

The background of the cover features a photograph of a woman sitting at a table, with her head buried in her hands in a gesture of despair or distress. The entire image is overlaid with a semi-transparent red filter. The text is centered and overlaid on this background.

LENORE E. A. WALKER

THE
BATTERED
WOMAN
SYNDROME

Third Edition

3

EDITION

The Battered Woman Syndrome

With Research Associates

Lenore E. A. Walker, EdD

 **SPRINGER PUBLISHING COMPANY**
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Lenore E. A. Walker, EdD, is a Professor at Nova Southeastern University Center for Psychological Studies and Coordinator of the Clinical Forensic Psychology Concentration. She is also in the Independent Practice of Forensic Psychology. Dr. Walker specialized in work with victims of interpersonal violence particularly battered women and abused children. She earned her undergraduate degree in 1962 from CUNY Hunter College, her Masters of Science in 1967 from CUNY City College, and her EdD in psychology in 1972 from Rutgers, the State University in NJ. In 2004, she received a Post Doctoral Masters Degree in Clinical Psychopharmacology at NSU. She has been elected as a member of APA governance since the mid 1980's having served several terms on the APA Council of Representatives, on the Board of Directors, and President of several divisions including Division 35, the Society for the Psychology of Women; Division 42, Independent Practice; Division 46, Media Psychology, and on Boards and Committees such as the Committee on Legal Issues (COLI) and the Committee on International Relations in Psychology (CIRP).

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Preface

When I wrote the first edition of *The Battered Woman Syndrome* in the early 1980s there were very few articles and no books that described empirical data about conducting research with battered women. There was a great deal of interest in learning more about domestic violence and although some were interested in the psychological theories, more wanted to hear directly from the women themselves. Our original research team had learned a lot about how to obtain reliable and valid data from the women and I wrote the first edition to share our knowledge. For example, we chose to ask both open-ended as well as forced-choice questions. These women had a lot to say and we wanted to capture it all in this first exploratory study. Over 4000 variables later, we learned an enormous amount of information about what living in a battering relationship was like for the women. We emphasized the areas that the original 400 women had in common and shared the numerous descriptive statistics to demonstrate what they said to compare them with each other. As we understood it would be as difficult for other researchers to obtain a matched sample of non-battered women as a control group, we explained how we solved that problem by using each woman who also had a non-violent relationship to be her own control and used statistical techniques to manipulate the many variables that would help us develop those important comparisons. This turned out to be over half of the sample. At the time, this was considered innovative research methodology but today, holding variables constant with various statistical techniques is much more commonly used with large samples.

Fifteen years later, I wrote the second edition of the book, after there was much new research that supported our original conclusions. I used the same categories as in the first edition but integrated the newer data into the sections. I also

demonstrated that scientific support continued to exist for the theories I proposed earlier. Learned helplessness, despite its politically incorrect name, was one of the outcomes for women who remained in battering relationships. However, subsequently, even Martin Seligman who named the phenomenon from his earlier experiments in the laboratory, changed its name. First, learned helplessness became reversed or even prevented by learned optimism and then, it became part of the movement towards positive psychology. Despite the empirical data, there were political reasons for battered women advocates to dislike the name, learned helplessness, as it suggested these women who survived such horrendous abuse and violence were helpless, rather than the more accurate picture where these women survived but were unable to escape safely. Paradoxically, the concept of learned helplessness, which demonstrates how someone can lose the ability to perceive that their actions will have a particular outcome or in psychology terms, the loss of the contingent response-outcome paradigm, was one of the most useful concepts to help jurors understand how a battered woman could be driven to use deadly force against her batterer in self-defense. Many battered women who had an expert testify on their behalf and explain learned helplessness were found not guilty of murdering their abusive partners.

Battered woman syndrome also came under fire in the 1990s from feminist advocates who decided that the use of a syndrome to explain the psychological effects from battering was neither empowering nor able to explain all the symptoms that battered women could experience. They preferred to use a model that embedded the clinical symptoms within the environment that produced them calling it an ecological approach. This caused me to become interested in re-examining the construct of battered woman syndrome when I became a professor at Nova Southeastern University in 1998. I enlisted several graduate psychology students to work with me on revising the original Battered Woman Syndrome Questionnaire (BWSQ) and embedded newer standardized tests such as the *Trauma Symptom Inventory* and the *Detailed Assessment of Posttraumatic Stress* that assessed for Post Traumatic Stress Disorder (PTSD). Some of these former students whose work appears in this book are now practicing psychologists themselves are still writing together with me

such as Kate Richmond, Rachel Needle, Heidi Ardern, and Rachel Duros.

The preliminary results showed that the three clinical criteria for PTSD (reexperiencing the trauma, high arousal, and emotional numbing and avoidance) were associated with battered woman syndrome. But, three other criteria were also consistently occurring in our new samples of women: disrupted interpersonal relationships associated with the batterer's power and control and isolation of the woman, distorted body image and physical illnesses, and sexual issues. So, we added and developed scales to measure these areas, also. Once we had developed our improved BWSQ, we began to interview women in our local South Florida area and then, began to translate the BWSQ into different languages and interview women in other countries. We also went into the local jail as so many battered women were incarcerated there.

This third edition has dropped some of the statistical tables that were found in the other two editions and instead, has added statistical results where it helps to understand how battered woman syndrome is manifested in the new group of women interviewed. Each year new graduate psychology students were joining the research team, and analyzing data that were of interest to them. In some cases we were able to compare with the original data. In other cases, the data were based on the new scales and assessment instruments. Some of the categories are the same as the original areas but others are newer areas that emerged over the past thirty years.

The goal of this edition has been to integrate the newer scientific data about the lives of battered women and how it leads to the development of battered woman syndrome together with the literature on domestic violence. We added the emphasis on culture and ethnicity, looking at how country of origin and culture interact with the impact of domestic violence. We looked at the special situation of women in jail, learning that for many of them, being in jail was their first stable environment. And, in direct contrast to many of the advocates' messages, we emphasized the benefits of trauma therapy in helping some battered women heal from the psychological effects of their abuse. In most of the chapters, I acknowledge the contributions of the graduate students who so generously gave of their time and commitment while helping us all learn more about women who live with

intimate partners who use violence. Each of them has begun to use their newly developed knowledge to help victims of domestic violence while they practice psychology whether in an agency, in jails and prisons, in our colleges and universities, in our courts, or in the independent practice of psychology.

We hope that the information we present here is of use to stop the enormous toll that all violence against women takes on people all over the world.

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March 2009

Acknowledgments

The third edition of the *Battered Woman Syndrome* or “the book” as we like to call it in our research laboratory at Nova Southeastern University Center for Psychological Studies (NSU CPS) has been a labor of love for all the graduate psychology students who have joined our research team in the past five years. As we have had over thirty students per year, there are too many to name individually. However, each of their contributions has been important to gathering and analyzing the data reported in the book. Some spent the many hours looking up and reviewing the latest research in our library system, now mostly on the internet data collections. Others drew the flyers that we passed out in the community to gain as representative a sample as possible. They helped fill out the myriad of forms needed to get Institutional Review Board permissions each year for the studies. They made copies of materials, stapled them together and then, removed all staples for those that were brought into the jails. They sat at the computer and tediously entered the data. They helped analyze the results and only some were able to present at conferences. We all laughed and cried when we would get together to share the stories told by the courageous women who participated in the study. I sincerely thank each and every one of the research assistants who worked together with us over these years.

There are a few of these researchers and now psychologists who I want to single out as they were driving forces behind the rest of us. Dr. Kate Richmond was one of the major sources of energy to help me revise the original research on Battered Woman Syndrome when she was a student at NSU CPS. She brought Dr. Rachel Needle into the group as she graduated and Dr. Needle continues to work with us as an adjunct professor now on the sexuality and body image areas. Dr. Needle and I took a side path together to publish

Abortion Counseling (Springer, 2007) while we were working on this research as we realized that many of the few women who had emotional difficulties after an abortion were abuse victims. This book presents a clear view of the politics and psychological research for mental health professionals.

After Dr. Richmond graduated, Dr. Rachel Duros took over organizing the data analysis and demonstrated how BWS was empirically a part of Post Traumatic Stress Disorder. Aleah Nathan coordinated data analysis when Dr. Duros graduated. Dr. Heidi Ardern organized the data collection section and when she graduated Allison Tome continued her work. Gretchen Lamendola and Ron Dahl assisted in developing the reference list. Rebecca Brosch has been our research link with the women in the jail while Kelley Gill, Crystal Carrio, Gillespie Stedding, and the rest of the women in the forensic practicum have organized the STEP program that has added such richness to our knowledge of the psychological impact of intimate partner violence on women.

The international friends that have been a part of my life remain some of my closest confidantes. Dr. Christina Antopoulou, a Greek psychologist who I met at a Victimology meeting in Il Ciocco, Italy over twenty years ago remains one of my best friends. She is the Director of the Domestic Violence Institute of Greece and works on collecting data and training new psychologists there. We have traveled the world together. I have been friends with Dr. Patricia Villavicencio, a psychologist in Spain, since we met at a meeting of feminist psychologists in Amsterdam over twenty years ago. Dr. Villavicencio has also contributed to my thinking and some of her work with her colleagues is discussed in this book. Drs. Carmen Delgado and Mark Beymach from the University of Salamanca and the Catholic University in Salamanca where I've been teaching in their gender violence program, Dr. Jesus Melia from the University of Granada, and others in Spain have all contributed to our new understanding of the commonalities found in battered women in other countries. My good friend, the Honorable Saviona Rotlevy, a judge from Israel who we met at a meeting in Rome over fifteen years ago, helped rewrite the laws to reflect children's rights there, has helped keep me informed about the progress that the International Women's Judge's Association has been making in helping develop world-wide initiatives to keep women and children safe. Dr. Josepha Steiner, a social worker and good

friend from Israel has gathered data on battered women in that war-torn country where PTSD abounds. These are just a few of the fabulous people working to make life better for women and children all over the world.

The professional friends that I have met along this fantastic journey have filled my life with riches. I learn so much from the others I meet at each of the many conferences I have attended in the U.S. as well as all over the world. My women's writer group, W2W, a group of seven women who all have been strong leaders in psychology, have helped me to shape my own thinking over the years. Together with Dorothy Cantor, Carol Goodheart, Sandra Haber, Norine Johnson, Alice Rubenstein, and Karen Zager we spend time together percolating ideas for our books on psychology each year in wonderful places. Our first book together, *Finding Your Voice: A Woman's Guide to Using Self-Talk for Fulfilling Relationships, Work and Life* (2004) did not earn us a million dollars in money but working on it together certainly did create a million dollar bond of friendship. We tried our luck at the Kentucky Derby a few years later, but alas, although we had a fabulous time with the Kentucky Colonels we won just a few dollars on the horses. We all love our chosen careers in psychology and the ability to help our clients and other professionals make a better world.

I thank my wonderful friend and editor, Sheri W. Sussman, who has been with me since the first edition of the book was published by Springer. We grew up together over these past thirty years, laughing and crying with friends who are no longer with us, like Lillian Shein who was my first editor at Springer. Sheri has been so patient with my delays and the million excuses I've had that postponed the completion of the book. Through it all her vision has helped shape the manuscript although any errors are wholly my own.

The incredible work of my dear friend, the Honorable Ginger Lerner Wren, the first mental health court judge in the U.S. that opened in Broward County over ten years ago, has taught me so much about the intersection between mental health issues and domestic violence. She has taught us all about keeping the respect and dignity for those who have emotional problems and helping them take responsibility for their recovery. We need not be afraid of stigmatizing battered women by using the language of psychology, especially talking about PTSD and BWS, where it is appropriate. Instead

we must be vigilant against victim-blaming and infantilization of women who can heal from the terrors of domestic violence. The Honorable Richard Price from NYC began the arduous task of training judges to better understand battered women who come before them many years ago and continues this important work today. The Honorable Mark Speiser, who developed the Broward Felony Mental Health Court, has assisted in getting my students access to the court and jail.

And I've saved the best for last in thanking my dear life partner, Dr. David Shapiro, who has helped nurture me while I pulled together all this information and wrote all the chapters. He has been a source of strength and I love him dearly for all that we have built together as a dual career couple. Our children and grandchildren, who keep expanding bringing new partners and babies into our lives, have been a source of joy and inspiration. My brother, Joel Auerbach and his children, David, Jocelyn, and Rebecca add to our joy as does our entire family which is too large to mention all by name here. And finally, the biggest thank you and kiss for my wonderful 92 year young, mother, Pearl Moncher Auerbach, who helped shape my values and tenacity in working in difficult places.

Lenore Elizabeth Auerbach Walker
March 2009

The Battered Women Syndrome Study Overview

Lenore Walker

1

Over the years, it has been found that the best way to understand violence in the home comes from listening to the descriptions obtained from those who experience it, whether victims, perpetrators, children or observers. Until the first large-sized empirical study reported in the first edition of this book, in 1984, accurate descriptions of the violence had been difficult to obtain from women as well as men, partly due to the effects of the abuse experience as well as feelings of shame and fear of further harm. This particular study pioneered in using methods that were rarely used by researchers thirty years ago, although these methods are quite common today. I learned these techniques from my earlier exploratory study published in a book for the general public, *The Battered Woman* (Walker, 1979). Women were given the opportunity to fully describe

their experiences in context, using what researchers call an “open-ended” technique combined together with “forced-choice” responses that prompted their memories and went beyond the denial and minimization that were the typical first responses. As a result, with a grant from the U.S. government, the study collected ground-breaking data that had never before been totally heard by anyone, including mental health and health professionals.

After almost 30 years, it seemed like it was time to revisit the information collected in the original study in 1978–1981. In 2002, with a Presidential Scholar Grant from the President of Nova Southeastern University, where I have been a professor, the main assessment instrument, called the Battered Woman Syndrome Questionnaire (BWSQ) that was used in the first study was modified. A team of graduate students worked together with me, discarding some of the questions that yielded less information and strengthening those questions that appeared to assist women in remembering their experiences with an abuser. One of the most important areas in the original study was whether or not there was an identifiable collection of signs and symptoms that constituted the “Battered Woman Syndrome” (BWS). New questions that were specifically designed to assess for BWS were added to the BWSQ as were several standardized instruments measuring trauma that were developed by others during the intervening years. The questions were developed with the understanding of battered women gained from observations and interventions with them over all these years. The attention paid to multicultural and other diversity issues in all aspects of psychology has increased during these years, so the new sample has included women from other countries who either live in their country-of-origin or in the U.S.

The understanding of domestic violence reported here was learned from the perceptions of the courageous battered women who were willing to share intimate details of their lives. The current study suggests that even though trauma and victimization is more widely studied today, it is still difficult for women to talk about their experiences, just as it was during the late 1970s and early 1980s when we first started collecting this information. The data from both the earlier and this recent study indicated that events that occurred in the woman’s childhood as well as other factors

in the relationship, interacted with the violence she experienced by the batterer, and together they impacted upon the woman to produce her current mental state. The research demonstrated that psychologists could reliably identify these various events and relationship factors and then measure their impact on the woman's current psychological status. These results could then be utilized to formulate treatment plans or present as testimony in court cases involving criminal, civil, family, juvenile or other matters where the person's state of mind was at issue. Although the data we obtained supported the theories that I proposed at the time, it has become even more relevant today, over 30 years later, to recognize the robust nature of these findings that continue to be reaffirmed in subsequent research.

After analyzing reported details about past and present feelings, thoughts, and actions of the women and the violent and nonviolent men, the data led me to conclude that there are no specific personality traits that would suggest a victim-prone personality for the women (see also Brown, 1992; Root, 1992), although there may be an identifiable violence-prone personality for the abusive men (Dutton, 1995; Holtzworth-Monroe & Stuart, 1994; Jacobson & Gottman, 1998; Kellen, Brooks, & Walker, 2005; Sonkin 1995). From the woman's point of view, the batterer initiated the violence pattern that occurred in the relationship because of his inability to control his behavior when he got angry. There is still an ongoing debate in the field about whether the batterer is really unable to control his anger, as was perceived by the woman, or if he chooses to abuse her and therefore, is very much in control of where and when he uses violence. The women's reports of the man's previous life experiences indicated that engaging in such violent behavior had been learned and rewarded over a long period of time. The women in the first study who reported details contrasting the batterer's behavior with their experience with a nonviolent man further supported this view. Information about the batterer's childhood and his other life experiences follow the psychological principles consistent with him having learned to respond to emotionally distressing cues with anger and violent behavior. The high incidence of other violent behavior correlates, such as child abuse, violence towards others, destruction of property, and a high percentage of arrests and convictions support a learning theory explanation for domestic violence.

These data compelled me to conclude then, as well as now, that from the woman's point of view, the initiation of the violence pattern in the battering relationships studied came from the man's learned violent behavior. The connections between violence against women, violence against children, violence against the elderly, and street/community violence have been demonstrated in subsequent research (APA, 1996a; Walker, 1994; Cling 2004). Patterns of one form of violence in the home create a high risk factor for other abuse. Alcohol and other drugs appear to exacerbate the risk for greater injury or death. Men continue to use physical, sexual, and psychological abuse to obtain and maintain power and control over women and children, because they can. Violence works to get them what they want, quickly and with few if any consequences. Recent analysis of data from batterer treatment programs gives a very dismal picture of efforts to help offenders stop their abusive behavior (Fields, 2008). Thus, we must continue to study the impact of violence on women in the total context of our lives, to better understand its social and interpersonal etiology as an aid to prevent and stop violence. If this mostly male to female violence is learned behavior, and all the psychological research to date supports this view (APA, 1996a; Koss et al., 1994), we must understand how men learn to use violence, what maintains it despite social, financial and legal consequences, and how to help them unlearn the behavior.

New BWS Research

Since the original battered woman syndrome research was completed in 1982, the field has been most often studied by social policy, health and mental health scientists, students and professionals. In 1994, I was asked by the President of the American Psychological Association (APA) to convene a special task force composed of some of the most respected psychology experts in the area of family violence to review the research and clinical programs to determine what psychology has contributed to the understanding of violence and the family, including battered woman. Our goal was to prepare materials for policy-makers to aid them as they created social policy to stop and prevent all forms of interpersonal violence. This anti-violence initiative is still ongoing

in the Public Interest Directorate of the APA, continuing to publish materials (APA, 1995, 1996a, 1997). In fact, the 2008 APA President, Dr. Alan Kazdin, has chosen violence against women and especially domestic violence as one of the topic areas on which to focus in a presidential initiative.

Although we have much more data on the topic today, in fact, the conclusions I reached and stated in the 1984 and 2000 editions of *The Battered Woman Syndrome*, still hold up today, over 30 years after I first proposed them in 1977. Intimate Partner Violence (IPV), as battering of women, wives, or other intimate relationships is sometimes called, is still considered learned behavior that is used mostly by men to obtain and maintain power and control over a woman. Lesbians and gay men also engage in violence against their partners, but, the limited available research suggests that while there may be some differences in same sex violence from male to female heterosexual violence, its use to obtain power and control over one's partner is still primary. In particular, research has found less physical harm in lesbian relationships (Lobel, 1986; Renzetti, 1992) and more physical harm in brief but not long term gay male relationships (Island & Letelier, 1991). Our findings were that although racial and cultural issues might impact on the availability of resources for the victim, they do not determine incidence or prevalence of domestic violence (Browne, 1993; Browne & Williams, 1989; Gelles & Straus, 1988). New research looks more carefully at other cultural groups including African and Caribbean American women (Shakes-Malone & Van Hasselt, 2005) and is reported in a later chapter. Many factors appear to interact that determine the level of violence experienced and the access to resources and other help to end to violence. Although there are some who have designed intervention programs to help save the relationship while still stopping the violence (see below and Chapter 6), it remains a daunting and difficult task with only limited success (Harrell, 1991; Fields, 2008).

Batterer Intervention Programs

One of the most important facts we have learned about domestic violence is that it not only cuts across every demographic group we study, but also that both batterers and battered women are very different when they first come

into the relationship than when they leave. Although there are “risk-markers” for both men and women, increasing the probability of each group becoming involved in a violent relationship, the most common risk-marker is still the same one that the battered woman syndrome research study found; for men it is the exposure to violence in their childhood home (Hotaling & Sugarman, 1986) and for women, it is simply being a woman (APA, 1996a). Other studies have found that poverty, immigration status, and prior abuse, are also risk factors for women to become battered, although they are not predictive (Walker, 1994). We decided to conduct the same research with women who have come to live in the U.S. and were battered in their countries of origin in this latest round of data collection to help determine the relationship between the women’s immigrant status in the U.S. and the abuse by her intimate partner.

New research on batterers suggests that there are several types of abusers. Most common is the “power and control” batterer who uses violence against his partner in order to get her to do what he wants without regard for her rights in the situation. Much has been written about this type of batterer as he fits the theoretical descriptions that feminist analysis supports (Lindsey, McBride, & Platt, 1992; Pence & Paymar, 1993). However, most of the data that supports this analysis comes from those who have been court ordered into treatment programs and actually attend them, which is estimated to be only a small percentage of the total number of batterers by others (Dutton, 1995; Hamberger, 1997; Walker, 1999). Recently, the dynamics of how power and control are used to terrorize and control women and children by men have been studied. O’Leary (1993) suggested that psychological control methods are separate but an important part of domestic violence while Stark (2007) has found that the techniques used by abusive men are similar when it comes to psychological coercion whether or not physical and sexual abuse are actually present.

The second most common type is the mentally ill batterer, who may also have distorted power and control needs but his mental illness interacts with his aggressive behavior (Dutton, 1995; Dutton & Sonkin, 2003). Those with an abuse disorder may also have coexisting paranoid and schizophrenic disorders, affective disorders including bipolar types and depression, borderline personality traits, obsessive compulsive disorders. Also, those with substance abuse

disorders may have a coexisting abuse disorder (Sonkin, 1995). Multiple disorders make it necessary to treat each one in order for the violent behavior to stop. As the intervention methods may be different and possibly incompatible, it is an individual decision whether to treat them simultaneously or one at a time. Usually, different types of treatment programs are necessary for maximum benefit whether or not the intervention occurs at the same time.

A third type of batterer is the “antisocial personality disordered” abuser who displays what used to be called psychopathic character flaws that are difficult to change. Many of these men commit other criminal acts including violence against other people making them dangerous to treat unless they are incarcerated. Dutton and Sonkin (2003) suggest that this type of batterer is a variant of men with an attachment disorder that produces borderline personality traits. Jacobson and Gottman (1998) suggest that there are actually two subtypes within this group. They call them “pit bulls” and “cobras.” Pit bulls are the more common type who demonstrate the typical signs of rage as they become more angry. Cobras, on the other hand, become more calm, lower their heart rates, and actually appear to be more deliberate in their extremely dangerous actions. Women whose partners exhibit cobra-like behavior are less likely to be taken seriously as their partners do not appear to be as dangerous to others.

Understanding the motivation of the batterer appears to be quite complex, especially when consequences do not appear to stop his abusive behavior. Information gained from new research suggest that there may well be structural changes in the midbrain structures from the biochemicals that the autonomic nervous system secretes when a person is in danger or other high levels of stress. Fascinating studies of “cell memories” (Goleman, 1996; van der Kolk, 1988, 1994), changes in the noradrenalin and adrenalin levels, glucocorticoids, and serotonin levels (Charney, Deutch, Krystal, Southwick, & Davis, 1993; Rossman, 1998) all may mediate emotions and subsequent interpersonal relationships. The precise impact of these biochemicals on the developing brain of the child who is exposed to violence in his or her home has yet to be definitely studied. Obviously, this research is critical to our understanding of the etiology of violence and aggression.

High Risk Factors

Some reported events in the battered women's past occurred with sufficient regularity to warrant further study as they point to a possible susceptibility factor that interferes with their ability to successfully stop the batterers' violence toward them once he initiates it. It was originally postulated that such a susceptibility potential could come from rigid sex role socialization patterns which leave adult women with a sense of "learned helplessness" so that they do not develop appropriate skills to escape from being further battered. This theory does not negate the important coping skills that battered women do develop that protect most of them from being more seriously harmed and killed. However, it does demonstrate the psychological pattern that the impact from experiencing abuse can take and helps understand how some situations do escalate without intervention. While our data supported this hypothesis, it appears to be more complicated than originally viewed. This viewpoint also assumes that there are appropriate skills to be learned that can stop the battering, other than terminating the relationship. In fact, the data from the study did not support the theory that doing anything other than leaving would be effective, and in some cases, the women must leave town and hide from the man in order to be safe. Later, it was found that even leaving did not protect many women from further abuse. Many men used the legal system to continue abusing the woman by forcing her into court and continuing to maintain control over her finances and children.

Learned Helplessness and Positive Psychology

The concept of learned helplessness, one of the cornerstone theories in the original research, has continued to be refined through this and other research, despite its controversial name. As we have learned, and these studies confirm, battered women are not helpless at all. Rather, they are extremely successful in staying alive and minimizing their physical and psychological injuries in a brutal environment. However, in order to maintain their core self, they must give something up. The theory of learned helplessness suggests that they give up the belief that they can escape from the

batterer in order to develop sophisticated coping strategies. Learned helplessness theory explains how they stop believing that their actions will have a predictable outcome. It is not that they can't still use their skills to get away from the batterer, stop the abuse at times, or even defend themselves, but rather, they can't predict that what they do will have the desired outcome. Sometimes they use force that might seem excessive to a non-battered woman in order to protect themselves or their children.

In the intervening years since Seligman (1975) first formulated the theory of learned helplessness, his work has moved towards finding ways to prevent it from developing. He has concentrated his research in the area of positive psychology, teaching children and adults what he has called "learned optimism" (Seligman, 1990). In this era of empirically supported interventions, Seligman and his colleagues have provided new understanding of human resilience and the ability to survive such horrible traumatic experiences as family violence, terrorism and torture, wars, and catastrophic environmental disasters like hurricanes, floods, tsunamis, and earthquakes (Seligman 2002).

Sex Role Socialization

It was expected that battered women who were overly influenced by the sex role demands associated with being a woman would be traditional in their own attitudes toward the roles of women. Instead, the original data surprisingly indicated that the women in our study perceived themselves as more liberal than most in such attitudes. They did perceive their batterers held very traditional attitudes towards women, which probably produced some of the disparity and conflict in the man's or woman's set of expectations for their respective roles in their relationship. The women saw their batterer's and their father's attitudes toward women as similar, their mother's and nonbatterer's attitudes as more liberal than the others but less so than their own. The limitation of an attitude measure is that we still do not know how they actually behaved despite these attitudes. It is probably safe to assume that the batterer's control forced the battered women to behave in a more traditional way than they state they would prefer. From a psychologist's viewpoint, this

removes power and control from the woman and gives it to the man, causing the woman to perceive herself as a victim. It also can create a dependency in both the woman and the man, so that neither of them feel empowered to take care of himself or herself.

One area for further study is the relationship between the political climate in the woman's country where she currently lives and the frequency of, severity and impact from domestic violence. If women continue to hold more liberal attitudes towards women's roles and men become more conservative, it would be interesting to know if a conservative political climate would put women at higher risk for being abused. It is known from other studies (Chesler, 2005) that women's behavior is more controlled by men in countries where there is state-sponsored violence or where fundamentalist religious values are the norm. It is difficult to tell if women have bruises under their burkas and veils and long modesty dresses. There are arguments from both sides about whether women in these countries, particularly those that subscribe to the Muslim faith, actually are free to make their own life choices, as they state, or if they comply because they have to obey if they choose to stay within the community.

Physical and Sexual Abuse as Children

Other events reported by the women that put them at high risk included early and repeated sexual molestation and assault, high levels of violence by members in their childhood families, perceptions of critical or uncontrollable events in childhood, and the experience of other conditions which placed them at high risk for depression. These are discussed in greater detail in the following chapters. At the time of the original research, we were surprised at the high percentage of women in the study who reported prior sexual molestation or abuse. Although the impact of having experienced sexual assault and molestation was consistent with reports of other studies, we, like other investigators at the time, tended to view victims by the event that we learned had victimized them, rather than look at the impact of the entire experience of various forms of abuse. Since that time it is clear that there is a common thread among the various forms of violence against women, especially when studying

the commonality of the psychological impact on women (Walker, 1994; Koss et al., 1994; Cling, 2004).

Finkelhor's (1979) and Gold's (2000) caution that seriousness of impact of sexual abuse on the child cannot be determined by only evaluating the actual sex act performed was supported by our data. Trauma symptoms were reportedly caused by many different reported sex acts, attempted or completed, that then negatively influenced the woman's later sexuality, and perhaps influenced her perceptions of her own vulnerability to continued abuse. Incest victims learned how to gain the love and affection they needed through sexual activity (Butler, 1978). Perhaps some of our battered women did, too (Thyfaut, 1980a, 1980b). Gold (2000) has found that the impact of the other family patterns have equal if not greater impact on the effects of the sexual abuse on the child. These findings were consistent with reports of battering in dating couples studied on college campuses (Levy, 1991). The critical factor reported for those cases was the level of sexual intimacy that had begun in the dating couples. At the very least, the fear of losing parental affection and disruption of their home-life status quo seen in sexually abused children (MacFarlane, 1978) was similar to the battered women's fears of loss of the batterer's affection and disruption of their relationship's status quo (Janoff-Bulman, 1985).

The impact of physical abuse reported in the women's childhood was not clear from these data. Part of this difficulty was due to definitional problems that remain a barrier to better understanding of violence in the family. The women in this study were required to conform to our definitions of what constituted battering behavior, so we know that their responses about the impact of the violence were based on that definition. But, we do not know the specific details of more than four of the battering incidents they experienced. This makes it difficult to compare our results with other researchers such as Straus, Gelles, & Steinmetz (1980) who used different definitions of conflict behavior without putting events into the context in which they occurred. However, we do have details of over 1600 battering incidents, four for each woman in the first sample and many more in the new samples reported in this book. Our data indicated the women perceived male family members as more likely to engage in battering behavior that is directed against women. They perceived the highest level of whatever behavior they defined

as battering to have occurred in the batterer's home (often their own home, too), and the least amount of abuse to have occurred in the nonbatterer's home, in the first study. Interestingly, if the other man really was nonviolent, then the relationship should have had no abuse reported, not just the comparatively lower amount. This type of confound supports the need to be extremely precise in collecting details of what women consider abusive or battering acts.

The opportunity for modeling effective responses to cope with surviving the violent attacks but not for either terminating or escaping them occurred in those homes where the women described witnessing or experiencing abusive behavior. Certainly, the institutionalized acceptance of violence against women further reinforced this learned response of acceptance of a certain level of battering, provided it was defined as occurring for socially acceptable reasons, like punishment. Even today, those who work with batterers report that the men who do take responsibility for their violent behavior often rationalize their abuse as being done in the name of teaching their women a "lesson" (Dutton, 1995; Dutton & Sonkin, 2003; Ewing, Lindsey, & Pomerantz, 1984; Jacobson & Gottman, 1998; Sonkin et al, 1985; Sonkin & Durphy, 1982). This is dangerously close to the message that parents give children when they physically punish them "for their own good" or to "teach them a lesson." In fact, although the psychological data are clear that spanking children does more harm than good, the fact that it remains a popular method of discipline is one of the more interesting dilemmas (APA, 1995).

Alcohol and Other Drug Abuse

The abuse of alcohol and perhaps some drugs is another area that would predict higher risk for violent behavior. They are similar forms of addiction type behavior, with the resulting family problems that can arise from them. The clue to observe is the increase in alcohol consumption. The more the drinking continues, the more likely it seems violence will escalate. Yet, the pattern is not consistent for most of our sample, with only 20% reportedly abusing alcohol across all four acute battering incidents. It is important to note that the women who reported the heaviest drinking patterns for themselves were in relationships with men who also abused alcohol.

Thus, while there is not a cause and effect between alcohol abuse and violence, this relationship needs more careful study. We have begun looking at these details in the new research program. When looking at alcohol and other drug abusing women, there is a high relationship with a history of abuse. Kilpatrick (1990) suggests that prior abuse is the single most important predictive factor in women who later have substance abuse problems. Our work with women who have been arrested and found to have co-occurring disorders, who attend a mandatory residential facility, indicate that their treatment plan must include intervention for their substance abuse, for whatever mental health issues they may have, and for trauma. Without the trauma component, they will risk relapse. Mothers who abuse substances, especially during pregnancy, are almost all abuse victims (Walker, 1991). They too have not been receiving trauma-specific intervention even when they do attend substance abuse and mental health treatment programs.

Problems with the Learned Helplessness Theory

Learned helplessness theory predicts that the ability to perceive one's effectiveness in being able to control what happens to oneself can be damaged by some aversive experiences that occur with trauma. This then is a high risk for motivation problems. The perception of lack of self-efficacy can be learned during childhood from experiences of uncontrollability or noncontingency between response and outcome. Critical events that were perceived as occurring without their control were reported by the battered women and were found to have had an impact upon the women's currently measured state. Other factors such as a large family size also may be predictive of less perception of control. It seemed reasonable to conclude that the perception of learned helplessness could be reversed and that the greater the strengths the women gained from their childhood experiences, the more resilient they were in reversing the effects from their battering, after termination of the relationship. Those who have developed learned helplessness have a reduced ability to predict that their actions will produce a result that can protect them from adversity. As the learned

helplessness is developing, the person (a woman in the case of battered women) is motivated to choose responses to the perceived danger that are most likely to work to reduce the pain from trauma. Sometimes those responses become stereotyped and repetitive, foregoing the possibility of finding more effective responses. In classical learned helplessness theory, motivation to respond is impacted by the perception of global and specific attitudes that may also guide their behavior. It is important to recognize that their perceptions of danger are accurate; however, the more pessimistic they are, the less likely they will choose an effective response, should such a response be available. One of the criticisms of learned helplessness theory, in addition to the name of the theory that is not very specific to how battered women really behave with coping responses, is that there are very few effective responses available to the woman that will protect her and her children from the batterer's non-negotiable demands.

As was stated earlier, psychologist Martin Seligman, who first studied learned helplessness in the laboratory (1975), has now looked at the resiliency factor of "learned optimism" as a possible prevention for development of depression and other mental disorders (1991, 1994). When I first used the construct of learned helplessness to help explain the psychological state of mind of the battered woman, it was with the understanding that what had been learned could be unlearned. Many advocates who worked with battered women did not like the implications of the term, learned helplessness, because they felt it suggested that battered women were helpless and passive and therefore, invalidated all the many brave and protective actions they do take to cope as best they can with the man's violent behavior (Gondolf, 1999). However, once the concept of learned helplessness is really understood, the battered women themselves and others see the usefulness of it. It makes good sense to train high risk children and adults to become more optimistic as a way to resist the detrimental psychological impact from exposure to trauma. It is also important to recognize that many battered women who become so desperate that they kill their abusers in self-defense have developed learned helplessness, too. They reach for a gun (or, sometimes it is placed in their hands by the batterer) because they cannot be certain that any lesser action will really protect themselves from being killed by the batterer.

Although certain childhood experiences seemed to leave the woman with a potential to be susceptible to experiencing the maximum effects from a violent relationship, this did not necessarily affect areas of the battered women's lives other than her family life. Most of the women interviewed were intelligent, well-educated, competent people who held responsible jobs. Approximately one quarter of them were in professional occupations. In fact, they were quite successful in appearing to be just like other people, when the batterers' possessiveness and need for control was contained. Once we got to know them, we learned how to recognize the signs that this outward appearance was being maintained with great psychological cost. But battered women adopt behaviors in order to cover up the violence in their lives. The women who had terminated the relationship and were not still being harassed by the batterer, spoke of the sense of relief and peacefulness in their lives now that he was gone. The others still faced the high-tension situations on a regular basis. For most it seemed that severing the batterer's influence was one of the most difficult tasks for them to do. Unfortunately, separation and divorce usually did not end the man's attempts at continued power, control, and influence over the woman. In fact, the most dangerous point in the domestic violence relationship is at the point of separation.

Violence Prone Personality of Men Who Batter

Although the patriarchal organization of society facilitates and may even reward wife abuse, some men live up to their violent potential while others do not. Violence does not come from the interaction of the partners in the relationship, nor from provocation caused by possibly irritating personality traits of the battered women; rather, the violence comes from the batterers' learned behavioral responses. We attempted to find perceived characteristics that would make the occurrence of such violence more predictable. While a number of such perceived characteristics were identified, the best prediction of future violence was a history of past violent behavior. This included witnessing, receiving, and committing violent acts in their childhood home; violent acts toward pets, inanimate objects, other people; previous criminal record; longer time

in the military service; and previous expression of aggressive behavior toward women. If these items are added to a history of temper tantrums, insecurity, need to keep the environment stable, easily threatened by minor upsets, jealousy, possessiveness, and the ability to be charming, manipulative, and seductive to get what he wants, and hostile, nasty, and mean when he doesn't succeed, the risk for battering becomes very high. If alcohol abuse problems are included, the pattern becomes classic.

Many of the men were reported to have experienced similar patterns of discipline in their childhood home in the earlier study. The most commonly reported pattern was a strict father and an inconsistent mother. Their mothers were said to have alternated between being lenient—sometimes in a collusive way to avoid upsetting her own potentially violent husband—and strict in applying her own standards of discipline. Although we did not collect such data, it is reasonable to speculate that if we had, it could have revealed a pattern of the batterer's mother's smoothing everything over for the batterer so as to make-up for or protect him from his father's potential brutality. Like the battered woman, the batterer's mother before her may have inadvertently conditioned him to expect someone else to make his life less stressful. Thus, batterers rarely learn how to soothe themselves when emotionally upset. Often they are unable to differentiate between different negative emotions. Feeling bad, sad, upset, hurt, rejected, and so on gets perceived as the same and quickly changes into anger and then, triggers abusive behavior (Ganley, 1981; Sonkin, 1992, 1995). The impact of the strict, punitive, and violent father is better known today—exposure to him creates the greatest risk for a boy to use violence as an adult. Although we called for further study into these areas with the batterers and their fathers themselves over twenty-five years ago, such research is still not available.

Relationship Issues

There seems to be certain combinations of factors that would strongly indicate a high-risk potential for battering to occur in a relationship. One factor that has been mentioned by other researchers (Berk et al., 1983; Straus et al., 1980) is

the difference on sociodemographic variables between the batterers and the battered women. Batterers in some studies are to be less educated than their wives, from a lower socio-economic class, and from a different ethnic, religious, or racial group. In this study, while there was some indication that his earning level wasn't consistent and was below his potential, we felt that the factor was not as important a variable as others in domestic violence relationships. We looked at the different earning abilities between men and women, but since we didn't account for the difference in value of dollar income for different years, these data could not be statistically evaluated. We concluded that it is probable that these issues are other measures reflective of the fundamental sexist biases in these men that indicated their inability to tolerate a disparity in status between themselves and their wives. Perhaps they used violence as a way to lower the perceived status difference.

Marrying a man who is much more traditional than the woman in his attitudes toward women's roles is also a high risk for future abuse in the relationship. Traditional attitudes go along with the patriarchal sex role stereotyped patterns that rigidly assign tasks according to gender. These men seem to evaluate a woman's feelings for them by how well she fulfills these traditional expectations. Thus, if she does not have his dinner on the table when he returns home from work, even if she also has worked outside the home, he believes she does not care for him. Women who perceive themselves as liberal in their attitudes toward women's roles clash with men who cling to the traditional sex-role stereotyped values. They want to be evaluated by various ways that they express their love and affection, not just if they keep the house clean. If the man also has a violence prone personality pattern, the conflict raised by the different sex-role expectations may well be expressed by wife abuse.

Men who are insecure often need a great amount of nurturance and are very possessive of the women's time. These men are at high risk for violence, especially if they report a history of other abusive incidents. Most of the women in this study reported enjoying the extra attention they received initially, only to resent the intrusiveness that it eventually became. Uncontrollable jealousy by the batterer was reported by almost all of the battered women, suggesting this is another critical risk factor. Again, enjoyment of the

extra attention and flattery masked these early warning signs for many women. There is a kind of bonding during the courtship period that was reported which has not yet been quantified. The frequency with which the women, men, and professionals report this bonding phenomenon leads me to speculate that it is a critical factor. Each does have an uncanny ability to know how the other would think or feel about many things. The women need to pay close attention to the batterer's emotional cues to protect themselves against another beating. Batterers benefit from the women's ability to be sensitive to cues in the environment. At the same time they view the battered women as highly suggestible and fear outside influence that may support removal of their own influence and control over the women's lives.

Another factor that has a negative impact on relationships and increases the violence risk is sexual intimacy early in relationships. Batterers are reported to be seductive and charming, when they are not being violent, and the women fall for their short-lived but sincere promises. It seemed unusual to have one third of the sample pregnant at the time of their marriage to the batterer, although we had no comparison data then. We did not control for pre- and post-liberalization of abortion to determine how battered women felt about the alternatives to marriage, including abortion or giving the child up for adoption. Thus, then as now, we were unable to analyze these data further. However, in this new round of data collection, we have added several scales to measure sexual satisfaction, intimacy, and body image. The earlier research has suggested that sexual abuse victims have greater difficulties with their body image after the assault. We are in the process of assessing these factors to see how they relate to psychological impact after domestic violence.

Summary

It is interesting that we reported the findings from this study as "risk factors" long before the recent categorization of family violence in similar terms. Once it was established that family violence and violence against women was at epidemic or even pandemic proportions by U.S. Surgeon General Everette Koop (1986), violence began to be conceptualized as a public health problem that would be best understood

through epidemiological community standards. Planning intervention and prevention programs could use the criteria of “risk” and “resiliency” factors rather than thinking in more pathology terms of “illness” and “cure.” One of the most interesting analogies comes from the public health initiative to eradicate malaria.

It was found that people would be less likely to become sick from exposure to malaria if they were given quinine as a preventive measure. So, strengthening the potential victims by prescribing quinine tablets was an important way to keep safe those who could not stay out of the malaria-infested area. Once it was learned that diseased mosquitoes carried the malaria germs, it became possible to kill the mosquito. However, unless the swamps that bred the malaria germs that infected the mosquito were drained and cleaned up, all the work in strengthening the host and killing the germ-carrier, would not have eliminated malaria—it would have returned!

So, too for domestic violence. We can strengthen girls and women so they are more resistant to the effects of the abusive behavior directed towards them and we can change the attitudes of known batterers so they stop beating women. However, unless we also change the social conditions that breed, facilitate, and maintain all forms of violence against women, we will not eradicate domestic and other violence—it will return!

Our data support the demand for a “war against violence inside and outside of the home.” The United Nations has placed this goal as one of the highest priorities for its member nations in order to foster the full development of women and children around the world (Walker, 1999). It is a goal worthy of the attention of all who read this book today.