RESEARCH INTO VIOLENT BEHAVIOR: DOMESTIC VIOLENCE

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IN COUNSELING AND PSYCHOTHERAPY PROJECT

PSYCHOTHERAPY AND COUNSELING WITH BATTERED WOMEN

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I. The knowledge, theory, research, and information.

Social scientists have long been concerned with the nature of violence among peoples of different societies. Despite the fact that most people live in some kind of family structure, intra-family violence has not attracted much attention. On the contrary, the family has been viewed as an oasis of calm in an otherwise hostile world. It has become increasingly apparent, however, that the family, especially the nuclear family, is not at all the placid tranquil refuge; rather, it is a fertile ground on which violence can and does occur. The probability that such violence will in fact result in pain or death increases dramatically if the family member is a woman.

The history of wife abuse is ancient. Brownmiller's (1975) research on the history of rape, which is one form of violence against women, suggests that from Biblical days women traded freedom for security. In many societies, men were not considered manly if they did not beat their wives. Women were treated as men's property. Men felt that they had the right to discipline women and to decide when and how discipline would be administered. Man's physical and economic strength reinforced women's acceptance of the so called "right to discipline."

Little research has been conducted to date on violence against women. It has been considered an acceptable resolution to marital disagreement as long as

violence is confined to the home. Talking about such assaults, reporting it to the police, or conducting research on wife abuse has been a sociological taboo (Steinmetz and Straus, 1974). Family violence is not a new syndrome for psychologists either. We have attempted to study aggression and violent behavior for ages. However, prior research in the areas of violence in the family has tended to be clinically oriented and focused on the pathology of the individuals involved; primarily the intra-psychic conflicts of the man and the woman. The prevailing belief has been that only women who "deserved it" were beaten. In a study of battered wives in 1964, Snell, et al. suggested that beatings are solicited by women who suffer from negative personality characteristics, including masochism. "Good wives" try to change it to please men, to be less provocative, less aggressive, and less frigid. In this way, the burden of guilt for battering has fallen on the woman and the violent behavior of the male has been perpetuated.

Battered women recently have been breaking the taboo against talking about wife abuse. Such women are now admitting to being assaulted by their mates or partners. And, interestingly enough, their stories directly conflict with the prevailing stereotype of the battered women and of previous research (Walker, 1977).

Historically, violence against women has been considered an acceptable resolution to marital disagreements as long as the violence is confined to the home. Party jokes such as, "Hey Jack, have you beaten your wife lately?" or "Where did Helen get her black eye?" or "Are you beating her again, Jim?" demonstrate these attitudes. Recent research has been conducted by Darryl and Sandra Bem to see whether or not strangers would come to the assistance of a woman who was being physically and verbally pushed around by a man outside the home on the sidewalk. Passersby, at different times, watched two men in an argument, two women in an argument, and a man and a woman in an argument. The severity of the physical and verbal activity was the same in all three instances. The strangers came to the aid of the two women and the two men far more often than they did to the man and woman. When questioned about their behavior, the

strangers said that they did not feel that they had the right to interfere in a marital disagreement. The assumption was that if a man and a woman are arguing in public, they must be married, and this gives the man license to abuse the woman.

Del Martin (1976) presents detailed evidence on how a sexist society actually facilitates, if not encourages, women to be beaten. Police, courts, hospitals, and social services all refuse to provide them protection. Even we, as psychologists, have learned to keep the family together at all costs-even if the individual's mental health or life is at stake. Many of the battered women that I interviewed told of psychiatric hospitalization and treatment for diagnoses other than a generalized stress reaction from constantly being abused. In one such case, the woman was interviewed immediately following her release from a psychiatric hospital. She was taken to a battered women's shelter, provisions were made for her to obtain economic and legal relief, and within several days, there were no visible signs of any mental disturbance.

The first attempt at understanding the nature of violence in the family came from sociology. Straus (1971, 1973) began to examine sociological causitive theories using a systems approach. His work and that of his students focused on understanding why people batter each other in a family context. Their work was the first to label such assaults a crime, declaring that such violence would be considered a criminal act and prosecuted were it to occur in any setting other than the home. Straus, et al. (1976) cite studies indicating that somewhere between 25 and 67 percent of all homicides occur within the family, across all societies. Straus, Steinmetz, and Gelles (1977) conducted a recent survey of a randomly selected national sample of over 2,100 families which indicated that one out of six of the couples interviewed had a physically violent episode during that year--an estimated seven and one-half million couples nationally. At least 28 percent of all married women--or 13 million couples will experience violence in their marriage, according to that research. Almost four percent had used guns or knives in their attacks. When the incidence rate reaches

almost one-third of all families, it is not a problem of individual psychopathology, but rather, indicative of a serious social disorder. These findings are a low estimate, yet entirely consistent with my sample of battered women.

Gelles (1974) investigated 80 families who contacted the police concerning their assaultive behavior. He concluded that there were powerful sociological and cultural forces that allowed such assault to be viewed as both normal and not normal simultaneously. He discussed the theory of legitimate discipline and proposed that different families have learned to accept different levels of assault in the name of discipline. It is important to understand the theories of culturally determined norms towards battering women if indeed such attitudes are to be changed, and such behavior stopped. However, some of the theories postulated to explain the behavior have not been supported in other research. Straus (1976) summarizes 15 theories to explain causation of intra-family violence (p.33, Fig. 2). These theories include intrapsychic psychopathology, external agents such as drugs and alcohol, social-learning theories, negative self attitudes, frustration, conflict, structural systems, resource and attribution concepts. While it might be useful to include so many distinct categories in exploratory research, it is also confusing. Many of these theories overlap and could be consolidated. Further, an interaction of the variables rather than a unitary concept is needed to understand the complexity of violent behavior. From previous research, it seems probable that social learning variables, cultural variables, systems variables, and personality variables, all interact to provide the potential for battering, with external stress being a factor when the violence actually occurs.

Gelles (1974), Straus, et al. (1976) and Hilberman (1977) have reported a higher incidence of battering among lower class women, who may be more apt to file assault charges or cite violence as grounds for divorce. It appears that middle and upper class women have been fearful of authorities knowing about their plight. They

have feared retaliation by their husbands. They have believed that their husband's high level of community influence would cast doubt about the credibility of their battering stories. Results of the recent publicity have brought many of these women out of hiding. They say this publicity recently given to wife abuse has created a climate in which they think they will be believed (Walker, in press). Many battered women are successful career women with adequate financial resources. In my research, one woman related that her money enabled her to endure the battering relationship. Whenever she felt her husband was going to batter her, she packed up the children and went to their mountain home. Another woman reported going to Europe for several months to escape her husband's violence. Many women find temporary havens in motels or with friends. Nonetheless, having financial resources did not prevent any of these women from being battered in the first place. It does appear from all the literature that poor women have fewer resources with which to cope with battering. It is also apparent that most women gain their economic independence through their husbands. Even those women who have independent financial resources are persuaded to share them with their battering mates.

Since early 1975, I have been interviewing battered women and their helpers. To date I have documented over 120 interviews with battered women, and several hundred others and their helpers in less detail. There is much to be learned from the stories of these battered women. Estimates of demographic (Walker, 1977), details of the interviews (Walker, in press), suggestions for further research (Walker, 1976), debunking myths (Walker, Schreiber and Flax, 1976), hypothesis and theory building (Walker, 1976a), and implications for treatment alternatives (Walker, in press; Flax, 1977) have previously been reported. From this research, I have also developed a psychological rationale for why the battered woman becomes a victim, how the process of victimization further entraps her resulting in psychological paralysis to leave the relationship. This psychological rationale is the construct of learned helplessness (Walker, in press). The maintenance of violent behavior, once it occurs, also

became an imperative question in this research. While I knew it did not continue because either the men or women liked it, the old masochistic myth, the specifics of why a woman stayed in the relationship needed response. Discovery of the cycle theory of violence came through deduction from the empirical evidence. This cycle theory of violence is discussed in detail elsewhere (Walker, in press).

In my research, I have attempted to look at the battered women as victims of battering behavior rather than the cause of the violence. The stories the women have told make it imperative that we understand this victimization process if we are to apply adequate psychotherapy and counseling techniques. Ryan (1971) originally applied the concept of blaming the victim to those experiencing racial discrimination. In his book (1971), he discussed how such prejudicial attitudes affected both the perpetrator and victim of discrimination. Such stereotypes prevent those who hold them from dealing adequately with the issues. They serve to maintain the status quo and prevent the kind of open dialogue necessary to eliminate racial prejudice. They also keep the victim in a clearly proscribed role bounded by the stereotypical myths and allow the bigots to avoid changing their misconceptions.

So too, for all the women who have been victims of violence committed by men against them, individually or collectively. By perpetuating the belief that it is rational to blame the victim for her abuse, we ultimately excuse the men for the crime. Society has permitted such prejudicial myths to exist in seven areas of violence against women, according to research being conducted at the University of Colorado by Dr. Margie Leidig. These seven areas are: 1) battered women, 2) rape, 3) girl child incest, 4) pornography, 5) prostitution, 6) sexual harrassment on the job, and 7) sexual harrassment between clients and professionals (including doctors, therapists, lawyers, etc.).

Blaming the women for causing men to batter them has resulted in their shame, embarrassment, denial, and further loss of self esteem. It prevents the batterer from

ceasing his violent behavior because it says it is really the woman's fault, not his. It perpetuates his notion that he is justified in beating her because she did something to make him angry. The fact that such violence is not acceptable behavior gets lost in this victim precipitation ideology. Although some have tried to understand the offenders' behavior by studying the possibly provocative behavior of the victim, this research merely leads up blind alleys and simply encourages continuance of such crime through rationalization. Such violence will only cease when every person, man or woman, stops defensively rationalizing and begins to understand just how such acts are comitted and maintained in our culture.

From the beginning of my research, it seemed to me that these women were physically and psychologically abused by men and then kept in their place by a society that was indifferent to their plight. Thus, they were doubly victimized and then blamed for not ending their beatings. They are told they have the freedom to leave the violent situation, yet are blamed for the destruction of their family life. They are free to live alone, yet cannot expect to earn equal pay for equal work. They are told to express their feelings, yet when they express anger, they are beaten. They know they have the same inalienable right to the pursuit of individual happiness as do men, but they must make sure their men's and children's rights are met first. They are blamed for not seeking help to end their abuse, yet when they do, they are told to go home and stop their own inappropriate behavior which causes their men to hurt them. Not only are they responsible for their own beatings, they must also assume responsibility for their batterer's mental health. If they were only better, the litany goes, they would find a way to prevent their own victimization. Thus, the need to understand the new research that is coming out it essential and beginning to develop psychological treatment procedures for such battered women and their spouses and children.

As I began to interview battered women, I noted how deeply affected they were by their own inability to meet the expectation that they were to blame for what was

happening to them, and, therefore, should be able to stop it. This caused further loss of self esteem which had been already lowered by their experiences. It helped immobilize them into inaction, rather than spur them on to choose effective remedies. The question, "Why did battered women remain in these relationships?" has been asked continually through all of my work. As I recognized the epidemiological considerations, I realized I needed to look for psychosocial causation rather than explanations of individual psychopathology. The learned helplessness phenomenon seemed to fit logically. I was struck by the similarities I saw in battered women's descriptions as compared to the experimental victim's learned helplessness reported by Seligman (1974).

Seligman (1974) first hypothesized that dogs which were subjected to non-contingent negative reinforcement could learn that their voluntary behavior had no effect on controlling what happened to them. If such an aversive stimulus were repeated, the dog's motivation to respond would be lessened. Furthermore, even if the dog should later perceive the connection between his voluntary response and the cessation of the shock, the motivational deficit will remain. The dog's emotional state would be depressed with anxiety occurring as a result. Within the last several years the theory of learned helplessness has also been tested with human subjects and found to be equally applicable. It is a useful theoretical construct from which to understand the cognitive, emotional and motivational deficits so frequently observed and reported by battered women. The psychological paralysis that maintains the victim's status as a battered woman is consistent with the theory. Battered women can relearn the response outcome contingencies by directly experiencing a sense of power and control over those events which are, indeed, under her voluntary and independent control (Walker, in press). Probably the most important way to learn which events are under her voluntary and independent control is to analyze what occurs in the battering relationship. Thus, obtaining detailed battering histories becomes

essential in developing individual psychotherapeutic plans.

Several studies have pointed to the greater likelihood of learned helplessness developing in women than in men. Radloff (1975, in press) has developed a measure of reported symptoms of depression at the Center for Epidemiological Studies (CEJ-D Scale) at NRMH. Using this scale, she confirmed the previous findings of Gove and Tudor (1973), Chesler (1972) and others that women are more prone to depression than men. This is especially true for married women, whether or not they work outside the home. Radloff suggests that analysis of sex role stereotypes, psychological theories of depression, and epidemiological studies of marital status need to be integrated. She further suggests the applicability of the learned helplessness model (Radloff, 1975). It has been argued that women are more susceptible to learning independent response outcome from the rewards and punishments they receive while being socialized. It is also probable that helplessness is learned on a relative continuum. There may be different levels of learned helplessness that a woman learns from the interaction of traditional female role standards and individual personality development. The male/female diadic relationship is probably a specific area that is affected by this interactive developmental process. Battered women seem to be most affected by feelings of helplessness in their relationship with men. This is true for battered women who not only are housewives but also women with responsible jobs and careers. Many are well educated, ambitious and function in a superior manner in high status positions. However, when it comes to their marriage, or in other social relationships with men, they resort to traditional female sex role stereotyped behavior. They typically defer to the men to make decisions, even if they have manipulated the choices behind the scenes. Direct communication is conspicuously absent from the battering relationships studied to date.

After analyzing the battered women's versions of their battering relationships in my research and using some batterers and others involved in working with such

violence for comparisons, a cycle theory of battering has been isolated. Rather than constant or random occurrences of battering, there is a definite cycle which is reported over a period of time. This cycle appears to have three distinct phases which vary in time and intensity both within the same couple and between different couples. The three phases are, the tension building phase, the explosion or acute battering incident, and the calm, loving respite. So far it has been difficult to discern how long a couple will remain in any one phase. Predicting the length of any one cycle is also not yet possible. There is evidence that situational events can influence the timing. Relationships that have lasted 20 or more years indicate several different cycle patterns corresponding to different stages of life. For example, the cycle seems to be shorter and more intense when there are young children and teenaged children present at home. After children have left, the cycle tends to be longer. Staying in phase 1, or the tension building phase of the cycle, is also more frequent when there is another person who lives in the home, besides the couple. There is also some evidence that interventions are more successful if they occur at one phase rather than another. Intervening in phase two or the acute battering incident often brings about injuries to the helper. The available data are still too limited to make any conclusions, but trends suggest the desirability of further investigation which will be funded by NIMH beginning in spring, 1978 (Walker, 1976b).

Phase one, or the tension building phase, is described as the one in which the tension begins to rise and the woman can sense the man becoming somewhat edgy and more prone to react negatively to frustrations. There can be little episodes of violence which are quickly covered. He may begin to lash out at her for some real or imagined wrongdoing and quickly apologize or become docile again. Many women have learned to catch these little outbursts and attempt to calm down the batterer through the use of techniques that have had previous success. She may become nurturing, compliant and anticipate his every whim; or, she may stay out of his way. She lets the batterer know she accepts his abusiveness as legitimately directed

towards her. She believes that what she does will prevent his anger from escalating. If she does her job well, then the incident will be over; if he explodes, then she assumes the guilt. In order for her to maintain this role, the battered woman must not permit herself to get angry with the batterer. She denies her anger at unjustly being psychologically or physically abused. She reasons that perhaps she did deserve the abuse and often identifies with her aggressor's faulty reasoning. And this works for awhile to postpone the second phase or acute battering incident.

Women who have been battered over a period of time know that these minor battering incidents will get worse. However, to help themselves cope, they deny this knowledge. They also deny their terror of the inevitable second phase by attempting to believe that they have some control over their batterer's behavior. During the initial stages of this first phase, they do indeed have some limited control. As the tension builds, they rapidly lose this control. Each time a minor battering incident occurs, there are residual tension building effects. Her anger steadily increases even though she may not recognize or express it. He is aware of the inappropriateness of his behavior even if he does not acknowledge it. He becomes more fearful that she may leave him which is reinforced by her further withdrawal from him in the hope of not setting off the impending explosion. He becomes more oppressive, jealous, and possessive in the hope that his brutality and threats will keep her captive. Often it does.

As the batterer and battered woman sense the escalating tension, it becomes more difficult for their coping mechanisms to continue to work. Each becomes more frantic. The man increases his possessive smothering and brutality. Psychological humiliation becomes more barbed and battering incidents become more frequent and last longer. The battered woman is unable to restore the equilibrium. She is less able to psychologically defend against the pain and hurt. The psychological torture is reportedly the most difficult for her to handle. She usually withdraws further from him which causes him to move more oppressively towards her. There is a point

towards the end of this tension building phase where the process ceases to respond to any controls. Once this point of inevitability is reached, the next phase, the acute battering incident, will occur. Sometimes the battered woman cannot bear the tension any longer. She knows the explosion is inevitable but does not know how or when it will occur. These women will often provoke an incident. They do not do it in order to be hurt. Rather, they know they will be abused no matter what and would prefer to get the incident over with. Somehow, these few women reason, if they can name the time and place of the explosion, they still will have retained some control. They also know that once phase two is over, the batterer will move into the third phase of calm, loving behavior. Thus, their reward is not the beating as the masochistic myth would have it, but rather a kind, loving husband for even a short period of time.

During phase two, the batterer fully accepts the fact that his rage is out of control. The battering behavior in phase one is usually meted out. The battering incident in phase two may start out with the man justifying his behavior to himself; however, it usually ends with his not understanding what has happened. In his blind rage, he usually starts out wanting to teach her a lesson and doesn't want to inflict any particular injury on her. He stops only when he feels she has learned her lesson. Most victims report that to fight back in the phase two incident is only to invite more serious violence. Many women, however, have been damming up their anger in phase one and they only feel safe letting it out during the second phase. They know they will be beaten anyway. The women describe the violence that occurs during this period with great detail, almost as if they are disassociated from what is happening to their bodies. The batterers cannot describe the details very well at all; rather, they describe what the woman did to lead up to their losing control. Again, the batterer places responsibility for the incident upon the woman.

Phase two is the most violent of the cycle. It is also the shortest. There

is a high incidence of police fatalities when intervening at this time. So too for therapists. It is important to acknowledge the self-propelling nature of the violence during this phase when helpers try to intervene. Since the women report that only the batterer can end this phase. the most important need they have is to find a safe place to hide from him. Why he stops is still unclear. Perhaps he becomes exhausted. Battered women describe incidents which have no ground in reason. It is not uncommon for the batterer to wake the woman from a deep sleep to begin his assault. Although most were severely beaten by the time phase two was over, they are usually grateful for its end. They consider themselves lucky it was not worse, no matter how serious their injuries. They often deny the seriousness of their injuries and refuse to seek immediate medical treatment. Sometimes this is done to appease the batterer and to make certain phase two is really finished and not just temporarily halted.

The ending of phase two and movement into phase three is welcomed by both parties. Just as brutality is associated with phase two, the third phase is characterized by extremely loving, kind and contrite behavior. It is during this third phase of the cycle that the battered woman's victimization becomes completed. Her man is genuinely sorry for what he has done, even if he does not overtly tell her so, and tries with the same sens of overkill seen in the previous phases, to make it up to her. His worst fear is that she will leave him and he is charming enough to attempt everything to make sure that this doesn't happen. He believes he can control himself and that he never again will hurt this woman whom he loves. He manages to convince all concerned that this time he really means it -- he will give up drinking, dating other women, visiting his mother, reducing the workload on the job, or whatever else affects his internal anxiety state. His sincerity is believable.

The battered woman wants to believe that she will no longer have to suffer abuse. His reasonableness supports her belief that he really can change, as does his loving behavior during this phase. She convinces herself that he can do what he says

he wants to do. It is during phase three that the woman gets a glimpse of her original dream of just how wonderful love can be. This is her reinforcement for staying in the relationship. The traditional notion that people who really love each other will overcome all kinds of odds against them prevails. She chooses to believe that the behavior she sees during phase three signifies what her man really is like. She identifies the "good" side of this dual personality with the man she loves. The "bad" or brutal side will disappear, she hopes.

Since almost all of the rewards of being married or coupled occur during phase three for the woman, this is the time that is most difficult for her to make a decision to end the relationship. It is also the time during which helpers usually see her. This is especially true for crisis intervention. When she resists leaving the marriage and pleads that she really loves him, she bases her reference to the current loving phase, rather than to the previously painful phases. She hopes that if the other two cycles can be eliminated, the battering behavior will cease and her idealized relationship will magically remain. If she has already been through several cycles previously, the notion she has traded her psychological and physical safety, and maybe that of her children, for this temporary dream state adds to her own self hatred and embarrassment. Her self image withers as she copes with the awareness that she is selling herself for the few moments of phase three kind of loving. She, in effect, sees herself as an accomplice to her own battering. The length of time this phase lasts is not yet known. It seems as if it is longer than phase two yet shorter than phase one. In some cases it is so brief that it almost defies detection. There does not seem to be any distinct end to this phase, and before they know it, the minor battering incidents and tensions begin to build again and the cycle begins anew.

The implications for treatment alternatives for battered women and their families are profound when social learning theories are adopted as psychological constructs. Both the learned helplessness theory and the cycle theory of violence

assume social learning constructs as their underlying theories. In designing psychotherapy and counseling programs, behavioral and cognitive changes are encouraged, while motivation and emotion are expected to follow. Safety becomes the number one priority. Killing and being killed are real possibilities. Good psychological intervention, however, can make a difference.

The research that I have conducted has isolated some common characteristics of battered women and their offenders. The battered woman in the study commonly:

1) Has low self esteem.
2) Believes all the myths about battering relationships.
3) Is a traditionalist at home with strong beliefs in family unit and the proscribed feminine sex role stereotype.
4) Accepts responsibility for her batterer's actions.
5) Suffers from guilt yet denies the terror and anger she feels.
6) Presents a passive face to the world but has strength to manipulate her environment to sometimes prevent further violence.
7) Has severe stress reactions with psychophysiological complaints.
8) Uses sex as a way to establish intimacy.
9) Believes that no one will be able to help her resolve her predicament except herself.

The batterer, according to the women in the sample commonly:

1) Has low self esteem.
2) Believes all the myths about battering relationships.
3) Is a traditionalist believing in male supremacy and the stereotyped masculine sex role in the family.
4) Blames others for his actions.
5) Is pathologically jealous.

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6) Presents a dual personality.

7) Has severe stress reaction, during which he uses drinking and wife battering to cope.

8) Uses sex as an act of aggression, frequently to enhance self esteem in view of waning virility. He may be bisexual.

9) Does not believe his violent behavior should have negative consequences.

Battered women report that they typically do not come from violent homes. Rather they report being treated as "daddy's little girl" in the typical feminine sex role stereotype. Batterers, on the other hand, frequently come from homes that are described as being abusive. Many of the batterers saw their fathers beat their mothers. Others were beaten themselves. In those homes where overt violence was not reported, a general lack of respect for women and children was evident. Emotional deprivation was often experienced by these men. These reports support the notion of a generational cycle theory that is so popular in our child abuse literature today. This means that those people who were abused, or witnessed abuse, as children will have a greater likelihood to grow up to be tomorrow's abusers.

The women also report that their batterers have unusual relationships with their mothers. It is often characterized as an ambivalent love/hate relationship. The batterer's mother seems to have an unusual amount of control over his behavior: yet, he will often abuse her too. In fact, many women report that acute battering incidents are triggered by a visit to the batterer's mother. Many battered women report after an acute battering incident, that they will go to the batterer's mother for assistance. Included in this study are several reports from women who were battered by their teenaged sons. I am acutely aware of the damage that psychology has done to cast mothers in a negative light for being responsible for the emotional ills of their children. Yet we must look carefully at the role of the batterer's mother in this problem. Also, we must look at the role of the batterer's father and the father/son relationship.

Psychological distress symptoms were often reported in batterers, particularly prior to an acute battering incident. Alcohol and other drugs were often said to calm his nervousness. Although many of the men seemed to have a need for alcohol, few of them were reported addicted to other drugs. In those several cases, the men were reported to have become addicted to hard drugs while in the military, particularly while serving in Viet Nam.

Personality disorders were frequently mentioned by the women. They said their batterers had histories of being loners and not really socially involved with others except on a superficial level. The men were constantly accomplishing feats that others might not be able to do. They loved to impress their women with such abilities. These men are described by their battered women as having extreme sensitivity to the nuances in other people's behavior. They attend to minimal cues from others that give them the ability to predict their reactions faster than most of us can. Thus, they are helping their women to deal with others in their world when they share their usually accurate predictions of others' behavior. When these men decompensate under stress, this sensitivity becomes paranoid in nature. They are ever vigilant in guarding off potential hostile attacks. This is useful behavior for the battered women in that they tend to be much more gullible and trusting of others. Much of this seemingly self protective behavior becomes homicidal and suicidal when the violence escalates beyond the batterer's control.

Many of the battered women suggested a relationship between neurological disorders and violence. They felt their husbands' violent behavior approximated some kind of brain seizure. The most common disorder discussed was psychomotor epilepsy. Sometimes an aura or feeling of impending attack is identifyable but usually the precipitation is unknown. Medication may be useful in controlling onset and frequency of such attacks, although a cure has not been found. Neurologists are studying the relationship of such brain diseases and violence. It is interesting, though, that only men would be afflicted, leading me to speculate that if any relationships are

found, they will only be in specific cases and not generalizable to all batterers. Further support for neurological or blood chemistry changes in batterers is found in the geriatric population. Older women report dramatic changes in their husbands' behavior as they age. Senility or hardening of the arteries can cause previously nonviolent men to begin to abuse their wives. One 68 year old woman told of her 70 year old husband's attacking her with his cane. Other stories indicate the cruel turn of fate that can happen to a woman who has devoted her life to pleasing her husband only to find that his aging brings with it organic brain syndromes that can cause violent abuse.

Battered women and their families have traditionally sought the services of psychotherapists in this country. As is true for other helpers, professional psychotherapists, including psychiatrists, psychologists, social workers, and psychiatric nurses have been inadequate in helping the battered women. The women who were interviewed report that most therapists refuse, directly or indirectly (usually by omission), to deal specifically with acute battering incidents. Instead, they concentrate on psychological consequences that such incidents produce. It is to be expected that women who have been abused repeatedly will have enough psychological symptoms to keep a therapist busy. Many psychotherapists interviewed have admitted not realizing that their clients were being brutally beaten over long periods of time. Such failure to identify battered women becomes even more frequent when the results of the violence have not been severe. Psychotherapists have been trained to believe that victims often provoke their assault. Nowhere has this been more true than in dealing with the psychological aftermath of violent crimes against women. Psychotherapists, often inadvertenly, have added to the woman's loss of self esteem by joining in the conspiracy of silence around battering incidents and by concentrating on women's provocative nature when such incidents are revealed in therapy sessions. It is no wonder, then, that most of the battered women interviewed felt psychotherapeutic intervention was not useful for them.

Battered women have related stories of being treated as though they were engaged in "crazy" behavior. They told of seeking psychotherapy for their batterers only to be told it was their problem. Many women in the sample were involuntarily institutionalized. Others spoke of voluntarily seeking admission into a mental hospital in order to escape temporarily from the battering situation. In several cases the women were given so many shock treatments that their memorys were impaired permanently. Other women were diagnosed as paranoid schizophrenic, evidenced by their suspiciousness and lack of trust of people they feared might say the wrong thing to their batterers. In a paranoid way, they concealed their actions, wrote and stashed away secret messages on tiny pieces of paper, and they constantly worried about manipulating other people's behavior so as not to upset the batterer. Rarely do these women report that they discussed the fact that they were being brutally beaten at home. In those cases where the women report that battering behavior became a topic of discussion in their treatment, the purpose was always to discover what they were doing to provoke this kind of abuse. The assumption was always that the woman needed to be beaten in order to expiate her alleged sins. Others in the sample reported being treated for serious depression, which no doubt served to protect them from the constant level of stress in their unpredictable lives. For too many women their justified and perhaps motivating anger was mellowed by indiscriminate use of tranquilizers. The acute stress reaction these battered women were experiencing was instead diagnosed as more serious emotional disturbances. This probably occurred because the environmental situation was not considered seriously enough by those psychotherapists providing treatment.

Many battered women's coping techniques, learned to protect them from further violence, had been viewed as evidence of severe intrapsychic personality disorders. These women suffered from situationally imposed emotional problems due to their victimization. They do not choose to be battered because of some personality defects, but they develop behavioral disturbances because they live in violence. My proposal

for further systematic research into battered women's personalities will be funded by the National Institute of Mental Health in 1978. The goal of this project will be an assessment of both the strengths and the weaknesses in battered women as compared to women who have not lived in violence. Such data, hopefully will end the myths and misinformation that have perpetuated some psychotherapists' attitudes. Some psychotherapists, however, have begun to work with battered women and their families using the new information we have begun to gather about battered women. It is because battered women are telling their stories and are being believed by mental health professionals that progress in this area is occurring.

Psychotherapy has generally emphasized the value of keeping families intact whenever possible. In working with battered women, however, breaking the family apart must be encouraged. The major difficulty in providing psychotherapy is that most battered women want the therapist to stop the batterer from abusing them, but they do not want to break up the relationship. The women are as dependent upon their men as the men are dependent upon them. Their relationships become symbiotic; neither one feels as though he or she can live without the other. In a sense, each person in the relationship is incomplete. This creates a kind of bonding between the two that becomes terribly difficult to separate. Psychotherapy modalities which strengthen the battered woman's successful coping strategies while helping her overcome her sense of powerlessness are effective techniques. Supportive psychotherapy during the separation and divorce period has proven to be most successful. Rarely do battered women who have received such therapy get involved with another battering relationship. Although the kinds of psychotherapy modalities vary in technique and scope, the goals remain constant. Current behavior is the focus, although exploring the past is sometimes helpful in interpreting present problems. It is important to clarify the ambivalent feelings of the battered woman. They center around issues of love and hate, anger and passivity, rage and terror, depression and anxiety, staying and leaving, omnipotence and impotence, security and panic, as well as others. A combination of

behavioral, insight oriented feminist therapy has proven to be the most effective therapeutic approach. Although different therapeutic modalities are numerous, those with the best reported success with battered women today are crisis intervention, individual psychotherapy, group psychotherpay, and in a limited number of cases, couples therapy.

II. Specific behaviors and skills needed by therapists who provide psychotherapy for women victims of violence.

Crisis Intervention

Crisis intervention techniques are often very appropriate for intensive therapy after an acute battering incident. Battered women or batterers are usually concerned about their lack of control to want to understand and change their behavior. Crisis therapy usually focuses on a specific critical incident. The goal is to teach the client how to resolve possible future crises by applying conflict resolution techniques to the present crisis while motivation is still very high. This is the one time that battered women are consistently able to persuade their batterers to come into psychotherapy treatment. He too is afraid of the uncontrollable rage he has just experienced. In using crisis therapy with battered women, it is important to label the women battered. The use of denial is a typical coping mechanism which prevents them from considering action. It is important to document the details of the battering incident that she reports. If bruises are noted, they too should be documented. It is also helpful to take instant colored pictures of the woman's bruises in case she needs them for a possible court appearance. The battered women interviewed stated that it became easier to tell a crisis worker the details of her experience when the worker asked specific questions and did not appear squeamish when told of gory details.

In interviewing the batterer, crisis workers must be sensitive to their difficulty in reporting the details of an acute battering incident. From the batterers that I have worked with, I have learned that they find it difficult to discuss anything other than what the battered woman did to deserve such a beating. They seem to need

to justify their violent behavior by concentrating on the details of what led up to their loss of control. Most justify their violence by saying the women deserved it. Some go so far as to insist that they were justified in their brutality because it was their role to teach her a lesson. Crisis workers need to focus the batterer's rationalization by stressing his violent behavior and its consequences. Immediate psychotherapy techniques should be used to teach the batterer ways of controlling his anger.

The women and men should be seen individually unless, in the judgment of the therapist, there is little likelihood of further battering. Then some time in a joint therapy session is permissable. This rarely is the case. The therapist should not expect much trust initially. The stories of the battered women who were interviewed indicate that they have little reason to trust a therapist. At least two to three hours need to be set aside when interviewing a battered woman on a crisis intervention basis. Once they begin to tell their story, battered women need the time to share it all. They have often held back for so long that when they find someone who is genuinely interested, they cannot stop until their story is told. This contradicts previous beliefs that too much sharing is said to be discouraged in an initial session for fear the client may be unhappy about losing control. It is more difficult to get the man to talk initially. For them, it may take several sessions before they willingly share their stories. It is important to help the battered woman and her man follow through in making changes wherever possible. However, it is more important to understand the women and accept their ambivalence in making positive changes in their lives immediately. Although some battered women are ready to utilize crisis therapy and make immediate changes in their lives, most need more time. Thus, crisis intervention therapy, which is designed to be intensive and short term in nature, is usually only a beginning in the psychotherapeutic process for battered women.

In providing crisis intervention services the first thing that needs to be done is to recognize who the battered woman is. During initial intake, routinely ask about

the marital or other intimate relationship. Then ask, "Have you ever been physically or psychologically battered?" If the answer is "no" and you still suspect she is being battered, follow up by asking, "Have you ever felt like you might be battered?" or, "Do you ever do things your husband asks simply because you are afraid of what he might do if you refused?" "When was the angriest you remember your husband?" "Does your husband ever accuse you of playing around with other men?" "What kind of things do you not tell your husband about for fear of upsetting him?" "What does he do if he is upset with you?" "What do you do if you are upset with him?" "How do you show your anger towards him?" "How does he show his anger towards you?" "Do you ever feel as though you have no privacy from your man?" "What kinds of things do you do just to avoid a fight?" etc.

The more direct you are in your questioning, the easier it becomes for the battered woman to tell you about her abuse. It is as though you are giving her permission to discuss it with you. Again, do not accept her denial too easily, but rather, continue to probe gently until you are certain she is does not wish to discuss it with you or she really is not being battered at this time.

Once it is determined that your client is a battered woman, focus on getting a history of the abuse. This includes the number and length of cycles, the seriousness of the battering incidents, your client's perception of her own control of the batterer's behavior. Try to determine if there is a pattern of what may trigger an acute battering incident. If so, can your client identify such a pattern? Does your client have a way of coping with the abuse? Has she threatened or actually separated from her man? It is important to get the details of two or three acute battering incidents. I usually ask for the most recent acute battering incident, the most typical battering incident the woman can report, and an early battering incident. This gives the therapist a better idea of how the battering behavior has progressed or changed over time. Try to help the client separate out what she may have legitimately done to incite the batterer and what is clearly his responsibility. This must be done

in a non-judgmental manner. Ascertain what her resources and skills are for coping with another acute battering incident. Where in the cycle does she see their relationship now?

To what detail is the client angry? Does she recognize her anger? How and when does she use denial? How guilty is she? How omnipotent is the batterer to her? How dependent is she on the batterer? Try to determine whether this dependence is psychological or economic, and what her resources are for living independently. What is the risk to the client in continuing visits to a therapist? How can you minimize the risk for her? You may need to set up different kinds of procedures for this woman. For example, one battered woman whom I saw in therapy needed flexible appointment times so that no one would question the regularity of her coming and going. Another woman needed a steady, fixed time that she could cancel if a problem in her getting out of her house arose. Therapists must be much more tolerant of such emergencies when treating battered women. Payment procedures and telephone calls also need to be set up in advance so as not to jeopardize the battered woman's safety.

Determine whether or not your client wants to leave this relationship now. Determine the degree of ambivalence she has if you can. Explore her fantasies of what it would be like to live alone. Give her telephone numbers of appropriate resources in case she has an emergency. Run through a rehearsal with her of how to make contact with these agencies. Begin planning short term and long term goal setting together. It is important to help the battered woman follow through wherever possible but also to understand and accept her ambivalence in making positive changes in her life. Although some battered women are ready to utilize crisis therapy, most need more time.

It is also important to discuss the kind of record keeping that is imperative when working with battered women and their families in a crisis intervention modality or other therapeutic styles. This is necessary because of the possibility of legal action in these cases. Needless to say, confidentiality is absolutely essential in working with such cases. It cannot be assumed that such confidentiality will normally

be attended to. Rather, a vigilant approach is essential on the part of the therapist.

It is useful to design a face sheet to be placed in records of identified or suspected battered women clients and their family members. Include a history of actual or suspected abuse. Get the details of the most recent acute battering incident in addition to other incidents. If the client has shown up with bruises, enter that in the record and get color photographs if at all possible. Verbally describe her physical and emotional state in clear, concise, and vivid terms that a jury would understand. Do not record her statements of guilt unless you can determine that she was, in fact, responsible for the incident and not acting in response to his brutality. Most battered women are confused about what role they play in percipitating the attack. It is useful to clarify this before writing it in a record. If she describes futile attempts at self defense, include these remarks. These can be important legally in order to establish that the usual means of self defense do not bring about a cessation of battering.

Give your expert opinion of the potential lethality in this relationship. State clearly that you believe this to be a battered woman. Do not keep working notes in the records if they could be damaging legally. Hypotheses and suspicions belong someplace else, not in the official record. All records need to be examined for potential misinterpretation and possible harm to clients. If your client is the batterer, put such information in the record that could be helpful to an attorney that could indicate his psychological distress. If you suspect he may harm his woman, document your opinion and warnings to all parties concerned. Clear, concise, and carefully written records can make the difference for your client if he or she becomes a defendant in a court case. It is important that all therapists and counselors accept the responsibility that they may need to testify in order to help their client become free from a violent relationship.

Individual Psychotherapy

Most women seek a therapist during the first phase of the battering cycle. They recognize the rising tension and feel the inevitability of the forthcoming acute battering incident. They usually believe that if they could rid themselves of their provocative behavior, their batterers would become model phase three men. They ask the therapist to teach them new techniques to cope with the battering behavior. The battered women who seek therapy often do so at a greater personal risk than they who enter treatment at a crisis intervention state. Most do not dare tell their men that they are in therapy initially, although they eventually do. They sometimes assume another name to preserve anonymity and invent excuses to account for their movements during therapy sessions.

The therapist can help her express her guilt by having her recount the details of battering incidents in which she could not stop her own battering. The feminist therapy approach, which tries to separate the woman's personal issues from common issues shared by other victimized women, is most effective. It is essential to confirm society's lack of adequate help for her, but also to be encouraging about the potential for change. Control of anxiety may be accomplished through relaxation training, hypnosis, or recommending that the battered woman join a health club to focus on positive body feelings. The one area over which the battered woman does have total control is that of her body. Thus, it is important to begin to build self esteem and a sense of power through using body exercises. It is also important to help the battered woman recognize and control her anger. She should be encouraged to experience anger each time it occurs, rather than suppress it and releasing it all at once, perhaps triggering an acute battering incident. The difference between feeling anger and expressing it must clearly be underscored. It does the battered woman no good to feel her anger and then express it to her batterer. Generally it gets her another beating. Rather, she needs to be taught to feel her anger, control it, and utilize it to help propel her out of the battering situation.

The realities of present alternatives and future goal planning are explored in individual therapy. The battered woman needs to recognize concrete steps she can take to improve her situation. Like Seligman's dogs, she must be dragged over her escape route numerous times before it can be expected that she will be capable of doing it on her own. If the therapist encourages her to utilize the legal systems for remedies, she must be prepared to advocate for the battered woman during these procedures. Intervention and collaboration with other helpers is an important corollary to individual psychotherapy. This may mean contacting an attorney, the district attorney, social service worker, rehabilitation or vocational counselor, or whomever else may be involved in helping the battered woman remedy her situation. If she chooses to use the court system for remedy, accompanying her client or volunteering to testify in her behalf are important tasks an individual psychotherapist

can undertake. Keeping adequate records facilitates this process.

If the battered woman's goal is to remain with the batterer, even temporarily, then therapeutic goals towards strengthening her independence within the relationship becomes important. Career goals need to be explored. Reinforcing the positive in the battered woman's life using successive approximations from minimum to maximum independence is important. Progress is slow, and patience is necessary. Individual therapy concentrates on the present but may use the past to promote understanding of the current situation. The therapy is more action oriented than analytic as unstructured psychoanalysis is too risky. The battered women interviewed all stated that psychoanalysis did not help resolve their battering situations. In fact, in many instances, its emphasis on self analysis served to perpetuate their victimization and their abuse. As therapy progresses, other adjunctive therapy can be recommended, such as assertiveness training, parent education, vocational counseling, and in some cases couples therapy.

Group Therapy

Group therapy is another therapeutic format for battered women. It has some benefits over individual therapy. Battered women are usually isolated and rarely meet other battered women. They have few friends in whom they can confide. A group composed of all battered women thus can be an extremely therapeutic experience. Such a group combines the best of the consciousness raising groups with the expertise of preferably two therapists who are familiar with the group process. It is difficult for private psychotherapists to provide groups of battered women because they usually do not see enough battered women to form a group. However, a number of agencies are conducting women's groups for victims. Usually six to 12 women and two therapists make the best combination in group therapy. It is often necessary to provide individual appointments during crises that occur for group members also. This is one reason for having two therapists working together in the group. Women describe having derived a sense of strength from all of the other group members that is more difficult to provide on an individual basis. Therapy is action oriented with a focus

on changing behavior. Group norms are established that make behavior change imperative in order that the battered women continue to feel supported by the other women.

It has been found that two different kinds of groups are needed when working with battered women. These groups have been identified as a first stage group and a second stage group, each needing different therapeutic techniques and having different therapeutic goals. First stage groups tend to be more crisis oriented in nature. They generally include women who are beginning to leave the relationship with their batterers. Thus, some women in the first stage group may already have left home, whereas others may still be in the process of leaving. First stage groups usually meet over a period of several months. Members depend upon one another for emotional as well as informational support. It is common for one member to assist a new member in criminal justice and social service agency procedures, or sometimes, the mundane details of how to select and move into a new apartment. Group members are encouraged to exchange telephone numbers and are available to help one another on any issue. In one group that I have been associated with, the women call one another in order to determine whether their problem is of significant magnitude that it warrants an emergency call to the mental health center. Such consensual validation encourages battered women to make better use of services that are available to them. It also strengthens their own individual judgment. The group therapists take an aggressive role in encouraging women to action whenever appropriate.

In one group in Seattle, an advocates division has been established to help women victims use the criminal justice system. This also occurs in an outpatient clinic in Denver. This is necessary to help battered women overcome the immobilization that their terror brings. As women witness other women successfully making changes, they are more likely to try them themselves. This is true whether the groups meet on an outpatient basis in a community mental health center or are conducted in a women's resource center or a battered women's shelter.

Very recently there have been attempts to provide group therapy services for batterers. In several mental health centers male therapists have offered group

treatment for male offenders. The therapeutic techniques are still experimental, but the psychotherapists report exciting results. One of the most significant changes is that the men who attend group therapy sessions are less likely to become depressed, suicidal, or psychotic during therapy treatment. This is true even though men fully expect their participation in group therapy will keep their women from leaving them. In cases where the women are in one group and the men are in another group, each receives a sufficient amount of psychotherapy to permit them to break the symbiotic bonds and begin new relationships without using coercive techniques.

In Tacoma, Washington, the American Lakes Veterans Administration Hospital is in the process of creating an inpatient men's unit for batterers. Dr. Ann Ganley, the unit psychologist, states that many batterers are admitted to their hospital with acute psychotic episodes. This often occurs after the battered woman leaves him. Dr. Ganley and her staff are attempting to develop psychotherapeutic techniques which will be successful in eliminating the batterers' need to behave in a violent manner. Recognizing his impending tension and anger and then utilizing hypnosis or biofeedback techniques to teach control has been proposed as an adjunct to psychotherapy.

There is often a risk factor for psychotherapists who lead these groups. Some batterers have indeed unleashed their rage on the therapist. One group was held at knifepoint for several hours before being released. Another group had a car driven through their front door. Other terrorizing threats have been reported. Perhaps one of the most terrorizing incidents occurred during a group therapy session at a mental health center with whom I consult. The group was subjected to watching a man batter his woman outside on the street while their group was going on. Despite the fact that they called the police, the beating continued what seemed to be an interminable amount of time. For the psychotherapists this incident taught them the experience that their clients have lived. Fortunately, their sensitivity and expertise helped the women use this experience as a way of dealing with the psychological aftermath that each had suffered from their own batterings. Psychotherapists who work with battered women

must be prepared to deal with this kind of trauma. The reports of batterers banging on their doors, kidnapping their children, terrorizing them with guns, and committing suicide are daily problems faced in group therapy sessions. This is especially true for stage one group therapy.

In stage two groups the immediate crises are less frequent. It is in these groups that the women learn to rebuild their lives without interference from their batterers. Once the trauma and emergency nature of life diminishes for battered women, they must learn to deal with the problems that plague most single women. They must learn to adjust to being alone without slipping into more serious depression. They need to structure their lives in a way to bring them maximum satisfaction. They need enormous support in coping with children who have been badly emotionally scarred by their experiences in a violent home. They need to learn to trust men again. Issues of dating again become important in working with second stage groups. Developing male and female friendships is also stressed. Many battered women need to learn interpersonal relationship skills that they have lost through their ordeal in living with a batterer. They need to learn how to deal with anger and begin to develop assertiveness in their interactions with other people. Changing faulty behavior patterns and unnecessary attitude expectations is a major job in group therapy during the second stage. Working together with women in such a group has been particularly rewarding. The primary goal of such psychotherapeutic intervention is to strengthen the battered woman's self esteem and help develop her skills so as to permit her to take the necessary action to protect herself so she is never battered again.

Couples Therapy

Couples therapy is a therapeutic technique that most psychotherapists, helpers, battered women, and batterers count on to make everything all better. Battered women particularly feel that if they can get their men to participate in therapy, then they will stop their abusive behavior. This assumption is not necessarily true. Very few

traditional couples therapy techniques apply to battering couples. Many of these methods include teaching couples how to fight fairer and better (Bach, 19). I am in total disagreement with these techniques as battering couples do not need to learn new fighting behavior. Rather, they need to learn to control their anger. Non-fighting techniques need to be stressed instead. Another difficulty with traditional couples therapy techniques include the goal of helping the relationship become better. Thus, individual needs are subordinated to the survival of the relationship. With battering couples, the survival of the relationship is secondary. The goal is to strengthen each individual so as to build a new, healthier relationship. Success is achieved if the individuals are strengthened even if the relationship cannot survive.

Recognizing the need for new treatment techniques for couples therapy, my husband, Dr. Morton Flax, a psychologist, and I developed a procedure which has been successful in limiting the severity of battering incidents. Our treatment has not as yet eliminated battering incidents completely. This procedure is based on the cycle theory of battering and utilizes a behaviorally oriented communication training approach developed by psychologists Robert Weiss, Hyman Hops and Gerald Patterson(1973) at the Oregon Research Institute. Most couples in a battering relationship have extremely poor communication skills. Their verbal and nonverbal communication is fraught with distortion and misinterpretation. They continuously engage in making assumptions about the other person's behavior that may be inaccurate. The relationship has unusually strong bonds that need to be broken before new communication patterns can be established. It is therefore more important to work on the two individuals within the relationship rather than dealing with the relationship itself. Ultimately, the goal is interdependence for each.

Our treatment procedures begin with clearly stating that the couple is seeking psychotherapy because the man is a batterer and the woman is a battered woman. These labels help overcome the denial of the serious nature of the violence they experience. Male and female co-therapists must work with the batterer and the

battered woman, respectively. Initially, the men and women work separately, and the couples live apart. After a short period, upon the advice of their respective therapist, they are allowed to move back together, and they begin joint therapy sessions. These joint sessions are occasionally supplemented with individual therapy when appropriate. The issues discussed in therapy deal with strengthening each individual so that the relationship becomes free of all coercion. We begin by teaching the couple a signal that they must use with each other when either one begins to feel the tension rising in phase one of the cycle. Often this takes a lot of work in teaching the couple to recognize their own cues. Once they learn to feel their tension at minimum levels, we can begin to prevent the tension build up that causes an acute battering incident. We have used a hand signal in the shape of a little "c" and a simultaneous verbal message that has been most successful. Thus, one or the other signals his or her partner by saying a prearranged signal (in most cases our couples have chosen "Walker-Flax" as their verbal reminder) and simultaneously flashing a little "c" signal. In addition to providing a neutral stimulus to mean, "Stop whatever you're doing immediately because it is causing me to become upset," the prearranged signal keeps the batterers hands from reaching to touch the battered woman, and the verbal command prevents threatening words from being uttered. Upon receiving this signal, our clients are taught to immediately cease the offending behavior and not to discuss it for a prearranged period of time. We usually find "time out" periods of one-half hour to be most beneficial. However, if it takes longer than a half hour for the anger to subside, we allow another "time out" period before discussion begins. If the couple is unable to discuss the incident without anger rising, they are instructed to write it down and bring it to the next therapy session, where the four of us will analyze the situation and problem solve together.

In the beginning of couples therapy treatment, the therapist must assume control over the batterer's and the battered woman's behavior. They must contract with their therapist not to engage in violent behavior without first attempting to contact their therapist. We have arranged to have our couples call us once a day

initially to check in and report of the behavior for the day. As treatment progresses, this daily contact is reduced. However, initially it serves the purpose of helping each control their anger. It prevents the woman from using denial and ignoring her response during phase one tension building, and it teaches the man that he has alternatives to coerciveness and can prevent violent reactions.

During couples therapy, the couples learn how to ask for what they want from one another without being limited by often erroneous assumptions. They are taught to recognize their own behavior patterns in their unique battering cycles so that they may become aware of the danger points. Contingency reinforcement mangement procedures are employed, as are individual reinforcers for battering free time periods. Natural reinforcers are strengthened. Therapy time is spent strengthening the positive and dissecting the negative to prevent explosions in the future. Behavior rehearsals, psychodrama, modeling, and role playing are techniques that are used. We use mirrors, audiotapes and videotapes in order to demonstrate inconsistencies between verbal and nonverbal behaviors.

Such psychotherapy is time consuming, expensive, and exhausting for both the couple and the therapist. Initially, the couple becomes extremely dependent upon the therapists in order to prevent further violent incidents. As the dependence lessens, so does the potential for new explosions. It has become impossible for us as therapists to have more than two such couples in treatment at any one time. We have been unable to introduce this kind of couples therapy into mental health center and clinic programs, because of the cost factor involved. Thus, it has limited potential.

Although problems do exist with this type of therapy, couples benefit. They attend regularly and life is better for them. The women do not work as rapidly towards independence as they do in individual or group therapy, but they lose the pervasive terror that immobilizes them, and they learn to express anger more constructively. The men learn to be more assertive too, asking directly for what they want without having to threaten the woman if she does not satisfy him. They also

are better able to cope with their periodic depression. As difficult as it is, couples therapy is a viable treatment alternative for battered women and their partners. However, it must only be used in cases where both insist on keeping the relationship together.

III. Attitudes and values needed for good psychotherapeutic intervention with victims of violence and their families.

Battered women and their batterers have been identified and available for psychotherapy intervention only recently. The modalities discussed are only a beginning. The goal in all is to promote interdependence so that psychological and physical battering ceases. The most effective means to reach this goal is when the couple separates from one another. Other treatment alternatives provide some relief. Women who are battered are victims. Psychotherapeutic interventions are now beginning to deal with the affects of victimization. In addition to competent psychotherapeutic training in specifically working with battered women and their families, the minimal competencies required to provide psychotherapy includes specific attitudes and values. Such therapists must: 1) support women who have been victimized; 2) not accept stereotyped myths about battering relationships; 3) appreciate natural support systems in the community; 4) be willing to help create new support systems; 5) be willing to cooperate and untangle bureaucracy for unskilled clients; 6) collaborate with other professionals; 7) deal with their own fear of violence; 8) understand how institutions do oppress and reinforce women's victimization; 9) be willing to be a role model for their clients; 10) be willing to deal with complicated cases; 11) appreciate the work of non-credentialed paraprofessionals; 12) be able to formulate their own outlets for anger; 13) tolerate client's anger; 14) tolerate horror stories and terrorizing events; 15) allow their client to work through her issues without pushing too fast; 16) allow clients to return to a violent relationship without becoming angry with them; 17) have respect and belief in people's capacity to change and grow; and 18) hold feminist values.

There has been a body of knowledge that demonstrates that women have often not received adequate psychotherapeutic intervention due to sexist attitudes held by psychotherapists (Report by the Task Force on Sex Biased Psychotherapy). I strongly recommend that at this time only women psychotherapists treat battered women. Battered women are similar to rape victims in that they respond more easily to a female therapist who is trained to understand the effects of such victimization. Battered women need to learn to trust other women as competent strong professionals. The role model that such a woman therapist provides for the battered women facilitates therapy. It is also useful not to have the added complication of relating to a male therapist in a seductive or manipulative manner as most battered women are accustomed to doing. Women can share intimate problems with other women in a way that facilitates therapeutic progress. While it is not impossible to do this with a male therapist, treatment takes longer. It is also important that the woman therapist has had some recent training in working with battered women. As is evident from this paper, new research has caused us to view previous psychotherapeutic modalities as inadequate for working with this particular population. Psychologists are required to spend varying amounts of hours in continuing education courses each year in order to renew their licenses to practice psychotherapy in most states. Other mental health professionals must do the same. This requirement means that already licensed professionals will have the opportunity to learn new techniques from a feminist perspective that will permit them to provide the kinds of psychotherapy I have outlined in this chapter. Newly trained psychotherapists have the opportunity to study the problem of battered women during their training period. While this has not been widespread, I am confident that the beginning efforts will be expanded so that battered women and their families will receive the kinds of psychotherapy that will eliminate violence from their lives and prevent it from occurring in the future.

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