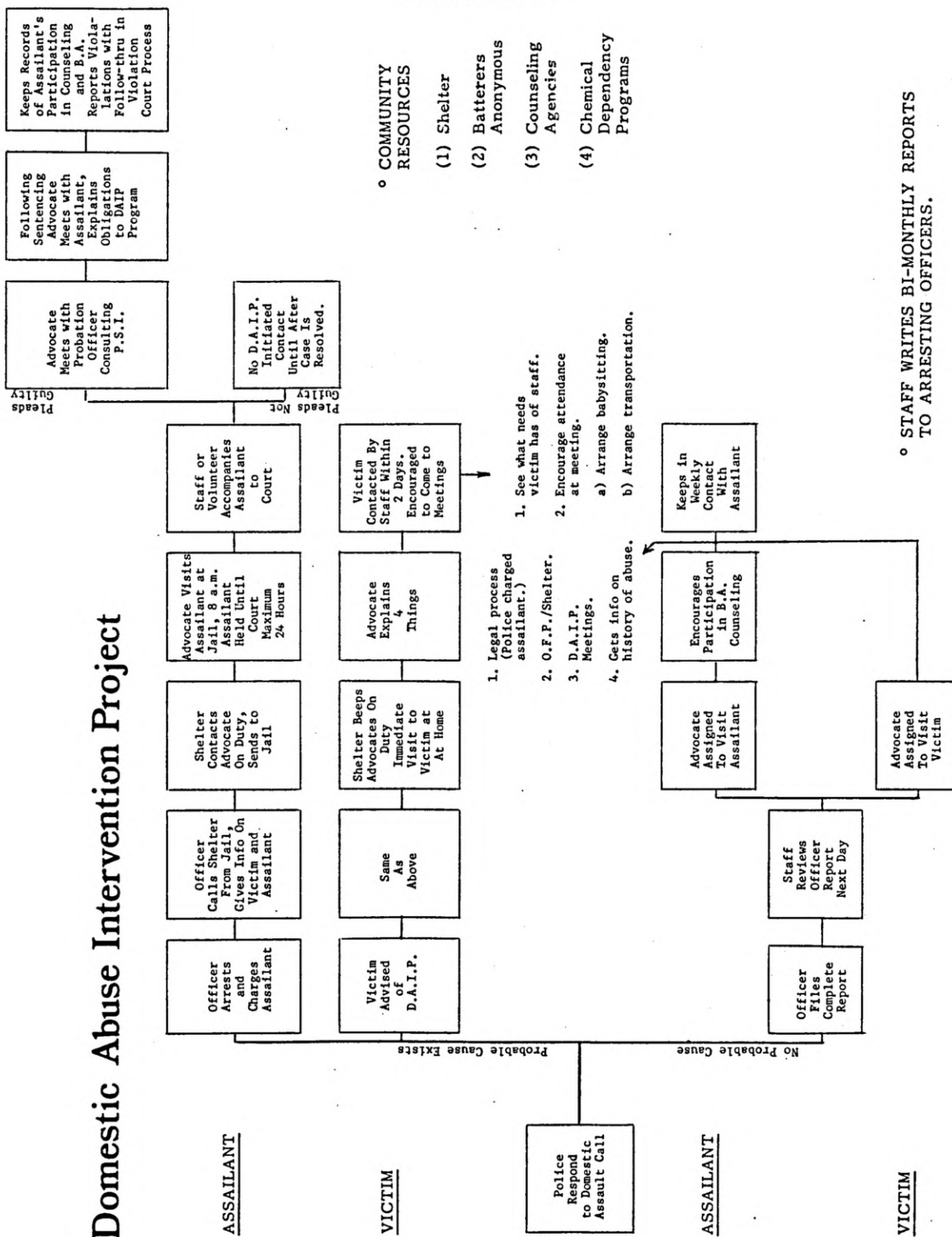
- economic dependence
- fear of greater physical danger to themselves and their children if they attempt to leave
- fear of emotional damage to children
- fear of losing custody of children
- lack of alternative housing
- lack of job skills
- social isolation resulting in lack of support from family or friends and lack of information regarding alternatives
- fear of involvement in court processes
- cultural and religious constraints
- fear of retaliation

EMOTIONAL FACTORS:

- fear of loneliness
- insecurity over potential independence and lack of emotional support
- guilt about failure of marriage
- fear that husband is not able to survive alone
- belief that husband will change
- ambivalence and fear over making formidable life changes

From page 16 of Family Violence: Intervention Strategies, published by U.S. Department of Health and Human Services, Kirschner Associates, Inc., Washington, D.C., 1980.

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